

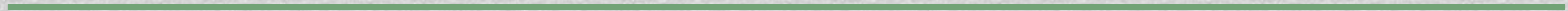


AOS in Beautiful Places

Louise Medley

Consultant Medical Oncologist

Torbay and South Devon NHS Trust



2001-2007 Birmingham



2007-2008 Bristol



2008-2009 Oxford



2009-2015 Bath



2015- present Devon





December 2009

Telephone triage as part of day unit routine work

No real capacity to see unwell known patients

Insufficient consultant staff



April 2015

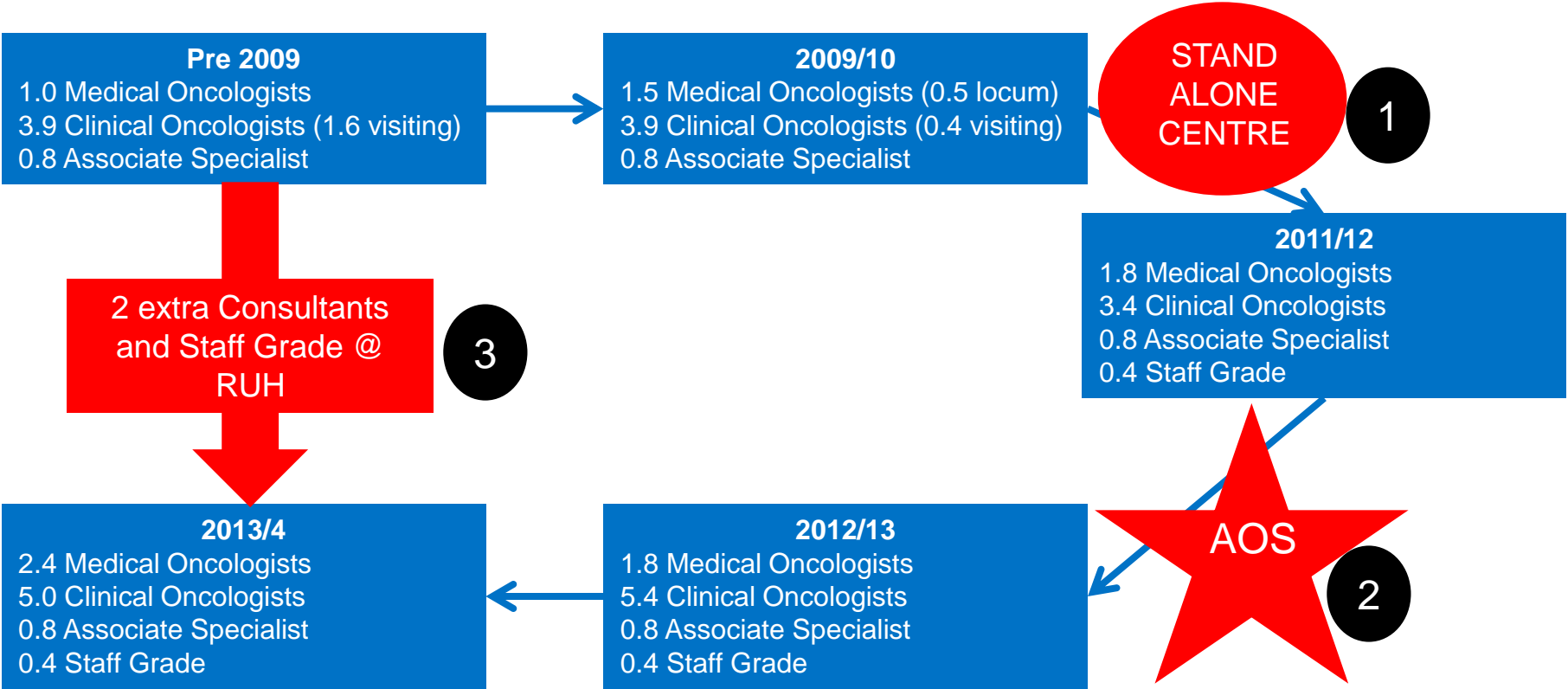
Well established CNS led AOS

Established dedicated telephone triage CNS

