The concept of the key worker was first introduced within “The Manual for Cancer Services” (2004) measures and subsequently supported by the NICE Guidelines for Supportive and Palliative Care (National Institute for Health and Clinical Excellence, 2004). The role of the key worker is central to the patient’s journey in relation to providing the necessary support, guidance and information at all points in the disease trajectory.

2 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 Aims

To guide each cancer speciality in the identification of the most appropriate health professional to be designated as key worker.

4 Duties (Roles and responsibilities)

4.1 The Nurse Consultant Cancer Services/Macmillan Lead Cancer Nurse is responsible for ensuring that all Cancer Multi-Disciplinary Teams (MDT) are aware and are adhering to this policy.

4.2 The MDT Chair and Nurse Specialists are responsible for adhering to this policy.

5 Definitions

Nice (2004) defines the key worker as:

“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”
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.

6 The Key Worker

6.1 Who can be a key worker?

The role of the key worker can be undertaken by a number of professionals and this will vary depending on the speciality and/or stage of the disease and treatment process. The most appropriate people to undertake this role are thought to include:

- Nurse Specialists or Nurse Consultant
- GP/Consultant
- District Nurse/Community Matron
- Palliative Care team members
- Chemotherapy Nurse Specialists
- Other allied health professionals as appropriate

6.2 Designation/nomination of the keyworker

6.2.1 The initial key worker for every cancer patient will be nominated in the multi-disciplinary (MDT) meeting by the core members, where the initial diagnosis is made and treatment planning decisions are discussed.

6.2.2 If a key worker has already been identified by the referring Trust arrangements to hand over the key worker role need to be made. The patient must be kept informed at all levels and this is to be documented in the patient’s records.

6.2.3 The key worker will ideally be the person deemed to be the most appropriate at that time. This will in the majority of cases be the Nurse Specialist, a Senior Nurse, Allied Health Professional (AHP) or other health professional. The key worker will have an in depth understanding of the patient’s disease and treatment regime.

6.2.4 Key workers are nominated at key points in the patient’s cancer journey and these identification points are:

- Around time of diagnosis
- Commencement of treatment
- Completion of primary treatment plan
- Disease recurrence
- The point of recognition of incurability
- The point at which dying is diagnosed
- At any other point in the journey requested by the patient
6.2.5 The patient will be informed of the name and contact details of the key worker and receive an outline of their role. This will be given verbally and supported with written information.

6.3 The role of the key worker in adults

6.3.1 With patient consent the key worker will:
- 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-ordinate the patient journey ensuring interventions take place and results are subsequently communicated to the patient in a timely fashion.
- Provide 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 manage, 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.
- Maintain accurate documentation.

6.3.2 Within the organisation, in most instances, the tumour site specific 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.

6.4 The role of the key worker for children and young people under the care of the Paediatric Oncology Service

6.4.1 With consent the key worker will:
- Provide a point of contact for the patient and signpost to other professionals/agencies as appropriate
- Communicate with appropriate health and social care professionals in the hospital and community, including the primary care team
- Act as the patient’s advocate e.g. represents the patient’s views / concerns at the MDM.
- Maintain accurate documentation.

Because children and young people’s cancer services are centralised for NECN and reside under the umbrella of a single multidisciplinary team,
some of the responsibilities that are normally the role of an adult cancer key worker are delegated as follows:

- All patients have emergency 24 hour contact numbers and open access to the Paediatric Oncology Service
- Teaching in relation to health care needs is co-ordinated by the inpatient/outpatient nursing teams as appropriate
- Liaison with educational institutions to support reintegration to school/college is co-ordinated by the Children & Young People’s Oncology Outreach Nurse Specialists or the appropriate Nurse Specialist for all children/young people who are eligible to access education
- Every family is offered a CLIC Sargent social worker for psychosocial support
- At the appropriate time following completion of treatment, all patients will enter the long term follow up service, at which point their key worker will be the Long Term Follow Up Nurse Specialist
- A comprehensive 24 hour palliative care service is provided by the Children & Young People’s Oncology Outreach Nurse Specialists

6.4.2 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).

6.4.3 The key worker is responsible for advising the patient as to their role and, having acquired consent, provide them with their contact details.

6.4.4 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)

6.4.5 The impact / effectiveness of the key worker will be regularly evaluated and audited.
6.4.6 The needs of patients invariably change over time. It is therefore essential that the most appropriate professional takes responsibility for the on-going 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 rational 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.

6.4.7 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.

7 Training

The key worker must:
- have evidence of post registration training
- have an in-depth knowledge of the illness, its treatments and disease trajectory particularly around the stage of the patient’s journey that they are involved in.
- have awareness of any other training needs in relation to the role.
- have an understanding and good knowledge of the services available in the locality and how links can be made to improve the patients experience.
- be responsible for identifying any additional personal training that will help to fulfil them in the key worker role. These would be identified through their personal development review (PDR).

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess compliance against Trust Policy</td>
<td>Audit 5 sets of notes per clinical team during cancer peer review cycle</td>
</tr>
</tbody>
</table>
10 Consultation and review

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.

11 Implementation (including raising awareness)

This policy will be circulated to all MDT’s and to the Specialist and Senior Oncology Nurses Group

12 References

- National Institute for Clinical Excellence. Improving Outcomes Guidance (Tumour site specific) http://www.nice.org.uk/
## Equality Analysis Form A

The Newcastle upon Tyne Hospitals NHS Foundation Trust

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

### PART 1

1. **Assessment Date:** 13/10/2014

2. **Name of policy / strategy / service:**
   - Policy for Named Key Worker for Cancer Patients

3. **Name and designation of Author:**
   - Jane Beveridge Nurse Consultant Cancer Services/Macmillan Lead Cancer Nurse

4. **Names & designations of those involved in the impact analysis screening process:**
   - Senior Oncology Nurses Group

5. **Is this a:**
   - Policy [x]  Strategy [ ]  Service [ ]
   - Is this:
     - New [ ]  Revised [x]
   - Who is affected:
     - Employees [x]  Service Users [x]  Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
   - To guide each cancer speciality in the identification of the most appropriate health professional to be designated as key worker.

7. **Does this policy, strategy, or service have any equality implications?** Yes [ ]  No [x]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   - Policy is designed to meet the key worker needs of all cancer patients of all patients, to the trust irrespective of race, ethnic origins, nationality, gender, culture, religion or belief, sexual orientation, age, disability, gender reassignment or marriage and civil partnership.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
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</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
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<td>Sex (male/ female)</td>
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<td>Religion and Belief</td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<td>Age</td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
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<tr>
<td>Gender Re-assignment</td>
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<td>Marriage and Civil Partnership</td>
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<tr>
<td>Maternity / Pregnancy</td>
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9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

    Do you require further engagement?   Yes [ ]  No [x]

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?**

    No
(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)