

AOS at the Royal United Hospital Bath



Small Team with a varied Scope

Team Members:

Clinical Lead

Weekly rotation of both Medical and Clinical Oncologists

Timetabled Registrar cover throughout the week.

AOS SHO

2x AOS CNS (WTE)

- Consultant to cover the ward and on-call rota 24/7 for their week.
- AOS Fast track Clinic, increasingly run by AOS SHO.
- Review of outlying patients (predominantly CNS)
- Follow up of advice line calls (predominantly CNS)

Challenges in AOS

We are the filter for information both into oncology and out of it.

We are flexible, able to respond to an emergency in a timely fashion.

The disparate elements of our AOS system means it is difficult for others to see the scope AOS covers.

Constantly struggling with the line of what is AOS and what is not.

We struggle with the expectations of:

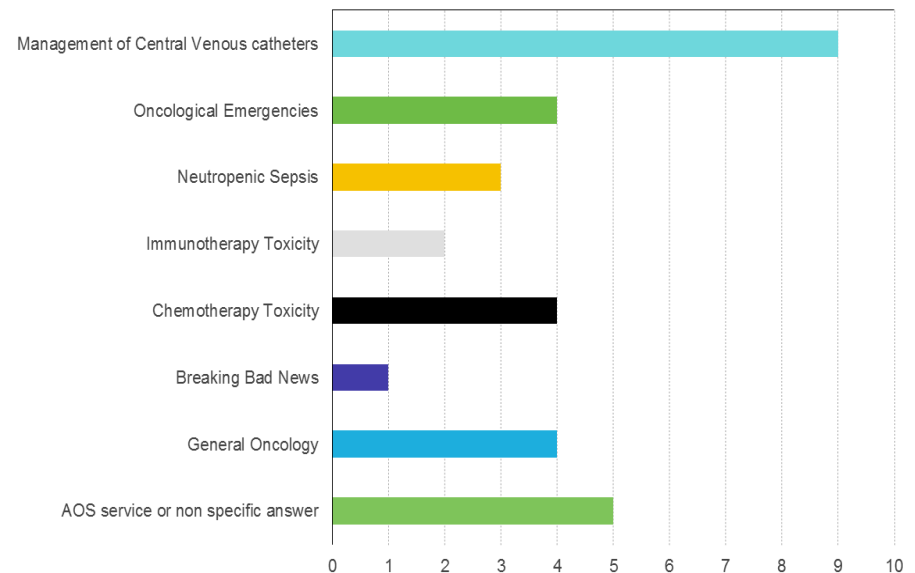
- Medical teams
- Oncologists
- Front door teams
- Other CNS teams
- Community team
- Senior Nursing team



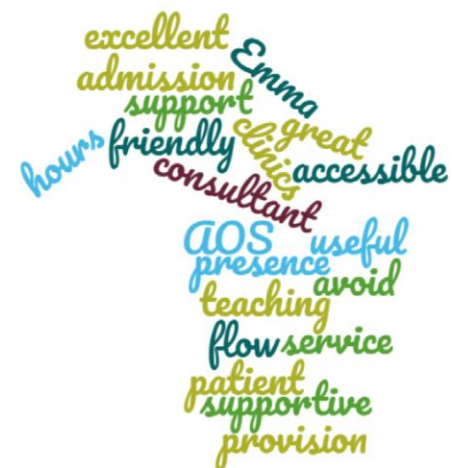
Survey 2017

39 responses.

- All bar two heard of our service
- Majority from word of mouth or previous teaching from AOS.
- 75% easy or very easy to refer
- 83% stated input had been helpful
- Teaching was felt to be lacking.
- Teaching requested within teaching rota



Improvements requested	
Out of hours cover	5
More staff	4
More front door presence	5
Increase AOS clinic to avoid front door	2
No improvement needed- good service	5



A word cloud of patient feedback comments. The words are arranged in a circular pattern and include: excellent, admission, support, friendly, hours, consultant, AOS, presence, teaching, flow, patient, supportive, provision, useful, avoid, service, accessible, great, Emma, and clinic.

New Role of AOS SHO

- Role of SHO in fast track clinic:
 - Assess patients in need of medical review highlighted through advice line calls
 - Assess those that self-present to clinic or chemo unwell
 - Arrange admission and complete clerking
- Support to chemotherapy unit
 - Quick response to problems regarding routine medication px.
 - Queries about go ahead with tx.

In addition she is able to support the CNS's with medical non oncological enquires.

She is also able to support the CNS's with medical teaching and training.





The future - CNS to ANP

Quality of service dependant on the skills and capabilities of team members and their vision of AOS.

Guidelines on AOS competencies⁴ - highest level also requires staff to be an ANP.

Nursing job titles not universally agreed to a specific standard.

In Summary:

Changing and
challenging but exciting
times in AOS in a DGH.