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Ensuring Every Patient Can Access Urgent Oncology Support: AURA and the Equity Challenge











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Background Context



Urgent and emergency care (UEC) is a fundamental aspect of care for cancer patients and cancer helplines aim to provide timely access to expert advice for both patients and healthcare professionals. Around the clock access to specialist advice and triage is particularly critical for the growing number of patients receiving SACT.



Principles of 24/7 telephone access were first outlined in the NHS England Chemotherapy Service Specification (2013). However, over time, local service changes and priorities have led to significant variation in how services are delivered.



Significant variation in service provision.
No agreed standards.
Long waiting times and variable connection.
Lack of awareness resulting in areas of considerable unmitigated risk.

(UKAOS 2025)

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Why this is a health inequalities issue

- Patients experiencing language barriers
- Patients with hearing impairment
- Patients with speech difficulties
- Digitally excluded individuals
- Patients living alone
- Without permanent residence
- Patients unsure how to navigate services
- Variation in access depending on where a patient lives

Who is most affected when access fails?

Patient 7 days post SACT experiences symptoms



Call to AO 24hr triage line

Line busy

Nobody knows they tried to make contact

Line unanswered

Should they call again? Will someone answer? Should they go to ED?

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Where are we now?



2023

Regionally: AO service review identifying significant disparity across service provision

Nationally: UKAOS raised concerns about the absence of national operating standards for SACT helplines

Early 2024

Regionally: Service support to explore possibilities and establish provision plans

