



2021-01-01

Acute Oncology Service – reducing unwarranted variations of care for those admitted with a complication of their cancer diagnosis or cancer treatment

Rachel Carroll
Royal Cornwall Hospitals NHS Trust

Follow this and additional works at: <https://pearl.plymouth.ac.uk/swcsj>



This work is licensed under a [Creative Commons Attribution-NonCommercial-Share Alike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

General rights

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Take down policy

If you believe that this document breaches copyright please [contact the library](#) providing details, and we will remove access to the work immediately and investigate your claim.

Recommended Citation

Carroll, R. (2021). 'Acute Oncology Service – reducing unwarranted variations of care for those admitted with a complication of their cancer diagnosis or cancer treatment', *South West Clinical School Journal*, 1 (1).

This Article is brought to you for free and open access by the Journals at PEARL. It has been accepted for inclusion in *South West Clinical School Journal* by an authorized editor of PEARL. For more information, please contact openresearch@plymouth.ac.uk.

2021

Acute Oncology Service reducing unwarranted variations of care for those admitted with a complication of their cancer diagnosis or cancer treatment

Carroll, Rachel

Carroll, R. (2021). 'Acute Oncology Service reducing unwarranted variations of care for those admitted with a complication of their cancer diagnosis or cancer treatment', South West Clinical School Journal, 1 (1).

<http://hdl.handle.net/10026.1/19718>

<https://doi.org/10.24382/8dkb-qv68>

South West Clinical School Journal

University of Plymouth

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Joint Quarter 3 2019/20 WINNER

#400WORDS: KNOWLEDGE+ACTION (IMPLEMENTING EVIDENCE-BASED PRACTICE)

Acute Oncology Service – reducing unwarranted variations of care for those admitted with a complication of their cancer diagnosis or cancer treatment

Rachel Carroll¹

¹Clinical Nurse Specialist - Acute Oncology. Royal Cornwall Hospitals NHS Trust, TRURO, TR1 3LJ, UK.
Email: rachel.carroll4@nhs.net

Submission date: 12th November 2019 | Accepted for publication: 2nd April 2020

Background

The National Chemotherapy Advisory Group (2009) report states the need for an Acute Oncology Service (AOS) in every UK hospital with an Emergency Department. This was driven by the National Confidential Enquiry into Patient Outcome and Death (2008), a publication which found national failings for patients receiving systemic anti-cancer therapy (SACT).

Report Results

This national report found 'room for improvement' or 'less than satisfactory care' in 57% of patients who died within 30 days of receiving SACT. 17% of patients with potentially life-threatening treatment toxicities delayed seeking advice for at least 24 hours. 43% of those who died suffered from grade 3 or 4 SACT toxicity.

Discussion

Cancer Services at Royal Cornwall responded by developing an AOS. We have strengthened this over time and currently have two clinical nurse specialists with middle grade support. Every patient receiving SACT for malignancy has 24-hour access to an advice line.

Supporting those in the community

The 24-hour advice line is a national triage tool and enables a robust, simple and reliable assessment. Calls to Royal Cornwall's advice line over 2019 have increased by over 500 (30% increase in previous year), reflecting the increasing number of patients being treated oncologically with the advancement of SACT. All phone calls are safety netted with follow-up within 24 hours by the AOS whether they are admitted to the Trust or remaining at home with specialist advice or community support. Over 2019 the service was able to prevent hospital admissions in 58% of all community contacts that would otherwise have been admitted.

Supporting inpatients

The AOS review patients in an acute phase of the admission who have a complication of their cancer diagnosis or treatment (including new diagnosis - 18% of patients in Cornwall are diagnosed through emergency presentation). In 2019 we reviewed over 1200 inpatients. This encompasses patient support through their therapeutic journey as management plans are negotiated between general medicine and oncology services to maximise patient outcome and experience.

The Acute Oncology team impact specifically by:

- Ensuring patient review within 24hours of admission.
- Assisting with initial management of treatment related toxicities as early intervention is critical and reduces mortality.
- Raising awareness of oncological emergencies such as neutropenic sepsis and metastatic spinal cord compression.

Conclusion

AOS is a vital service for patients receiving SACT at Royal Cornwall Hospital. In 2019 we have avoided hospital attendance and admission rates for 58% of patients who contacted the advice line. We have also expedited and complimented inpatient journeys for a further >1200 inpatients.

References

National Chemotherapy Advisory Group. (2009) Chemotherapy Services in England: ensuring quality and safety. Available at:

https://www.webarchive.nationalarchives.gov.uk/20130104173757/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_104500 [Accessed on 7th November 2019]

National Confidential Enquiry into Patient Outcome and Death. (2008) Systemic Anti-Cancer Therapy: For better, for worse? Available at: https://www.ncepod.org.uk/2008report3/Downloads/SACT_summary.pdf. [Accessed on 7th November 2019]

United Kingdom Oncology Nursing Society. (2010) Oncology/ Haematology 24hour Triage. Rapid assessment and access tool kit. Available at: <https://www.ukons.org/> [Accessed on 7th November 2019]



This is an open access article distributed under the terms of the Creative Commons Attribution Non-Commercial 4.0 International (CC BY-NC-SA 4.0) licence (see <https://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits others to copy and redistribute in any medium or format, remix, transform and on a non-commercial basis build on this work, provided appropriate credit is given. Changes made need to be indicated, and distribution must continue under this same licence.