

The Cancer Professionals Podcast

Episode 2 (February 2024) – Making acute oncology everyone's business

(Intro music)

00:12 Lydia: Have you ever wanted to know more about acute oncology? We're here to explore why it's relevant to all healthcare professionals.

00:18 Verna (sound clip): Acute oncology is everyone's business because we all encounter people who have got cancer diagnosis, so we need to know about this.

00:27 Liv: Hello, I'm Liv.

00:29 Lydia: And I'm Lydia and welcome to the Cancer Professionals Podcast, a podcast from Macmillan. In this series, we chat to a wide range of guests, including health and social care professionals, to lift the lid on current issues faced by the cancer workforce. Expect to hear discussions of clinical practice, personal experience and practical advice to improve your knowledge and skills in supporting people affected by cancer.

00:53 Liv: In this episode, we're joined by Dr Verna Lavender and Donna Munro. Verna is a nurse academic who works at Guys and St Thomas' as Head of Nursing in research and education in the cancer and Surgery clinical group. Donna is a professional development and knowledge manager at Macmillan Cancer Support and a registered general nurse with a special interest in acute oncology. They're here today to talk to us about acute oncology and why it's everyone's business.

01:17 Donna (sound clip): If the workforce embrace this education and apply their learning to practice, this will result in better outcomes for people with acute oncology symptoms. They will spend less time being unwell and more time living.

01:31 Liv: We learn from Verna and Donna about the symptoms of oncological emergencies and how we can improve our knowledge and skills in this field.

01:43 Lydia: Welcome to the Cancer Professionals podcast.

01:45 Verna: Great to be here.

01:47 Donna: Hello.

01:47 Lydia: We're delighted to have you here to discuss acute oncology and how we can all make it our business. To start us off, it would be good to hear a bit about you both and how your passion for acute oncology developed. So Verna, can you start by telling us a bit about your background and how that's led to your current role?

02:04 Verna: Yeah, of course. So my passion for acute oncology began a long time before the term acute oncology was used. I qualified as a nurse in 1987 and I spent most of my career working in surgical oncology, oncology and also cancer research and education. I recall many occasions where I had challenging conversations with junior medical

colleagues trying to communicate how unwell a patient was, and I also had experience of questioning clinical decisions about loved ones and how their oncological emergencies were being managed.

I was really delighted and welcomed with open arms, the recommendations following the National Chemotherapy Advisory Group report in 2009. At the time I worked as a senior lecturer in cancer care and I immediately included these recommendations in my teaching sessions, adopting national guidelines that were subsequently developed by the UK Oncology Nursing Society and Macmillan Cancer Support and much of this work was led and driven by Philippa Jones.

In 2016, I was elected onto the UK and College Nursing Society Board and I had several roles while I was president-elect. I worked with UKONS to develop the UKONS acute oncology initial management guidelines into an app and when I became the UKONS Immediate past President, I worked with colleagues to establish a national acute oncology education group.

And it's really work from this group that we've applied for initial funding to be able to develop acute oncology competence assessment passports, which has now become the Cascade project.

03:48 Lydia: And Donna, how has your career led you to acute oncology?

03:52 Donna: So my passion for acute oncology developed very early on in my career caring for people who wear acutely unwell because of their cancer or cancer treatment. I qualified as a nurse in 2001 and back then we didn't have an acute oncology assessment unit within our cancer centre. Therefore people would contact their dedicated hospital ward to inform us if they were unwell and we would bring them into the ward for immediate assessment and care.

They would be treated by us as an emergency and this work shaped my nursing career very early on, as I loved the fast pace, ensuring that patients were cared for as quickly and as safely as possible. And then throughout my career, I've continued to focus on acute oncology, and in my role at Macmillan, I've had the opportunity to design and develop acute oncology education.

04:56 Lydia: It sounds like you both have a real passion for the subject which is really, really lovely to hear. And Verner, for our listeners, are you able to define what we mean by the term acute oncology?