Proactive chemotherapy unit accepting 'unwell' known patients

Insufficient consultant staff

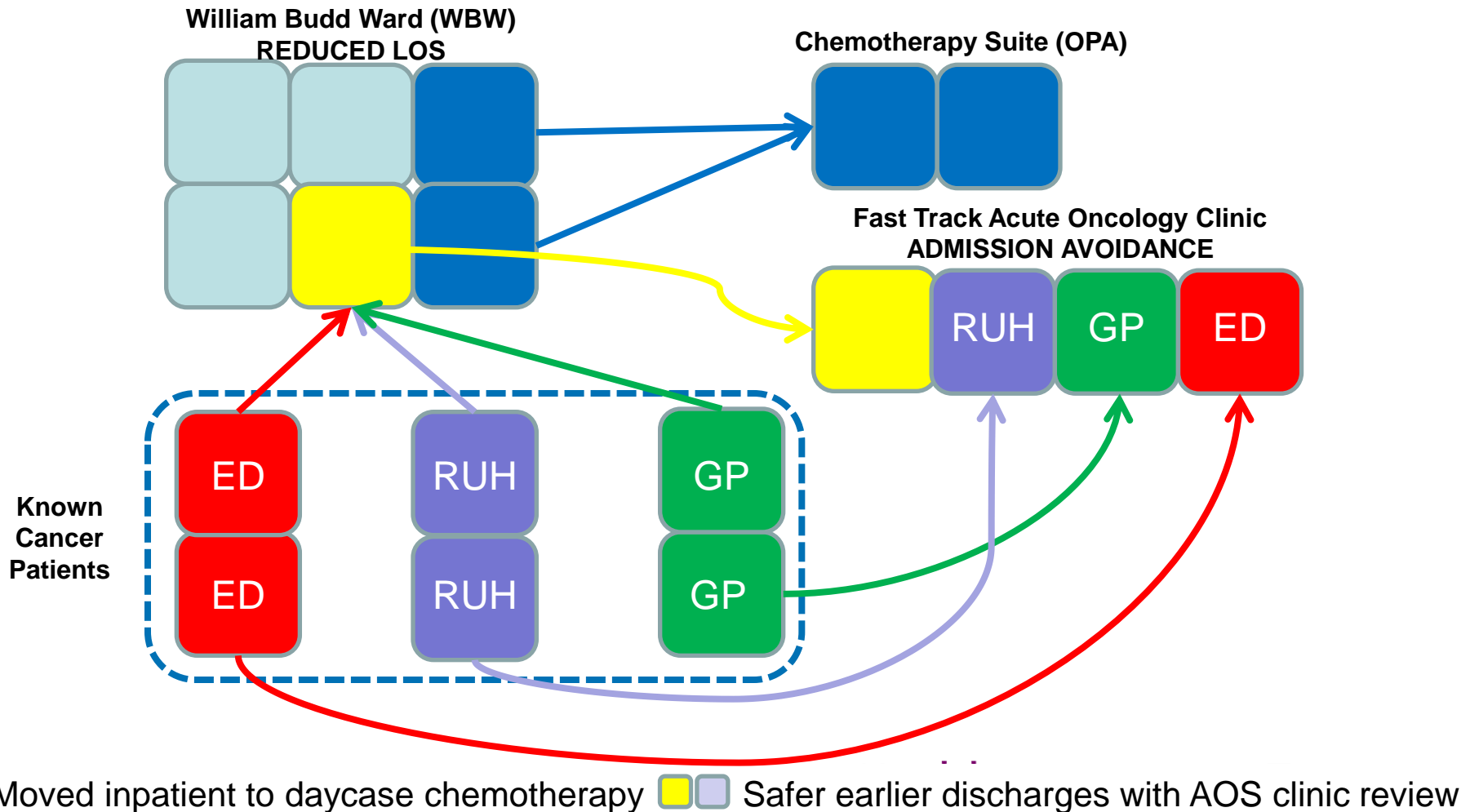
RUH Staffing of Oncology Department



Increase in staff would allow safe service redesign

RUH

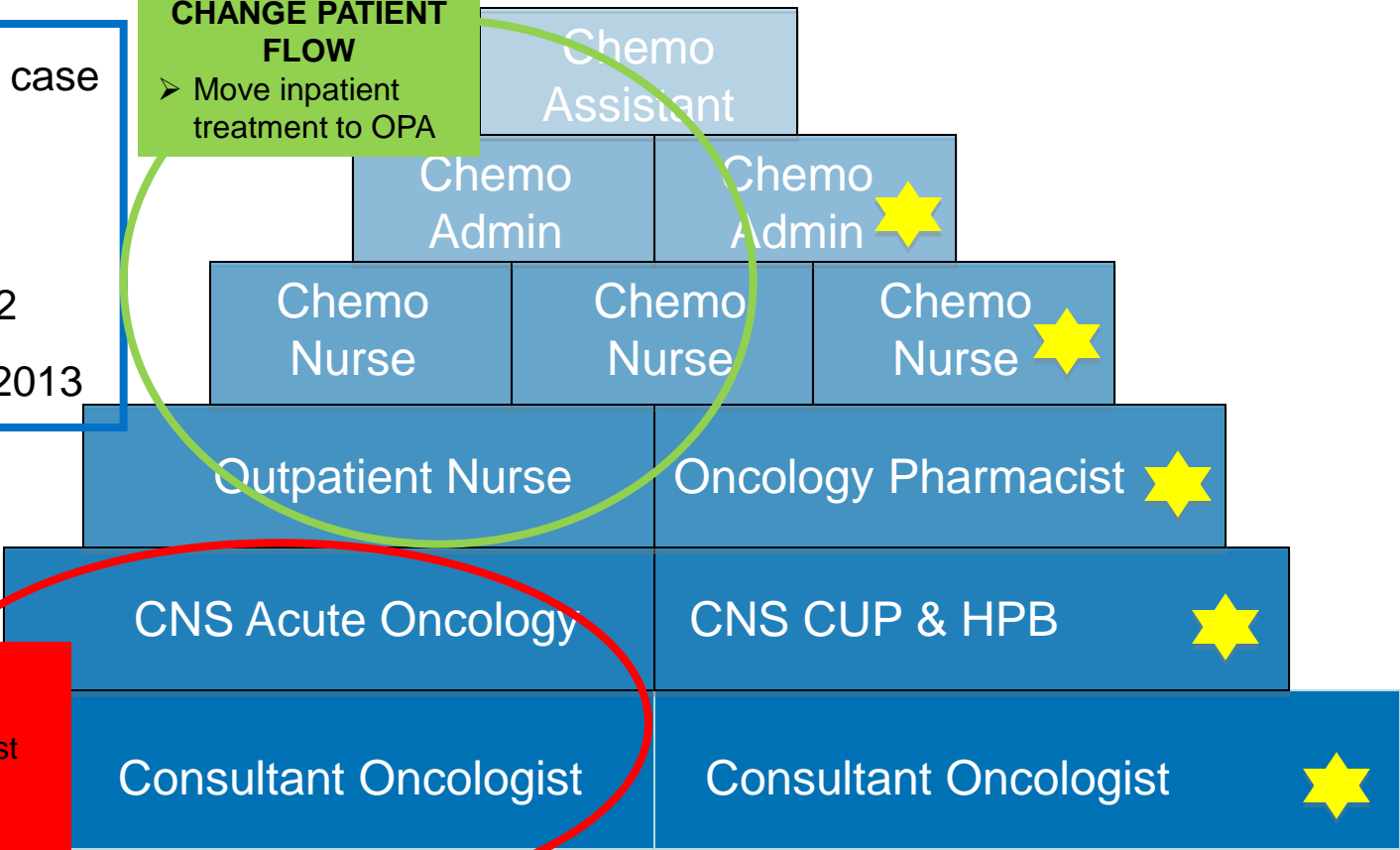
Change in Flow of Cancer Patients @ RUH



RUH Business Case for AOS @ RUH

- £500,000 business case
- Uplift 
- New Service
- Approved July 2012
- AOS Launch April 2013

CHANGE PATIENT FLOW
 ➤ Move inpatient treatment to OPA



- PROVIDE OUTREACH SERVICE TO TRUST**
- Faster access to specialist advice
- PROVIDE FAST TRACK CLINICS FOR COMMUNITY**
- Reduction in need emergency admissions

Healthcare you can Trust

RUH Reflections..

Good Things

- Brought department together in one focus
- Brought change quicker in other areas (piggy backing)
- Raised oncology department profile within trust (KPI consistently met)
- Raised oncology department profile outside trust (positive feedback form GPs)
- Improved education within trust
- Better service for all our patients

