

CUP 2015  
Improving Patient Management & Outcomes  
**CUP MDT**

Katy Low CUP CNS  
24<sup>th</sup> September 2015



# Who are we?



# BTUH & CUP

Basildon and Thurrock University Hospitals NHS Foundation Trust provides services for 405,000 people living in south-west Essex. We work in conjunction with Colchester and Southend Hospital



## Aims of the talk

- Looking at CUP service development from Inception to present date at BTUH
- Highlighting the problems experienced and how these obstacles were overcome
- Looking at our Patient data. What does it all mean?
- Patient experience
- Conclusion & Lessons Learnt

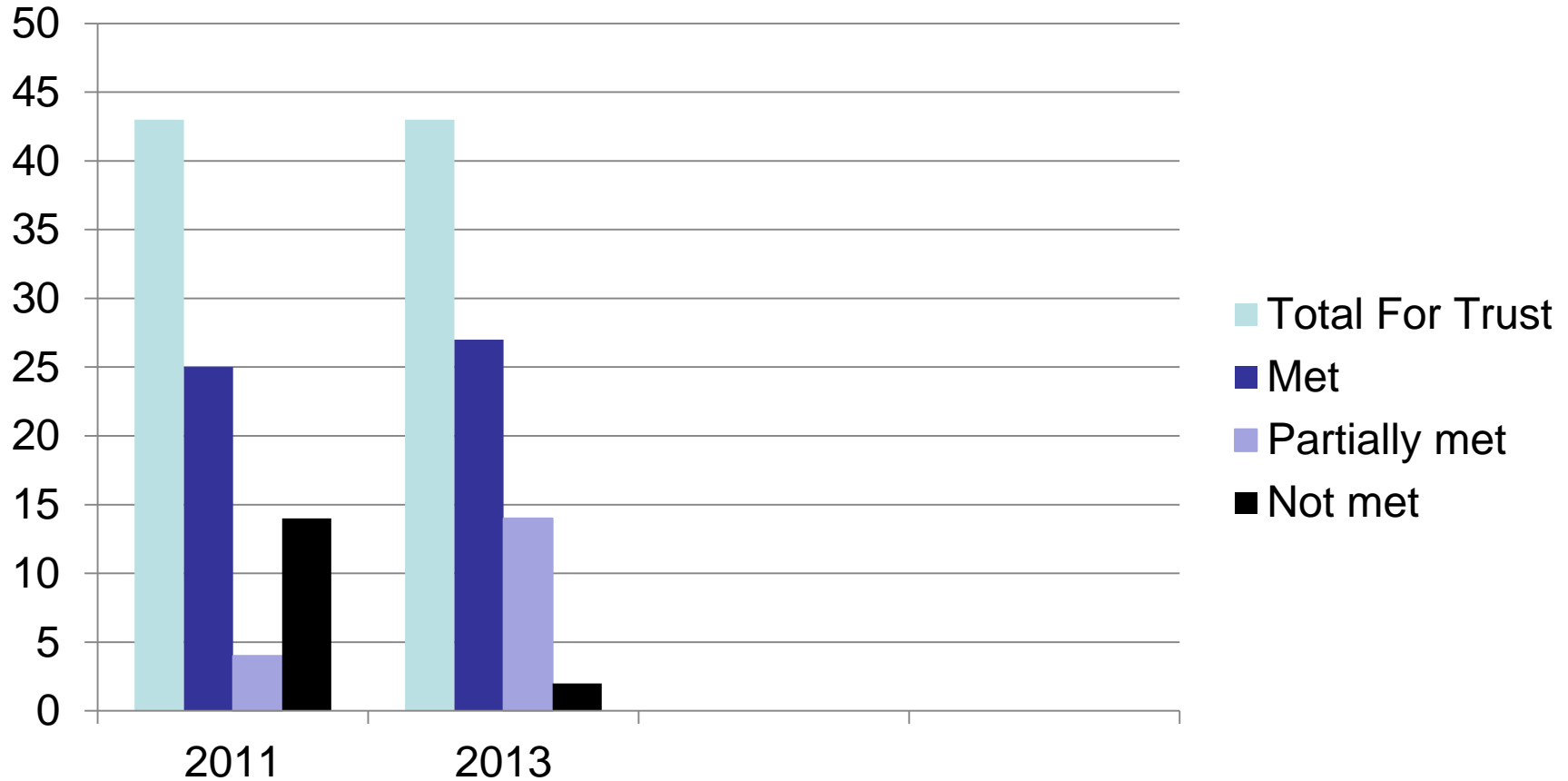


## Setting the scene @ BTUH

- The CUP Service was established in **2011** with a skeleton service against **43 NICE service implementation Guidelines** (CG104 2010)
- Initially No Oncologist or CNS in post
- The service ***did*** meet needs for the initial diagnostic phase ***However*** the monitoring and stopping of unnecessary investigations went unmet
- No policy guidance at MDT or local hospital level



## 43 NICE recommendations



## Sounds good enough?

- Patients were being identified and placed on cancer waiting times pathway, the initial investigations were taking place, treatment plans being discussed and implemented



