

# Improving access and quality of cancer rehabilitation services in action

## South East London Cancer Rehabilitation Ambassador Project

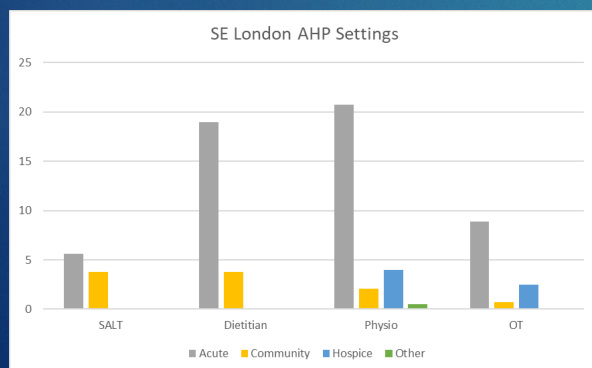
Nipa Patel – SEL Cancer Rehabilitation Ambassador  
Samantha Tordesillas – Programme Manager for Personalised Cancer Care

# Specialist Cancer Rehabilitation Workforce – SE London

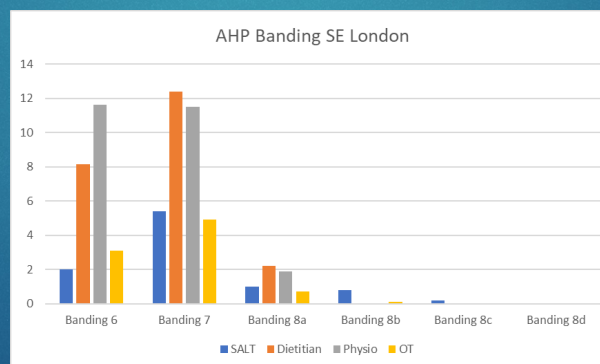
Specialist mapping 2019 (Pan London Cancer Rehabilitation Project)

SOUTH EAST	WTE	Brain & CNS	Breast	Colorectal	General Oncology	Gynaecology	Haematology	Head & Neck	Lung	Palliative Care	Sarcoma	Skin	Upper GI	Urology
SALT	9.5	0.94	0.14	0.00	0.14	0.00	0.14	7.60	0.14	0.24	0.00	0.00	0.14	0.00
Dietitian	22.85	0.29	0.56	2.09	1.46	0.44	1.29	5.88	0.80	7.04	0.00	0.20	2.51	0.29
Physio	27.3	1.61	1.61	0.11	11.61	0.11	1.31	5.11	2.11	3.31	0.11	0.11	0.11	0.11
OT	12.1	1.55	0.55	0.55	0.55	0.55	1.35	0.55	0.55	3.75	0.55	0.55	0.55	0.55

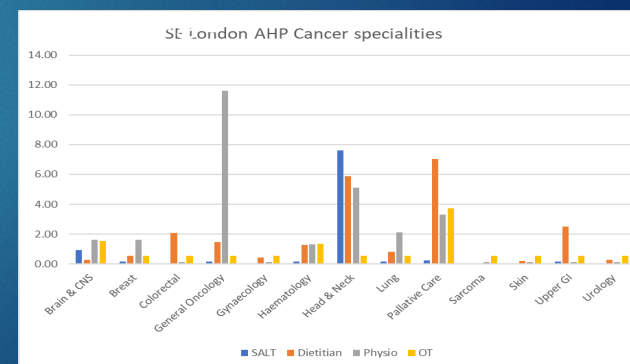
## Place of work



## Level of specialism



## Tumour site



# Challenges facing Cancer Rehabilitation

## Cancer Rehabilitation: a Scoping report for London (TCST, 2017)

- ▶ Poor awareness of **scope** and **breadth** of rehabilitation
- ▶ Variation in **access** and **quality** of cancer rehabilitation
- ▶ Excellent services stand **isolated**
- ▶ Little to guide commissioners on "**what good looks like**"; **how to provide** it or **measure effectiveness**
- ▶ Lack of **quality data** relating to many aspects of cancer rehab service delivery
- ▶ Lack of Allied Health Professionals (AHP) cancer leadership positions to drive cancer rehabilitation agenda

