

Trust Board Report**Meeting Date:**

24 June 2013

Title:

Update of the actions being taken to improve the cancer patient experience (following the results of the 2011-2012 National Cancer Patient Experience Survey (NCPES)).

Executive Summary:

- The last National Cancer Patient Experience Survey published in September 2012 surveyed patients who were discharged from their initial first line treatment (ie surgery, chemotherapy, radiotherapy) between September and November 2011. 715 cancer patients from RWHT participated (67% response rate). The results for RWT are disappointing. For thirteen of the 70 questions the Trust was in the lowest 20% of hospitals, and was only in the top 20% for three questions.
- The NCPES will be repeated on an annual basis. Patients who were discharged from their initial care between September & November 2012 have been surveyed this year, and the results will be published in August.
- This paper details the continuing work to improve the experience of cancer patients in the Trust.
- A focus group has been conducted (May 2013), which revealed examples of poor experience. A draft report has been received and we are waiting for the completed report.
- A number of immediate feedback exercises are to be developed and these will be piloted in the oncology centre.
- A Macmillan funded project worker has been appointed to work on initiatives to improve information delivery for the cancer information centre.
- The results of a similar national survey of patients on radiotherapy services in the Trust has been published recently. This showed good performance relative to the rest of England.

Action Requested:

No action required. This report is for information and

	reassurance purposes only.
Report of:	Gwen Nuttall, Chief Operating Officer
Author: Contact Details:	Cancer Leads Team Email: d.rowlands@nhs.net
Resource Implications:	N/A
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	<ul style="list-style-type: none"> • The 2011-2012 NCPES results were presented to TMT September 2012. • The NCPES results & action plans were reviewed by the Quality & Safety Committee November 2012 • The NCPES results and action plans have been shared with the local Cancer Patient Group (PACT) November 2012 • The Trust's progress against the NCPES action plan is monitored by the Cancer Team on a monthly basis • Formal assessment of the progress of each clinical team in improving the patient experience will be undertaken at the internal cancer peer review assessment of each MDT in July 2013.
Appendices/ References/ Background Reading	<p>Please find the following attached to this report:</p> <ul style="list-style-type: none"> • Trust high level action plan to improve the cancer patient experience <p>The NCPES 2011-2012 survey results have been seen at Trust Board in February</p>
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny <p>The results of the National Cancer Patient Experience survey are publicly available.</p>

Details

Background

The National Cancer Patient Experience Survey is a DOH National Cancer Action Team initiative is a mechanism for benchmarking, and to drive forwards improvements in the cancer patient experience. The Survey was first rolled out in 2010 and was repeated in 2011-12.

715 patients (67% response rate) over 16 years of age who received cancer treatment at the Trust during early 2011, and who were discharged from their initial “first line” care (surgery, chemotherapy, radiotherapy) between September and November 2011 were surveyed between Jan – May 2012. The survey results were published in mid August 2012.

The survey reflects the experience of the patient throughout the whole of their cancer journey (from initial presentation to their GP, to surgery and to follow up care in the community).

The survey will be repeated on an annual basis for the foreseeable future. Patients who received their initial care at the Trust during early 2012 and who were discharged from their initial care in September to November 2012 will be surveyed in Jan – May 2013, and the results will be published in August 2013.

The results for RWT in the 2012 report are disappointing. For thirteen of the 70 questions the Trust was in the lowest 20% of hospitals, and was only in the top 20% for three questions. The results have worsened since 2010.

The report and the action plan to address issues raised was presented to the Trust Board in February 2013. This paper is an update on this action plan.

Progress against the action plan

The action plan detailing progress with the projects is attached. Some of the projects are large pieces of work involving many teams and staff and so are necessarily long term.

An audit tool has been devised to be completed by CNSs for patients newly diagnosed with cancer. This audit has been performed – clinical nurse specialists have completed 162 audit proformas covering all tumour sites. The audit seeks to evidence whether patients have received the required information following their consultation, including whether they received a treatment summary, offered a copy of the GP letter and whether they were offered an information pack. It also identifies whether patients have been seen by the CNS whilst an inpatient and whether a ‘Holistic Needs Assessment’ has been carried out. Analysis is currently on-going and will be taken through the Trust Cancer Team to identify further areas for

improvement.

Focus group

A focus group independent from the Trust was carried out in May to better understand the areas that most concerned our patients. A draft version of the report has been seen and the full report is awaited.

150 patients were invited to take part in the project. However, only 5 people joined the focus group: a further person was visited at work and interviewed for an hour face to face and 2 people were briefly interviewed on the phone, who both said they had received an excellent service and had nothing to feedback for improvement.

Key themes identified during the exercise:

- Delays during outpatient attendances with waits of over 2 hours described.
- The need for softer, more empathetic interpersonal skills from staff at all grades and levels including consultants and nurses.
- Patients feeling they were being treated like a “dot in a big machine”
- Waiting too long to receive the results of tests
- Not being fully informed of the purpose of tests and how they would be undertaken

A number of suggestions as to how patients might feed back their experience were made by the group including drop-in sessions and a simple survey.

