

Acute Oncology

Everyone's Business

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WHAT IS ACUTE ONCOLOGY?

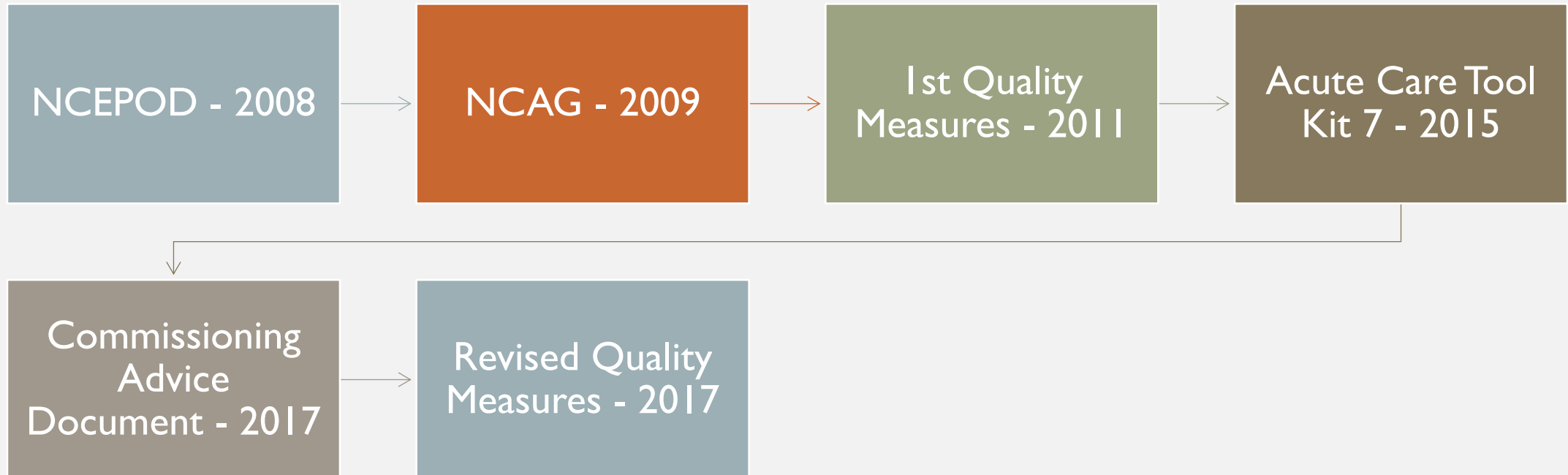
Acute Oncology is the prompt recognition and appropriate management of patients with complications relating to:

- their cancer whether this be known or newly diagnosed in the acute setting
- the treatment they are receiving or have received

People with cancer often develop new and acute problems which require an urgent response, either as a consequence of their cancer illness or the treatment itself.

Professor Sir Mike Richards (Royal College of Physicians 2012)

BACKGROUND - LET'S START AT THE BEGINNING



CHEMOTHERAPY SERVICES IN
ENGLAND: ENSURING QUALITY AND
SAFETY

(NATIONAL CHEMOTHERAPY
ADVISORY GROUP 2009)

The report highlights improvements to three key areas:

- The provision of elective chemotherapy services, based around a care pathway approach.
- The provision of emergency care not only for cancer patients who develop complications following chemotherapy, but also for patients admitted suffering from the consequences of their cancer.

It recommends that all hospitals with an Accident and Emergency (A&E) department establish an “acute oncology service” (AOS), bringing together relevant staff from A&E, general medicine, haematology and clinical/medical oncology, oncology nursing and oncology pharmacy.

- The leadership, information systems, governance, monitoring, and commissioning of chemotherapy services.

