

Excellence in Oncology Awards 2011



Winners and Commendations

www.excellenceinoncology.org



These awards are organised and funded by Pfizer Limited as part of the Oncology Partnerships and Learning Initiative



DR DAVID DUNLOP

**Chair of the Excellence in Oncology Awards 2011 judging panel
Clinical Director, Regional Services Directorate NHS Greater Glasgow & Clyde**

My fellow judges and I were yet again impressed with the range of entries this year. The variety and calibre of the initiatives demonstrates a clear dedication to the improvement of patients' wellbeing. It is extremely refreshing and encouraging to see.

The quality of these initiatives is exemplified by entries ranging from Tenovus' *Sing for Life* choir – where those affected by cancer have been united within community choir - to NHS Improvement's *Transforming In-patient Care*, a project to reduce the length of time patients need to stay in hospital following major breast surgery. These entries, along with all the others listed in this booklet, strive to make a real difference to the lives of everyone affected by cancer.

I would like to take this opportunity to thank the judges for their commitment to these Awards, which were assessed for originality, innovation, quality of execution and demonstration of a positive change in practice.

Above all, I would like to thank the entrants for their sterling efforts in entering this year's Awards and for making selecting a shortlist such a difficult task. I would also like to thank Pfizer for its ongoing commitment to advancing the scientific understanding of cancer through its continual support of the Awards, helping spread best practice nationwide so that its benefits can be felt by as many as possible.



ROBERT DAY

Head of Pfizer Oncology UK

The past year has been a difficult one for many sectors within the health service with budgets tightened and resources increasingly stretched. It is therefore heartening to see the persistence of genuinely outstanding initiatives still being implemented across oncology in the UK. The standard and diversity of entries to the Pfizer Excellence in Oncology Awards continues to grow year on year and we are yet again delighted to be able to reward some of the exceptionally talented teams and individuals who are helping to improve cancer care and research.

The purpose of these Awards is not only to recognise and reward the work being performed every day, but also to promote the spread of this best practice throughout the wider oncology community. Many of the entries seen in these 2011 Awards have the potential to benefit a great many people and we will continue to strive to support the spread of their work.

Over the six years that the Excellence in Oncology Awards has been running the standard of entry has gone from strength to strength. This year is no exception. We're thrilled to have attracted such a superb range of entries demonstrating the real excellence and innovation the UK has to offer in the field of oncology.

We hope these Awards help to raise awareness of these outstanding initiatives and encourage others to strive for excellence in their work.

We would like to thank everyone who entered the Awards this year and offer our encouragement to those not shortlisted but who continue to make a real difference.

At Pfizer Oncology, our continued support of the Excellence in Oncology Awards programme reflects our commitment to work in partnership with professional and patient organisations to deliver the best possible care for people with cancer.

We look forward to the search for next year's exceptional candidates.



Best Professional Education Initiative in Oncology

Winner: Royal Marsden NHS Foundation Trust - Mesothelioma Care in Practice Module

An interactive e-learning package to improve the knowledge, skills and confidence of nurses and allied health professionals in the management of people affected by mesothelioma.

Team members:

- Patricia Hunt
- Liz Darlison
- Sally Moore
- Dale Russell
- David Geldhill
- David Brighton

To date, mesothelioma has not enjoyed the same profile as other cancers. Services, and therefore patient care have suffered as a result. A framework was launched in 2007 in response to this issue but its introduction has created significant challenges for nurses. Developing and maintaining the necessary knowledge, skills and confidence required to support patients with mesothelioma can be difficult. Nurses have identified a dearth of educational resources and often receive conflicting information about treatment.

Patricia Hunt and her team at the Royal Marsden NHS Foundation Trust and The National Macmillan Mesothelioma Resource Centre identified these challenges and set up the Mesothelioma Care In Practice Module education initiative to combat them. Their module aims to improve the education and experience of nurses and allied health professionals involved in the management of people affected by mesothelioma.

Work on the initiative started over two years ago when Patricia and her team met to develop the module and agree learning objectives. They drew on evidence from the literature, expert clinical knowledge and patient and family member experience and divided the content of the module into a 12-week programme. The module they developed - an interactive e-learning package - includes select reading materials and online discussions with clinical experts and a patient with mesothelioma. The project has been validated by Kingston University and St George's, University of London and can either be taken as a stand-alone module or put towards a degree or masters programme.

To date, two modules have been held and twenty six nurses from a variety of clinical backgrounds and geographical areas (including two from Australia and one from South Africa) have participated.

Students are given the opportunity to evaluate the project through a two-stage process: a first-level evaluation of the module itself and a second-level analysis allowing comment on how the module has impacted their clinical practice.



Mesothelioma Care in Practice Module and team

These evaluations allow the team to modify the module in response to student feedback and make sure that they constantly understand and meet the needs of their students.

Examples of user feedback:

"A truly invaluable course related to my work. I feel I am able to challenge patients' pathways regarding treatment options more confidently and relate it to the literature I have read."

"I feel I have made new friends across the country with who I can tap into for their expertise."

What the judges said:

"This is an impressive example of an initiative which meets an urgent unmet need. The entry clearly demonstrated how this programme can be effectively applied, adapted and evaluated for both short and long-term impact."