Many of the problems reported by this group are considered to be basic failings to follow the Trust’s breaking bad news and consent policies.

Consultants involved in managing cancer patients across the organisation will be sent the final report of the focus group (once received) and reminded of the importance of following core policies in all circumstances.

Improving feedback

The focus groups have identified a need for patients to be able to feed back concerns about the service in real time.

In order to capture patients’ real-time views of the service, the Department of Oncology is piloting a two initiatives. The first is an immediate feedback questionnaire. For a period of one week, all patients attending the Deanesly Centre (this may be for an outpatient appointment, radiotherapy or

chemotherapy; up to 250 patients per day) will be asked to complete a questionnaire prior to leaving the department. Questions will include:

How long after your given appointment time were you seen?

Were you listened to by the healthcare professional(s) that you saw?

Were you treated with privacy, dignity and respect?

Were all your questions answered?

Although anonymous for individual patients, forms will include the relevant clinic code or treatment area so that trends across specific parts of the service can be assessed. If patients do have further questions and have (optionally) included their contact details, they will be telephoned by someone from their medical team.

The second initiative will see the Trust's Patient Experience Lead being available within the Deansley Centre to take immediate face-to-face feedback from patients about their experience that day. Patients will also be given details of how to contact the PALS service if they do not wish to speak with the Patient Experience Lead there and then. It is envisaged that two such sessions will be offered in the first instance.

Findings will be shared within the Directorate and if successful, the project will be rolled out to other areas of the Trust.

Macmillan funded project worker

The project worker for the Macmillan information pods implementation has been appointed and the project has commenced. This project will run for 18 months. The scope of this project includes:-

- a) Update and improve the cancer care website to include details of all the teams and links to NHS Choices
- b) To pilot the proactive telephone follow up of patients after initial diagnosis consultation
- c) To replace, where possible, local information with nationally produced information (where possible)
- d) To develop Macmillan information pods around key areas in the hospital (pods to host site specific information relevant to the location (eg information about skin cancer in the dermatology department), including information on how to access benefits & advice.
- e) To ensure that all patients are offered an information prescription
- f) To ensure that all patients are provided with a treatment summary after consultation, using the information prescription to facilitate this.

Radiotherapy patient experience survey

The survey was conducted on Radiotherapy Services in England and covered patients who had received radiotherapy during the period April 2012. The response rate was high and a greater response to this survey was received than to the National Cancer Patient Experience Survey. Nationally 24,101 patients returned their questionnaire; which is an average of 492 patients per Trust.

Topics covered in the survey included consent, written information before your radiotherapy, information from websites, going to the hospital, about your radiotherapy, daily treatment visits, information about support, further visits to clinic and overall radiotherapy care.

The Trust performed well overall when compared to the national average achieving either comparable or better scores on most questions. Overall 98% of the patients surveyed rated their care as either excellent, very good or good with 95% of patients stating that they would be either very happy or happy to come back to the radiotherapy centre if they were recommended radiotherapy.

The areas for improvement are around patient information with only 88% of patients reporting that they had been sent written information before their radiotherapy; however of those who received information 98% rated it as either excellent or satisfactory in meeting their needs. In addition only 65% of patients said that they had been told about the Cancer information Centre.

The results have been discussed at the Radiotherapy MDT meeting and an action plan is being implemented.

Future actions

- The Trust's progress against the NCPES action plan is, and will continue to be monitored by the Cancer Leads Team on a monthly basis
- The Cancer Leads Team will provide a quarterly update on the progress being made against the action plan to the Quality & Safety Committee.
- The Cancer Leads Team will provide an update to the local PACT Group (Patient Cancer Group) at their 6 weekly meetings
- A formal assessment of the progress of each clinical team in improving the patient experience will be undertaken as part of the Trust's Cancer Peer Review Internal Validation process in July 2013
- Following discussion at the Trust Management Team on the 25th January a focus group has been undertaken to help define areas of patient dissatisfaction in more detail. The cancer services team will

work with the divisions to ensure that the results of this survey, focus group and the actions taken are discussed during consultant appraisal.

The results of the 2013 National Cancer Patient Experience Survey will be published in August. Quality Health, the organisation who have undertaken the survey have been invited to present the findings to the Trust on Monday 30 September.

