

# **The Newcastle upon Tyne Hospitals NHS Foundation Trust**

## **Policy for Named Key Worker for Cancer Patients**

Effective: October 2011

Review: October 2014

### **1. Policy Aim**

Cancer care is complex; spanning many health and social care settings and often requires the involvement of those working in primary, secondary and tertiary care together with those in statutory and voluntary organisations.

As Health Care Professional (HCP) involvement which spans organisational and professional boundaries is often sustained over many years, from diagnosis to end of life, there is a need to ensure integration and coordination of care, throughout the patient's cancer journey. For many years cancer services for all ages and sites, have been required to have a process in place to ensure effective cooperation of care between all professionals involved in the management of cancer patients. Many Improving Outcomes Guidance (IOGs) have indicated that the coordination of service could be achieved through the identification of a 'key worker' for each individual patient.

As these recommendations support the identification of this person or persons across the treatment / care pathway, this policy aims to ensure that all patients who are diagnosed with cancer within the organization are allocated an appropriate HCP to be their key worker and that the roles and responsibilities of this individual are standardized within the organization.

N.B. For the purposes of this document the term 'adult' will refer to those individuals over the age of 18 years.

### **2. Policy Scope**

This policy relates to all Adult and Paediatric patients with a cancer diagnosis who have been referred to one of the Trust's site specific multi-professional cancer or palliative care teams or in the case of children and young people to the Principle Treatment Centre (PTC).

### **3. Objectives**

- Define the role of the key worker.
- To guide tumour specific Multi Disciplinary Teams (MDTs) in the identification and clarification of the most appropriate HCP to be designated as the patient's key worker
- Support tumour specific MDTs to incorporate the key worker role within their operational policies / procedures / guidelines

### **4. Definitions**

The term key worker is defined as follows:

*“a person who, with the patient’s consent and agreement, takes a key role in coordinating the patient’s care and promoting continuity, ensuring the patient knows who to access for information and advice”*

(NICE 2004)

The principle of the key worker model is that there is one person who acts as both a provider and coordinator of care. This individual will take responsibility for ensuring the patient’s health and social care needs are met while optimising their quality of life and promoting well being.

**The role of the key worker for adults (with the patients consent)**

- Provide a point of contact for the patient
- Assess, develop and where appropriate, provide individualised holistic care and support to the patient, family and their carer/s. The key worker is also responsible for monitoring and evaluating their care.
- Co-ordinates
  - The patient journey ensuring interventions take place and results are subsequently communicated to the patient in a timely fashion.
  - The provision of timely and individualised information enabling patients / carers to make informed choices about their current and future health / care needs.
- Communicates with appropriate HCPs / individuals in the hospital and community, including the primary care team.
- Case manages, in partnership with other individuals / agencies, the needs of the patient as they move between care settings along their pathway e.g. during non-surgical oncology interventions. This may require changing key worker according to agreed protocols
- Act as the patient’s advocate e.g. represents the patient’s views / concerns at the MDM.
- Maintains accurate documentation.

N.B. Within the organisation, in most instances, the tumour site specific Clinical Nurse Specialist will usually perform the key worker role. Any core MDT member may, at the request of the patient / carer, be asked to take on this role.

**The role of the key worker for children and young people.**

- Provide practical and emotional support to the child / young person and their family.
- Coordinate the provision of information and ensure that it is timely, tailored to the age of the child / young person and the needs of their family.
- Ensure the provision of a written care / treatment plan and an initial needs assessment of the child / young person and their family to inform the care plan.
- Liaise with health and social care agencies and professionals in the community, including the primary care team.
- Liaise with educational institutions and support reintegration for the child / young person wherever possible.

- Ensure that the child, young person and their family acquire new skills as needed e.g. management of nasogastric tubes or gastrostomies, care of central venous catheters etc.
- Case-manage the care needs of the child / young person and their family as they move between care settings along the pathway e.g. during radiotherapy.
- Coordinate palliative and terminal care to provide 24/7 specialist advice and support to families and HCPs if required.