Highly commended: Bristol Haematology and Oncology Centre - Junior-led oncological emergencies programme

An evening programme taught by junior doctors for junior doctors, dealing with oncological emergencies which present via Accident and Emergency.

Team members:

David Dutton, Jo Kyte, Helen Lewis, Hannah Barry, Jen Golten, Dan Towie, Paula Wilson (Consultant Lead)

In 2008, the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) report looking at systemic anticancer therapy and admissions found 49% of admissions had room for improvement in care and 8% had less than satisfactory care. The NCEPOD report also identified that delayed recognition and poor early management were contributing to morbidity and mortality. Compounding this, oncological emergencies can often present via Accident and Emergency and so may well be seen by junior doctors with little or no experience in this specialist subject.

With this present failing in mind, David Dutton and his team set up a teaching programme with the aim of educating recently qualified doctors about cancer complication investigations and treatment.



David Dutton and team

The course was designed and led by six junior doctors currently working in the oncology department and was supported by a clinical oncology consultant. The team identified the four most important oncological emergencies in terms of mortality, incidence and relevance to Foundation year doctors and obtained funding for the programme from, amongst other charitable sources, medical defence unions and the junior doctors' mess funds.

Forty Foundation year doctors attended the teaching event, with ten doctors rotating through four small group sessions. During the evaluation session the team received feedback including, "pitched at the right level. Very relevant to daily job" and "Very well organised; each session was a perfect length". In addition to this feedback, the success of the scheme was demonstrated by the initial (oversubscribed) event now becoming a formal biannual teaching programme led by resident oncology junior doctors delivered to new Foundation year doctors.

What the judges said:

"A very innovative programme with superb potential to be taken forward and built on. It could easily be adopted by the Royal College as an induction."

Commended: BMJ Learning - NICE-BMJ Learning Project

An online educational project aimed at teaching how best to recognise the early symptoms of common forms of cancer and how to investigate and refer patients promptly.

Cancer is the second most common killer in the developed world. Many forms of cancer are now amenable to treatment, but for this treatment to be effective patients need to be diagnosed early and referred promptly to specialist care.

The purpose of this educational project was to educate health professionals on how best to recognise the early symptoms of common forms of cancer and how to investigate and refer patients promptly. The aim was to use interactive multimedia online learning modules to increase the applied knowledge and problem-solving skills of health professionals in these issues. The aim was also to educate them about the patient agenda and to encourage behaviour change that would result in better care for patients.

To achieve these aims BMJ Learning produced four online learning modules to meet the needs of doctors and other healthcare professionals in this field. A total of 14,329 users completed the modules. This enabled users to increase their applied knowledge and problem solving skills in how to care for affected patients. Users increased their score from an average of 57% on the pre-test to an average of 83%

on the post-test. BMJ Learning received several thousand individual pieces of free text feedback to the modules. This was overwhelmingly positive. To test long term effectiveness, users were emailed six weeks after they had completed the module to see if they had put the guidelines into action. 83% of respondents to the survey who had cared for patients with these problems since completing the modules said that the module had helped them put NICE guidelines into practice. 91% of those who had not seen such patients said that the module would help them put the guidelines into practice in the future.

What the judges said:

"I was impressed just by the fact that over 14,000 healthcare professionals completed the modules... The access to this learning has clearly penetrated and will definitely help reduce referrals"



Above: Keiran Walsh and team
Below: NICE-BMJ Learning Project in action



Best Patient Support Initiative

Winner: Kent Oncology Centre - The Breast Radiotherapy DVD

Improved information-giving to patients using a short film on post-operative breast radiotherapy.

Team members:

- Russell Burcombe
- Heather Dias
- Rema Jyothirmayi
- Amanda Williams
- Eniko Benfield

Post-operative radiotherapy after breast-conserving surgery for early breast cancer is an important but routine treatment delivered to many thousands of patients annually in the UK. Clinical oncologists consent patients for radiotherapy in busy, time-pressured clinics, often consenting many patients in the same clinic.

Although the information delivered is very 'routine' to the oncologist, for the individual patient a clear understanding of treatment is essential. The doctor must convey a considerable amount of information about the practicalities, rationale and acute and late side effects of radiotherapy in a short time.

Patient recall following verbal information-giving is known to be poor and the risk of doctor 'fatigue' from repeatedly conveying the same information to many patients is real. Despite detailed verbal consent, many patients still have a poor grasp of the realities of radiotherapy and are unable to visualise exactly what the treatment involves.

Verbal consent, together with written information, has its limitations. Information-giving is time-consuming, repetitive but crucial. Busy oncologists need to both save time and improve efficiency – but not at the cost of poor communication.

To address this issue, a multidisciplinary team of oncologists, radiographers and patient advocates from the Kent Oncology Centre worked with a local breast cancer charity to produce a short film (RT DVD) describing and demonstrating the rationale, simulation process, practicalities of treatment and side effects of post-operative radiotherapy for early breast cancer.

Patient satisfaction and understanding following the RT DVD was evaluated by a patient questionnaire. Nearly 100% of patients who viewed the RT DVD reported complete understanding of every aspect of information-giving conveyed by the film.