Nationally: 4 Nations PMG formed

May 2024

Regionally: AO CAG - phoneline focus

Nationally: National survey distribution and subsequent review

June/July 2025

Regionally: Discussions with Pharma

Nationally: Launch of the 4 Nations review of SACT helplines

November 2025

Regionally: PID completed

Nationally: 4 x work streams progressing work programmes

I: National SOP

II. System Integration/Alignment with SPOA/UEC

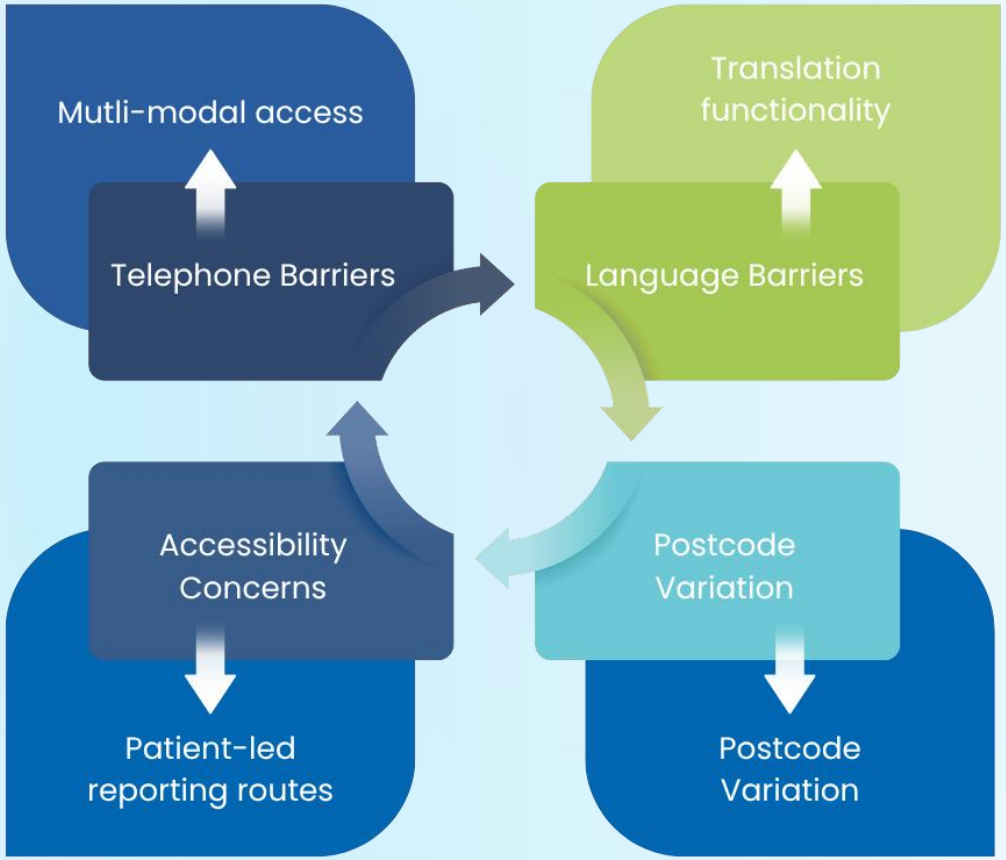
III: Data Capture

IV: Shared Learning

2026

Launch of the regional AO Urgent Reporting Access system across all Trusts.

Patients Told Us Access Wasn't Working



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What we heard from patients shaped what we built.

Patient Voices

My main problem was communication. I have a Cochlear implant and compatible hearing aid. I had difficulty understanding some staff who did not have English as a first language. I was given an 'Acute Oncology emergency phone number', it was a landline number. I can't use the phone due to my deafness. Landline numbers are impossible for me. I was refused email/text contact several times. My husband is happy to deal with the phone for me but if I had an emergency when alone I would not have been able to contact anyone. I believe this flies in the face of the NHS Accessible Information Standard.

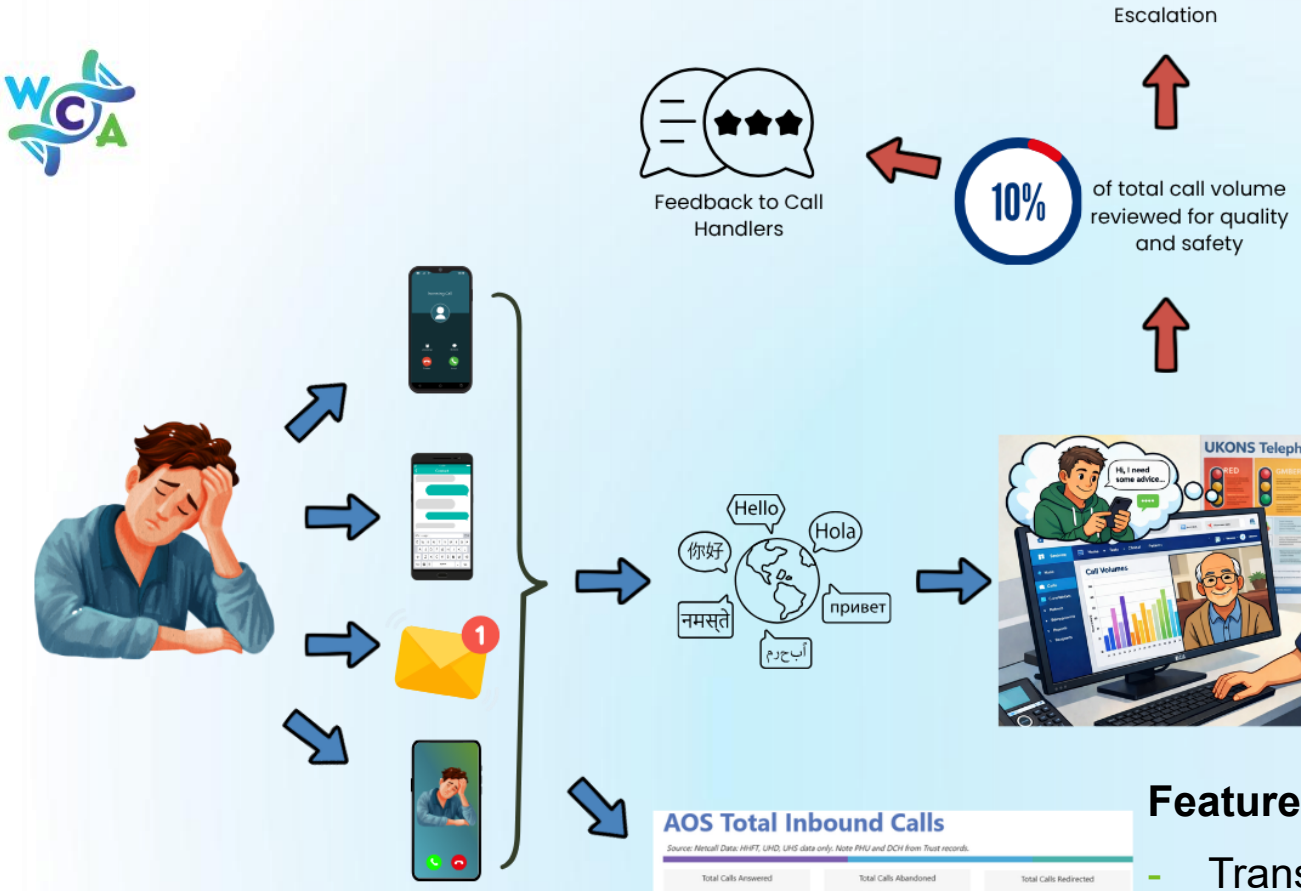
Phoned 24 hour emergency helpline but no one there. First time I phoned them they said they were closing? I ended up in A&E with a 13hr wait.

