Due to the heavy volume of patients being referred to the service the Macmillan urology clinical nurse specialists (CNSs) at Wirral University Teaching Hospital NHS Foundation Trust were struggling to provide a service that was equitable and met the needs of all patients. The urology department was also challenged by the cancer performance standards (NHS England, 2019a).

The CNSs were keen to redesign their service in a way that would improve the lives of people living with urological cancer. The lead cancer nurse at the trust encouraged and supported the CNSs to influence change.

**Aims of the initiative**

The team’s aims with the initiative were to redesign the patient pathway for urological cancers; ensure all patients across the region had access to timely advice and support; and liaise with other acute trusts in the region to scope resources available to patients. They also wanted to improve patient experience, harness technology to benefit patients, reduce delays at diagnosis, and improve performance to cancer standards.

**Implementing change**

The team recognised the need to engage with key stakeholders in redesigning the service. They established a steering group involving key stakeholders, including doctors and nurses, the informatics data manager, Macmillan Cancer Support, the local clinical commissioning group, local leisure services and Cancer Alliance.

The lead cancer nurse wrote a business plan with the support of the nursing team and trust business manager. The divisional manager provided Macmillan Cancer Support funding for an additional two band 5 nurses and a cancer care coordinator for two years to enable the team to introduce the pathway redesign.

Once recruited in 2018, the new staff made links with local clinical teams and charities, including Maggie’s, Merseyside Prostate Cancer Support Group, Wirral Holistic Centre, Macmillan Cancer Information Centres to address the needs of all patients across the region.

The clinical nurse specialist designed and facilitated Self-supportive Management (SSM) workshops, which aim to educate patients and provide them with the knowledge to self-manage and be independent.
Clinical Practice

Innovation

We currently have 203 patients registered to receive remote monitoring, and 197 of these have attended a workshop since April 2018. Most have also accepted the opportunity to be registered on the patient portal. Each patient receiving remote monitoring would previously have up to four face-to-face outpatient appointments annually, and wait two weeks to receive their results each time rather than 24 hours.

“This innovative, person-centred initiative enabled people with cancer to live life as fully as they can” (Judges’ feedback)

Patients have no further routine follow-ups with us unless they notify us of symptoms of recurrence. The prostate specific antigen (PSA) blood test results can be taken at the hospital, and are available on the portal within 24 hours. If they are taken at their local hospital, then the care coordinator obtains these results and uploads them onto the portal.

Documentation has improved: in September 2019 we identified that 79% of urology patients had an eHNA and care plan and 69% of those completing treatment had end-of-treatment summaries completed by the CNS – previously no patients received either of these.

Benefits for the trust include reduced need for follow-up appointments, improved follow-up ratios, and capacity being released to increase new appointments. Telephone calls from patients enquiring about appointments and requesting routine information have reduced since the patient portal was introduced, releasing CNS time to answer more complex queries.

Patients are likely to become more engaged and take more responsibility for their healthcare, resulting in better clinical outcomes. Performance against cancer targets has improved – there are fewer delays at diagnosis due to the change in the care pathway, and there is increased job satisfaction and staff retention.

Overall, we know the trust’s performance in The National Cancer Patient Experience (NCPE) Survey has improved (NHS England, 2019b). The 2017 NCPE Survey (sample from 2016), in relation to prostate cancer, found that when patients were asked if they were given the name of a CNS who would support them, 92% said they were. In 2018 (sample from 2017), 99% of respondents said they had a named CNS compared to the national average of 90%.

Advice for setting up similar projects

- Teams can transform with the right support and encouragement
- Praise and recognition go a long way and teams thrive when managers appreciate their work
- Find like-minded staff with positivity and drive
- Patients and their experiences are essential drivers for change, and changes should not be solely based on financial savings
- Think ‘outside the box’ and engage with organisations who have a vision for the future health of the nation
- Use technology to your advantage to save time and resources

In 2017, when asked whether prostate patients were given understandable answers to important questions from their CNS, 80% reported yes, compared to the national average of 88%. However, in 2018 in response to the same question, 94% reported getting answers most or all of the time compared to the national average of 87%.

Next steps

The risk stratified follow-up pathway is now being rolled out to patients who have had renal cancer, and a bespoke SSM programme is being devised by the nursing team and the cancer care coordinator.

The quality improvement initiative has been shared internally with other divisions. For example, the gynaecology department is looking at mirroring the urology model with the introduction of nurse-led SSM workshops and remote surveillance.

All the data and improvements are being shared with the Cancer Alliance and comparisons across the Merseyside and Cheshire region are being made. The trust is being showcased as an example of best practice, for instance, the SSM approach is being shared with Wirral GPs. The new pathway has been agreed by the clinical commissioning group.

If you would like to contact Dawn Miller, Macmillan lead cancer nurse, about this project, please email: dawn.miller6@nhs.net

References
