

Macmillan Professionals Excellence Awards

Service Improvement Excellence completed nomination example

Service Improvement Excellence criteria (individual)

In this category, we're looking for someone who has made tangible improvements to the services offered to people affected by cancer. They will have exceeded the requirements of their role to achieve this, and will be able to demonstrate the change in the services provided, and how this has benefited people affected by cancer.

Possible evidence may include:

- improved quality of service
- reduced cost of delivery
- increased efficiency and effectiveness
- sustained change
- reduced waiting times
- improved outcomes for people affected by cancer
- improved experience for people affected by cancer
- Improved quality of care
- Improved person centred care

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 contribution, initiative or achievement the nominee has made to improve services for people affected by cancer, making sure you address the specific criteria for this award.

The nominee led a major service improvement project in collaboration with the Gynae Oncology team. Her ambitious and innovative project aimed to redesign and modernise the follow-up pathway for gynaecological cancer patients - the right professional at the right time in the right place. This project led to the introduction of the nurse led Ovarian Cancer follow-up clinic. Her vision, excellent clinical leadership skills and dedication and passion for the care of cancer patients helped her to demonstrate through audit that the current service was unsustainable and unsatisfactory for patients – some patients waiting over 4 hours to be reviewed unnecessarily by the consultant.

The new service aimed to improve efficiency, to drive up the quality of patient care and, where possible to free up resources for reinvestment - in essence a more efficient and effective follow-up service for gynaecological cancer patients. The project has delivered many positive outcomes including developing a new set of published gynaecology follow up protocols, a telephone follow up service and two Nurse led clinics.

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.

She is passionate and committed in her role as a Gynae Oncology Clinical Nurse Specialist. She has shared her skills, working closely with key players across the UK including the Cancer Service Co-ordinating Group, the National Institute of Clinical Excellence and the Cancer Alliance. She represents her country on the National Forum of Gynae Oncology nurses. Her impressive clinical expertise, in combination with her academic knowledge and caring compassionate approach is outstanding. She is a wonderful advocate for cancer patients, and for Macmillan. She promotes the work of Macmillan with the organisations she works with, and has helped with the development of materials and resources.

In 2012, she presented the evidence from the project as a poster at a prestigious International meeting. She has achieved recognition for her relentless work in raising the profile of Gynae Oncology both locally, nationally and internationally. The project has also led to other professionals in the Gynae Oncology field contacting her and benchmarking her service so that similar follow-up pathways can be developed in other parts of the UK.

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

Her work on the Gynaecology follow up pathway has allowed her to engage and negotiate with key stakeholders to ensure the projects successful outcomes. She engaged with patients through feedback and listened to what services they would require. Through establishing a reference group, she ensured their needs were fully identified and that patients were involved in the development of the service. This really was the basis of the follow up project, the project was ultimately focussed on what services would benefit the patient rather than a paternalistic approach. She also gained vital project management support through a partnership with a key stakeholder who she convinced to support the project.

In addition, she communicated her vision and inspired the senior management team and Gynae Oncology consultant team, to commit to the change through weekly meetings and workshops to ensure the project was well resourced, agreed by all parties and communicated widely. She achieved this through excellent transformational leadership skills and through her passion to instigate an improved service.

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.*

Patients have commented how they can ask more questions when they are reviewed by the specialist nurse as they perceive that Medical Consultants do not have the time to talk about what may seem as trivial questions. The patients feel that they can spend more time with the specialist nurse talking about issues other than their cancer, such as financial issues, psychological issues resulting from their illness and more personal issues in their home life. This has resulted in a 50% increase in referrals to other specialist services to provide specialist support, including Macmillan's Direct Services. She has acted on this information and is currently attending training on the Macmillan Electronic Holistic Needs Assessment and the service will be one of the early pilot sites for the implementation of this tool. Through establishing this new pathway, she has been able to release resources and capacity to set up a new psychosexual clinic for cancer patients, once again demonstrating her commitment and passion to improve care and meet the holistic needs of her patients.

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.

Due to the increase of cancer incidence and patients living longer, a clinic audit was conducted in 2011 which formed the basis for the need for change. The project addressed the need for both efficiency savings in terms of better use of resources within the NHS and more effective patient focussed pathway development. The NHS Paper 'Accelerating best practice: Minimising waste, harm and variation' stated the importance of managing the patient pathway in terms of the organisation and the care journey to maximise the benefits for people. Streamlining patient care pathways has the potential to realise efficiencies and allow clinical staff more time with patients. This is exactly what has been achieved and demonstrated with the outcomes of this new service. Waiting times have been reduced by 40%, consultant resources are being used more effectively, and patient evaluations have shown over 90% satisfaction with the service.

This has especially supported Macmillan's outcomes: 'I get the treatment and care which are best for my cancer and my life': waiting times for follow up appointments reduce dramatically from 4 hours to an average of 15 minutes. 'I am treated with dignity and respect': Patient experience questionnaires, designed in partnership with patients, have demonstrated over 90% positive feedback in the new pathway, a marked increase on the 55% achieved under the previous system. Patients report that they are listened to and their holistic needs are fully considered, and that they feel well cared for, with 92% stating that they have been cared for to a high standard.

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.

Through audit the nurse led follow up clinics have ensured that consultant time is spent appropriately with a reduction of Consultant led follow ups by 11% with a projection of an additional 4% in 2014 After a six-month pilot, the effectiveness of the new nurse-led survivorship service was assessed with a patient satisfaction questionnaire. Questionnaires were distributed to 30 patients with a response rate of 85%. Of respondents, 24% were aged 35–54 years, 52% were aged 55–74 years and 24% were aged 75 years or above, which closely represents the demographics of service users. All minority ethnic groups who used the service were represented.

The results of the patient satisfaction questionnaires were extremely encouraging, showing over 90% satisfaction with the service provided by the specialist nurses.

When asked ‘Do you feel confident with the specialist nurse who saw you in the clinic?’ 100% of patients were confident or extremely confident. When asked ‘Were you satisfied that the specialist nurse’s explanations were adequate for your needs?’ 100% were satisfied or extremely satisfied.

The service is currently looking at how to maximise the impact of these changes in terms of more effective use of the increase in consultant time available.

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 project has been successful in delivering an alternative approach for follow-up appointments which has formed a baseline for other tumour sites to follow. This work has contributed to ensuring appropriate referral and follow-up of Gynae Oncology patients, demonstrating the ability to provide high quality patient care with the right professional in the right location at the right time. The follow-up clinic has now been integrated into existing services and is recognised for its excellence as a patient centred service. The savings in consultant-led follow-up for patients resulting from this project, coupled with favourable feedback from patients’ experience supports the need for oncology nurses to have an appropriately high-profile and leadership role within clinics. The organisation is currently considering how to develop other nurse specialists in order to expand this initiative into other areas. This has been achieved through the excellent marketing of this initiative to key decision-makers in the organisation. The completed project also supports delivery of the local cancer standards strategy. This innovative project has made a real and positive impact, raising the profile of Gynae Oncology patient care and demonstrating how strong nurse leadership and knowledge can improve practice.