## Specialist Cancer Rehabilitation Project (Drew and Dowling, 2019) – findings regarding generalist AHP workforce

### Workforce:

- ▶ Single handed posts or very small teams
- ▶ Lack of succession planning

### Pathway:

- ▶ Acute/community and specialist/generalist interfaces problematic
- ▶ Poor communication across the pathway
- ▶ Referral processes and acceptance criteria vary across organisations
- ▶ Poor knowledge of Cancer Rehabilitation pathways or integration into cancer pathways

### Education and Development:

- ▶ Lack of knowledge about cancer rehabilitation amongst 'generalist' AHPs especially those in community settings
- ▶ Specialist expert knowledge is isolated
- ▶ Lack of formal AHP cancer career route

= **Inequity of service provision**

# Cancer Rehabilitation Ambassador Project

- ▶ Transformational funding for 1 year project commencing April 21
- ▶ **Ambassador:** Nipa Patel – oncology physiotherapist with acute and community experience
- ▶ **Funding:** - SELCA 0.6; HEE 0.4
- ▶ **Host:** Guys and St Thomas Foundation NHS Trust (GSTT)
- ▶ **Aim:** To provide a deeper understanding of the cancer rehabilitation landscape in SEL
  - ▶ Understand service gaps
  - ▶ Understand knowledge gaps
  - ▶ Identify solutions to inform SE London cancer rehabilitation strategy
  - ▶ Outcome of project to inform practice Pan London
  - ▶ HEE – interest in training needs of the workforce
- ▶ **Metrics of Success:**
  1. Directory of cancer rehabilitation services across SEL
  2. A report re: current rehabilitation provision in SEL and recommendations for cancer
  3. Establish an AHP cancer learning network for SEL – to develop training opportunities as identified

# Methodology

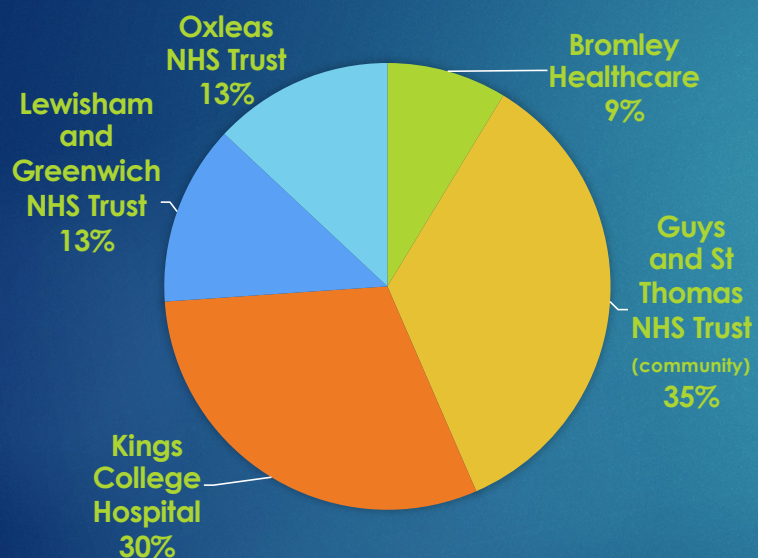
- Completion of a pre-meeting questionnaire to gather baseline data
- Interviews with non-cancer specialist clinicians across 6 SEL Boroughs
- Interviews with cancer specialist teams in GSTT and hospice
- Patient engagement
- Networking Event – combination of education and discussion

