

# Macmillan Professionals Excellence Awards

## Innovation Excellence completed nomination example

### Innovation Excellence Award criteria (individual)

This category focuses on novelty and innovation in service or product development, delivery, improvement and redesign in a geographical area, service or organisation. We're looking for examples of where someone has introduced a new approach to both the planning and delivery of a service or product which demonstrates best practice and has had a positive impact on

- quality – the standard of the service/product provided has improved
- productivity – the service/product is more efficient and effective
- outcomes – the service/product provides better outcomes for people affected by cancer than before
- experience of care – the service/product has improved the quality of care and more effectively meets the diverse needs of people affected by cancer

Where possible, demonstrate how the service/product:

- challenges custom and practice
- is truly innovative, and developmental, pushing boundaries in service delivery and improvement
- is evidence based, and can be shown to be based on sound research and/or experience
- has been developed with other stakeholders, and can be shown to have had an impact on how other services/products are provided
- has been improved or redesigned

## Questions and example answers

For questions 1 and 2 – 7 the maximum number of characters with spacing is 1900 and 1600, respectively.

**1. Outline the specific innovation the nominee has made in the development and delivery of new services/products for people affected by cancer, making sure you address the specific criteria for this award.**

The nominee established an innovative hospital to home service, for people with palliative care needs based on a successful research project and based on a similar service in Australia. The service was initiated to improve coordination of discharges and avoid unnecessary readmissions by improving handover communication between the acute and community care teams. She used her specialist palliative care knowledge from the hospital setting and collaborated with specialists in the community to install this service. She achieved this by bringing these key stakeholders together and breaking down organisational barriers to improve the quality of care. She continues to review and adapt the service to ensure that it is able to deliver care of the highest standards whilst maintaining viability in the current economical climate.

**2. We expect all Macmillan professionals to deliver excellent practice for people affected by cancer. Please explain how the nominee has gone over and beyond what would normally be expected in their role as a Macmillan professional to achieve this.**

This nominee is known and respected throughout her employing organisation for her clinical expertise and wonderfully warm and compassionate nature, which extends to staff, patients and families. She has been an amazing source of inspiration as a mentor and role model who has provided a constant source of encouragement to the whole team, which has been a major factor in the success of this initiative. As the Palliative Care Lead Nurse she provides informal and formal support for the nursing staff throughout the Trust. She supports the ward nurses, and junior doctors and gives clinical supervision to many nurses often giving of her personal time. Her level of encouragement and support goes far and above that which might be outlined in any job description. Her leadership in this role highlights her vision and her un-quenching desire to explore new opportunities for delivering excellence in cancer and palliative care. She is a strong voice for Macmillan locally, and is contributing to the development of Macmillan's sub-strategy on end of life care.

**3. Provide evidence of how the nominee has influenced / engaged / collaborated with key stakeholders and worked across boundaries to ensure success. Please name the key stakeholders.** Examples of boundaries include: Across acute / community / primary care

Across health and social care

Involving other sectors e.g. academic, business or voluntary

The nominee has used her specialist knowledge of cancer and palliative care from the hospital setting and collaborated with specialists in the community setting to install this service. She has worked closely with patients and families and gained the commitment of GP's, District Nurses and Palliative Care teams in the hospital and in the community to work together in a multi disciplinary environment. By keeping the needs of patients firmly in the forefront, she has enabled organisational barriers and challenges to be addressed to ensure an effective and seamless transition from acute to community care. Most health and social care professionals would acknowledge the difficulties in achieving a cohesive service when dealing with many different stakeholders. Her excellent communication and skills and emotional intelligence have been more than instrumental in this service being so successful.

**4. Please list the specific outputs that have been achieved. Identify the main beneficiaries and reach of the service. N.B. Outputs are the products, services or facilities that result from the activities of the nominee.**

There is much research that shows that patients and their carers feel that they are cast aside and neglected when their oncology treatment comes to an end. The service aims to support patients and carers that reach this point in their cancer trajectory so that they receive a seamless transfer from being actively treated in a tertiary oncology centre to receiving high quality community care. Specifically, the key outputs of the service are: provision of telephone or face to face assessments, using a holistic approach, with all patients and carers; development and implementation of a tailored package of care that meets the needs of the patient as far as possible; effective referrals to relevant community services; the provision of education support for stakeholders to ensure they understand the service objectives; and the use of advance care planning with patients who wish to have this support.

**5. Provide evidence of the specific outcomes that have been achieved and the impact the nominee has had on services for people affected by cancer. Ensure you link the outcomes to at least 3 of Macmillan's 9 outcomes. The evidence should also demonstrate the highest quality of patient experience and customer service has been achieved.**

*N.B. Outcomes are the changes, benefits, learning or other effects that happen as a result of the activities of the nominee. You can refer to each outcome by their number.*

The service was initiated to improve coordination of discharge and avoid unnecessary readmissions by improving handover communication between the acute and community care teams. It is an innovative service that involves the palliative care nurses arranging a face to face case conference (403 cases) or a telephone case conference (149 cases), with the patient's key community staff. This service has been shown to fulfil many of Macmillan's nine outcomes, particularly 'I get the treatment and care which are best for my cancer and my life':

Outcomes:

- 95% of patients reporting positively about the care they have received, and 90% of carers feeling their needs have been understood and they have received good support. 88% of patients reporting that their symptoms and pain are well managed. 'I am treated with dignity and respect', and 'I want to die well':
- 75% of patients are able to die in their preferred place of care. It also links with the National End of life Care Strategy 2008. It enables patients and their carers to be "informed and supported" through their transition from acute oncology treatment to receiving excellent care at home. 85% of acute staff report that the service has improved the quality of care and enabled better transitions to take place through effective use of advance care plans, the needs of both patients and carers are known and acted upon where possible, enabling more people to die in their preferred place.

**6. Provide evidence of how the nominee has demonstrated this impact e.g. through audits and evaluation. Include evidence of effective and efficient use of resources.**

Telephone case conferences have been evaluated quarterly and compared with face to face conferences to ensure the appropriateness of both and their individual impact on patient satisfaction. Professional feedback from GPs and community staff is also routinely evaluated every 6 months. The audit results clearly show that the patients who were supported by the service have achieved success in achieving their preferred place of death. Resource allocation has been based on this audit evidence to ensure they are deployed in the most efficient way to meet the needs of patients.

	Face to face		Telephone	
Place of death	n =403	%	n = 149	%
Home / relatives home	180	44.7%	70	47%
Hospice	147	36.5%	45	30.2%
Hospital	45	11.2%	17	11.4%
Care / Nursing home	28	6.9%	16	10.7%
Other / Ambulance	2	0.5%	0	0%
Unknown	1	0.2%	1	0.7%

PPD (of those who died)	Face to face		Telephone	
PPD documented	n=403	%	n=149	%
Yes	324	80.4%	110	73.8%
No	77	19.1%	39	26.2%
Blank	2	0.5%	0	0%

**7. Provide evidence of how the nominee has ensured that achievements are sustainable.  
N.B. Sustainability does not just mean funding and should show how the achievements  
have been integrated into existing services.**

The nominee continues to review and adapt the service to ensure that it is able to deliver an excellent service whilst maintaining viability in the current economical climate.

The service has resulted in a significant decrease in the number of patients dying in hospital, in line with the wishes and preferences of the patients and their families. This has had a measurable impact on costs in the acute setting, reducing the average length of bed days and improving admission rates from A&E and other services.

As a result the service, which was set up as a pilot, it is now a fully funded main line service.