

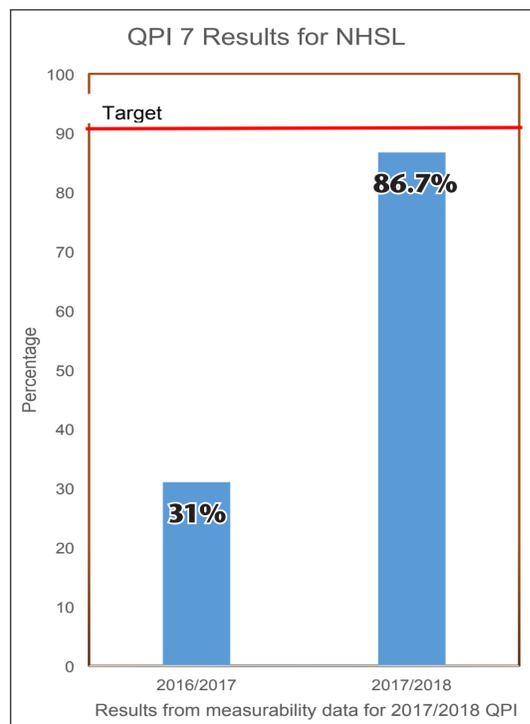
MDT Head & Neck Assessment Clinic: Collaborative Working to Deliver Patient Centred Care

Introduction

The Head and Neck Speech and Language Therapists (SLT) in Lanarkshire recognised the value of supporting patients prior to treatment and welcomed the introduction of the Quality Performance Indicators (QPIs) which were first published in 2014. The SLT service had an established referral pathway for surgical patients to be seen pre-operatively but were struggling to capture oncology patients prior to treatment and patients going for surgery at the regional centre in QUEH. Research supports the role of the SLT as a core member of the Head and Neck team due to the significant impact radiotherapy treatment has on swallowing and the potential effects on voice.

The publication of the QPIs provided recognition of the SLT role with these patients and a target to achieve. Embarking on meeting the QPI target led to the SLTs in 2015/16 adopting a quality improvement method for establishing a new outpatient service for patients undergoing (chemo) radiotherapy/surgery. Delivering this clinic in isolation as SLTs proved challenging with high administration demands and patients being missed which eventually led to the service being discontinued.

Simultaneously, the role of the Clinical Nurse Specialist (CNS) with oncology patients was also increasing and the weeks following completion of treatment often led to time intensive phone calls, home visits, liaison for onward referral interspersed through the working day. Through stronger multidisciplinary working and liaison with the CNS, it became clear that a joint clinic could allow both disciplines to deliver a person centred approach for the patient while also achieving the QPI target in a focused, scheduled session.



Solution

- ❖ Collaborative working with CNS, SLT and Cancer Services Team led to the development of the Head & Neck MDT Assessment clinic.
- ❖ Weekly clinic launched January 2017 for patients pre and post treatment.
- ❖ Clinic allows SLT to: carry out assessment, triage and plan treatment.
- ❖ Clinic allows CNS to: review medication, access onward referral, provide support and information, and deliver patient centred care using Head & Neck Patient Concerns Inventory as Holistic Needs Assessment Tool.

Outcome

- ❖ Weekly clinic established with attendance rate above 90%.
- ❖ Patient Satisfaction Questionnaire revealed 94% positive feedback for information/support given at clinic.
- ❖ Data gathered from Head & Neck Patient Concerns Inventory post treatment shows common themes allowing delivery of person centred care. 55 separate concerns were recorded from post treatment questionnaires.
- ❖ Patients with dysphagia and/or aspiration risk are identified early post treatment for SLT outpatient follow up.
- ❖ QPI data for 2017/18 shows significant increase in SLT target.