Challenges – Covid! Finding Teams! Other Projects

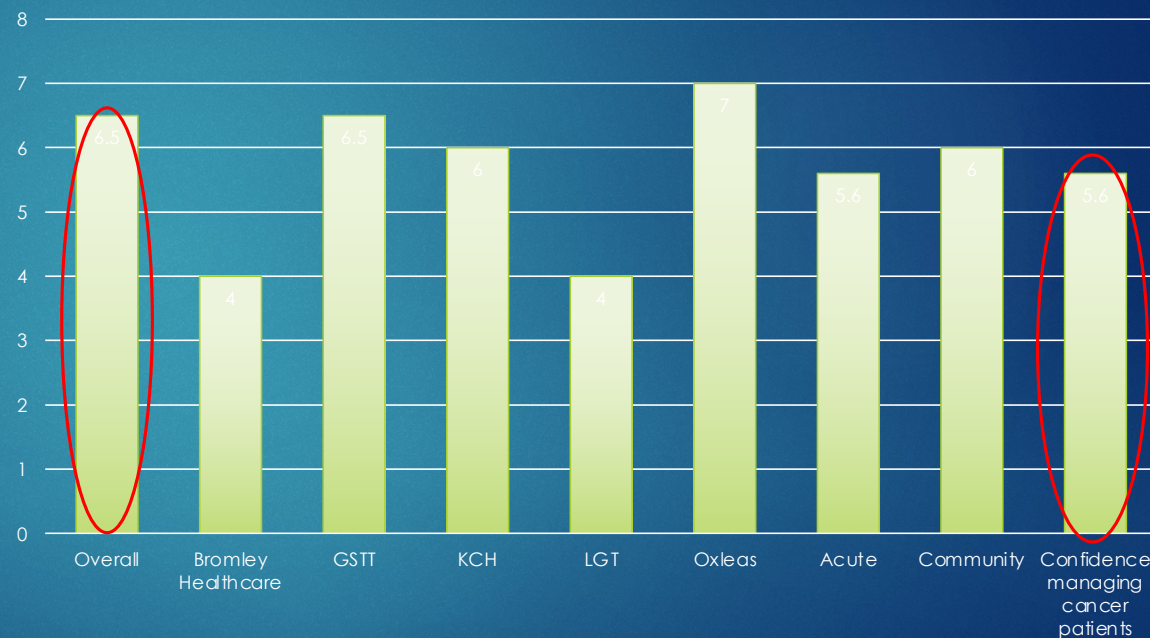


# Results – Non-cancer AHPs

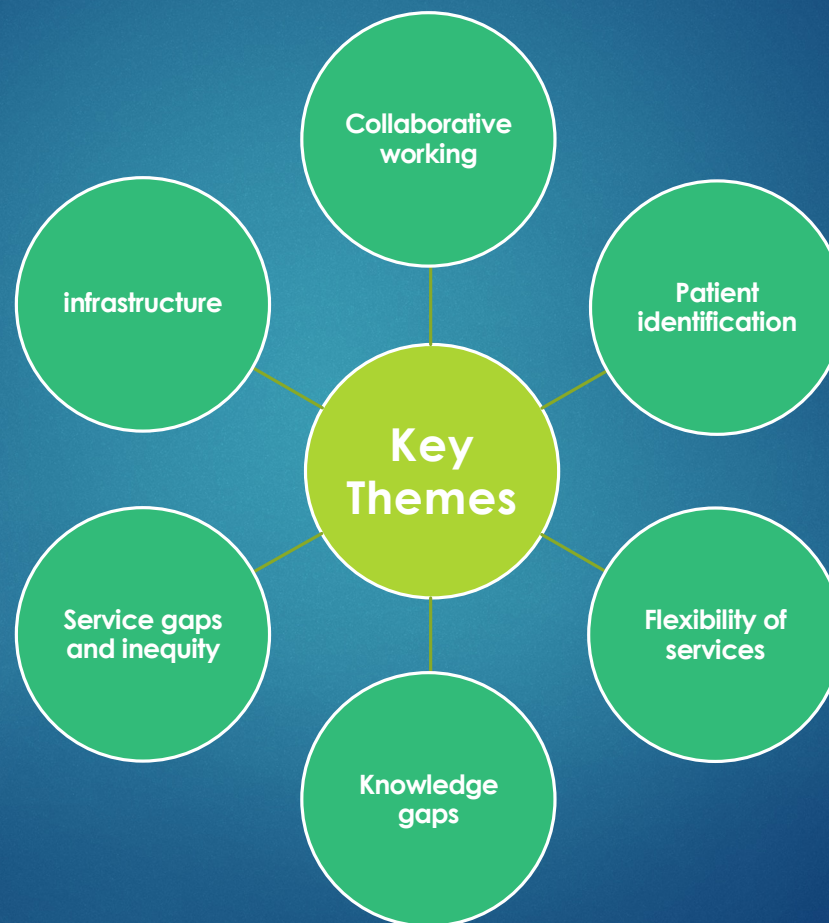