Informal patient feedback has been universally complimentary, with many patients questioning why a series of similar information films on other common oncology treatments, including chemotherapy, have not yet been provided.

Clinicians and radiographers have welcomed the innovation and are convinced by the pilot study findings that their patients benefit from the ability to see what the treatment involves before they attend for radiotherapy planning.

Oncologists now routinely show the film to all new breast cancer radiotherapy patients in the Cancer Network, either via a free copy of the DVD or by patients viewing the film on the Oncology Centre website.



Scene from RT DVD

Following the successful introduction of the RT DVD into routine clinical practice in Kent, the feasibility of a multicentre randomised clinical trial is under discussion to compare patient satisfaction and understanding, and measure the clinician time required for consent, with RT DVD viewing before or after verbal consent. The team hopes to be able to demonstrate that RT DVD viewing before a consultation will allow consent consultations to be streamlined, thereby improving efficiency without compromising the high quality of information-giving to patients.

Dr Stewart Coltart, Clinical Director at the Kent Oncology Centre, says "the breast radiotherapy information DVD has transformed the way in which breast cancer patients in Kent receive information about their proposed treatment."

What the judges said:

"A valuable resource. They've identified a serious gap in their service and developed a practical and cost-effective solution. The initiative has received excellent feedback from patients, and we're pleased to see the team will be undertaking a randomised controlled trial to explore the benefits of this service in more depth."

Highly commended: National Cancer Survivorship Initiative - The Treatment Summary

A working practice document to notify patients and GPs of necessary information following cancer treatment.

Team members:

- Noeline Young, Rosie Loftus, Alastair Smith, Terry Bowley, Lucy Thompson, Anne Wilkinson, Claire Morris, Lorraine Sloan, Christine Denmark, Gilmour Frew, Steve Hindle, Ciaran Devane

Cancer management is generally undertaken in secondary care, with primary care and/or palliative care organisations looking after cancer patients towards the end of their life. Post-cancer treatment management is beginning to change, but this still applies to the majority of organisations who deliver cancer care after treatment in the UK. People



attend a secondary care specialist clinic to get results of any follow-up tests and are seen again a few months later to go through the same process. There is no systematic approach to addressing their other health needs. In effect,

the clinics look more at the cancer's presence or absence rather than the whole patient.

A small team from NCSI (National Cancer Survivorship Initiative) was established to look at improving communication between secondary care and primary care and ensure that the person affected by cancer is well informed of the treatment they have received and their future care. The team, comprised of healthcare professionals including members of the Macmillan GP Advisory Group, worked to identify the needs of patients and GPs in order to develop a standard template for a treatment summary rather than a routine clinic letter at the end of treatment. The template ensures that sufficient detail is made available in a format that is easy for patients to understand and to input into a GP's data systems.

The results showed that patients found the Treatment Summary to be very useful. It gave them all the information they needed in one place. This would prove helpful if they were admitted to hospital unexpectedly, if they were applying for travel insurance or if they were on holiday. As many as 90% of GPs wanted to continue receiving the Treatment Summary.

One patient commented, "we take it on holiday with us in case we need it. It's a working document and could be very useful



The team

if you need to go to hospital and are away from home. If I didn't have it I would miss it. It has significant information and gathers all the loose ends together in one place."

What the judges said:

"This was a good collaborative effort. Post-treatment follow-up is an area in need of reform. The impact of this initiative's rollout should make a real difference, ensuring good practice across the board."

Commended: The Christie YOU Survivorship Programme

A survivorship programme comprising an interactive course offered to young people after curative treatment for cancer.

Team members:

- Ed Smith, Andrea Slater, Carol Robinson, Lorraine Case, Justine Haywood, Sam Smith, Hannah Ballard, Anna Mann, Allan Pacey, Richard Anderson, Mike Grisenthwaite, Kris Shastri

Cancer survival rates have increased significantly, especially among the young. Overall survival rates for childhood malignancies are now reaching 80%, and although cured of their cancer, young cancer survivors can be left facing many issues that their peers don't have to face. Cancer survivors can have a range of physical, social and psychological needs after treatment.

To tackle this problem, Ed Smith from The Christie NHS foundation Trust teamed up with colleagues from Manchester and elsewhere to create a survivorship programme aimed at tackling the hardships young people face after curative treatment for cancer. The programme is delivered in the form of an interactive course set up to address eight key areas: 'Exercise and Cancer', 'Late Effects of Treatment (and



Ed Smith and team

using your Treatment Summary)', 'Education', 'Employment', 'Fertility', 'Insurance', 'Relationships' and 'Coping with Anxiety'.

The great majority of attendees felt that all the individual sessions added to their understanding of their situation and gave them useful information and coping strategies for daily life. Furthermore, patient participation was actively encouraged. The material given to the attendees was of a high standard and continues to serve as a file of information on all of the topics discussed. Early evidence is showing that the course has made a big difference to young survivors of cancer.

The Christie YOU Survivorship Programme continues to run, and attendees have raised money attributing to the ongoing success of the course. The programme has also attracted substantial sponsorship from, among others, the UK's largest insurance broker Aon, highlighting the success of the project.

What the judges said:

"The team networked well with other organisations and the collaborative effort that went into making this much-needed programme is an outstanding achievement. This was well planned and has excellent potential."