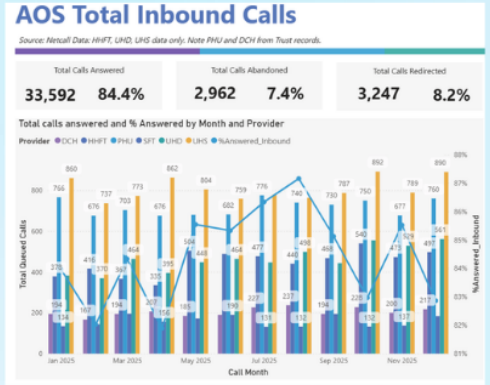
After my first session of chemo I was very well over a weekend, I tried calling the emergency phone number but got no response. I had to wait until Monday morning. I was told if I had spoken to someone they would have told me to stop taking the tablets. I was told the phone was not working this was devastating for me knowing I was going through so much pain and I didn't need to.

Contacting the acute care number was problematical. Usually had to leave message and wait for someone to call back which on average was many hours or at the end of the day.

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How AURA Reduces Access Inequalities





Feature	Benefit
- Translation capability	- Better access for non-English speakers
- Multiple contact routes	- Support for different communication needs
- Every contact captured	- Visibility of unmet need
- Standardised process	- Same access regardless of geography
- 24/7 model	- Improved access outside normal working hours

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From Local Concern to System-Wide Change