## Participation across SE London



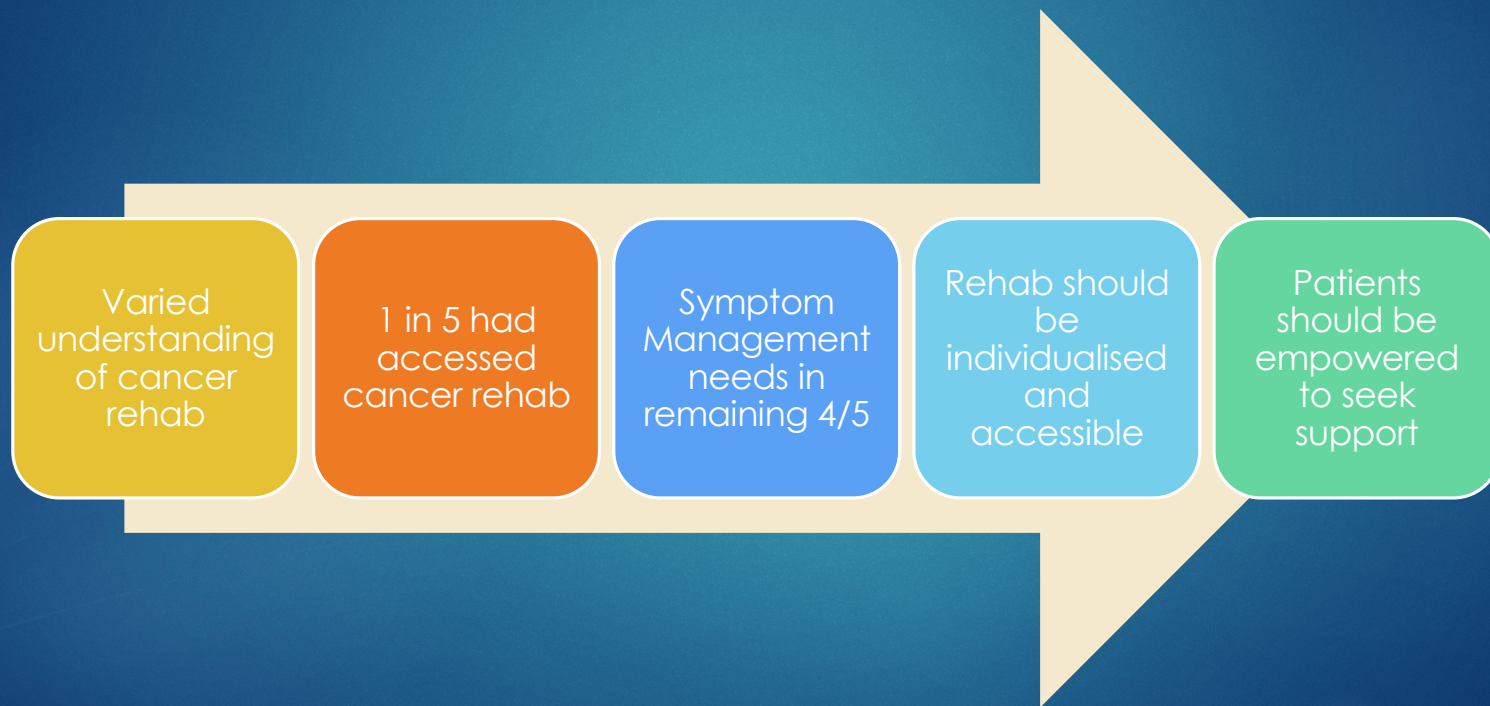
## How well would you rate your service's ability to meet the rehabilitation needs of people with cancer?