Winner: Tenovus Sing For Life Choir

A choir uniting people affected by cancer.

A diagnosis of cancer creates a wide range of social and emotional problems, not only for the individual diagnosed but also for family members and friends. A further problem faced by many cancer patients is the lack of effective survivorship programmes once active treatment and the accompanying services come to an end. This can result in feelings of isolation which can be compounded by social withdrawal due to common treatment outcomes such as fatigue, depression or reduced self-esteem.

Research has shown that people with a range of medical conditions who participate in organised singing groups feel an increased sense of connection to their community and to each other, have enhanced active coping skills, improved quality of life and emotional well-being. Tenovus therefore set up their Sing For Life Choir to ascertain whether this could act as an effective support group for people affected by cancer.

The choir was established in the South Wales Valley town of Pontypridd, an area with a high level of social deprivation and a disproportionately high incidence of cancer. The choir company (Sing and Inspire) was appointed to take the rehearsals and provide the musical arrangements. Furthermore, a team from the School of Healthcare Studies at Cardiff University was commissioned to carry out an evaluation to determine the physical and psychosocial benefits the choir provided for its members.

The study showed that the choir provided statistically significant improvements in a range of quality of life measures including improvements in vitality, social function and mental health as well as a reduction in perceived bodily pain. Trends of reduced anxiety and depression were also observed. In addition, semi-structured interviews showed members felt the choir improved their mood, self-esteem and provided a focus for the future.

The Tenovus Sing For Life Choir in Pontypridd is now permanently established, with more than 70 choristers meeting on a weekly basis to give each other support and practice for regular performances. The choir has also utilised the Big Lottery's AdvantAGE funding scheme and secured £1 million to roll the programme out across the whole of Wales, establishing 15 new choirs for people affected by cancer.



Tenovus Sing For Life Choir

What the judges said:

"Innovative. Inspirational. This entry really struck me; it's a great community initiative that really gets the friends and families involved. This could work well in other communities."

Highly commended: The Macmillan Quality Environment Mark

A framework to assess whether facilities meet the standards required by people living with cancer.

Team:

Valerie Noble, Simon Henderson

The Macmillan Quality Environment Mark® (or MQEM) is a detailed framework for assessing whether cancer care environments meet the standards required by people living with cancer. It is the first assessment tool of its kind in the UK. Launched in 2010, the MQEM programme is designed to assess and benchmark the physical environment in cancer care, focusing on four broad areas:

- design and use of space
- the user's journey
- the user's service experience
- the user's voice



Valerie Noble and team

To date, the framework has been used to assess 61 cancer care environments in the UK, 53 of which have been successful in meeting the standards and have therefore been offered the MQEM award. The remaining eight have used their assessment report as the case of need to seek financial support and expertise from Macmillan's Cancer Environments Department to improve their physical environment.

The framework is well regarded across the UK, and has recently been cited in the NHS 'Patient Environment Action Team' assessment tool, as well as in standards for cancer care currently being developed by the independent healthcare sector.

The framework is also attracting attention from a number of healthcare services in Europe and the USA, with requests for permission to use the framework as a tool for stimulating improvement to their physical environments.

The team is now working towards the development of a second version of the MQEM standards, which will refer to other quality standards (information & support services and human rights) also developed by Macmillan Cancer Support. The NHS Choices website now has a section on Cancer Environments explaining the value of the MQEM award and work is currently underway to develop a template that will enable all NHS provider-MQEM award sites to showcase their



Self Assessment Tool

achievement.

What the judges said:

"This initiative makes a real difference to the experience of people with cancer. It helps to ensure more cancer patients receive a good service. It also helps to promote partnerships between Trusts and charities and provides impetus for under-performing units to improve."

Commended: Cancer Research UK – Science Update blog

Cancer Research UK's award-winning Science Update blog provides up-to-date commentary on the latest developments in cancer research.

Team members:

Henry Scowcroft, Kat Arney, Oliver Childs, Ed Yong

Launched in 2008, the Science Update blog aims to provide up-to-date commentary on the latest developments in cancer research including high-profile media stories. It is aimed primarily at the lay public (chiefly cancer patients) but has proven to be a hit with a much wider audience, including health professionals and researchers.

The blog has commanded nearly one million page views since its launch and currently receives over one thousand hits a day. It won an Association of Medical Research Charities (AMRC) science communication award barely a

year after launching and was listed in The Times and The Guardian's 'top science blogs' in 2010.

The blog is now used by the Cancer Research UK press office to brief journalists and by their support services department to help answer enquiries from the public.

What the judges said:

"This blog makes good use of new media and offers easy access to reputable information."



Above: The blog
Left: Henry Scowcroft

Joint Winner: Anne Montague

The *Good Housekeeping* breast cancer survival guide: 'tear it out, keep it safe and take comfort that it's there if you – or someone you love – ever needs it.'

With over 48,000 people in the UK diagnosed with breast cancer each year the chance of being affected by this disease is all too common. Yet if that scenario does present itself, whether it be you, a relative or friend diagnosed, what happens next? In her insightful and practical 'cancer survival guide', Anne Montague tackles these fundamental issues. Telling the journey of five patients who have tackled the disease over the past twelve years and by speaking to their friends and families, Anne has produced not only an exceptional read but a tool that will prove invaluable for cancer sufferers and their families in the future.