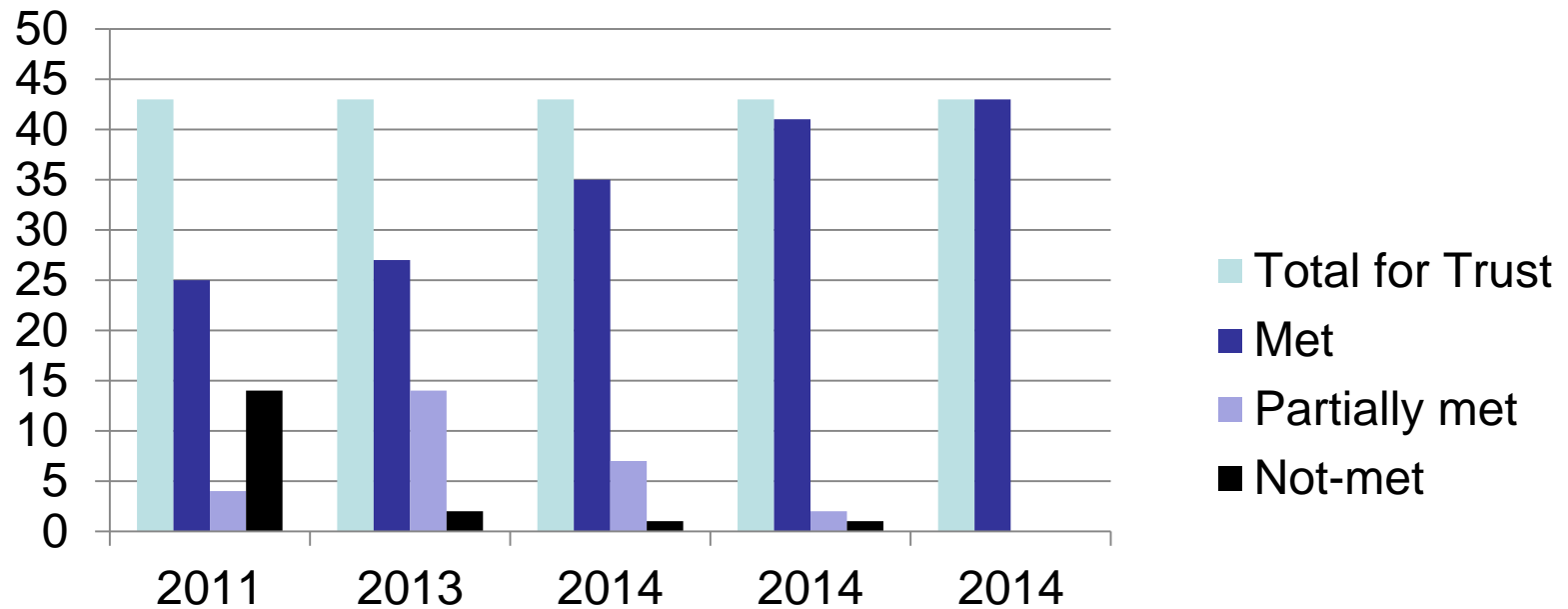
## CUP CNS

- CNS in post end of 2013
- Compliance and implementations started to be achieved
- Did it need to be a CNS to achieve?
- A dedicated CNS was needed to coordinate the service AND support the patients complex needs



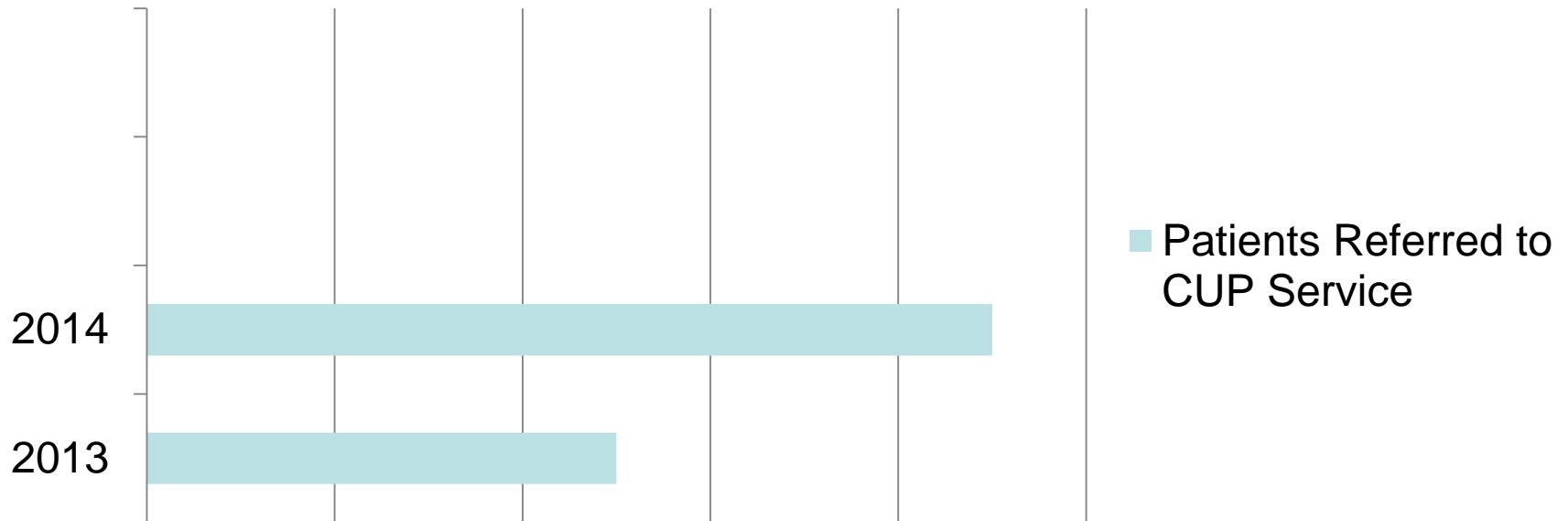


## 43 NICE recommendations



# Referral rate

## Patients Referred to CUP Service



## How did we do it?

- Created awareness of CUP trust wide and beyond
- Clinicians to consider/utilise MUO and CUP as a working diagnosis
- Visibility & Macmillan adoption/affiliation
- Raise in profile of service
- Education
- Communication