PATIENT CLASSIFICATION

Group 1
Acutely unwell
patients who
present as an
emergency and
have a suspected
new diagnosis of
cancer

15%

Group 2
Acutely unwell
patients who are
currently receiving
or have recently
received anti-
cancer treatment

34%

Group 3
Acutely unwell
patients who have a
known cancer
diagnosis and may
be suffering from
acute complications
of cancer

51%

**CANCER
INCREASINGLY
CO-EXISTS WITH
OTHER
CONDITIONS – 69%
OF PATIENTS HAVE
OTHER LONG TERM
CONDITIONS**

29% with 3+ other
long-term conditions

18% = 2 other long-
term conditions

22% = 1 other long-
term condition

30% = no other long-
term conditions

**Its
complicated**

**how do we
know if the
problem is
related to
cancer or
cancer
treatment?**

TRUE 'SIZE' OF UNPLANNED CANCER CARE
MACMILLAN NORTH MERSEY URGENT CANCER CARE PROJECT 2018-20 GRAVES E,
MARSHALL E

Cancer patients account for:

>10% of paramedic activity
60% conveyance rate

Southwest Ambulance Service Trust

5% of ED presentations
15% of ED admissions

80% of cancer patients presenting to ED admitted
vs 25% of 'non-cancer' cancer

28% of chemotherapy patients presented to/admitted via ED during treatment

>10,000 SACT pts/year
Merseyside & Cheshire

*Cancer patients often delay their presentation

THE PRINCIPAL ROLE IN EMERGENCY CANCER CARE IS ADVISORY AND LIES IN:

Defining the most
clinically appropriate
care pathway

Improving patient
experience

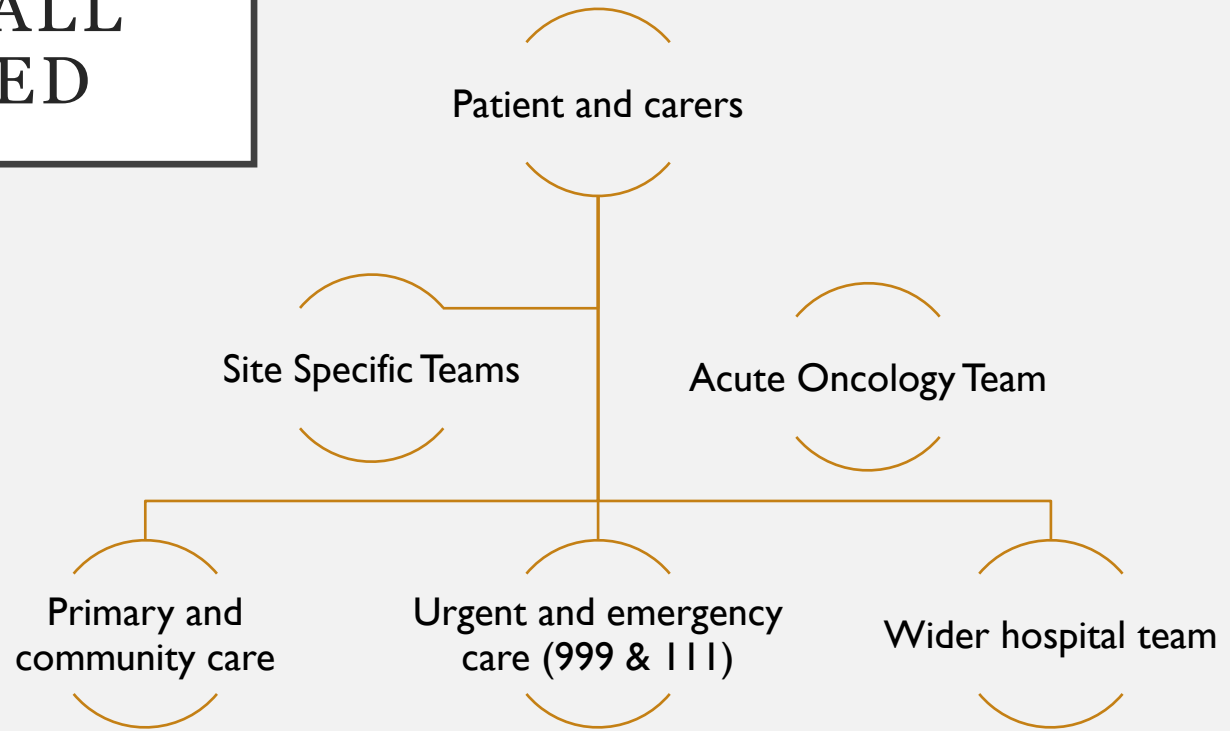
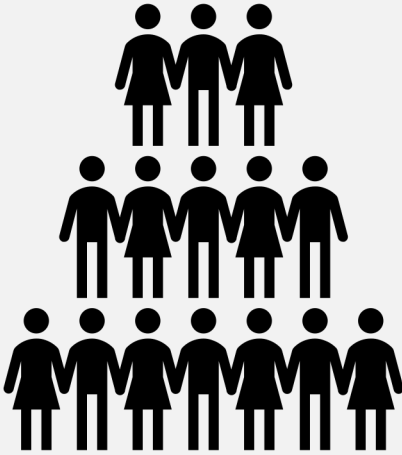
Communication with
and signposting to
appropriate specialist
advice and services