05:08 Verna: Yes. So while 50% of people with cancer in the UK will survive for 10 years or more following their cancer diagnosis, which is brilliant, we mustn't forget that people with cancer and receiving cancer treatment are at risk of becoming rapidly unwell and this is called an oncological emergency, and sadly, some oncological emergencies are life threatening, and patients with oncological emergencies are treated with an acute oncology service.

There are three categories of oncological emergency. Firstly, someone might have an emergency admission to hospital and during that admission they're diagnosed with cancer and that's found to be the underlying cause of their illness. For example, somebody might be admitted with very severe back pain or loss of movement, or they might have a hemorrhage or severe vomiting or a seizure.

It may be that someone knows they already they already know they've got cancer, but they've become unwell due to the cancer itself, and this might include the symptoms I've just listed, but also other symptoms such as difficulty breathing. They might develop a distended and painful abdomen or confusion, so those are just some examples. The third category of oncological emergency includes acute complications from being treated for cancer. So for example, there are treatment toxicities from systemic anti-cancer treatment, which includes chemotherapy, and it also includes immune mediated side effects people treated with immunotherapy and side effects from surgery or radiotherapy.

06:49 Liv: Thank you for that explanation Verna. You mentioned some of the symptoms that a person might present with there, such as difficulty breathing and severe pain. Can you give an example of an oncological emergency and the symptoms that are kind of associated with that emergency?

07:05 Verna: Yeah, a more common oncological emergency is neutropenic sepsis. This is a life-threatening response to systemic infection. So neutropenic sepsis occurs when someone develops sepsis and while they while they have neutropenia, which is a reduced neutrophil count. So neutrophils are the white blood cells that are our second line of defence and they detect pathogens, so things like viruses and bacteria and the neutrophils break these down before these pathogens become widespread and cause widespread infection.

Many cancer treatments will kill neutrophils, and when that happens, the person has neutropenia and that means they're very susceptible to infection and that infection can become widespread and cause blood poisoning really quickly. So delays in diagnosing and treating sepsis can lead to death. So it's really important that everyone knows the symptoms.

Classically, the symptoms of neutropenic sepsis include a high temperature, feeling shivery, aches and pains, the symptoms of feeling flu like. But sometimes people also have signs of an infection, such as a cough or diarrhoea or pain on passing urine. It is important to note that not everyone with sepsis will have a temperature and they might not have specific symptoms when they're assessed, and that means we need to have a really low threshold for suspecting neutropenic sepsis in people with cancer. And particularly during or just after they've had systemic anti-cancer therapy treatments such as chemotherapy or if they're immunosuppressed.

08:51 Lydia: And what would a patient do if they experience any of these symptoms?

08:54 Verna: So people with cancer are issued alert cards and the alert cards have on them contact details for telephone hotlines that they can call at any time of day. And the people that answer the telephone hotline calls include people like the acute oncology services, a chemotherapy unit or a local accident and emergency department.

And staff who received these calls are trained how to assess and respond to the calls for people who are concerned about symptoms that might indicate they have an oncological emergency. If someone is having systemic anti-cancer therapy and they were to phone and say they didn't have a temperature but they just didn't feel right, you would want them to have a medical assessment so you can make sure they don't have neutropenic sepsis. So there are some key symptoms to look out for that we call red flags. But we must remember not everyone will have these symptoms.

09:51 Liv: Just thinking about what you said there about the variations from person to person. Would you say that for some people these symptoms can be obvious, but that for others even those red flag symptoms might be a bit more hidden and possibly harder to identify?

10:05 Verna: Yes. So as I said, some people might contact their health professionals to say they're not sure what's going on, but they simply don't feel right that they feel funny or a bit groggy or faint. But the important thing to do is to use the guidelines, which assess symptoms. There are several guidelines for handling telephone calls, assessing a person's symptoms and then managing the person with an oncological emergency.

The UKONS and Macmillan primary Care risk assessment tool can be used by anyone working in healthcare and really the go to guidelines for anyone in healthcare are the UKONS triage tool and the primary care and risk assessment tool from Macmillan. The symptoms that are listed are the common symptoms and also symptoms of life threatening emergencies and in each column it describes the grades of the severity of each symptom and the box, the cell on the table is highlighted as green or amber. So we use this RAG rating.