Anne tackles issues from coping with treatment to the emotion of diagnosis and advice on what to do and where to seek help.

Feedback comments include such as, 'I have never read such an informative piece of journalism. It would be invaluable for anyone facing this diagnosis. I think the guide should be made into a booklet and placed in doctor's surgeries'.

What the judges said:

"Very well researched, making excellent use of interviews with a range of patients. The Q&A session and clear table of treatments make this a valuable tool for patients receiving treatment."



Above: Anne Montague

Below: The *Good Housekeeping* breast cancer survival guide

Joint Winner: Cassandra Jardine

A series of candid and engaging articles addressing the practical and emotional challenges of living with lung cancer.

The manner in which health and illness is portrayed in the media is important in shaping public understandings and perception. On the subject of lung cancer, the media often focus on 'negative' aspects of the disease such as the death of an individual from lung cancer or its poor survival and high mortality rates. Unlike breast cancer or AIDS where activists have resisted messages of stigma and marginalisation within society, lung cancer lacks a similar strong collective advocacy voice.

The work of Cassandra Jardine is in stark contrast to this. This series of articles cover Cassandra's personal account of being diagnosed, living with, and receiving treatment for lung cancer in a refreshing way, portraying the disease in a hitherto unseen light. She draws on the context around her - the people, the situations and the issues involved - and succeeds in making the invisible visible by putting a human face to lung cancer more successfully than any previous awareness campaign. Hopefully, Cassandra's articles will lead to an increased public understanding of the disease and a decrease of the stigmatisation associated with it.



Cassandra Jardine

Comments include:

"Cassandra has effectively used her obvious skills as a writer to describe clearly what it feels like to have cancer without being self-pitying and in an open and balanced way."

Best Oncology Service Improvement

Winner: NHS Improvement – Transforming Inpatient Care

A project to streamline breast cancer surgical pathways to deliver major breast surgery (excluding reconstruction) as a day case, or one-night stay.

Team members:

- Ann Driver
- Sue Cottle
- Catherine Strong
- Angie Robinson
- Marie Tarplee

The delivery of major breast surgery to patients as a day case or one night stay ensures that they spend a shorter time in hospitals, allowing them to return to their family, friends and their normal routine faster than through current pathways. This can dramatically improve a patient's experience and facilitate faster recovery.

NHS Improvement wanted to find out if streamlining the breast surgical pathway could reduce the length of time patients stay in hospital by half and potentially release 25% of bed days for 85% of all major breast surgery (excluding reconstruction) by applying a day case or one night stay breast surgical pathway.

Ann Driver and her team at NHS Improvement began their project in 2006, gathering information on bed days, lengths of stay, patient experience and evidence of best clinical practice. The principle of a day case or one night stay for patients undergoing mastectomies was then tested by two NHS trusts, involving the review of clinical procedures, listening to patients' views and integrating the pathway between acute hospitals and the community. Their model has now been tested across 72 NHS Acute sites across England and a number of professional organisations all of which have embraced or recognised the effectiveness of the pathway redesign structure.

Since the day case or one night stay for breast cancer patients has been implemented for mastectomies and wide local excisions (without reconstruction), the national mean length of stay has reduced from a baseline of 2.4 days in 2006/2007 to 1.4 days 2010/2011. There has also been a 30% reduction in bed days from 2006/2007 with the potential to save the NHS over £7.8million. In addition, provisional data has suggested that 71% of all major breast procedures are being done as a day case or one night stay across England.

The breast surgical day case or one night stay pathway has been acknowledged as best practice by NHS Evidence, CQuins and has been endorsed by the British Association of Day Surgery and the best practice tariff. It has been presented nationally and internationally and has also been published in professional journals.



Ann Driver, Marie Tarplee, Catherine Strong, Angie Robinson

What the judges said:

"This was an exemplarily constructed bid. It has challenged long-held beliefs of surgeons and anaesthetists and has paved the way for enhanced recovery for many patients."



NHS Improvement
Cancer

Highly commended: UK Oncology Nursing Society - Oncology/Haematology 24 Hour Triage, Rapid Assessment and Access Tool Kit

A risk assessment tool to identify high risk patients who require urgent assessment or those that may be managed by either a planned review or primary care referral.

Team members:

Philippa Jones, Angela Madigan, Jeanette Ribton, Joan Thomas, Louise Preston-Jones, Sue Simcoe, Michael Varey, Ros Bratt-Wyton, Deborah Phillips, Hilary Gwilt, Angela Young, Angela Cooper

A team of nurses from the Central West and Wales UK Oncology Nursing Society (UKONS) have, over a three year period, developed and successfully piloted the UKONS Oncology/Haematology "24 Hour Triage, Rapid Assessment and Access Tool Kit".



