



**Mersey and West Lancashire
Teaching Hospitals**
NHS Trust

A Package of Personalised Care: The St Helens & Whiston Hospital Model

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MWL



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What's the story

Not so long ago

STHK

3 Nurse Specialist's

- No Cancer Support Worker
- No Specialist Dietician
- No Local MDT

3 Specialist MDT's

- Oesophago-gastric
- Pancreas
- Hepatobiliary

Non-cancer workload

- Intraductal Papillary Mucinous Neoplasms (IPMN)
- Suspected malignant but benign pathology
- Endoscopy (including weekend cover)



Understanding the issues

2019 – 12 month project funded by Macmillian

64% pancreatic cancers diagnosed via A&E

12% deaths following admission

47% deceased 3 months

28% died in 1 month

Average LOS 8-11 days

22% T2 admissions

64% T3 admissions

34% patients RIP

Absence of Monitoring

Absence of Specialist Dietetic support

What did we hear

There was a lack of communication between hospitals, having to tell the same story time after time!

Felt abandoned, had good relationship with my nurse then lost contact and who gives me support as now discharged from the Macmillan's?

Initially fantastic support from my local hospital, could ring with any concerns then no contact

Told I had terminal cancer with no nurse support and no plan of what happens next, I was devastated

I'm ok but my family isn't, what about them

I left numerous messages for my nurse specialist, but no one returned my calls!



Lost over 2 stone in weight and not seen by a dietitian, what would it take to be referred?

Why do I have to travel for chemotherapy treatment when we have a unit local to where I live?

What are you going to do if my husband dies whilst waiting for a decision to treat, more and more tests and no plans to start treatment