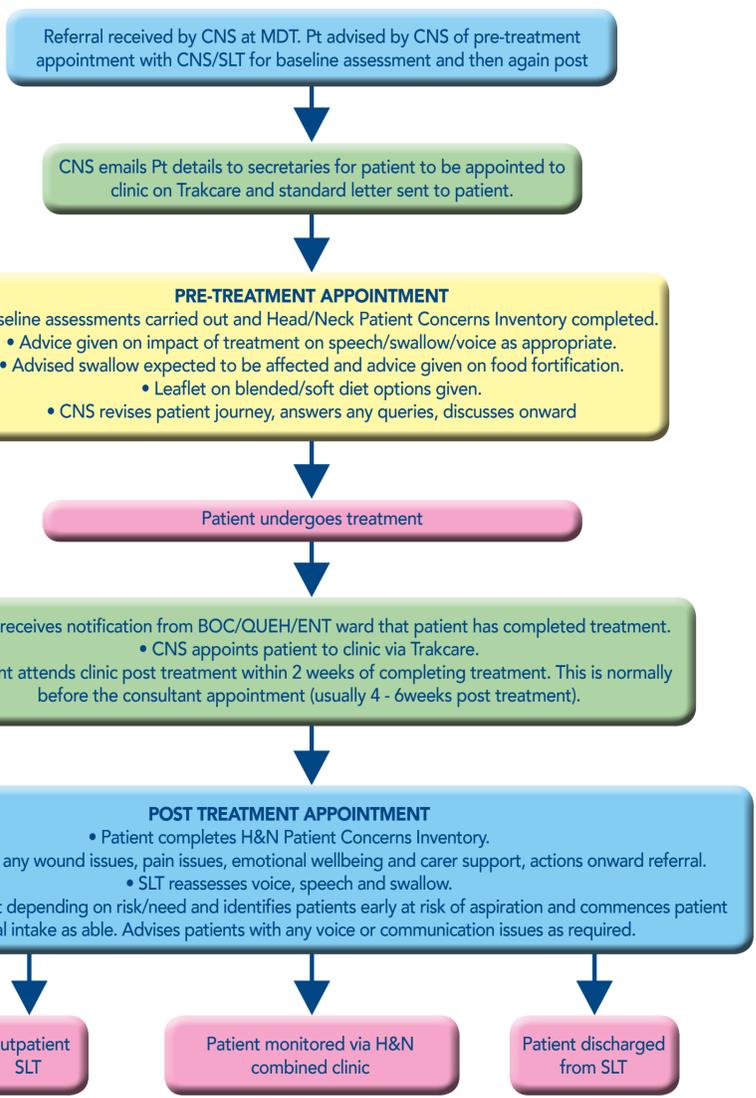
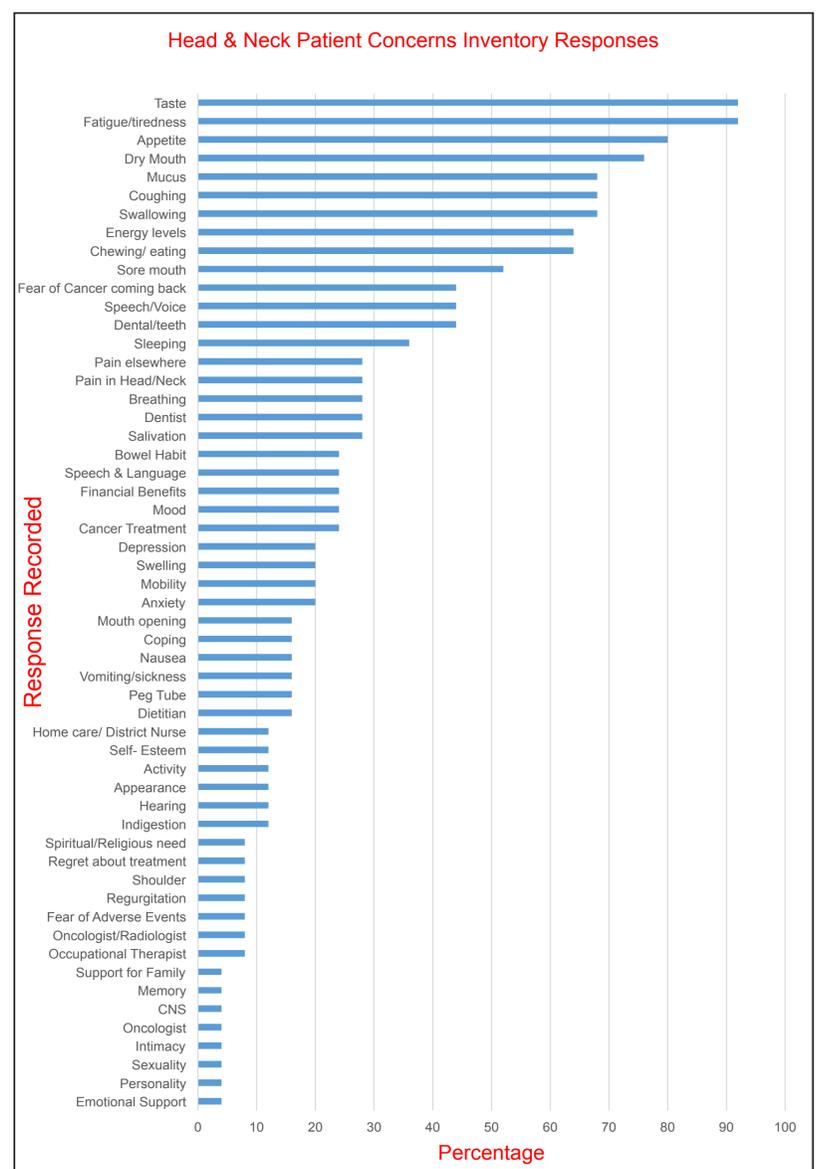
Problem