If the symptoms are green, then advice can be given for the patient to self-care with advice to call back if their symptoms worsen. If there is one amber symptom, the patient will need to be reviewed within 24 hours and again, they're advised to contact again if the symptoms worsen within those 24 hours.

If there are two or more symptoms graded as amber, or one symptom that is red, then the patient needs to attend for assessment as soon as possible. But if you were in any doubt at all, the person should be invited to attend for a medical assessment.

So the UKONS acute oncology initial management guidelines is another tool that we can use and this is for health professionals who work in acute services. For example, A&E emergency departments, acute medical assessment units and specialist acute oncology services. And these guidelines are also RAG rated, and they're used by registered health

professionals to guide the assessment and the treatment of patients who have symptoms of oncological emergencies.

12:18 Lydia: It's clear from what you've said so far that there are a wealth of resources out there for those working within cancer care settings, so that's great that they're able to meet that expectation of having an awareness of acute oncology. I'm interested to hear, Donna, how is acute oncology relevant to those that don't work in cancer care?

12:36 Donna: So for those not working within an acute oncology setting, it is still imperative that they have baseline knowledge of symptom recognition and signposting or management of symptoms, depending on their role. And this is because rising cancer incidence, more people on treatment and people living longer with cancer means that people across all healthcare settings are likely to encounter people affected by cancer. And many of those people will present with acute oncology symptoms.

These symptoms need to be recognised as early as possible and managed in a timely way as it can lead to better outcomes. If we look back at the history of oncology care, that hasn't always happened. In 2008 there was a national confidential inquiry into patient outcome and death study, also known as the NCEPOD study, which focused on people who had died within 30 days of receiving systemic anti-cancer treatment, and what that study highlighted was that in 49% of deaths there was room for improvement in care.

13:52 Lydia: We can see there how important it is for healthcare professionals to have an awareness of their own scope of practice in relation to acute oncology. Are you able to share with us how the findings of the study you mentioned have impacted on cancer care?

14:06 Donna: So the study highlighted failings in the care of people with symptoms such as the ones Verna has mentioned. It identified that there were variations in practice amongst healthcare professionals and also variations in documentation. This indicated that there were changes needed in the way people were assessed and treated, and it identified the need for more accurate rapid assessment of people with symptoms, and clearer documentation and communication between healthcare teams. It made clear that these people need emergency treatment utilising a clear clinical pathway and on a hospital site that can provide immediate up-to-date evidence-based practise.

There are many ways in which the study has impacted bone cancer care, but the recommendations I mentioned have directly led to the development and improvement of acute oncology services. Most cancer treatment centres across the UK now have specific acute oncology teams who will assess people, organise admission to dedicated acute oncology assessment unit and treat people in line with national guidelines.

These teams will also provide expert guidance to outlying healthcare teams. I would say the study has also pushed acute on college education higher up the agenda and since the study there have been more developments in education and clear guidelines. As we've mentioned, we now have the UKONS triage tool which is used by professionals working within cancer care, and the UKONS primary care risk assessment tool developed

specifically for professionals working in primary and community care. And as we mentioned earlier, there has been the development and the update of the UKONS acute oncology initial management guidelines.

15:57 Liv: So what I'm kind of picking up from that then, is that cancer care centres are really well set up in terms of providing acute oncology support. But as people can present with symptoms to any healthcare professional and this is often not in a cancer care centre, what challenges does this bring to the workforce?

00:16:14 Donna

The challenge is that if we have someone presenting to a support worker or an allied health professional or a practice nurse or an administrative worker in the GP surgery or elsewhere. We need those professionals to be on high alert because we know that some people will present with life threatening conditions but their symptoms in the initial stages may be inconspicuous as we discussed earlier. Everyone has a role to play in ensuring these people are reviewed without delay. Another challenge is logistically it's not easy to educate healthcare staff across every single specialist area.