What they told us

What did we learn

Patients tend to be frail or at high risk of deterioration on presentation

Inadequately resourced Dietetics to meet patient's requirements

Nurse Specialists reactive not proactive

Absence of monitoring and follow up

High rate of emergency admissions and readmissions

Challenges in Transitions of Care

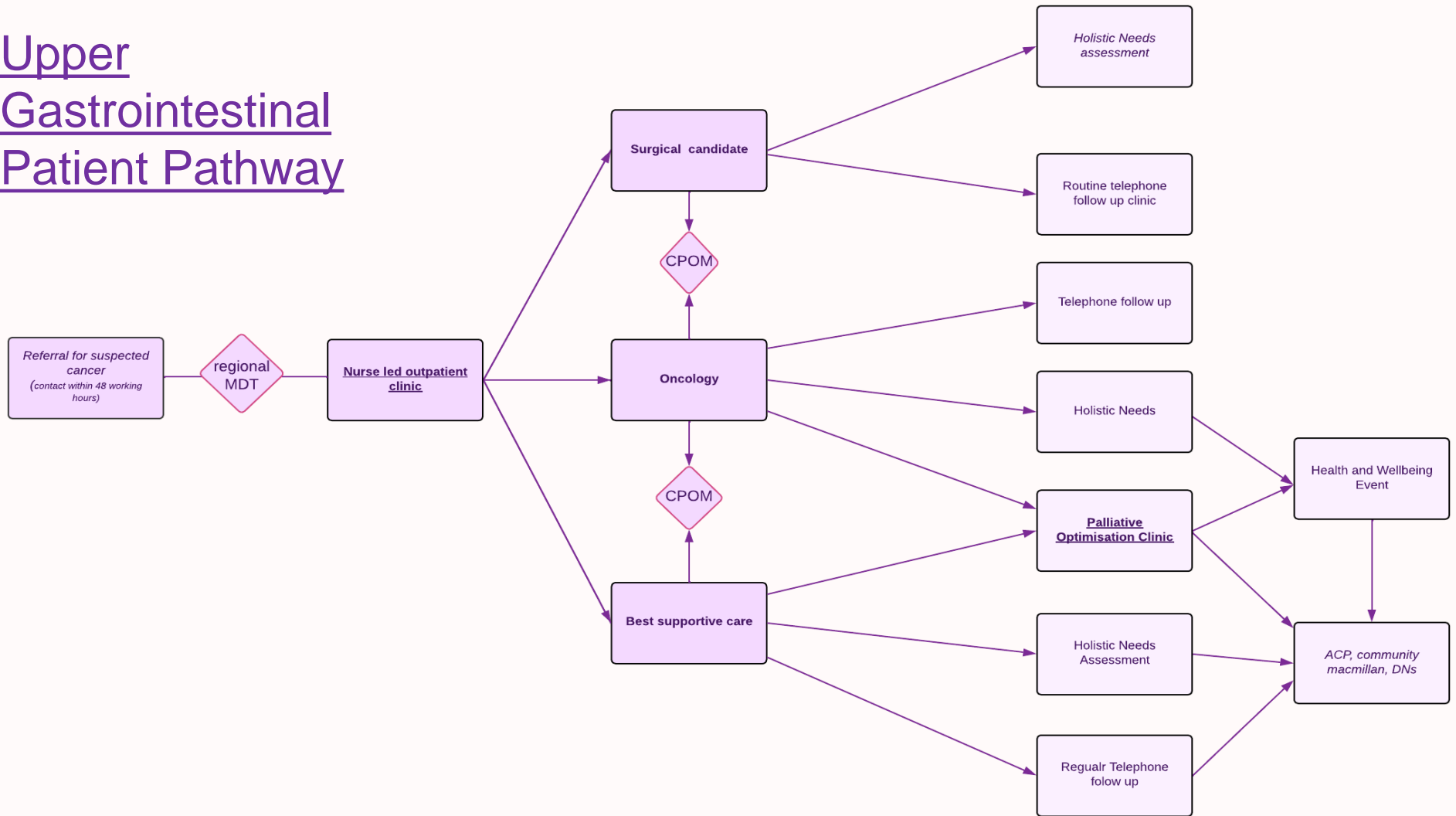
Feelings of abandonment

Absence of community support

Obtaining Patient Feedback

Discrepancies in data collection

Upper Gastrointestinal Patient Pathway



What have delivered?

“A Package of Care for Personalised Care for Patients with Upper Gastrointestinal Cancers”

Daily monitoring clinic

Supporting curative patients

Palliative patients +/- chemotherapy

Post MDT Clinics

Local weekly multi-professional meeting: CPOM

Weekly Multi-professional Palliative Clinic: POC

Twice Weekly Face to Face HNA

Collaborative working with community services
ECC pilot June 23

POC: Palliative Optimisation Clinic

Led by:

Upper GI CNS, Specialist palliative care nurse, Upper GI dietician

For:

Any Upper GI patient with complex clinical requirement

Aim:

To help manage complex symptoms associated with UGI cancers

Avoid hospital admissions

Keep fit for oncology

Better quality of life

Stop problems before they start



Tea with the Team

- Guest Speakers
- Carers events
- Bereavement support

Outcomes:

- Address sensitive end of life issues
- Practical assistance
- Physical fitness
- Psychological/emotional effects
- Carers support
- Patient & Family feedback
- Barriers to hospice care
- Signposting



I am writing this email to support the twice monthly “Tea with the Team” events held at Willowbrook Hospice, St Helens.

“my initial thoughts were quite negative as I didn't want to communicate with other cancer sufferers nor the staff who worked in cancer care. I was happy to go to all my appointments but that was it.



The fortnightly information leaflets came as did a follow up phone call from the upper GI team.

I decided to go to a meeting and was pleasantly surprised. There was a dietician there explaining the values of certain food and drinks which was quite informative. We chatted and had tea and homemade cake and or trifle. There is always a member of the nursing team there to help if you need to ask a question. The whole atmosphere was relaxed, calm and comforting. I was pleasantly surprised as it was nothing like I thought it would be.

I actually won a prize when we held a King Charles Coronation event which included a "Royal Questionnaire" which caused lots of humour and chatter amongst the group.

My granddaughter has accompanied me to several events, and also finds them interesting. On a recent session a couple sat next to me and informed me one of them had just been diagnosed with the same cancer as I have, and they thought there was no chance of a future for them. We chatted positively and they were happier and less worried than when they came. I thought this communication really helped. I have met patients when they have attended clinic and it is good to be able to acknowledge them with a smile.

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I cannot thank the team enough for undertaking these valued events and hope they continue.

Benefit realisation

Admissions / interventions	2019	2023	
T1	64%	58%	71 % admission unavoidable
T2	22%	8%	
T3	64%	33%	
Died during last admission	34%	14%	
Crisis calls	-	53% reduction	

Personalised Care		
HNA	81 % appropriate for a HNA	95% approached 74% completed 22% 2nd 10% 3rd
ACP	40% of appropriate patients approached to discuss ACP	70% completed (pre inception 0%) 81% of those who had a PPC conversation died in their preferred place of death (46% Hospice)



Never Ending Story

“Palliative Package of Care for Patients with Upper Gastrointestinal Cancers” Part 2

Collaborative working with community services

Virtual working

Carers assessments / Increase carers events

Develop timely patient referral pathways from acute to community

Bereavement training

Share our story nationally – **Macmillan awards finalists 2023**

Influence care of patients with UGI cancers at national level