Inclusive Cancer Care

People with communication difficulties

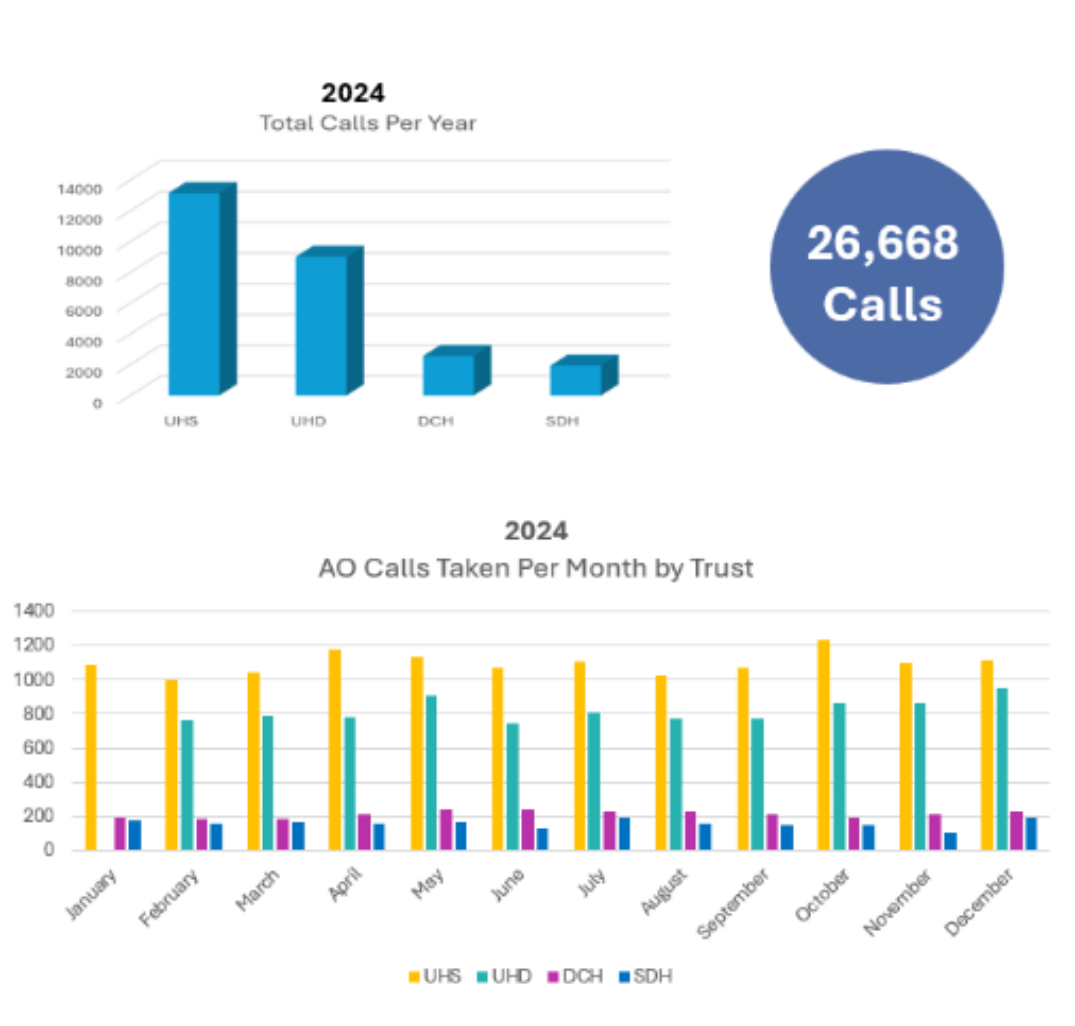
People who do not speak English as a first language