Training and
education

Acute oncology services should support acute medical, emergency and primary care services by providing specialist review, advice and guidance for patients with acute problems related to their disease or treatment received.

Not there to take over

WE ARE ALL INVOLVED

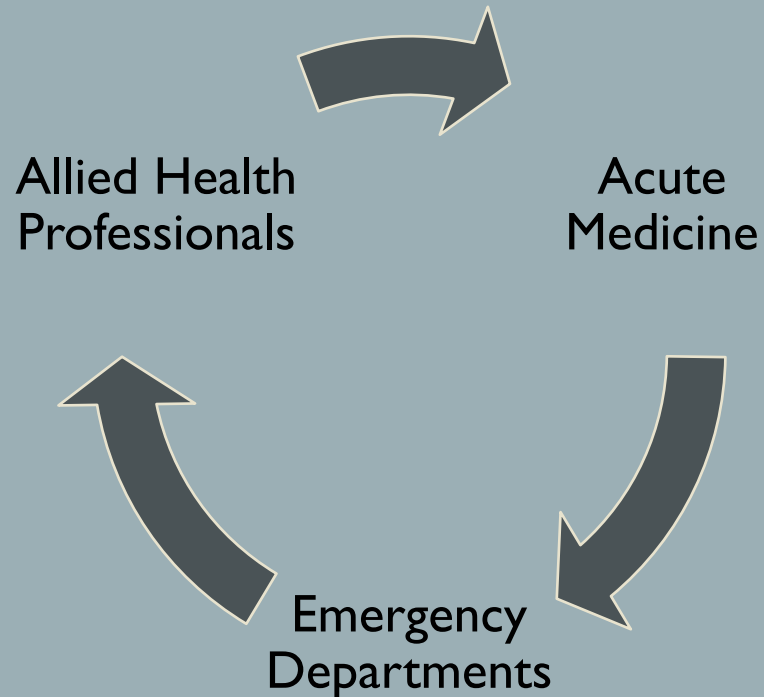


NOT EVERYONE CAN BE AN EXPERT

- But everyone involved in the patient pathway needs to be able to recognize when a patient is heading for trouble – recognize and manage risk



WIDER HOSPITAL TEAM: INCLUDING



Unplanned cancer admissions may happen several times for a patient who is going through prolonged cancer treatment and for a patient with progressing and symptomatic disease.

We should:

- Prepare and educate the patient that this may happen and help them plan
 - Ensure that all professionals involved in the care pathway can recognise acute oncology presentations and take appropriate action
- Ensure that specialist support and advice is available 24/7
 - Develop functional acute care pathways for ambulatory and inpatient care
- Support our urgent care colleagues by sharing our knowledge and skills
 - Support joined up working that increases the opportunities for patients/professional to get urgent cancer advice/signposting

The **Acute Oncology** **Patient Pathway**

begins at the first
presentation to a
healthcare worker in
that episode of care.