# Non cancer specialist AHP insights

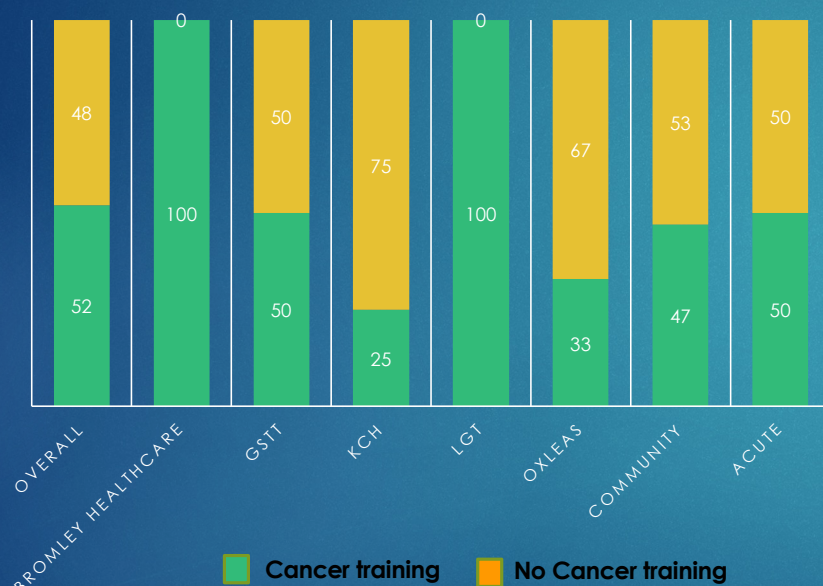


# Patient Engagement

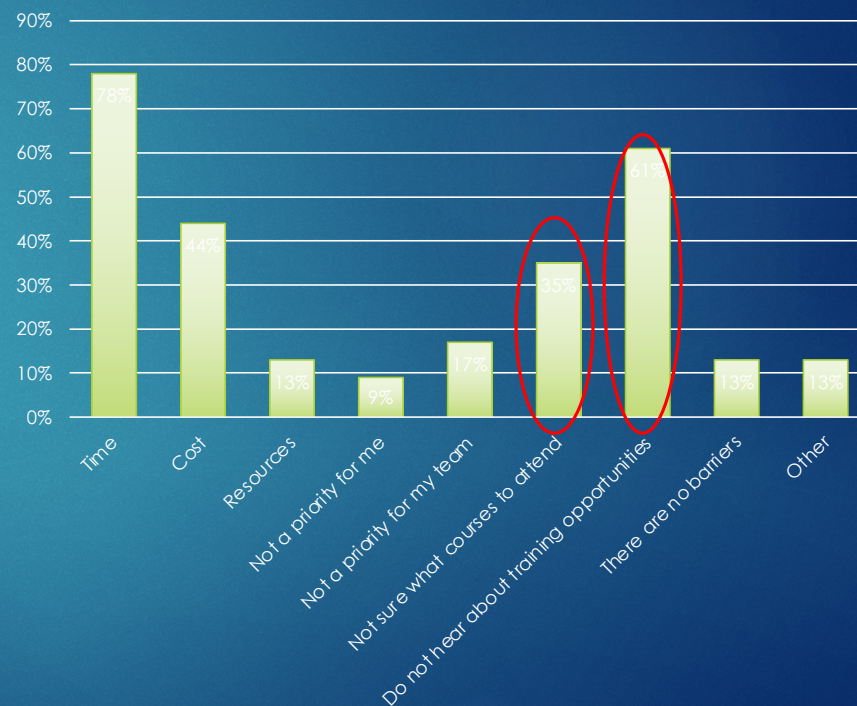


# Non cancer AHPs – cancer training and education

## % Completion of Cancer Specific Training



## Barriers to Accessing Training



# Cancer education and training – requested

## Method of delivery

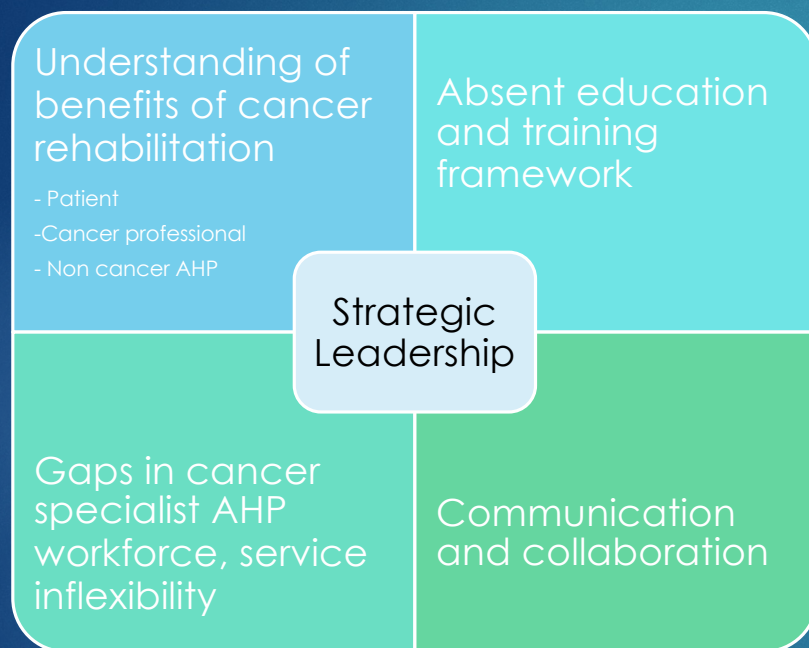
- ▶ Interactive webinar with local specialist Share and learn style – community of practice model
- ▶ Networking opportunity
- ▶ Virtual catch ups with specialist teams

## Specific topics requested

- ▶ understanding the language used in cancer management,
- ▶ the cancer pathway, common treatments and common side-effects.
- ▶ confidence with managing sensitive conversations and expectations
- ▶ rehabilitation in cancer
- ▶ the deteriorating patient
- ▶ having difficult conversations

# Cancer Rehabilitation Ambassador Findings

## Issues – Summary



## Opportunities

- Raised profile – CRA project, prehabilitation activity
- Willingness to collaborate
- Potential for no service gaps
- Role of Cancer Alliance
- Symptom based approach to cancer as a long term condition increasing access to rehabilitation
- National cancer QOL survey rollout
- National work on training and education eg ACCEnD

<https://www.hee.nhs.uk/our-work/cancer-diagnostics/accend>

# South East London Cancer Alliance next steps

- Cancer rehabilitation identified as an ongoing programme of work linking to NHSE/I QOL deliverable
- 22/23 Funding for AHP project post to operationalise SELCA related recommendations and provide ongoing support to providers business planning process
- Report recommendations shared widely across the system and pan London
- Follow up meetings with individual providers held
- Development of SE London rehab service directory for cancer

## Education and training

- Host share and learn programme for SEL non cancer specialist AHPs
- Promote AHP membership to SELCA communities of practice
- Align with nursing education and development framework

## Elevating the rehab voice

- Network wide AHP leads group for cancer formed including all providers
- Mechanism established for feeding into SE London AHP council
- Inclusion of AHP priorities into SELCA/ ICS cancer workforce workstream

## Capitalising on our resources

- Symptom based rehabilitation aligned with long term condition management
- SELCA Physical Activity/Exercise access project 22/23

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