Oncology/Haematology 24 Triage Tool Kit

The tool kit is designed to identify patients who are at high risk and require urgent assessment or those that may be managed by either a planned review or primary care referral. The tool aims to standardise and support excellent practice, improve quality and safety and provide

evidence of service provision. It achieves this in a number of ways:

- Ensuring patients receive a robust, reliable assessment every time they contact a helpline for advice.
- Ensuring assessments are of a consistently high quality by the use of an evidence-based assessment tool.
- Advising on action and advice that is appropriate to the patient's level of risk.
- Ensuring that those patients who require urgent assessment in an acute area are identified and that action is taken, but also identifies and reassures those patients who are at lower risk and may safely be managed by the primary care team or a planned clinical review, avoiding unnecessary attendance.
- Providing a framework for triage training and competency assessment for practitioners.

The pilot scheme showed that the tool kit provides safe and comprehensible guidelines and advice for both staff and patients and a framework for training and competency assessment which supports governance processes.

The tool kit has been presented at a number of national meetings and internationally at the International Cancer Nursing Conference in Atlanta 2010. It has been widely adopted across the UK, with further training days planned for Northern Ireland and Scotland, and has been endorsed by the Royal College of Nursing and Macmillan Cancer Support.

What the judges said:

"This initiative is a significant achievement, made possible by effective collaboration between those involved in its development. The uptake of this Tool Kit across the UK demonstrates that it is addressing a real unmet need and could have a nation-wide impact on cancer patient care."

Commended: Children and Young People Survivorship

Development of long-term care pathways for children and young cancer survivors.

Team members:

Patricia Morris and the NHS Improvement – Cancer 'Children and Young People Survivorship Team'

Childhood cancer is rare. Survival statistics have highlighted that at present over 75% of children diagnosed with cancer can expect to become long-term survivors. NICE recognises and recommends that lifelong contact between cancer centres and survivors is maintained, however, given the exponential increase in the number of cancer survivors, and the mobile nature of this patient population, it is no longer viable or appropriate to continue to provide this long-term follow up in a traditional hospital setting.

NHS Improvement in England, working in partnership with the Department of Health – National Cancer Survivorship Initiative (NCSI), Macmillan Cancer Support, and CLIC Sargent formed the Children and Young People (CYP) work stream. The aim of this work stream was to co-ordinate aftercare activities, focusing on improving the lives of children and young

people treated for cancer by using recognised service improvement methodology.

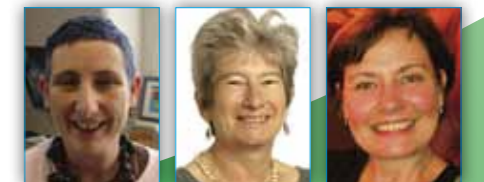
This initiative is transforming traditional care pathways, challenging the practice of care provision which is normally doctor-led. By implementing the refined pathways there will be an increased quality of service, not only standardising the level of care but also empowering the patient, giving them more opportunity and choice as to the nature of their follow-up.

Innovative communication methods have now been put into place which include text services and telephone care, moving away from the sole reliance on traditional outpatient appointments. This in turn is minimising the 'stigma' and labelling of cancer patients/survivors by reducing care when appropriate but increasing support when needed.

These pathways are now being tested, investigating the feasibility of implementing them at a national level.

What the judges said:

"Patricia Morris and her team have carried out a really thorough examination of current practices for the aftercare of children and young adults with cancer. As a result, their initiatives offer a more equitable, accessible and contemporary service."



Faith Gibson, Gill Levitt, Judi Tapp

Oncology Team of the Year

Winner: Nottingham Macmillan Lung Cancer CARE

A unique, proactive rehabilitation service with particular focus on cachexia syndrome, anorexia and related experiences.

Team members:

- Andrew Wilcock
- Rachel Bentley
- Rachel Pashley
- Matthew Maddocks
- Cheryl Percival
- Helena Alvery
- Asmah Hussain

Cachexia syndrome, which causes fatigue, loss of appetite and weight loss, is found with one of its highest incidence rates in lung cancer patients. About one third of patients are malnourished at diagnosis, increasing as the disease progresses. There are no effective treatments for cachexia, making it a major unmet need in the management of this disease.

Nottingham Macmillan Lung Cancer CARE is a palliative care rehabilitation service with a particular focus on cachexia, anorexia and related experiences (e.g. fatigue, sleep and mood disturbance) for people with thoracic cancer. It is funded by a three-year project grant awarded by Macmillan Cancer Support. Launched in October 2009, the project aims to increase understanding of the supportive and palliative care needs of people with thoracic cancer, with an emphasis on common distressing problems and developing a model of multidisciplinary care which could be rolled out to benefit others.

Key to the service is the early identification of supportive and palliative care needs which are assessed by a questionnaire within four weeks of a cancer diagnosis. The patients' responses are then reviewed at weekly multidisciplinary meetings and inform the support provided by the rehabilitation team. The team conduct regular monitoring phone calls and visits, following the patient through the cancer care pathway where details on dietetic assessment, occupational therapy assessment and physiotherapy assessment are recorded.

The team are held in very high regard by patients and have been recognised nationally as an exemplar of good practice. Preliminary evidence suggests that such an approach has the potential to reduce symptoms, such as weight loss, maximise function and help people to remain in their homes, including for end of life care.



Andrew Wilcock and team

What the judges said:

"Andrew Wilcock's team have created a well thought-out, innovative assessment structure that has resulted in patients benefitting from care based on their holistic needs. It could, and should be considered as a standard of care."