(Not so) Good Things



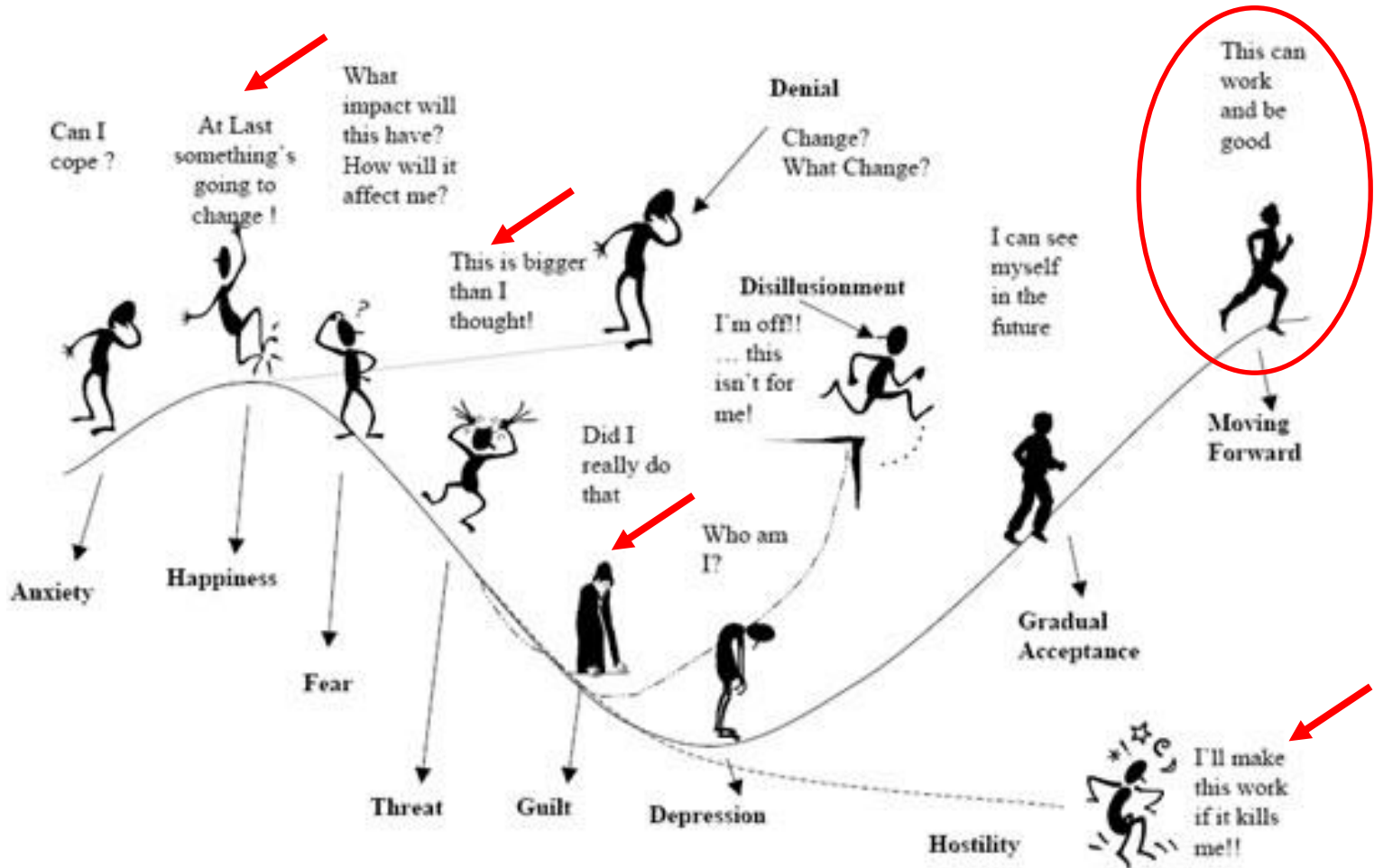
WARN PEOPLE



BE BRAVE



SUPPORT COLLEAGUES





December 2009

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routine work

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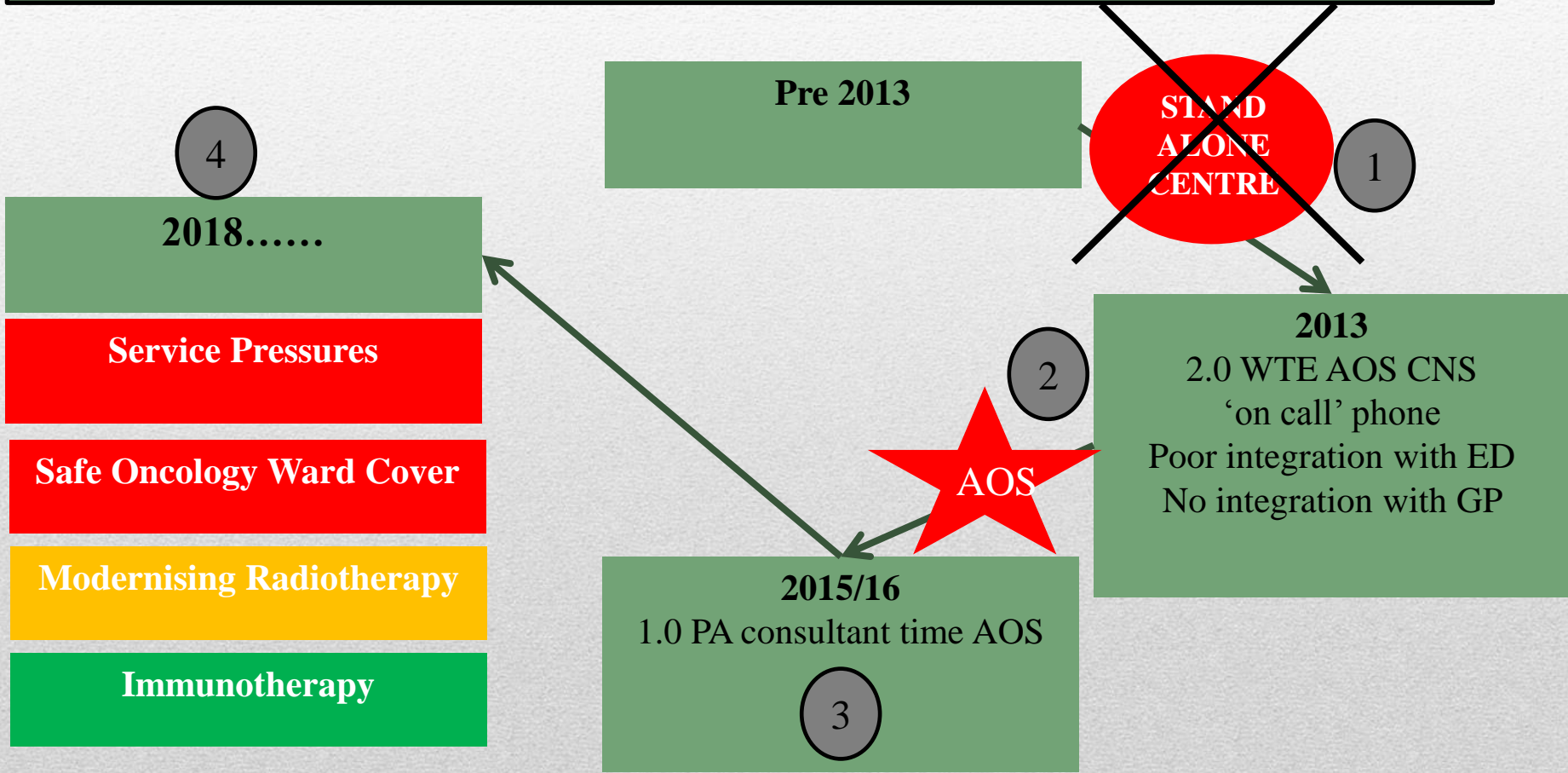
Well established CNS led AOS

Established dedicated telephone triage
CNS

Proactive chemotherapy unit
accepting 'unwell' known patients

Insufficient consultant staff

- 1: Oncology workforce nationally short – lack of recruitment despite funding
- 2: Partially developed AOS in place – redesign whole service harder
- 3: Negotiate extra sessions for ward cover for visiting oncologists
- 4: Current Challenges



Service Pressures	<ul style="list-style-type: none"> • Reduce follow up • Managing SACT 	<ul style="list-style-type: none"> • Site specific CNS • Immunotherapy CNS • SACT CNS • Specialty Doctor • Physician Associate
Safe Oncology Ward Cover	<ul style="list-style-type: none"> • Less available consultant time 	<ul style="list-style-type: none"> • Acute medical ward with oncology skills
Modernising Radiotherapy	<ul style="list-style-type: none"> • Less available clinical oncology time 	<ul style="list-style-type: none"> • Treatment radiographers • Linked radiotherapy systems
Immunotherapy	<ul style="list-style-type: none"> • Managing IO • Education of all 	<ul style="list-style-type: none"> • Immunotherapy CNS • AOS CNS team (PR)

