



Royal Surrey
NHS Foundation Trust

Case Study: Improving access to Radiotherapy for a patient with Additional Needs

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Background

- Joe* a patient in late sixties with a learning disability and autism
- Diagnosed with stage 3a Prostate Cancer following an MRI scan and biopsy
- No Capacity to consent to treatment and no family
- IMCA involved – attended his Oncology clinic appointment and visited Joe at home
- Known other medical conditions



Treatment Options

- **Surgery**
- **Hormone Therapy**
- **Radiotherapy**



Standard Referral Process

- Patient seen by Oncology Consultant/Registrar in main hospital outpatients
- Consultation includes decision about treatment
- Patient signs consent form in clinic
- Doctor completes Radiotherapy electronic referral form
- Radiotherapy bookings team receive referral and consent forms and book patient's care path appropriately
- NOTE – the patient has not yet attended the radiotherapy department yet



Adjustments – Pre-consent

Team advised of Joe's Learning Disability in advance

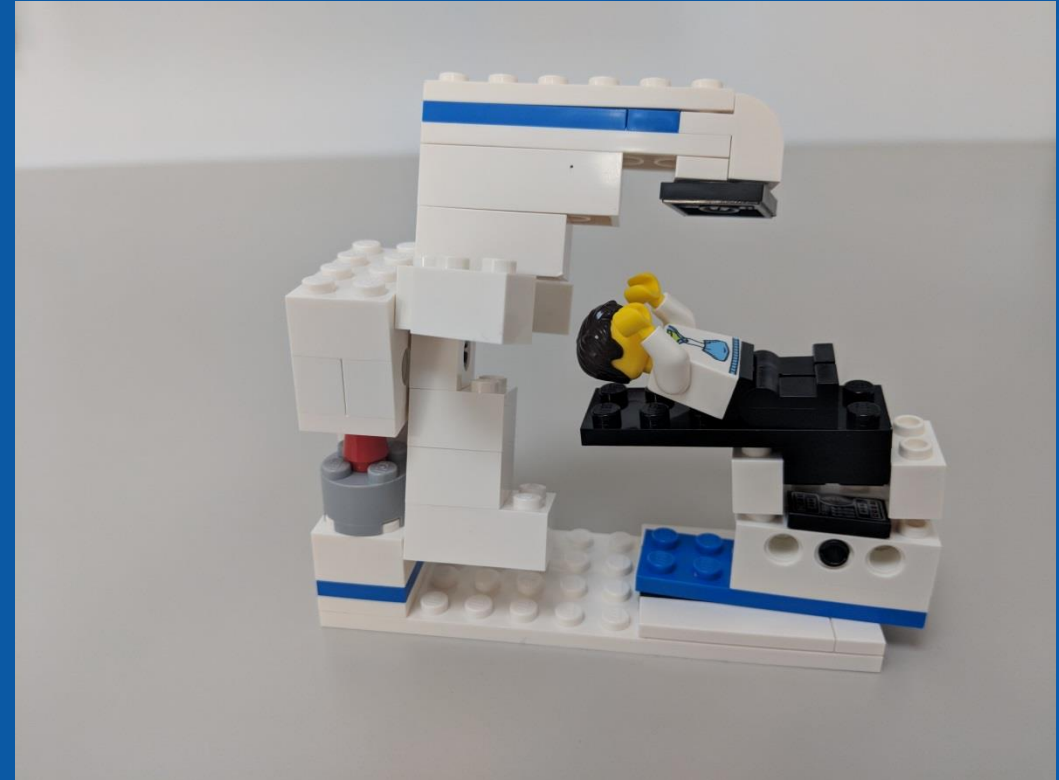
Clinic appointment booked in radiotherapy department