# The patient perspective



## Key points from patient journey

Pre-Diagnosis	MUO	CUP	C.CUP
Multiple GP visits	April to November as MUO	Discussed at CUP MDT	Treatment commenced
Multiple investigations at hospital	Biopsied as Inpatient	Booked to CUP clinic	Emotional and Psychological support
No keyworker/CNS	Diagnosis given as outpatient	Consultant and CNS dual consultation	Linked between treatment centre and us
Hospital admission	No Keyworker/CNS	Onward referrals to support services	Good symptom control achieved
Poorly controlled symptoms	No emotional support	Emotional and psychological support	Palliative care
No emotional support	Better symptom control	Symptoms assessed	



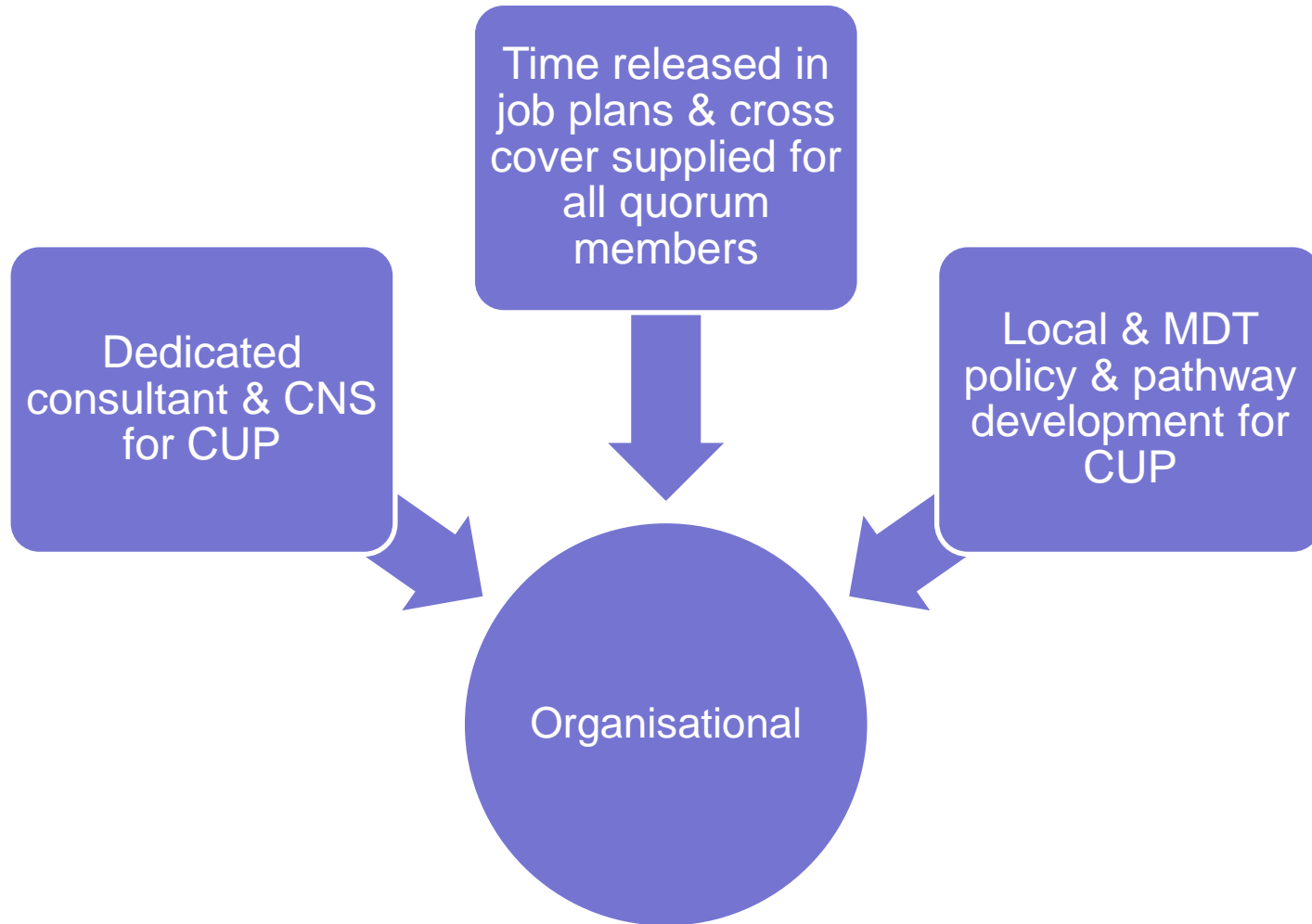
## Locating the patients

- Via coding on Cancer register
- Other Site specific diagnosis codes to MDT
- We created a Database of patients in one place
- Contacting the patients
- Giving key worker contact details
- Patient assessment over the phone/Telemedicine
- Support services in place
- Follow up appointments
- How capture the new referrals

