Cancer Rehabilitation Service Improvement Tool: Service Provider version

December 2018

This tool was developed by the Transforming Cancer Services Team for London. The work was fully funded by Macmillan Cancer Support.

Acknowledgements

TCST would like to thank the Task and Finish Group for their time and effort:

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- Karen Turner - Oncology Therapy Service Lead & Clinical Specialist Physiotherapist, Royal Free London NHS Foundation Trust & Marie Curie Hospice, Hampstead.
- David Jillings - Trustee, the Pelvic Radiation Disease Association
- Mandy Shewbridge - Macmillan Nurse Programme Manager for Living With and Beyond Cancer South East London Accountable Cancer Network, Guys Hospital
- June Davis - National Cancer Rehabilitation Lead, Macmillan Cancer Support
- Vanessa Brown – Senior Macmillan Project Manager - Living with and beyond Cancer, RM Partners.
- Dr Karen Robb – Macmillan Rehabilitation Clinical lead, Transforming Cancer Services Team for London.

We are also grateful to Ros Campbell from NHS Improvement for her encouragement and support, to all the clinicians and users who have supported this work and to the TCST Cancer Rehabilitation Steering Committee for oversight and guidance.

How to use this tool

1. This tool is intended to be used in a team setting and should be used in conjunction with the TCST service user tool (available here)
    a. It is recommended that you allocate time away from clinical practice or complete in a team meeting
    b. All team members should consider the contents of the tool prior to the meeting including examples of both good and improvable practice.
2. There is also an accompanying service user feedback form. This form correlates directly to the statements in this tool.
    a. It is recommended that this feedback form is given to patients prior to the team completing the form and that feedback is compiled for discussion by the team after completing this tool.
3. It is recognised that clinical environments do not provide extensive amounts of time away from practice. With this in mind the tool has been designed to be completed within 20-30 minutes.
    a. After completing the tool, time should be allocated for a follow up meeting where the results can be discussed and an action plan formulated. Service user feedback can also be discussed at this time
4. This tool is divided into six (6) values. Each value has a number of statements relating to your service.
    a. You are asked to rate each statement from **never (0 points)** to **always (4 points).**
    b. At the end of each section you will be asked to add up your scores, take time to identify areas where you are performing well and areas where you may like to consider service improvement opportunities.
    c. The evidence section is optional but we recommend you include evidence where possible for example: audits, patient feedback, patient satisfaction questionnaires etc.
5. This tool has been designed with the purpose to regularly take the time to check in on your service. It is recommended that this tool is utilised at least every 6 months and that progress is measured, celebrated and recorded.

We would love to hear if you have any questions about the tool, as well as how the tool has been used in your service, any service improvement activities you have undertaken as a result of utilising this tool, and the outcomes of these. Feedback can be provided by completing the service improvement tools evaluation form provided online here, or by downloading the printable version here and sending to the TCST team on england.tcstlondon@nhs.net.

Background

In 2016 the Transforming Cancer Services Team (TCST) undertook a project to better understand the scope of cancer rehabilitation services in London. Recommendations in the final report included need for a suite of resources to support commissioning of cancer rehabilitation services, including a benchmarking/audit tool.

A task and finish group was formed and project scope was agreed upon. The T&F group felt the tool should provide opportunity for teams to consider potential service improvement opportunities. The group sought to develop a tool that:

- Was applicable to all cancer rehabilitation services (acute, community etc.)
- Included opportunity for services to consider areas for improvement as well as recognition of good practice
- Included aspects important to both users and services
- Was score-able and able to be revisited

Two consultation events were held, one aimed at users and one at providers. Each event sought to understand the essential aspects of service delivery, what themes should be included in the tool and how it should be utilised. The NHS England 'Principles and Expectations of Good Adult Rehabilitation' was also an essential resource during tool development. Following the consultation event it was agreed that two tools were needed; one for service providers to complete and one for service users. Please see https://www.macmillan.org.uk/assets/cancer-rehabilitation-service-improvement-tool-service-user.pdf for the service user form.

The following key themes were identified as important for cancer rehabilitation services:

- Providing patient centred/outcome focused care
- Accessible and timely service
- Co-ordinated care
- Good communication
- Compassion and understanding in care giving
- Staff providing specialist care
- Adequate resourcing

In addition providers felt the tools gave opportunity to improve patient care and experience, build evidence base for service development as well as time to focus on team objectives.