Highly commended: Teenagers and Young Adults with Cancer Service

An innovative cancer care service for teenagers and young adults in the South West of England.

Team:

Alison Cameron, Jill Beange, Elly Troke, Sue Dolby, Vineeta Gupta, Antony Ng, Rachel Banks, Divya Bassi, Mike Stevens, Paul Beynon, Sue Ahlquist

Teenagers and young adults with cancer (TYA) have historically had a much poorer improvement in five year overall survival than either children or older adults. This has resulted in teenagers having worse overall survival compared to younger children diagnosed with the same cancer type.



Alison Cameron and team

Over the past two years Alison Cameron and her multidisciplinary team have developed an innovative and successful TYA service which allows all eligible patients within the South West access to the highest possible quality care.

Working in close collaboration with patients and care providers to develop an age-appropriate service, they have used the internet to overcome geographical barriers through the successful use of a virtual TYA Multi Disciplinary Advisory Team (MDaT), the co-creation of a regional peer support social forum and an evidence-based education strategy.

The team have secured funding for a £2.5 million TYA unit to be attached to the adult oncology hospital and an additional £1.087 million from Macmillan for a three year project to develop, implement and evaluate a TYA aftercare programme.

The team are now looking towards the future, and as well as scheduled building works and a planned aftercare service, are

currently compiling a database of clinical trials available in hospitals across the South West, allowing TYA patients the best possible chance of clinical trial entry.

What the judges said:

"This team has done a great deal to help teenagers and young adults with cancer. To have also secured such a huge amount of funding is an incredible feat and will almost certainly lead to improved care and greater treatment options for these patients."

Commended: Liverpool Ocular Oncology Centre

This specialist team provides world-class care for people with malignant melanoma of the eye.

Team members:

Bertil Damato, Martina Angi, Marcela Baudo, Jenny Burke, Lisa Cairns, Gary Cheetham, Sarah Coupland, Andrew Dodson, Antonio Eleuteri, Carl Groenewald, Gwen Hachuela, Jean Hannah, Gillian Hebbar, Heinrich Heimann, Laura Hope-Stone, Helen Kalirai, Sam Kaye, Nihal Kenawy, Christine Kerr, Sarah Lake, Nicola Longrigg

The Liverpool Ocular Oncology Centre (LOOC) was established in 1993 to care for patients with malignant melanoma of the eye, a cancer that causes early death, visual handicap and disfigurement. Patients with this condition are disadvantaged by its rarity (6 per million per year), which sometimes prevents their specialists from having sufficient expertise and equipment to manage their care adequately.

LOOC receives more than 240 patients with ocular melanoma each year, making it one of the largest in the world. This large number has

made it possible to develop a comprehensive clinical multidisciplinary team, a large team of research scientists, a wide range of therapeutic modalities, holistic care, a large tissue bank, accurate prognostication, and close collaboration with specialists from other disciplines. Patients are referred from all over the UK and from overseas.

The LOOC team have made several innovations, given a large number of oral presentations, published extensively in the scientific literature and have become opinion leaders in this field. In addition, many of the surgical and laboratory techniques they have pioneered have been adopted in other centres around the world.

Their research findings have been translated into prognostic tools that have enhanced opportunities for early detection and treatment of metastatic disease, prolonging life in a growing number of patients with uveal melanoma.

By making a rare disease common in their hospital they have made common problems rare in patients with ocular melanoma.

What the judges said:

"For nearly two decades this team have worked hard to develop a highly effective and prestigious resource for patients with this rare condition. The range of services they have implemented have played a significant role in improving care for these patients around the world."



The team

Lifetime Achievement Award

Winner: Professor Nick Thatcher

Professor Nicholas Thatcher MRCP PhD FRCP is Professor of Medical Oncology at the Christie Hospital NHS Trust in Manchester. He received his PhD from Manchester University, after prior education and medical degree at the University of Cambridge and St Bartholomew's Hospital Medical College.

Prof Thatcher's research interests include combining targeted therapies with chemotherapy and novel agents for treatment of advanced non-small cell lung cancer, and integrating first-line chemotherapy with radiotherapy for the treatment of small cell lung cancer. Other interests include raising the need for evidence-based therapy in performance status 2 patients and translational research endeavours. Prof Thatcher is active in clinical trials of patients with non-small cell and small cell lung cancer and is the principal investigator for numerous clinical trials.

Prof Thatcher was Chairman of the United Kingdom Coordinating Committee Cancer Research (Trials), Chairman of the Medical Research Council Lung Cancer Working Party, Secretary of the United Kingdom Coordinating Committee (Lung Cancer) and a member of the ESMO faculty.

He has co-authored over 300 publications and is an invited speaker and chairman at national and international meetings.



Professor Nick Thatcher

Professor Will Steward, Professor of Oncology, Leicester Royal Infirmary and judge at this year's Excellence in Oncology Awards comments on behalf of the judges:

"For the past 30 years Nick has been a pioneer in developing new treatments for lung cancer. He is one a rare breed of internationally renowned medical oncologists from the UK who has actually made a real difference to outcome from the most common cancer killer. He has trained numerous oncologists in the UK and influenced countless cancer specialists around the world through his superb lecturing skills. Oncology in the UK is much poorer following his retirement."

