

King's College Hospital King's Macmillan Cancer Support Workers Service Our Patient's First Point of Contact

Background: In August 2021, our Kings Cancer Patient Voices Advisory Group (KCPVAG) identified some areas for improvement from the King's cancer patient experience surveys. One of the key areas our patients identified was the need for better access to our Clinical Nurse Specialists (CNSs).

Results of the 2017 NCPES showed 81% of cancer patients found it easy to contact their CNS or a main contact person, against a national average score of 85%. Some specialities across King's scored as low as 40% in this metric and receiving practical advice and support.

Aim: To provide a single point of access for patients who are being treated for cancer at King's to support with their queries and improve access to available support. An additional aim was to relieve CNSs' from administrative duties, co-ordinating patient's care and allowing CNS' to focus on delivering the specialist input our patients require.

Our Method

Our KCPVAG identified some areas for improvement linked to how people wish to access their main contact person.

They conducted a survey with 49 patients, and have presented the results to King's cancer professionals in a workshop to inform co-design of the future service.

Feedback outlined that what mattered most to our patients was:

- Timely access to CNSs and greater certainty about when they would get a reply
- An admin person being a first point of contact as they could answer many queries and save CNS time or query being correctly escalated to a clinical staff member within an acceptable timeframe



Our Service

We developed a pilot service focused on the provision of:

- Single point of contact and triage of incoming calls
- The management of non-clinical administration and signposting
- Improved access to personalised care, including Holistic Needs Assessment (HNA)

This is demonstrated on the diagram on the left.

We have demonstrated that this new service model has improved our staff and patients experience as outlined below.

Staff and Patient Feedback

From our Staff

Surveys completed from 12 CNSs who were part of the phase 1 pilot between March 2022 - June 2022:

- 11/12 CNSs (91.7%) of our CNSs felt that the nature of the queries they respond to are clinically appropriate
- Staff say they cannot imagine how their service could support patients without the support workers central team

From our Patients

Surveys completed with 20 service users who accessed the service between April 2023 – June 2023:

- 16 / 20 patients (80%) felt they got the support they needed with their overall health and well-being and was helpful.
- 19 / 20 patients (95%) would recommend the support workers service to other patients

They listen and you know the message is going to get to the right person to call you back

Our Success So Far

Overall data from 12 month period (March 2022 – February 2023) and 5 months from March 2022 – August 2022 has shown the cancer support workers providing support for:

- **Completion of 949 Holistic Needs Assessments (HNAs).** This led to overall trust compliance of HNAs improving from 32% to 51% in the same period. In the specialties included in the pilot, compliance improved to 80% against a national target of 70%, where there were no issues with nursing staff vacancies
- **43% - 61% of calls into the service have been dealt with by support workers, without needing CNS input** (equivalent to an average of around 665 patient queries a month), thus freeing up CNS time to undertake more clinical duties (roughly 133 care hours per month)
- **70%+ of calls into the service answered within 4 minutes**

NCPES - Patient found it very or quite easy to contact their main contact person			
	Trust	National	Year
All Cancers at King's	81%	86%	2017
	79%	85%	2018
	81%	85%	2019
			2020
	80%	85%	2021
	75%	84%	2022
	77%	84%	2023

Our Learnings

- Involving patients in co-production for improvement is essential to understand the changes required to meet the needs of a diverse population
- Importance of engaging patient representatives and clinical staff in co-design to increase the likelihood that any suggested changes are embedded and sustained
- Importance of developing a flexible service model which can pivot to accommodate the changing needs of patients and staff