Clinical Nurse Specialist

- ❖ High demand on CNS time via telephone in the initial weeks post treatment.
- ❖ Difficulties accurately assessing patients' needs via telephone consultations.
- ❖ Challenges for patients to express themselves over the telephone due to post treatment side effects.
- ❖ Unscheduled meetings/appointments with patients frequently required.
- ❖ Multiple telephone calls to GPs, members of MDT to support patients both pre and post treatment.
- ❖ No route for allowing patients to complete Holistic Needs Assessment.

Speech and Language Therapist

- ❖ QPI7 states "Patients with oral, pharyngeal or laryngeal cancer should be seen by a specialist SLT before treatment to assess voice, speech and swallowing with a target of 90%" NHSL SLTs were unable to achieve this target and had difficulty establishing a clear pathway for patients to be assessed pre-treatment in order to meet the QPI target.
- ❖ Multiple patients referred to SLT post treatment at 'crisis point' when they feel unable to swallow anything or have been treated for aspiration.



Future plans

- ❖ Continue to apply improvement methodology to adapt and refine delivery of the clinic.
- ❖ Work towards 90% target for QPI 7
- ❖ Extend use of Patient Concerns Inventory to pre-treatment patients.
- ❖ Explore further data collection options to provide evidence of clinic effectiveness.

Patient feedback

- ❖ "Clinic was huge help. Very reassuring for both myself and my wife."
- ❖ "The patience, understanding and respect given by the health professionals involved helped myself, partner and family understand and cope with our situation a lot easier."
- ❖ "Fantastic team. I have had first class support throughout my treatment they have given over and above when I have required extra support. I couldn't have recovered without them."
- ❖ "I was very happy with all the help and advice I got from the staff they couldn't have done any more for me before, during and after my treatment."
- ❖ "I always felt I could ask any question and it would be answered."

References

Rogers SN, El-Sheikha J, Lowe D. The development of a Patients Concerns Inventory (PCI) to help reveal patients concerns in the head and neck clinic. Oral Oncol. 2009; 45(7):555-61.
Patient Concerns Inventory. Available from: <http://www.patient-concerns-inventory.co.uk>