It is often easier to educate people who are already working within acute oncology and have a vested interest. So although great progress has been made there, the wider challenge of educating the workforce elsewhere still exists.

17:04 Liv: I can see how that is a challenge to meet the educational needs of everyone across the clinical workforce. Verna, can you share with our listeners what support is available to the workforce to meet this challenge?

17:15 Verna: Yes, of course. The first point is to address what is the workforce? This includes more than doctors and nurses. As Donna said, the workforce we need to consider is also the call handlers such as GP receptionists, 111 and 999 call handlers, as well as ambulance staff, paramedics, community pharmacists, first point of contact health professionals such as practice nurses and allied health professionals in primary care, and so on. So everyone that works in healthcare that will interact with people who have cancer. I mentioned Philippa Jones earlier and one of the significant projects she led was the development of the UKONS acute oncology knowledge and skills guidelines which were published in 2018. And this document was developed in consultation with about 200 colleagues across the UK.

It's structured into 4 levels of acute oncology practice and it lists competencies that should be achieved by a range of staff from varied professional groups at each of those levels of practice. So level one is aimed at call handlers and staff working in primary care who interact with patients with cancer, but they work outside of cancer specialist settings. Level 2 is for registered health professionals that don't work in cancer services or emergency services in acute trusts, but they care for people with cancer, and this also includes colleagues that work in primary care. Level 3 is for staff who work in acute oncology services, where they are specifically managing patients who have cancer. And

level 4 is for staff who oversee the management of acute oncology services in an NHS Trust or across cancer alliance or Cancer network or health board.

Using the UKONS acute oncology knowledge and skills guidance as the national standard of learning outcomes for each of these four levels of acute oncology practice, the national Acute Oncology Education Group initially focused on creating a programme of online learning for each of these levels of practice, and this work was done in collaboration with UKONS, the UK Acute Oncology Society, Guys Cancer and Macmillan Cancer Support.

19:41 Liv: Could you both explain a little bit more about this work and how Macmillan has collaborated to support the Workforce's educational needs? Donna, I'll come to you first.

19:50 Donna: Verna and Philippa initially met with the professional development and knowledge team to discuss progressing and collaborating on our acute oncology offer in 2020. Pre COVID pandemic, we offered a face to face, one day acute oncology course which then evolved into a virtual classroom, both of which were the equivalent of level 1. This has now evolved further into a self-directed e-learning module on the Macmillan Learning Hub, it's named 'introduction to acute oncology' and our collaboration with UKONS has resulted in this now being level one and the four levels of education recommended for professionals.

We've worked very closely with UKONS and the National Acute Oncology group to develop a digital competence passport, which fits alongside the module. Participants can complete the module and the digital assessment, and on completion they will receive a certificate to verify they have completed level one and the four step approach to acute on college education. The main components of the module are describing what cancer care looks like today and how that is evolving, defining acute oncology and why people become unwell with acute oncology indications, and there's some case studies, an introduction to the UKONS risk assessment tool, information on symptoms that may be due to the growth or spread of cancer and a section on communication holistic assessment and documentation.

21:39 Verna: So for level 2 online learning, I won funding from Health Education England as it was at the time through the South East London Council Alliance to work with the UKONS Acute oncology members interest group committee to write a new, freely accessible online learning course. And this was produced with my colleagues at Guys Cancer Academy and was published in February 2021. For Level 3 staff work in acute oncology services are directed to one of several online accredited acute oncology courses such as the one that's run at Guys Cancer Academy, which is accredited by King's College London and Donna will be able to tell you more about the Level 4 offer.