Results of this process have been reflected within the service improvement tools. The tools have been piloted in London across a range of services. The final products will be included within a suite of resources in upcoming commissioning guidance and it is hoped that they will also be utilised and embedded into practice across London.

Relevant reading:

- NHS England Rehabilitation is everyone's business: Principles and expectations for good adult rehabilitation https://www.networks.nhs.uk/nhs-networks/clinical-commissioning-community/documents/principles-and-expectations
- The Macmillan Allied Health Competence Framework for Professionals working with people affected by cancer https://www.macmillan.org.uk/_images/allied-health-professions-framework_tcm9-314735.pdf

Section One: Overview of Service

1. Name of your service:

2. Lead contact person and their contact details

3. Location of service (name all boroughs your service provides care for)

4. Provider type *NHS* *Voluntary* *Local Authority* *Other (add details)*

5. Summary of service - *Please select all that apply and list others that you feel may be relevant in the 'other' space*

Community	*Primary care*	*Home*
Secondary care inpatient	*Secondary care outpatient*	*Hospice*
Tertiary/specialist inpatient	*Tertiary/specialist outpatient*	Cancer specific
Other (add details)		
……		

6. How would you describe the purpose of your service? *Please select all that apply and list others that you feel may be relevant in the 'other' space*

Advising on self-management	Healthy lifestyle groups	Delivering interventions for patients with cognitive impairment
Making referrals to other health professionals	Signposting to other healthcare providers, sectors or settings	Delivery of the recovery package
Supporting those with side effects or consequences of treatment	Delivering interventions for patients with advanced disease, complex palliative /end of life issues	Delivering interventions before treatment Delivering interventions during treatment Delivering interventions after treatment
Delivering interventions for patients with functional impairment	Supporting families of carers	Other (add details)

Section Two: Values

Value 1: Involves the patient, is outcome/goal focused and incorporates holistic care

- Individualised service which involves the patient in both decision making and planning.
- Is outcome/goal focused and considers the patient holistically not just in the context of their cancer diagnosis.
- Incorporates practical support.
- Ensures patients are aware of what is going to happen including what rehabilitation services are available to them
- Includes input from both carers and family members – recognising that cancer does not just affect the person with the diagnosis

This section refers to SMART goals. While there are different versions of the SMART acronym the most common version is Specific, Measurable, Attainable, Relevant and Timely

	Never (0)	Seldom (1)	Sometimes(2)	Often (3)	Always (4)	Example/Evidence (optional)
Our patients say our service:						
1. Puts patients at the heart of everything we do						
2. We take the time to ask patients what matters to them						
3. Provides individualised care tailored to each patient and their current situation						
4. Considers the patient holistically in consideration of all aspects of their life- including practical, psychological and physical support						
5. Provides care that is pro-active and goal focused (incorporating SMART goals)						
6. Ensures patients are clear of what their rehabilitation will involve including what goals they are working toward/intended outcomes of their care in						
7. Makes time for regular check-in's with the patient to make sure these goals are still relevant and meaningful and adjust as required						

8. Involves the patients support network in both planning and decision making (as appropriate) recognising that cancer affects the whole family						
	Never (0)	**Seldom (1)**	**Sometimes (2)**	**Often (3)**	**Always (4)**	**Example/Evidence (optional)**
9. Advises what relevant rehabilitation services are available to them in their area						
Examples of what we do well						
Examples of Challenges						
Identified opportunities for improvement						

Total score for Value 1	**/36**

Value 2: Is accessible and timely

- Is easily accessible to all (and consistent)
- available at the time in the pathway when needed
- enough time is allocated in appointments
- looks at the whole pathway of care
- allows access to long-term rehabilitation if needed
- Is accessible to all that require it (has made consideration around equitable care: access to interpreters, wheelchair access etc.)

	Never (0)	Seldom(1)	Sometimes(2)	Often (3)	Always(4)	Example/Evidence (optional)
Patients say our service:						
1. There is awareness in the catchment area that the service is available. It is clearly signposted for those who need it						
2. Is accessible at the following points along the patient pathway or signposts to an appropriate service for their needs (e.g. referring back to community and primary care after completion of treatment)						
Before treatment (prehab)						
During treatment						
After treatment						
Palliative care						
3. Ensures service is accessible to all that require it (Health Equity). Consideration is given to how the service is accessed						

including access to interpreters, access for wheelchairs etc.						
4. Offers treatment at time and place that suits without undue delay*						
5. Allocates enough time for appointments						
6. Ensures that outpatients are generally seen within 10 minutes of their appointment time and inpatients within a day of being referred*						
Examples of good practice						
Examples of Challenges						
Opportunities for improvement						