Utilise existing skills

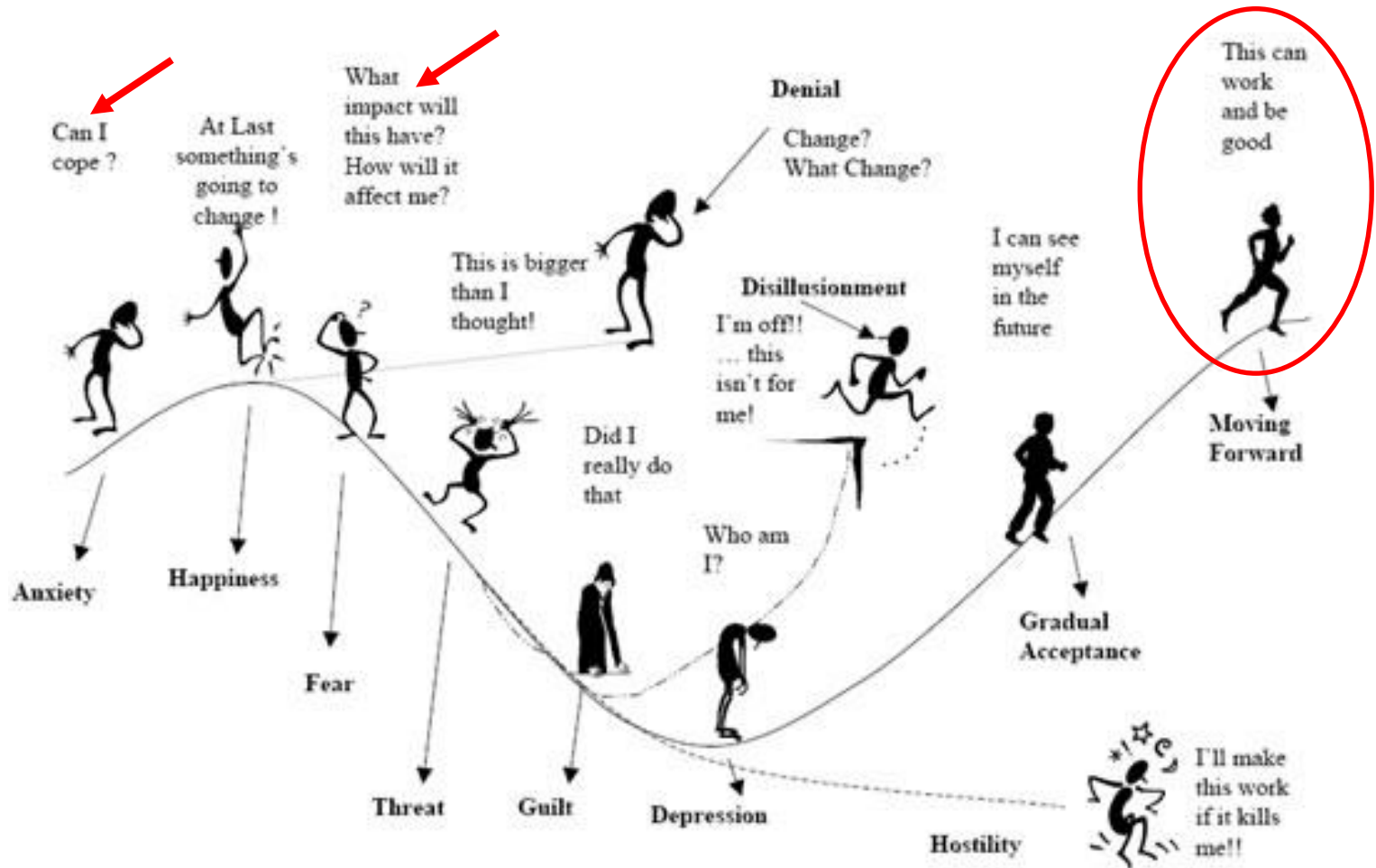
WARN PEOPLE



BE BRAVE



SUPPORT COLLEAGUES



- Its new to us
- Its new to our colleagues
- They know how to manage side effects better than us.....BUT they need our guidance and support
- Persistence...leadership...humility...teamwork
- IO.....the new way to make friends at work!

DGH Immunotherapy

- 1:3 people likely to experience a cancer diagnosis
- This cannot be **all** our ‘problem’
- Our role in education, reducing fear and supporting teams is vital
- AOS improves quality and safety of care for cancer patients.....
- AOS is **not** a replacement for acute care....it is a collaboration with colleagues

AOS DGH....lets not forget
