CUP 2015
Improving Patient Management & Outcomes

CUP MDT

Katy Low CUP CNS
24th 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

- Total For Trust
- Met
- Partially met
- Not met

2011:
- Total For Trust: 40
- Met: 25
- Partially met: 5
- Not met: 0

2013:
- Total For Trust: 45
- Met: 30
- Partially met: 15
- Not met: 0
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

- 2014
- 2013
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

<table>
<thead>
<tr>
<th>Pre-Diagnosis</th>
<th>MUO</th>
<th>CUP</th>
<th>C.CUP</th>
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<tbody>
<tr>
<td>Multiple GP visits</td>
<td>April to November as MUO</td>
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<td>Diagnosis given as outpatient</td>
<td>Consultant and CNS dual consultation</td>
<td>Linked between treatment centre and us</td>
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<td>Hospital admission</td>
<td>No Keyworker/CNS</td>
<td>Onward referrals to support services</td>
<td>Good symptom control achieved</td>
</tr>
<tr>
<td>Poorly controlled symptoms</td>
<td>No emotional support</td>
<td>Emotional and psychological support</td>
<td>Palliative care</td>
</tr>
<tr>
<td>No emotional support</td>
<td>Better symptom control</td>
<td>Symptoms assessed</td>
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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!
Organisational

Time released in job plans & cross cover supplied for all quorum members

Dedicated consultant & CNS for CUP

Local & MDT policy & pathway development for CUP
Formalisation

Raising of profile via local media interviews both internal and external to the trust

Official service launch organisational wide

Education programme both internal and external to trust
Compliances

- Peer review and NICE recommendations met
- Cancer coding reviewed and corrected
- CUP database development
Professionals MDT

Bi annual meetings

Patients

AHP & onward services

Families

Communication
For patients with this condition the type of tumour, extent of its spread and the outcome of treatment all vary widely. NICE 2010
BTUH CUP statistics 2014
BTUH CUP statistics 2014

Presented at MDT: 44%
Not Presented: 55%
MDT cases

Presented at MDT:
- CUP: 73%
- MUO: 5%
- SS: 21%
- NM: 0%

Not Presented:
- CUP: 43%
- MUO: 12%
- SS: 37%
- NM: 6%
Not presented at CUP MDT

- RIP
- Not coded
- Pre 2011
- MUO

Patients

- 14%
- 57%
- 14%
- 14%

[Bar chart showing distribution of patients among different categories]
CNS contact

- CNS Contact: 67% YES, 31% NO
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?