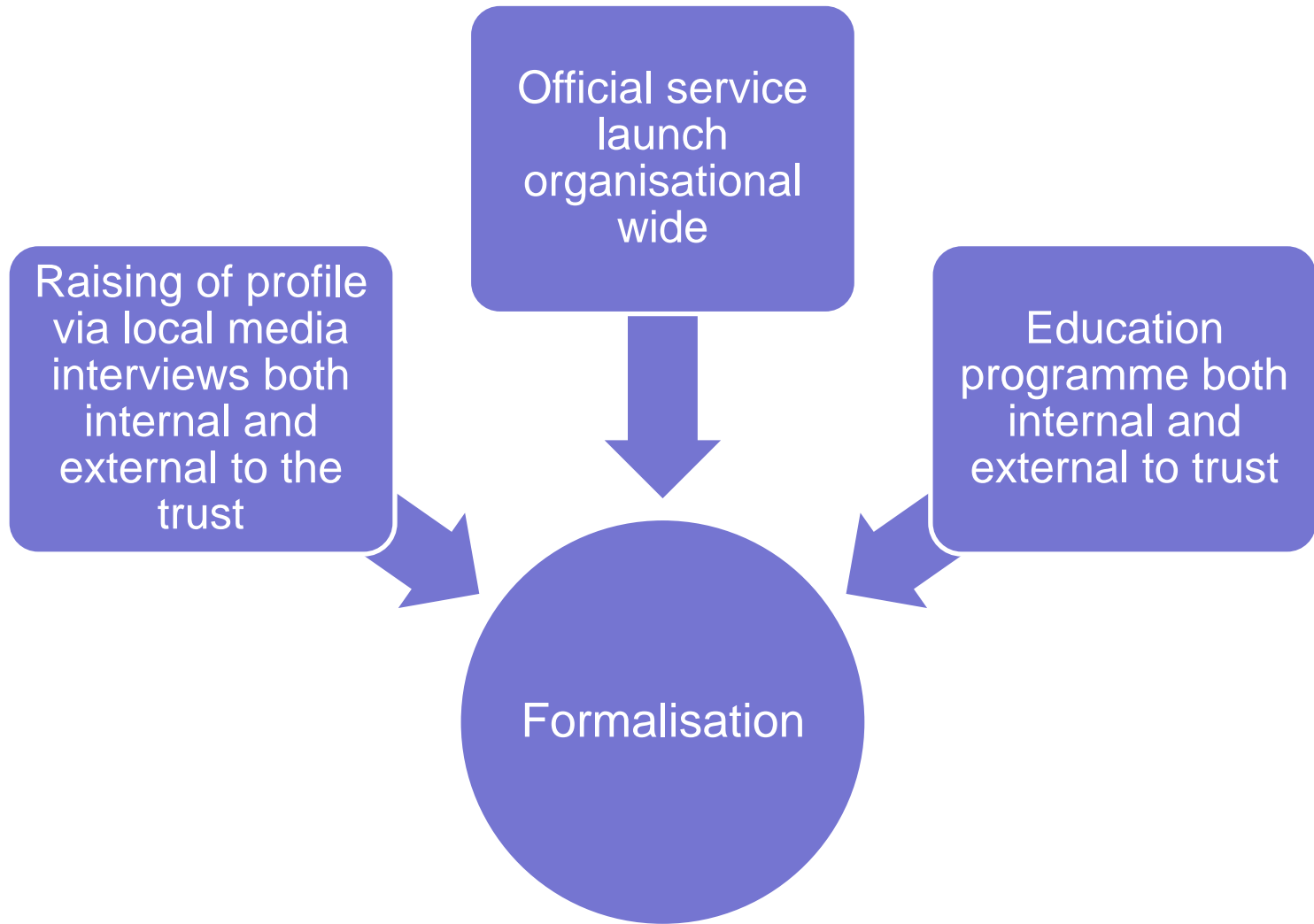


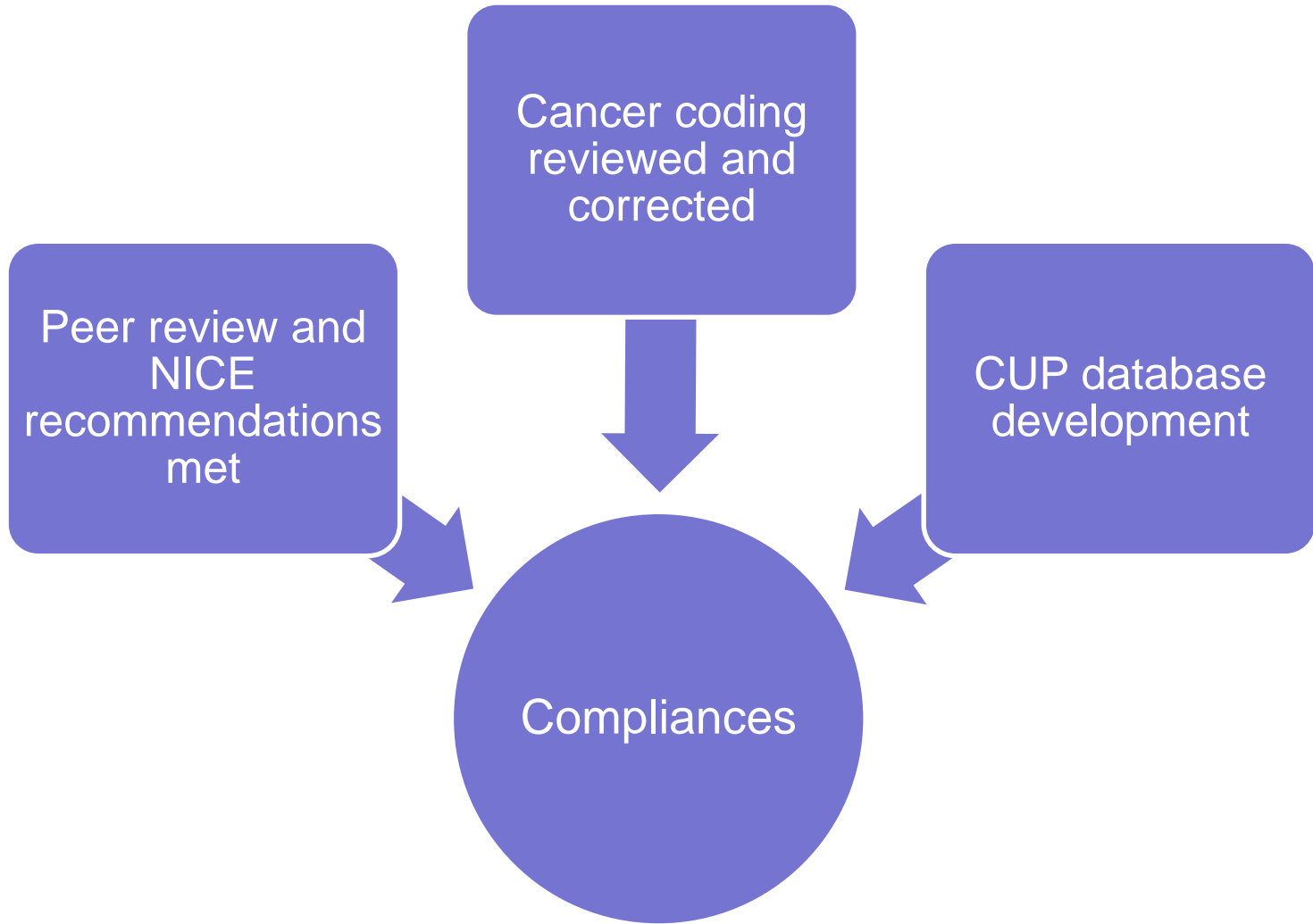
The obstacles were how we did it!