Recommendations to the Trust Board

- To note the above report
- To accept the action plan and monitoring arrangements

RWT 2011-2012 National Cancer Patient Experience Survey
High level action plan

Progress updated 13/06/2013

<u>Action to be undertaken</u>	<u>Lead Person</u>	<u>Target date</u>	<u>Previous Report</u>	<u>Current status</u>
To ensure that more than 95% of clinical core members of each MDT have undertaken the Advanced Communication Skills training	DR	Dec 2013	G	[G] An Advanced Communication Skills Training Course is planned for November 2013-Clinicians to be invited to attend
To ensure that all B7/Lead CNSs have completed the Level 2 Psychology assessment training & receive monthly updates and support sessions	AW	Dec 2013	G	[G] Band 7 CNS's fully compliant. Band 6 CNS's to be offered the opportunity to complete the Level 2 Psychology assessment training.
1. To implement the National Holistic Needs Assessment tool & recommendations 2. To ensure that the HNA (including distress thermometer assessment) is undertaken at diagnosis, pre treatment, discharge and follow up	AW / Lead CNS for Task and Finish Group	Dec 2013	G	[A] Roll out of project complete but identified not implemented equally across all teams. Task and Finish group set up to oversee full implementation. Review at CNS meeting in Sept 2013.
To implement the NHS Choices National Cancer Information prescriptions programme (individualised information tailored to the each patient's need and delivered electronically)	HW	Dec 2013	G	[A] Implementation of project infrastructure complete but identified not being used equally across all teams. Action Plan formulated to take several initiatives forward. Being monitored by AW

To develop increased accessibility to information and support for patients by developing satellite Macmillan information and support units in the patient waiting areas of OPD 1, Deanesly Outpatients and Radiotherapy	HW	Oct 2013	A	[A] Scoping exercise completed. Bid to be submitted to MacMillan.
Trust sign up & commitment to work with Macmillan to implement the Macmillan Values based standards	MH/CNS's		G	G
To develop regimen specific consent forms for chemotherapy and radiotherapy	JM/KS/CB/AJ		A	Project postponed Initiate Sept 2013
To ensure that all letters inviting patients to an OPD appointment states that they may bring a relative/friend with them. (Particular emphasis to be given on appointment letters re new patient consultations)	KD		G	[G] Fully compliant
To ensure that a CNS/Support Nurse is present at every new patient consultation where a diagnosis and treatment plan is to be discussed, and that there is provision for the CNS to provide 1:1 support to the patient following the OPD clinic visit with the Consultant.	CNS's		A	A
To develop a CNS team cross cover system to ensure the delivery of the above	AW/Matrons	Aug 2013		To be raised at Directorate Level

Audit tool to be devised for newly diagnosed patients with cancer. Content to include information/HNA.	AW/KD	Aug 2013	New Project	[A] Audit completed. Analysis underway to identify issues.
Radiographer to commence proactive telephone follow up of patients 2 weeks post the completion of radiotherapy treatment & at regular intervals up until 6 weeks post treatment.	MH		New Project	Initiate July 2013
To ensure that each patient is offered a written record (before they leave hospital) of what has been said at their initial consultation eg diagnosis, treatment options & treatment plan.	AW/CNS's assigned to the Task and Finish Group	Dec 2013	A	[A] Task and Finish Group set up- first meeting 19 June 2013. Review at CNS Meeting in Sept 2013. Currently the following sites provide written records Head and Neck Dermatology Lower GI Brain
<p>1. To ensure that all new patients are provided with the contact details for the CNS Team (credit card sized business cards for convenience)</p> <p>2. To ensure that the CNS voicemail system is checked at least twice a day, and that calls are returned promptly</p>	Lead CNSs	Ongoing	G	[G] Discussed at CNS Meeting May 2013 – Compliant

To develop an electronic patient flagging system for each MDT – from diagnosis & up to 6 months post treatment. This will enable prompt CNS review of the patient & expedite specialist team review of the patient	KD/MH	November 2013	A	[A] IT Infrastructure in place but not activated as yet pending implementation of Acute Oncology Service
1. Ward nurses to contact the patient's CNS on admission - for notification purposes & to enable prompt CNS review (ie pre op review to re-iterate consent issues & details re the planned treatment) 2. In-patient nursing discharge check list to prompt the ward nurses to inform the CNS of the patients discharge in order that proactive telephone follow up can be instigated.	AW	Aug 2013	A	[A] To be discussed and reinforced at Senior Nurses Operational Group meeting in July 2013.
CNSs to undertake 'ward rounds' to ensure patient comfort and to answer any questions. If any deviation from treatment plan, to provide full explanations as to the rationale for this.	CNS's		A	G
Patient welcome pack to ward to include details re how to arrange for their families to meet with the specialist medical team.	HW	Oct 2013	A	[A] Implementation ongoing
CNSs to continue to undertake teaching sessions in the in-patient wards – with particular focus on communication issues	Lead CNSs		G	G

GP & all primary care teams to be kept fully informed of the patients treatment and progress – Electronic discharge; GP faxes within 24 hrs of diagnosis; Somerset access to Hospice staff	Ward teams/ MDT co-ordinators		G	G
Primary care teams (especially GPs) to be informed of the NCPES results and to work with the cancer teams to address	Commissioners	03/12	A	[G] Commissioners informed re NCPES results
For a period of one week, all patients attending the Deanesly Centre will be asked to complete a feedback questionnaire.	CB		New Project	[A] Initiated June 2013
JE to be available in the Deanesly Centre to take immediate face to face feedback.	JE		New Project	Initiate August 2013