Joe waited in a side room and was given coffee to put him at ease

Joe was given a lego model of the linac

A trial run of treatment was carried out

Photos of Joe on the treatment couch taken

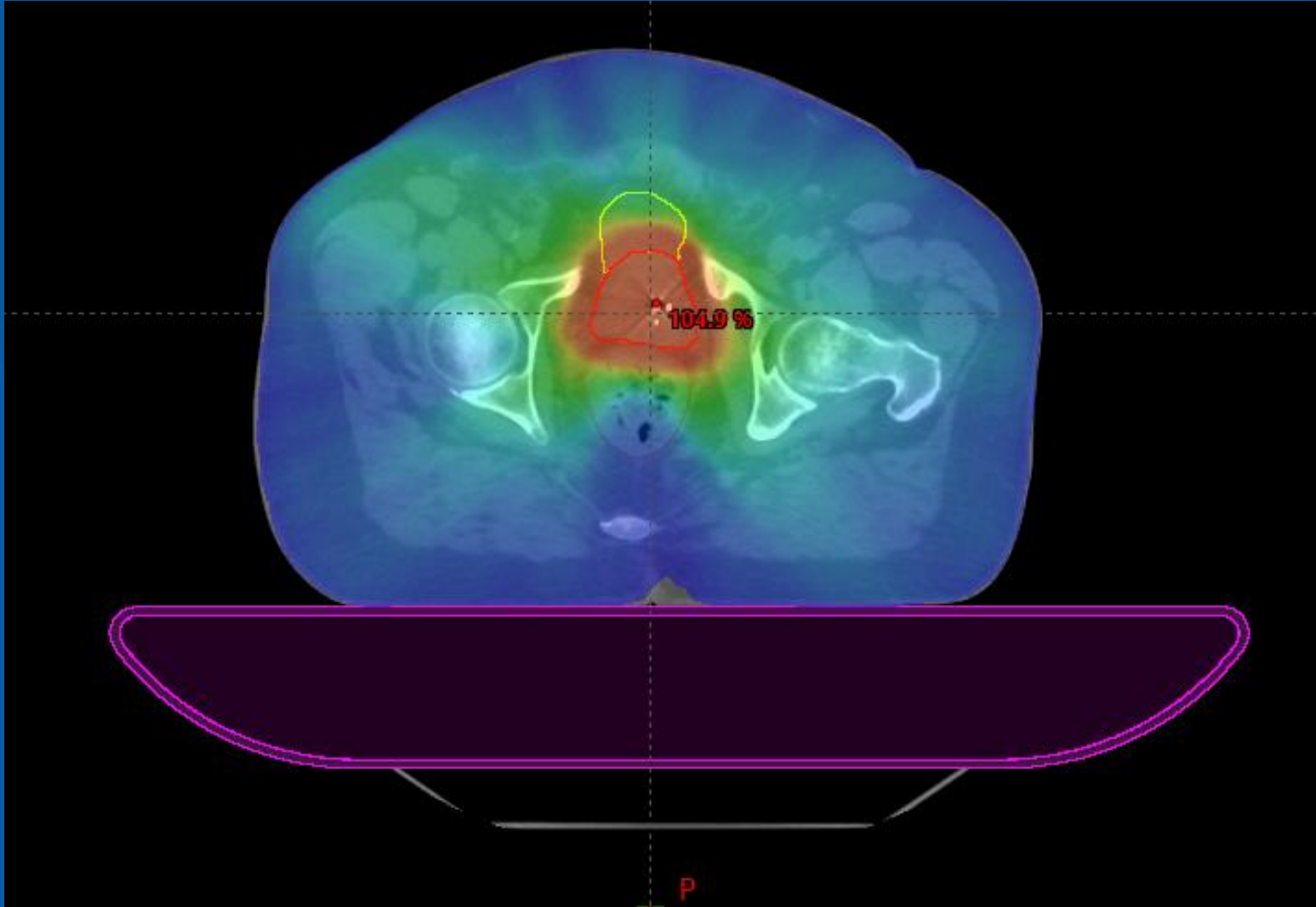


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Standard Pre-treatment Process