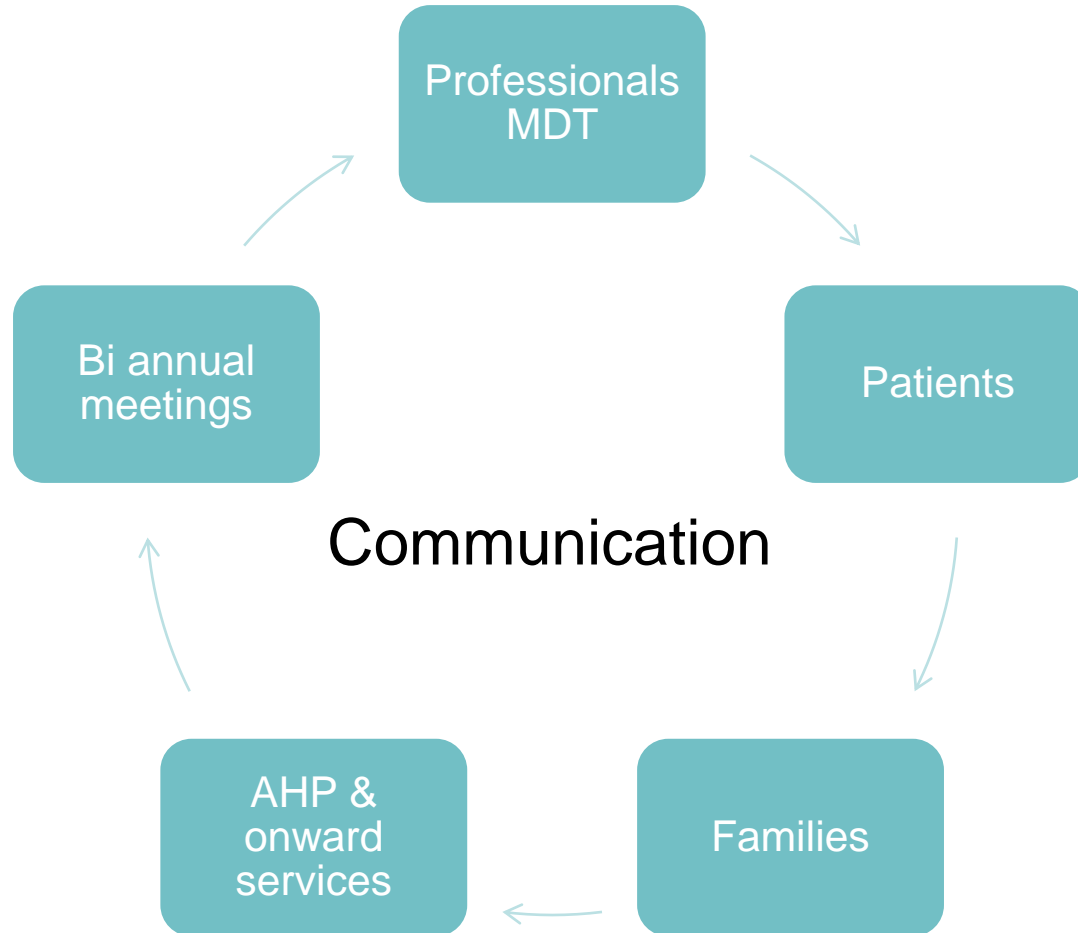












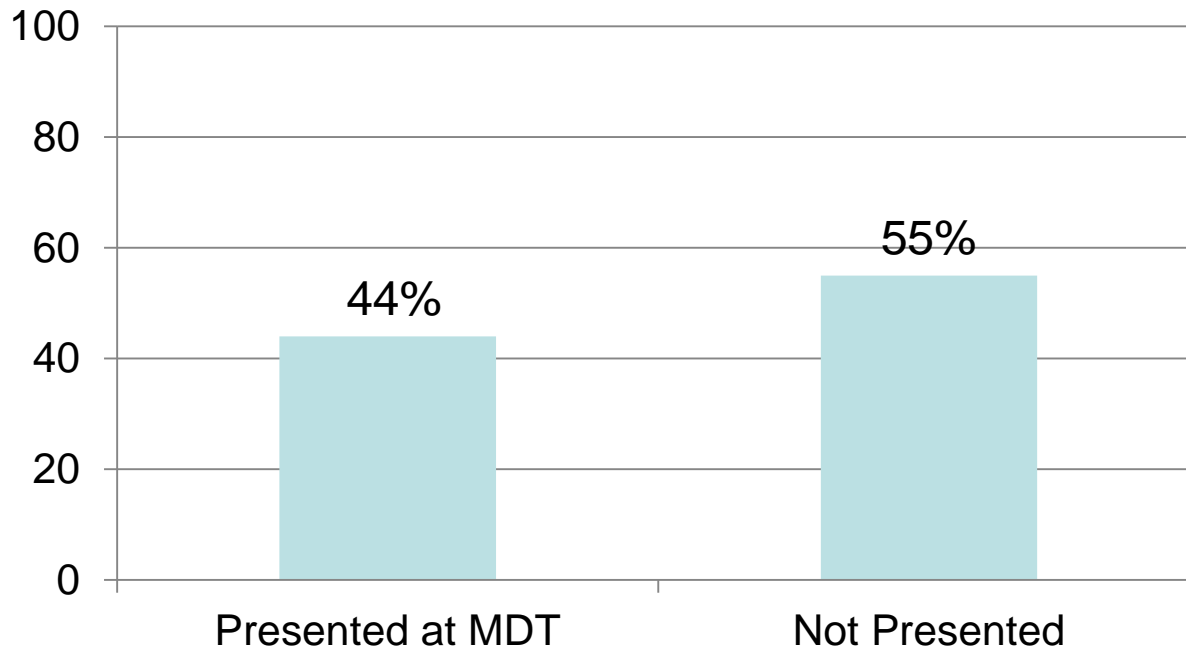
For patients with this condition the type of tumour,  
extent of it's spread and the outcome of treatment  
all vary widely. NICE 2010