22:23 Donna: Certainly. So once professionals reach level four of the acute oncology competence passport, they will usually find that they've identified areas of practice that can be further developed. What we're guiding people to do in that position is embark on a university module. We have a virtual module entitled 'Evidencing Work based learning' which is currently co-facilitated by Macmillan Cancer Support and the University of the

West of England. Macmillan Cancer Support fully funds places for healthcare professionals to complete this module, which is offered at both degree and masters level. The module offers a fantastic opportunity for learners to be supported and implementing a service improvement project in their own place of work whilst developing them as leaders. Learners attend regular action learning sets to discuss their project and gain peer and supervisory support. In terms of assessment it has been designed to help learners disseminate their projects to the cancer community, so learners submit an abstract and poster for presentation as part of their final assessment, and this can then be used to submit to conferences.

23:42 Liv: Thank you. That that sounds like a really comprehensive piece of work. When we talk about the acute oncology competence passports, what do we mean by a passport?

23:51 Verna: The term passport is a competence assessment document to make sure that staff have got the knowledge and skills to practise at the required level. But the reason it's called a passport is so that it is recognised across organisations. So once somebody's gained the qualification and completed a passport within one organization they can transfer that to another organisation, which means they don't need to go through additional training and assessments.

24:23 Lydia: So Verna, you mentioned the Cascade project earlier and I'm interested to hear more on how it all links together?

24:30 Verna: So by the start of 2022, we had a learning outcomes framework in the form of the UKONS acute oncology knowledge and skills guidance, and a programme of online learning resources. But we also wanted to create UK wide standardised multidisciplinary competence assessment documents. And we did decide to adopt the format of the UKONS Systemic anti-cancer therapy competence Assessment passport because this had been so successful at standardising SACT competence assessment across the UK.

And as I mentioned, we won funding from Health Education England in 2022 to employ a project manager to work with me and a wide group of stakeholders to develop competence assessment documents- the passports- for each level of practice, answer guides for level 2 and Level 3, which have a question-and-answer format very similar to the UKONS SACT competence assessment passport and a user guide. So we appointed Gina Madeira, who during Phase one drafted the acute oncology passports and then held a series of stakeholder workshops to iteratively develop, review and refine these documents.

Stakeholders included representation from each of the Four Nations of the UK, and that was really important for these documents to be valid and to be able to be implemented. Also, multiple healthcare professionals because the UKONS acute oncology knowledge and skills framework is multi professional, professional groups across services, say primary care, the private sector and also cancer charities and oncology professional societies and universities.

We soon realised the need for the competence assessors to have specialist knowledge and the challenge of people being assessed across a very varied kind of healthcare setting environment. So to overcome the challenge of reaching all the intended staff, particularly those working in primary care and pre-registration students studying on university degree programmes, we agreed to an extremely generous offer from Macmillan Cancer Support to host the level one passport online at the end of the Macmillan Acute Oncology level one online learning course that Donna has talked about.

27:04 Lydia: And can you let us know where you are up to with the Cascade project now?

27:09 Verna: I applied for additional funding at the end of last year for the second phase of the project. So we've got three work streams within phase two. Workstream one is a quality improvement project. We're asking questions about level of knowledge and confidence before and after education and assessment. So we've got a questionnaire to collect data from assessors as well as learners. Workstream two is to collect and compare routinely recorded acute oncology key performance indicator data from before and after use of the passports to see if we can determine any difference on patient outcomes from the passport implementation. And then the third workstream, we will be holding both face to face and online workshops to report the evaluation data that we've collected and analysed, revise the passports based on that and report recommendations for the work going forward.

28:09 Liv: Thank you both for sharing those, they sound like really exciting projects, a huge amount of work, but yeah, absolutely worthwhile and really important. And can you share with our listeners where they can find out more information about the acute oncology competence passports and the associated learning that comes with them?

28:26 Donna: Definitely. So for the introduction to acute oncology e-learning with the digital competence assessment, this would be accessed via the Macmillan website and the address for that is macmillan.org.uk/learning.

28:45 Verna: So the Cascade project information is published on the Greater Manchester Cancer Academy website where the Cascade Project is hosted, which is part of the Christie NHS Trust. The passports themselves, we're not going to publish until the end of the project, but when they're launched in summer 2024, we aim for information about how to access the passports to be published on the UKONS acute oncology webpages, the UK Acute Oncology Society website and also the NHS England Learning Hub ACCEND web pages.