- Patient attends Main Radiotherapy Department for fiducial marker insertion and briefing regarding daily micro-enema and hydration
- Patient attends Satellite Centre for the first time for planning CT scan
 - 3 days of daily micro-enemas and increased hydration
 - Patient required to empty their bladder and drink a set volume of water within 5 mins
 - Patient must wait 30-60 minutes for their bladder to fill up
 - Once bladder correct size, CT scan performed
 - If bowels not too full and bladder volume acceptable, patient is tattooed and sent home
- Radiotherapy planning process occurs – takes 2-3 weeks. Patient is not required to attend the department





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Adjustments – Pre-treatment

Named treatment radiographer attended

Fiducials appointment at main site

My Care Passport completed and scanned into
ARIA

Oncologist removed daily enema requirement

Bladder filling: Joe drank a bottle of squash
before his CT appointment

Joe held a toy car to remind him to keep his
hands on his chest

This is me
My Care Passport

It should be kept with me and brought with me into any care setting, including hospital.

 Click here to add your photo from your computer

My name is:

I like to be known as:

Please return my passport to me when I go home.

This is essential reading for all staff working with me. It gives important information about me. This passport should be kept visible and used when you talk to me or think about me.

| | | |
|--|--|--|
|  |  |  |
| Things you must know to keep me safe | Things that are important to me | My likes and dislikes |

This passport is a pdf file that can be typed into, saved and updated using Adobe Acrobat Reader. Go to: www.surreyhealthaction.org to download it free of charge. You could also print it off and write on it.



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Standard Treatment Process

- Radiotherapy delivered daily Monday-Friday
- Patients are asked for their preferred treatment time
- Patients must follow bladder/bowel prep performed at CT scan
- Patients have daily imaging to ensure treating the correct area
- Patients have a review weekly
- Treatment involves them lying still whilst the machine rotates around them
- Treatment does not hurt – patients do not feel anything
- Treatment takes approx 10 minutes each time





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Adjustments - Treatment

Alerts added to appear each time Joe's treatment was moded up

Treatment delivered at small satellite centre - less busy and all staff knew Joe

Staff briefed at daily Huddle and encouraged to read My Care Passport

Did not restrict treatment to named radiographers

Appointment times kept same each day to help with routine

Rad Reviews kept to a minimum or performed in treatment room

Birthday Gifts!



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Learning Points – A Summary

- Team advised of Joe's Learning Disability in advance of his clinic appointment
- IMCA and Learning Disability Liaison Nurse attended clinic appointment with Joe and his carers
- Lego model of linac
- Trial run of treatment performed
- My Care Passport Completed
- Photos taken for familiarisation
- Tailored standard pathway to fit Joe's needs
- Alerts added to share information on treatment
- Appointment times kept consistent to keep a routine and continue other activities
- Named Treatment radiographer
- Same carers from Joe's home attended all appointments



Why is this important?

- This can be applied to other groups of patients
 - Mental Health
 - Dementia
 - Other Additional Needs
- People with a Learning Disability 4x more likely to die of something that could have been prevented than the general population
 - Reasonable Adjustments
 - LeDeR programme
 - Patient Public and Practitioner Partnerships (SoR)
- NHS England advice – Learning Disabilities and Transforming Care Programme and Learning Disability Improvement Standards



What can hospital departments do?

- Set up an Additional Needs Team – group with greater expertise and patient advocates
- Find out who your Learning Disability Liaison Nurse in your trust is (and get in touch with them)
- Add your Trust's equivalent of the My Care Passport onto ARIA/Mosaiq/electronic patient system etc to use with any appropriate patients
- Further staff training (e.g. Dementia, Makaton, Sign Language)
- Make sure your clinicians are aware
- Tailoring the patient pathway to fit the patient isn't difficult or expensive to do



Thanks

- **Chee Goh – Consultant Clinical Oncologist**
- **Learning Disability Liaison Nurse at SaSH**
- **Radiographers at Redhill Satellite Centre**
- **Radiotherapy Additional Needs team**



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Questions???



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