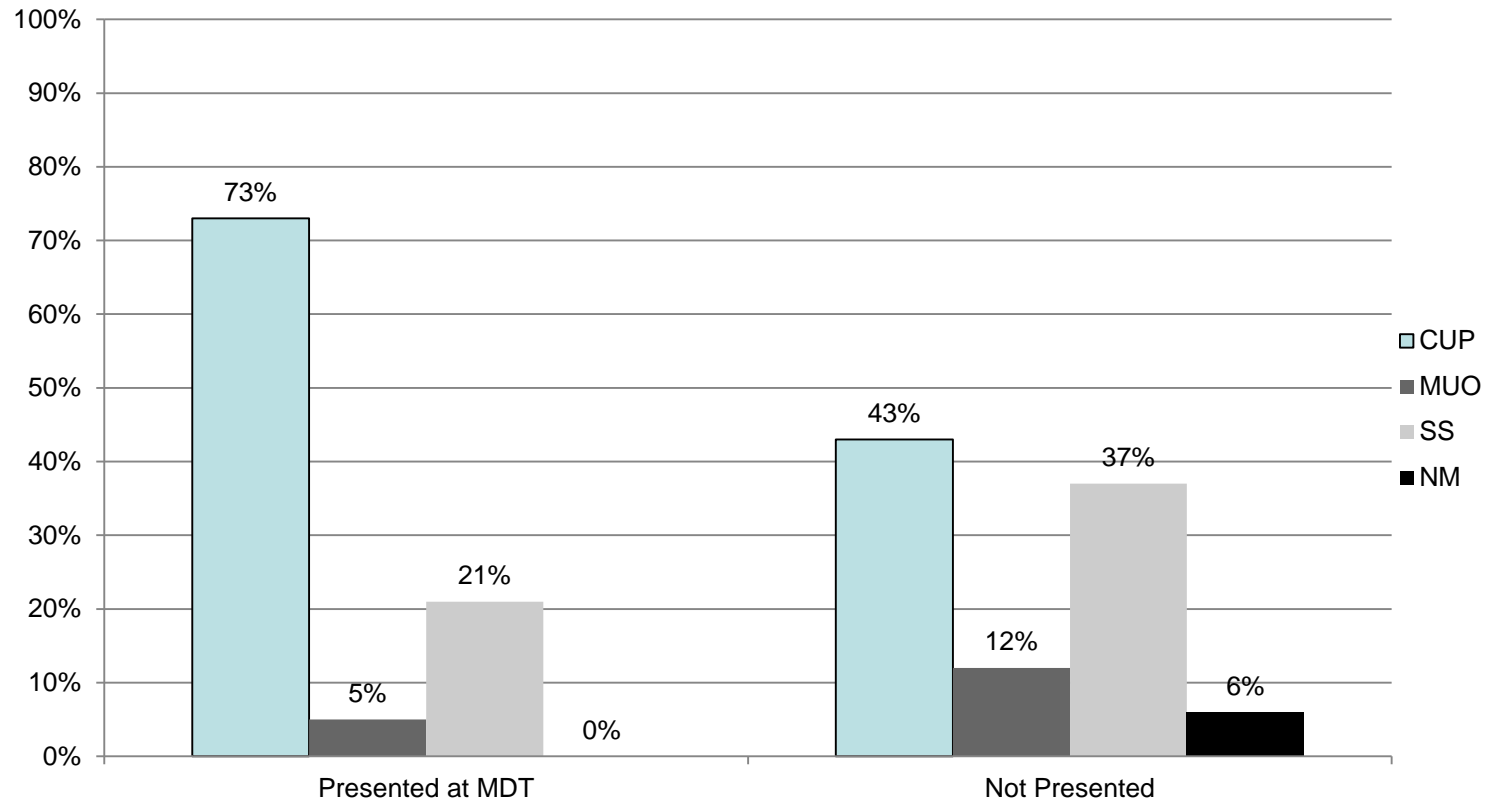
# BTUH CUP statistics 2014



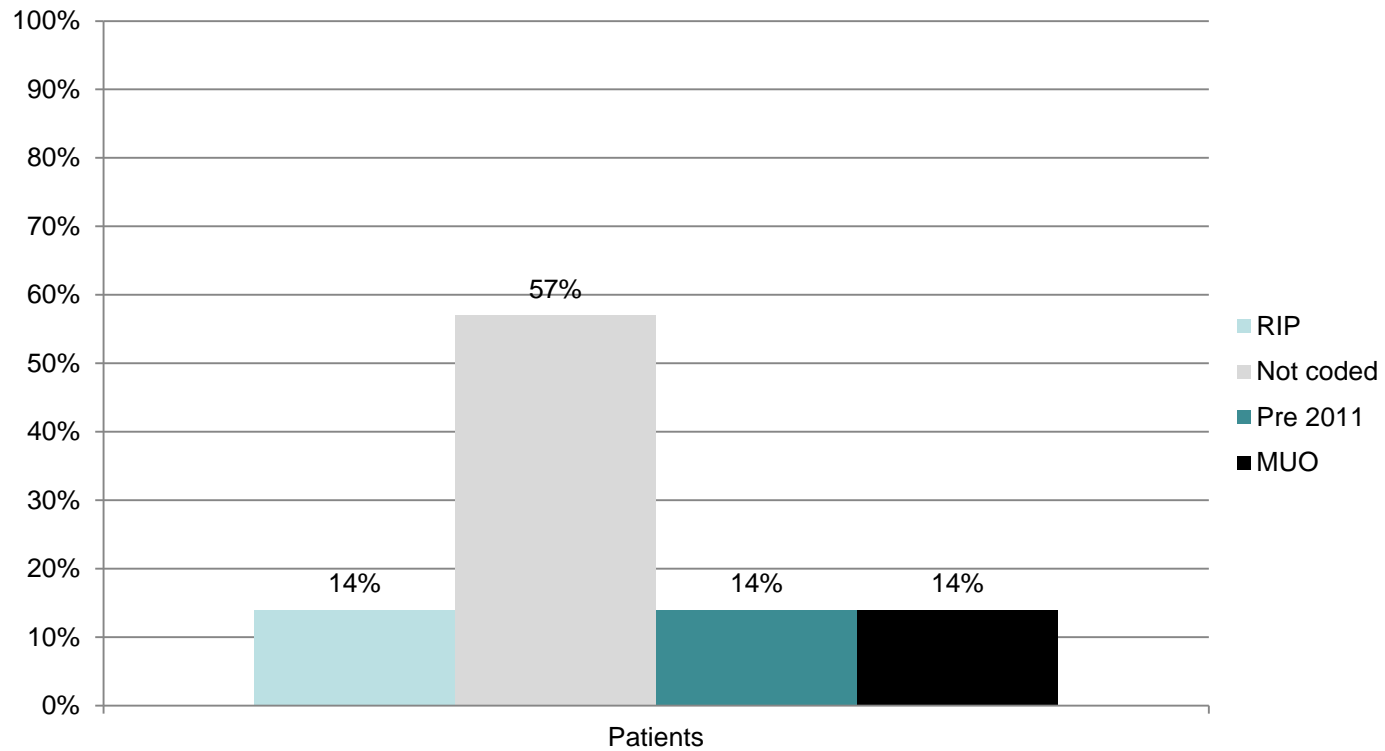
## BTUH CUP statistics 2014



# MDT cases

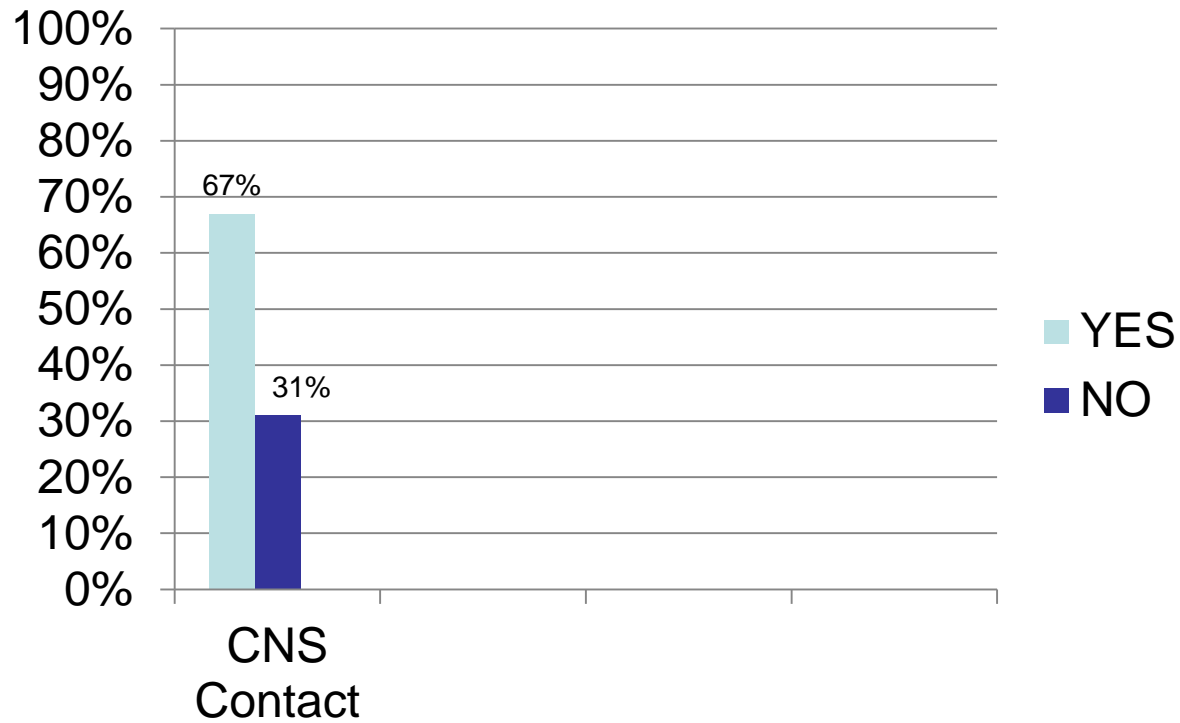


# Not presented at CUP MDT

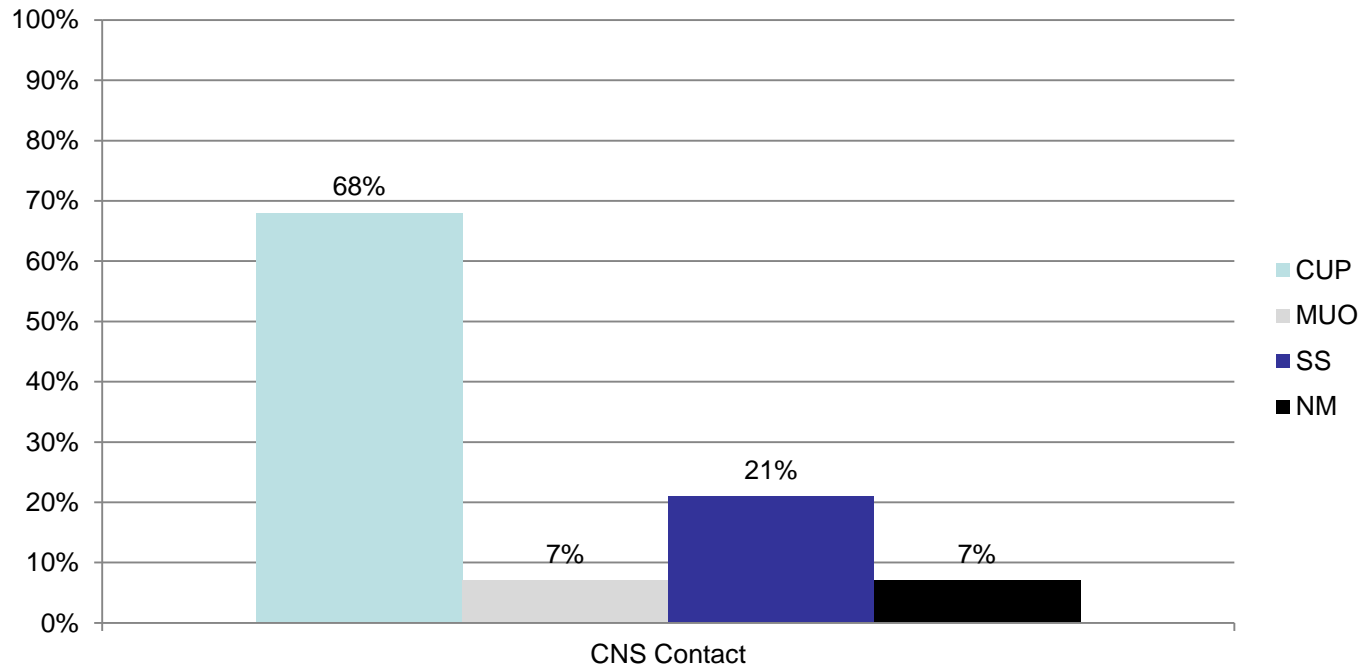




## CNS contact



# CNS contact breakdown



## Conclusion & lessons learnt

- Setting up a service is a process that cannot be rushed
- Diligence when locating the patients
- Raising of profile; Do not underestimate how powerful this can be!
- A small case load BUT with very complex needs
- Communication is Key, action planning helps with ownership
- Always ongoing issues, communicate & devise an action plan



# Looking forward or looking back?



## Key points from journey

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# Moving forward whilst looking back



# Thank You



## Any Questions?

