Personalised Care on the Head and Neck Pathway

SaTH Improvement Hub

Theme | Patient Experience

Produced by | Jennifer Hall

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The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Personalised care has been identified as being a vital aspect of the patient experience for those undergoing treatment for cancer. Informal feedback highlighted that the personalised care offer on the head and neck pathway can vary between individual patients and at different points of the pathway, leaving some patients feeling inadequately supported.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To increase and standardise the offer and completion of Heath Needs Assessments (HNAs) and end of treatment summaries to ensure consistent and high-quality personalised care for all patients on the head and neck pathway. Data will be reviewed by 31st December 2024.

PLAN

The head and neck team have been delivering high standards of personalised care, but with no clear processes or standardisation of documentation.

I planned to form a core team to discuss the current methods we use to offer personalised care and to look at data pulled from the Somerset Care Record (SCR) and patient satisfaction surveys. This would allow us to identify the gaps in our personalised care offer when mapped against the gold-standard, and to brainstorm ways to ensure greater consistency.

We would then bring these ideas to the wider team to discuss the proposed action points for feedback and further ideas before implementing new procedures, providing staff training, and the creation of new standard operating procedures and process flows.

I planned to assess the efficacy of these new procedures by way of re-examination of the SCR data after six months had passed following staff training to see if we were offering HNAs and end of treatment summaries more consistently. I also planned to send out further patient satisfaction surveys to patients who had undergone diagnosis and treatment within the time-period of the study.

DO

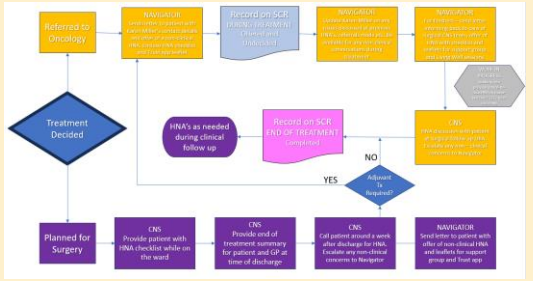
We were able to identify areas where our offer of HNA conversations were less consistent. The team devised several solutions to try to improve on this and action points were agreed. These included:

- More collaboration with the oncology team to ensure personalised care continues at referral to their care
- Improving and simplifying patient trackers to enable easier identification of those in need of an HNA or treatment summary
- Use of reports on SCR to identify new diagnoses early
- Simplification of new patient information packs
- Increased promotion of our support group, the trust's Cancer Information and Support app and Living Well sessions at different points of the pathway

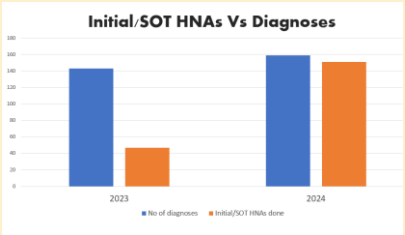
We found that our completion of end of treatment summaries had been poor mainly due to limitations with IT systems. This has been an ongoing issue which has required us to pivot several times and investigate different methods to try to overcome these barriers.

Once we had identified these potential changes, I created a Standard Operating Procedure (SOP) and process flows which were circulated to the team. Personalised Care Lead, Leah Morgan then delivered two sessions of staff training to the team to ensure all staff members were aware of the changes to procedure and documentation.

STUDY



Following team meetings, I devised flow charts to help standardise the offer of personalised care, and how we document our activity. I presented these findings and action plans at our department Annual General Meeting where feedback was favourable.



Data from 2023 shows that although we were improving in our numbers of HNAs, we were still not meeting the needs of every patient. Data from 2024 shows that following implementation of standard operating procedures and delivery of training, there was a sharp and sustained increase in the number of HNAs being recorded. We have also increased the percentage of newly diagnosed patients having at least one HNA prior to starting treatment from 33% to 95%

ACT

With standardised processes in place, our HNA performance has improved considerably. The Integrated Care Board (ICB) are now working on standardising the offer of HNAs in the region. Their data shows that our division is performing very well. I have been involved in drafting generic SOPs which may be rolled-out across other tumour sites.

We need to adapt our plans for patients being referred to Oncology as their uptake of HNA offers is very low. I have spoken to members of our patient support group who have generated some excellent ideas to move forward in this area.

Since the completion of the project, we have managed to start routinely providing end of treatment summaries and plan to review this process in mid-2025..

Our next step will be to hold a staff meeting to discuss the successes of this project and generate ideas to enhance our performance in areas for improvement such as support for patients transferring to palliative care, those diagnosed with a recurrence, and those experiencing delays to treatment.

I will gather data to compare to our previous performance in January 2025 in order that we can assess whether there is anything else that could be improved upon.

ACKNOWLEDGEMENTS & REFERENCES | I would like to thank Leah Morgan for her support and enthusiasm as my sponsor. She has given her time not only to the project but also to my own personal development within my role which has been invaluable.