29:29 Lydia: And we all know that Macmillan's ambition is to help people with cancer live as fully as they can, what difference will the acute oncology competence assessment passport make to the lives of people living with cancer?

29:42 Verna: Primarily to improve the quality of life and length of life of someone who's living with cancer, so it is essential that oncological emergencies are recognised, assessed and treated promptly. That means that all patient facing staff in the NHS need education

and training about acute oncology regardless of where they work, their level of practice or their role.

The position of both the UK Oncology Society and UKONS is acute oncology is everyone's business and it truly is. And if you ever meet Philippa Jones, she will be the first thing she ever tells you, is acute oncology is everyone's business because we all encounter people who have got cancer diagnosis, so we need to know about this. Our aim is that the new acute oncology competence assessment passports will enable healthcare organisations to ensure that their staff achieve nationally agreed standards of competence.

30:46 Donna: I agree Verna, standards of care can be improved by the workforce utilising the acute oncology competence assessment passport. If the workforce embrace this education and apply their learning to practice, this will result in better outcomes for people with acute oncology symptoms. They will spend less time being unwell and more time living, and we also mustn't forget that the passport will potentially contribute to less deaths, enabling people to live longer lives.

31:19 Liv: That's fantastic, thank you both. And finally, we have our three things feature. So these are three questions which we ask all of our guests on the podcast. So our first question is what piece of advice would you give yourself if you could go back in time to the start of your career? And Donna, I'll come to you first.

31:39 Donna: So I would have engaged in acute oncology education earlier. When I started out as a staff nurse, a lot of your learning was on the job. I wish the UKONS triage tool and the competence assessment passport existed when I qualified as a nurse because those are the types of tools and education that I would have liked to have engaged with.

32:04 Verna: I agree with Donna. I wish the tools that are available today were around when I was at the start of my career so that I could refer to them to guide decision making based on best practise.

32:16 Liv: So the workforce are very lucky today to be able to access all of those too. Our second question is what change would you like to see to improve the lives of people living with cancer? And Verna I'll come to you first.

32:28 Verna: That all health professionals are aware of the risk to people with cancer from oncological emergencies, and that they know the specialist Acute oncologies do exist and where to access the triage tools to help them help people with cancer.

32:45 Donna: The entire workforce being given the time and the opportunity to engage in the learning that they need to improve care and hopefully that's what we'll see in the future.

32:56 Liv: And finally, what do you want listeners to take away from this episode?

33:01 Donna: If a person with cancer has symptoms, assess them or get them assessed immediately. And, as Verna says, please access this evidence-based learning opportunity.

33:14 Verna: So to know where to seek help if someone has cancer and has symptoms that might need emergency treatments. There are lots of resources that are now available online if people need that education and training, and there are lots of resources that can help support them with their decision making.

33:34 Lydia: Thank you both so much for the great pieces of information that you've shared with us today. I think anything that we can do to help people affected by cancer, live fuller and live longer is a really valuable use of our time and it has been lovely having you on the Cancer Professionals podcast.

33:51 Donna: Thank you. Thank you for having us.

33:53 Verna: Yes, thank you for inviting us.

(Outro music)

33:57 Lydia: You've been listening to the Cancer Professionals Podcast, which is brought to you by Macmillan Cancer Support. If you work in health or social care, visit macmillan.org.uk/learning to find out more about our Learning h=Hub, where you can access free education and training. For links to the resources mentioned in this episode, see the episode description.

34:17 Liv: If you enjoyed this episode, follow us so you don't miss our next conversation where we'll be joined by Stewart O'Callaghan, the founder and director of OUTpatients, the UK's only LGBTIQ+ cancer charity to talk about inequalities and barriers in cancer care.

34:31 Lydia: We'd love you to rate our show and share with your colleagues. New episodes are released on the first Wednesday of each month.

34:38 Liv: I'm Liv

34:39 Lydia: And I'm Lydia, and you have been listening to the Cancer Professionals podcast by Macmillan Cancer Support.