4 Levels of Skills and Knowledge

Level 1
BASIC

Level 2
INTERMEDIATE

Level 3
ADVANCED

Level 4
EXPERT

Acute Oncology Knowledge and Skills Guidance

Acute Oncology Education and Training Group

This guidance has been developed by a multidisciplinary group of clinical professionals, and aims to support the delivery of appropriate knowledge and skills to address competency for multidisciplinary healthcare workers who may be involved in the care of adult patients who present with acute oncology problems.

This guidance will be reviewed with stakeholders after a period of 1 year and updated if required.

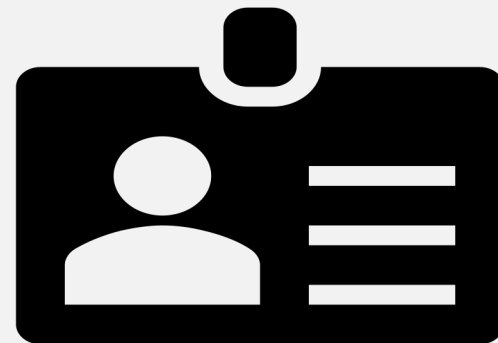
Version 1: Amended October 4th 2018

'Inspiring Cancer Nursing'

www.ukons.org

ACUTE ONCOLOGY PASSPORTS

- A passport for each level of the Knowledge and skills guidance
- Linked to HEE and the ACCEND programme - UKONS and UKAOS
- Multidisciplinary involvement in the development of both guidance and passports
- The user can work with their assessor to personalise their competencies to fit their role in the patient pathway



TOOLS AND GUIDANCE



Your cancer treatment record

Please bring this information booklet to your hospital and GP appointments

Call the 24 hour advice line immediately or call 999 if told to do so (direct advice line number is on Page 2)

- Chest pain
- Difficulty breathing
- Generally unwell
- Shivery episodes or flu like symptoms
- Temperature 37.5°C or above or below 36°C
- Being sick (vomiting)
- Diarrhoea (4+ loose bowel movements in 24 hours)
- Bleeding or unusual bruising
- Swollen or painful legs
- Sore mouth that stops you eating or drinking

Call the advice line within 24 hours but call immediately if your symptoms get worse

- Sore mouth but can still eat and drink
- Itchy or painful skin changes
- Sore, watery eyes
- Increase in pain
- Constipation
- Feeling sick (nausea)
- Diarrhoea (2-4 loose bowel movements in 24 hours)

Be vigilant and if things get worse or continue contact the 24 advice line

- Tiredness
- Skin changes that are not itchy or painful
- Mood changes
- Difficulty in coping with the treatment
- Loss of appetite

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'Inspiring Cancer Nurses' www.ukons.org

ONCOLOGY/HAEMATOLOGY ADVISE LINE TRIAGE TOOL, VERSION 2

Problem	Urgency	Advice
Chest pain	Red	Call 999
Difficulty breathing	Red	Call 999
Generally unwell	Yellow	Call 24hr advice line
Shivery episodes or flu like symptoms	Yellow	Call 24hr advice line
Temperature 37.5°C or above or below 36°C	Yellow	Call 24hr advice line
Being sick (vomiting)	Yellow	Call 24hr advice line
Diarrhoea (4+ loose bowel movements in 24 hours)	Yellow	Call 24hr advice line
Bleeding or unusual bruising	Yellow	Call 24hr advice line
Swollen or painful legs	Yellow	Call 24hr advice line
Sore mouth that stops you eating or drinking	Yellow	Call 24hr advice line
Sore mouth but can still eat and drink	Green	Call 24hr advice line
Itchy or painful skin changes	Green	Call 24hr advice line
Sore, watery eyes	Green	Call 24hr advice line
Increase in pain	Green	Call 24hr advice line
Constipation	Green	Call 24hr advice line
Feeling sick (nausea)	Green	Call 24hr advice line
Diarrhoea (2-4 loose bowel movements in 24 hours)	Green	Call 24hr advice line
Tiredness	Green	Call 24hr advice line
Skin changes that are not itchy or painful	Green	Call 24hr advice line
Mood changes	Green	Call 24hr advice line
Difficulty in coping with the treatment	Green	Call 24hr advice line
Loss of appetite	Green	Call 24hr advice line