Dr David Dunlop

Clinical Director, Regional Services Directorate
NHS Greater Glasgow & Clyde

David Dunlop trained in internal medicine and medical oncology in Edinburgh, Calgary and Glasgow, and was appointed as a consultant in Glasgow in 1995. He is Lead Clinician for Chemotherapy Services, a role intimately involved in the re-design of chemotherapy services in the new cancer centre and in the surrounding region. He is also an active clinical researcher in lung cancer and is a member of the Board of Trustees for the Roy Castle Lung Cancer Foundation.

Ms Dawn Chapman MBE

Retired Nurse Consultant for Breast Disease,
Addenbrooke's Hospital, Cambridge

Dawn Chapman was Nurse Consultant and Clinical Lead at Addenbrooke's Hospital where she led a team of specialist nurses in the Cambridge Breast Unit. She is an ambassador for the charity Breakthrough Breast Cancer and established a nurse practitioner course at Masters level to support nurse practitioner training. Dawn won the 2007 Excellence in Oncology Award for nursing and was awarded an MBE in the 2008 Queen's New Year Honours list for services to breast cancer healthcare.

Dr Jesme Fox

Medical Director, Roy Castle Lung Cancer
Foundation, Liverpool

Jesme Fox joined the Roy Castle Lung Cancer Foundation initially as Director of Patient Care, establishing the Foundation's work in lung cancer patient information, support and advocacy. She now holds the post of Medical Director and regularly provides comment to a variety of TV, radio and print media. Much of her time is dedicated to reflecting the views of lung cancer patients on key committees and at key meetings, both in the UK and abroad. She chaired the National Institute for Clinical Excellence Guideline Development Group (GDG) for Lung Cancer Diagnosis and Care, and a member of the updated GDG. Among her committee work, she is an elected steering group member of the Cancer Campaigning Group. At an international level, Jesme is the secretary of the Global Lung Cancer Coalition of patient organisations and was a founding board member of the European Cancer Patient Coalition. She has also been a member of the European Society of Medical Oncology's Cancer Patient Working Group, the European Cancer Organisation's (ECCO's) Patient Advisory Committee and the International Association for the Study of Lung Cancer's Public Issues Committee.

Dr Susan Mayor

Medical Journalist

Susan Mayor is a highly regarded medical journalist and editor. She was named UK Medical Journalist of the Year 2008/09 by the Medical Journalists' Association. Susan previously worked with *GP*, *Doctor*, *Practice Nurse* and *Pulse*, before becoming news editor of the *British Medical Journal* for which she still writes on a weekly basis. She launched the *British Journal of Primary Care Nursing* in 2004 and the *Primary Care Cardiovascular Journal* in 2007, and still acts as managing editor on both titles. She is a regular contributor to a wide range of medical publications and websites, including the *British Medical Journal*, the European School of Oncology website, *Lancet Oncology* and the department of health website NHS Choices.

Ms Karen Metcalf

Network Director, Pan Birmingham Cancer
Network

Karen Metcalf is Director of the Pan Birmingham Cancer Network. Karen originally trained as a physiotherapist before becoming a general manager. Karen was a senior manager in two large acute hospitals in Birmingham and became Birmingham HA lead for Cancer and Palliative Care in 1999, before joining the Network as Service Development Manager in 2000. Karen has been Network Director since 2005.

Dr Tom Powles

Consultant Oncologist, St Bartholomew's
Hospital, London

Tom Powles is a senior lecturer at St Bartholomew's Hospital. His research interests include mechanisms of resistance to targeted therapy in genitourinary cancer. Dr Powles leads a number of clinical trials and a preclinical group. He is also involved with a number of groups including the NCRN, ESMO and EORTC and the Transatlantic Bladder Cancer Consortium.

Mr Richard Sainsbury

Consultant Breast Surgeon, Southampton
University Hospitals

Richard Sainsbury is Consultant Breast Surgeon at Southampton University Hospitals NHS Trust and IOW NHS Primary Care Trust. He conducts ongoing research at University College Medical School concerning the mechanisms of breast cancer, and is actively involved in advising government bodies on the optimisation of breast cancer services. Richard has written several books and scientific papers on breast cancer.

Professor Will Steward

Professor of Oncology, Leicester Royal Infirmary

Will Steward is Chair of Oncology at the University of Leicester, where his focus is in new drug development, chemoprevention and angiogenesis. His clinical research interests lie in the fields of colorectal cancer, hepatobiliary and pancreatic cancer, and neuroendocrine tumours. Will currently holds the position of Chair at the NCRN Colorectal Cancer Clinical Studies Group and is a member of the American Society of Clinical Oncology, American Association of Cancer Research and European Society of Medical Oncology.

Mrs Maria Vincent

Nurse Consultant Cancer Services, Newcastle
Hospitals Foundation Trust

Maria Vincent is the Lead Cancer Nurse of the Newcastle Hospitals Foundation Trust, where she focuses on adult oncology services. Her interests lie in service user involvement issues, service improvement/development, health promotion and early detection. Maria sits on a number of regional cancer committees and is a facilitator for the National Advanced Communication Skills Training programme.