Rural populations

Deaf and hearing impaired

People without family advocates

Pre Implementation Began



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During Implementation

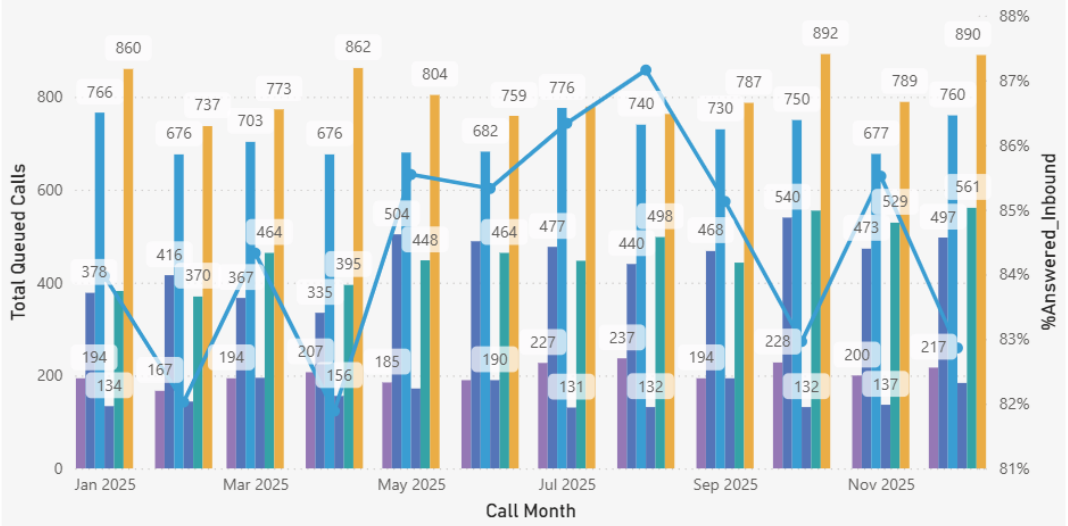
47,861

AOS Total Inbound Calls

Source: Netcall Data: HHFT, UHD, UHS data only. Note PHU and DCH from Trust records.

Total Calls Answered		Total Calls Abandoned		Total Calls Redirected	
33,592	84.4%	2,962	7.4%	3,247	8.2%

Total calls answered and % Answered by Month and Provider

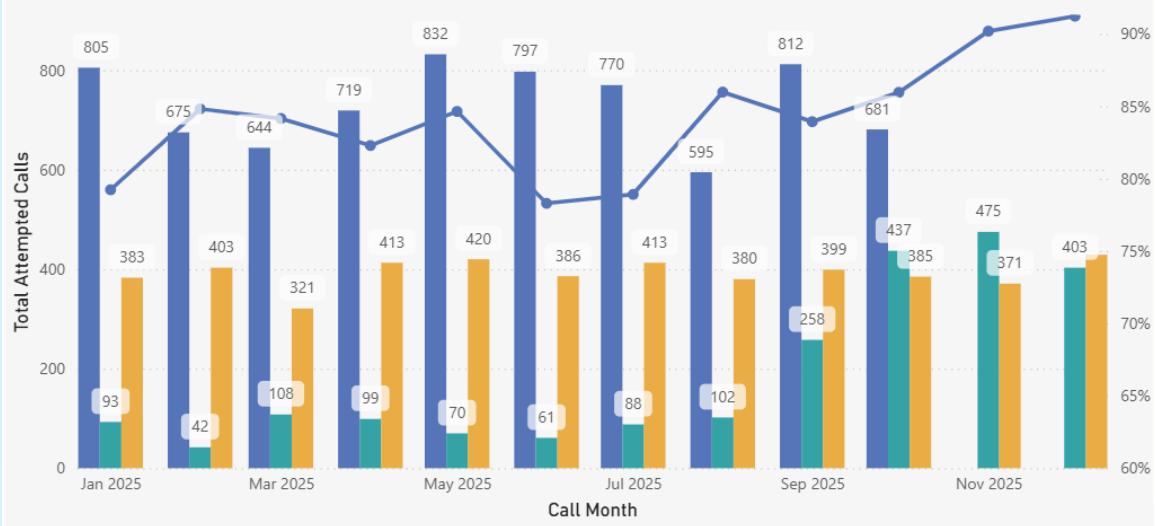


AOS Total Outbound Calls

Source: HHFT, UHD and UHS data only - Outbound only. DCH Return calls only counts >10 mins.