Oncology/Haematology 24 Hour Triage

RAPID ASSESSMENT AND ACCESS TOOLKIT

Information and Resources Manual

- How to use the manual
- How to use the manual
- How to use the manual

Healthcare Professionals Risk Assessment Tool - Primary Healthcare Professionals Version

Problem	Urgency	Advice
Chest pain	Red	Call 999
Difficulty breathing	Red	Call 999
Generally unwell	Yellow	Call 24hr advice line
Shivery episodes or flu like symptoms	Yellow	Call 24hr advice line
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Mood changes	Green	Call 24hr advice line
Difficulty in coping with the treatment	Green	Call 24hr advice line
Loss of appetite	Green	Call 24hr advice line

Oncology/Haematology Risk Assessment Tool - Primary Healthcare Professionals Version

Instructions for use

UKONS Oncology Nursing Society

In partnership with MACMILLAN CANCER SUPPORT

AMBULATORY PATHWAY FOR ONCOLOGY PATIENTS PRESENTING WITH LOW RISK FEBRILE NEUTROPENIA

Acute Oncology Neutropenia Working Party

Version 1. November 20th, 2020. Review date: December 2021.

- This document is offered as a template for use by trusts/hospitals wishing to develop a pathway for the ambulatory management of patients with low risk febrile neutropenia.
- Trusts/hospitals should review content and amend/adapt if required to suit local services prior to approval for local use.
- The user organisation must accept governance responsibility for implementation of the pathway.

Clinical Advice to Cancer Alliances for the Commissioning of Acute Oncology Services

This document was produced by NHSE Chemotherapy Clinical Reference Group August 2017

The National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) report, 'For better or worse' (November 2008) identified a number of worrying themes in patients dying within 30 days of receiving systemic anti-cancer therapy (SACT), with 27% of cases being judged as having death hastened or even caused by treatment.

Royal College of Physicians Setting higher standards

Acute care toolkit 7: Acute oncology on the acute medical unit October 2013

Advances in cancer management continue to improve patient outcomes, but this has been accompanied by a steady increase in emergency admissions with disease- or treatment related complications. The acute medical unit (AMU) currently shoulders much of this burden. Providing efficient and excellent care to this complex patient group in a busy AMU presents a key challenge. A good working partnership between the AMU and acute oncology service (AOS) can result in a significant improvement in patient care together with opportunities for admission avoidance and early discharge.

Background

Cancer patients on attending UK emergency units increasingly present with a diverse and challenging set of problems. One of the most worrying aspects of this is the increasing range of treatments for becoming cancer diagnosis makes it difficult for emergency services to respond to them up to date. This has led to a growing number of patients and staff reports. The National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) report 'For better or worse' (November 2008) identified a number of worrying themes in patients dying within 30 days of receiving systemic anti-cancer therapy (SACT) with 27% of cases being judged as having death hastened or even caused by treatment. The National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) report, 'For better or worse' (November 2008) identified a number of worrying themes in patients dying within 30 days of receiving systemic anti-cancer therapy (SACT), with 27% of cases being judged as having death hastened or even caused by treatment.

Key messages

- Acute oncology themes
- Acute oncology themes
- Acute oncology themes

Acute Oncology Initial Management Guidelines - Version 3.0.

UKONS Oncology Nursing Society

AO SUMMARY

Acute Cancer care is bigger than traditional AO and is growing year on year

Effective AO requires multidisciplinary collaborative working underpinned by Acute medicine

AOS need to place greater focus on the front door, building a 7-day option for SDEC that reduces the need for inappropriate ED

An AOS needs to become an integral part of the AMU