*please refer to your local criteria and targets

Total score for Value 2	**/36**

Value 3: Care is coordinated and there is good communication between the MDT and to the patient

- Consistent coordinated care with good communication between the whole MDT (including the patient) – including use of a treatment summary
- Good signposting (including knowledge of available services)
- Makes sure the patient is aware of what is happening and will happen including need for cancer rehabilitation and what services are available
- Regular updates provided to the patients GP
- Good communication in and out within a service

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)	Example/Evidence (optional)
Patients would be aware that our service:						
1. Discusses all patients regularly within a local MDT or equivalent meeting						
2. Establishes a lead point of contact for each patient under our care (including contact numbers and/or an out-of-hours number for emergencies as appropriate)						
3. Develops a coordinated treatment plan which includes input from all key relevant professionals						
4. Where a patient is receiving treatment from more than one service, we make sure that the other service is aware of what we are doing, and vice versa						
5. Provides regular updates to the users GP						
Examples of good practice						

Examples of Challenges	
Is there anything you would add to your service?	
Opportunities for improvement	

Total score for Value 3	**/20**

Value 4: Staff are adequately trained to provide specialist care

- Service is provided by trained professionals who are able to provide specialised expert care

This section refers to levels of competency (competent, specialist, highly specialist) as set out by the Macmillan Cancer Support document: Allied Health Professions Competence Framework. The framework includes the range of skills and knowledge required by AHPs working with people affected by cancer. The competence clusters also reflected and referred to throughout all of the values.

For more information and to view this document: https://www.macmillan.org.uk/_images/allied-health-professions-framework_tcm9-314735.pdf

	Never (0)	Seldom(1)	Sometimes(2)	Often (3)	Always(4)	Example/Evidence (optional)
Our service:						
1. Is provided by professionals who have been deemed competent (or above) on their knowledge of cancer and its treatment and are able to explain treatments and options clearly including: • Types of cancer treatments • Tests and results commonly used • Symptom management including long term and late effects and complications						
2. Is provided by professionals who have been deemed to have competent (or above) knowledge of the recovery package and how the components of these relate directly to their practice:						
3. Is provided by professionals who have been deemed competent (or above) on their understanding of the issues patients may experience when completing treatment and transitioning from acute care						

4. Ensures staff have access to further specialist training, education and support						
5. Ensures all care given makes optimal use of available evidence by basing it on best evidence based practice						
6. Identifies areas that require further research and seeks to add to the evidence base						
Examples of good practice						
Examples of Challenges						
Is there anything you would add to your service?						
Opportunities for improvement						

Total score for Value 4	**/28**

Value 5: Ensures exemplary patient experience

- Care given is compassionate, supportive and understanding

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)	Example/Evidence (optional)
Patients say our service:						
1. Is supportive and understanding						
2. Is enabling and empowering						
3. Explains treatments and options clearly						
4. Ensures patients are aware of what is going to happen during and after their rehabilitation including intended outcomes.						
5. Provides opportunity (as appropriate) to meet others who have had the same experience (through Health and Wellbeing events among others)						
6. Seeks opportunity to promote behaviour change						
Examples of good practice						
Examples of Challenges						

Is there anything you would add to your service?	
Opportunities for improvement	

Total score for Value 5	**/ 24**

Value 6: Management and Leadership

	Never (0)	Seldom (1)	Sometimes (2)	Often (3)	Always (4)	Example/Evidence (optional)
We would say our service: :						
1. Is well managed						
2. Is well led						
3. Has a positive culture						
4. Places emphasis on recruiting and retaining the right people to the right jobs						
5. Ensures all staff have yearly appraisals						
6. Places emphasis on 100% completion of mandatory training						
7. Ensures notes are written on the day of patient treatment						
8. Is innovative and seeks to lead service improvement initiatives						
9. Is seen as a priority by our organisation						
10. Is aware of relevant legislations and guidelines that directly link to practice and work within these						
11. Seeks to involve users in service improvement through feedback and co-design						

Examples of good practice	
Examples of Challenges	
Is there anything you would add to your service?	
Opportunities for improvement	

Total score for Value 6	**/44**

Total Scores	
Value 1	
Value 2	
Value 3	
Value 4	
Value 5	
Value 6	
All scores	**/188**
Percentage score	**%**

Summary

Action areas for next 6 months

Next Steps

Review date (six months from now)