## **5. Operational Policy**

- 5.1** All newly diagnosed patients, and on occasions patients with highly suspicious lesions / complex needs, are discussed at tumour specific multi disciplinary team meetings (MDM). During one of these meetings, when a cancer diagnosis is confirmed, a named key worker will be identified and recorded for the patients within their medical notes and within the notes of the MDM. Within adult oncology some patients may meet with, and be given the contact details of an oncology CNS at their initial hospital appointment, prior to their diagnosis. In these instances the MDT may only be required to confirm and record this information within the patient's, and MDM, notes. (The process for allocating a key worker for a children / young person diagnosed with cancer is defined within their operational policy).
- 5.2** The key worker is responsible for advising the patient as to their role and, having acquired consent, provide them with their contact details.
- 5.3** Appropriate professionals / agencies will be informed, as required, in writing of the details of the patient's key worker. A GP will be advised of the patient's key worker at diagnosis in accordance with the MDT's operational policy. (In the case of children and young people the community children's nurse will also be provided with details pertaining to the key worker)
- 5.4** The impact / effectiveness of the key worker will be regularly evaluated and audited.
- 5.5** *Transfer* – The needs of patients invariably change over time. It is therefore essential that the most appropriate professional takes responsibility for the ongoing management of a patient within their pathway without compromising continuity of care. The referral of the patient to another key worker should always be undertaken in consultation with the patient and the HCP who is proposing to become the patient's key worker. The patient must be involved in the initial discussions, advised of the rationale for referral, and providing they are in agreement, provided with the new key worker's name, title and contact details. This information must be documented in the patient's notes.
- 5.6** *Discharge* - Some patients may reach a point when they no longer require a key worker i.e. those patients who have completed curative treatment. The discharge

of a patient should also be undertaken in consultation with the patient who should also be advised to contact their GP if they have any concerns. This information must also be documented in the patient's notes.

- 5.7** Training and preparation for the key worker role - In most instances the key worker should possess:-
- Specialist knowledge of the specific cancer, its treatments and the disease trajectory, particularly relating to the stage of the patient's journey that they are anticipating to be involved in.
  - Advanced Communication Skills.

*N.B This policy should be read in conjunction with site specific MDM operational policies and patient pathways as these will provide specific information pertaining to key worker within each tumour group.*

## **6. Monitoring and Review**

The effectiveness of the policy will be monitored via the Cancer Peer Review process. Evaluating service user involvement, and specifically measures relating to key worker, is defined within each tumour group's Cancer Peer Review measures.

## **7. Consultation and Ratification Process**

This policy has been developed in consultation with the cancer team and medical and nursing staff from each of the site and age specific MDTs responsible for the management of all cancer patients within the organisation. The policy has been approved by the Specialist and Senior Oncology Nurses Group and the Cancer Services Group.

Comments on content / implementation should be directed to the Lead Cancer Nurse. The document will be reviewed in 3 years or as determined by available evidence / modifications in practice.

## **8. References & Bibliography**

Department of Health (2008) Manual for Cancer Services. Department of Health. London. <http://www.dh.gov.uk/en/Healthcare/Cancer/index.htm>

North of England Cancer Network (2009) *The Holistic Assessment of Patient's Concern Tool* (Distress Thermometer)

National Institute for Clinical Excellence (2004) *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer*. NICE. London <http://www.nice.org.uk/csgsp>

National Institute for Clinical Excellence. *Improving Outcomes Guidance* (Tumour site specific) <http://www.nice.org.uk/>

National Institute for Health and Clinical Excellence (2005) *Improving Outcomes Guidance for Children and Young People with Cancer*. NICE. London <http://www.nice.org.uk/nicemedia/live/10899/28876/28876.pdf>

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Operational Policy for Named Key Worker for Cancer Patients	Policy Author:	Senior oncology Nurses Group (Development led by M Vincent)
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	Slight variations exist between the management of adults and paediatrics and these are defined within the policy but it does not affect one group more or less favourably than the other
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		
<b>Comments:</b>		<b>Action Plan due (or Not Applicable):</b> N/A	

Name and Designation of Person responsible for completion of this form: M Vincent Nurse Consultant Cancer Services / Macmillan Lead Cancer Nurse Date: 20/9/11.

Names & Designations of those involved in the impact assessment screening process: Senior Oncology Nurse Group And Cancer Services Group

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form. IMPACT ASSESSMENT FORM A*