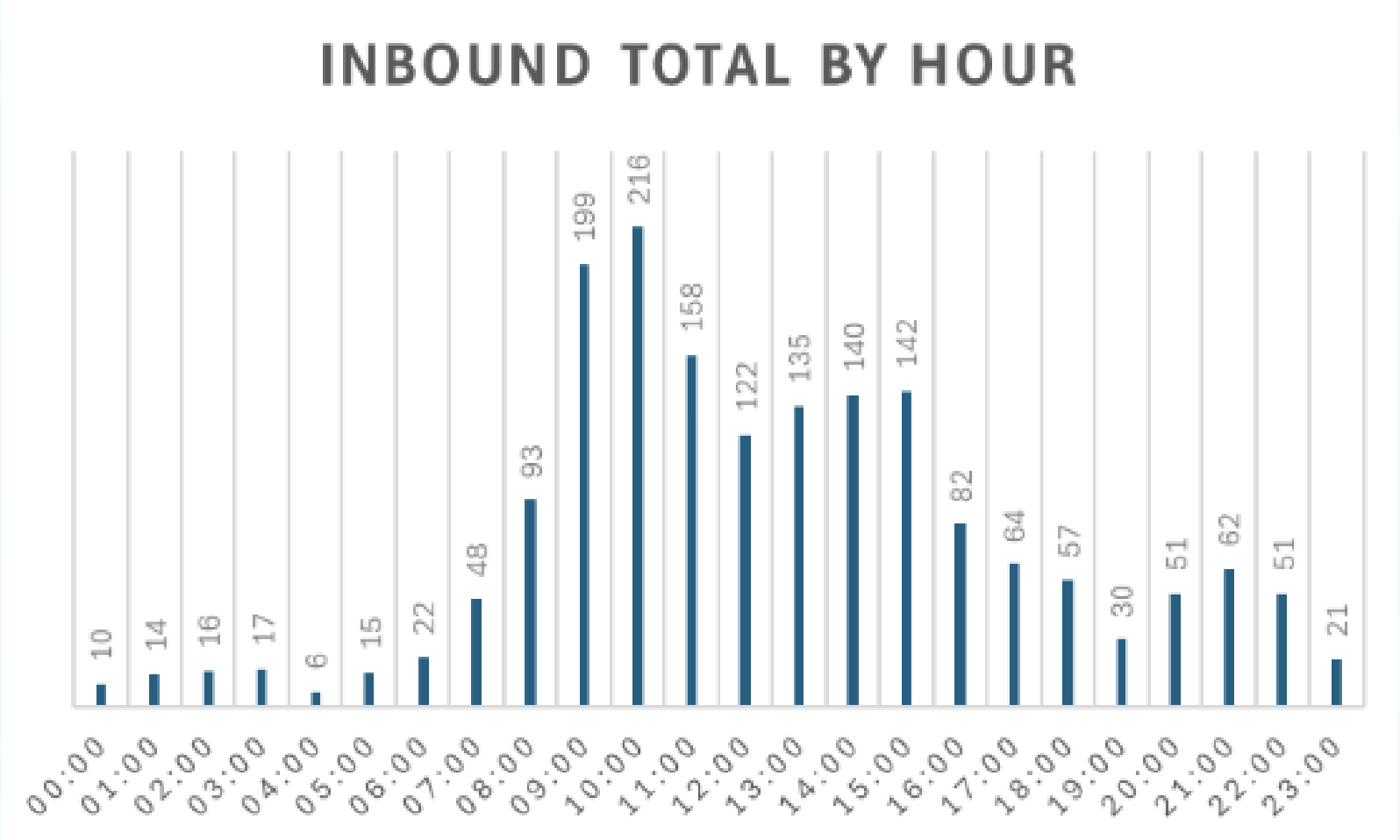
Total Calls Attempted	Total Calls Answered	
14,269	11,950	83.7%

Total queued outbound and % Answered by Month and Provider



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Call Volume By Hour



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Every patient concern matters. Every patient contact should count.

Three key take-home messages:

- **Access is a patient safety issue**
  Delays in reaching specialist advice can result in avoidable harm.
- **Access is an inequalities issue**
  Some patients face greater barriers than others
- **Technology should enable inclusivity**
  Digital solutions should increase choice and accessibility rather than create additional barriers.

For patients receiving cancer treatment, access to urgent specialist advice should never depend on where they live, what language they speak, or whether somebody answers a telephone.

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Any Questions?







