Co-ordinating care through multidisciplinary working

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Case

– Mrs Jones
– Diagnosed with colorectal cancer
– No distant spread

– Discussed at MDT: how should we manage this?
– Also, she is 87
– Also, she has dementia
Learning outcomes

- A holistic approach to delivering tailored care for older people with cancer.
- Empowering patients to take more control over their treatment and other services they need.
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COCOC team

- Holistic care
- Empowering patients
- Tailored to patient’s needs
- Treatment and other services
COCOC team

Holistic care

Tailored to patient’s needs

Empowering patients

Treatment and other services
Holistic approach
CNS

- Advanced clinical / diagnostic skills
- Advanced communication skills

- In depth knowledge of cancer pathways and treatments
- Co-ordination between elderly care and cancer services
- Nursing leadership and support for colleagues
OT

– Concerned with the entire person and the world they inhabit.
– Eating habits, sleep patterns
– Housing, Support Network
– Functional Ability, including dealing with changes and challenges
– OTs aim to minimise risks and promote independence
– Support to other staff
Consultant Geriatrician

- Assesses multiple competing comorbidities
- Optimisation before surgery/chemo/radiotherapy
- No clear plan in place or doubt over best plan
- Mental capacity assessment / best interests decisions
- Complex discharge planning
Care coordinator

- The glue that keeps the team together!
- Point of contact for patients and staff
- Triages referrals
- Signposts
- Organises home visits
- Keeps our database updated
Comprehensive care for older people with cancer

Case: holistic care

– 85 years old, lives with supportive husband
– Bladder cancer, ? for cystectomy
– Team noticed mild cognitive impairment
– Also has severe osteoarthritis of right knee
– Son lives locally, wheelchair user due to MS
– Daughter lives abroad
Case: holistic care

- **Needs**
  - Cognitive impairment, OA
  - Support on ward
  - Care needs reassessment after discharge
  - Ongoing support, especially daughter

- **Interventions**
  - Consultant assessment
  - CNS input on ward
  - OT home visit
  - Telephone support from care coordinator after discharge
COCOC team

Holistic care

Empowering patients

Tailored to patient’s needs

Treatment and other services
Our patients’ needs are as varied as they are people.

The COCOC team works to identify these needs effectively, using CGA

To do this, the team requires a range of skills and the ability to work in an interdisciplinary fashion
CGA = comprehensive geriatric assessment
The majority of cancer diagnoses occur in older people

- More likely to be diagnosed as an emergency
- More likely to be at a later stage
- More likely to have poorer outcome

Nearly two thirds occur in the over 65s...

Source: Cancer Registrations Statistics 2012, Office for National Statistics
Percentage of NHS treated patients receiving major surgery by cancer type and age group

Breast  Ovary  Kidney
Bowel  Cervix
Oesophagus  Stomach  Pancreas  Bladder  Lung

Under 40  40-49  50-59  60-69  70-79  80+
Our population

– 40% have 3+ co-morbidities
– 40% falls in last year
– 40% living alone
– 25% unable to shop without assistance
– 20% cognitive impairment
Case: patient’s needs

– Lady with new diagnosis of Bowel cancer, 84 years old
– Lived with husband, independently mobile
– Concerns re understanding of condition, delaying surgery
– Nurse went to home: hoarders
Case: patient’s needs

– Outcomes
– Intervention for surgery, optimised with blood transfusion
– OT worked to sort home with husband who had Diogenes' syndrome
– Referral to OPMHT for husband and SSD for patient
– Information passed to GP
Over a 9 month period:
- 330 referrals; 145 patients required a Comprehensive Geriatric Assessment
- Patients were assessed in clinics, on wards, in Nursing Homes and in their own homes
- 71 Home Visits were made by the team OT, CNS or Consultant

276 changes were made to pre-existing support, giving patients access to care, equipment, support services or treatments which was previously not known to them
COCOC team

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Case: more information from CGA

- Physically fit, apart from bronchiectasis (longstanding but stable)
- Independent with ADLs, living alone, informal support from niece
- Moderate dementia, does **not** have capacity to consent to surgery
- Best interests meeting
  - Input from patient, OT, surgeon, geriatrician, anaesthetist, family
  - Proceed with right hemicolecctomy
Case: outcome

– Successful surgery, stoma avoided
– Walking around the ward independently the next day!
– Ileus for 3-4 days
– No other complications; pain managed closely
– Successful discharge after 8 days
– Telephone follow up from COCOC team
COCOC team

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Case: Other services

- 74 years old
- lives alone
- awaiting surgery
- seen in out patients clinic
- Extremely anxious
- Home visit arranged for CGA
Result of Intervention

- Referred for a Voluntary support worker
- Written information provided on additional support services
- On-going follow up calls
- Information on home situation gathered and shared with ward team
- Equipment provided for home
- Simple interventions make a big difference
COCOC team

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Summary:

- COCOC is ensuring access to appropriate treatments & other services for patients through holistic assessment.
- Patient centered, empowering, promotes realistic expectations.
- COCOC is meeting the aims of the NHS, CCGs & Macmillan in the way in which it provides tailored support for older people.
- COCOC has the potential to avoid admission & reduce hospital stays by providing good support, by sharing information & working in an integrated manner with hospital & community services.
Main challenge

- **Age** remains the primary prompt for people to think of COCOC input
- Age is a poor predictor of who needs to see a geriatrician or other team member

- We have to move to **needs-based** approach from other teams
  - Education required
  - Feedback on referrals helps
COCOC Achievements

- Included as case study in Business Plan for NHS 5 Year Forward View
- Chapter for Oxford Textbook & others
- Presentations at SIOG, BGS, Irish Geriatric Oncology meeting
- Helped form new BGS SIG
- Involvement in Macmillan user-led taskforce
- Forming solid links between acute and community sectors
- Local pilot site for IT development projects
- Collection of solid data whilst developing a successful service
- We’re still here!
What people say

- Staff member: “COCOC come up trumps again”
- Surgeon: “Since the COCOC team started we manage complex patients much better”
- Patients: “it is very reassuring to know that the support is there if you need it....”
- Oncologist: “very helpful”, “I can’t tell you how impressed I am”
- Carer: “I don’t know what dad and I would have done without you”
- GP: “COCOC is a genius set up”

“To me it represents a real service that wraps around patient need and is breaking down the barriers that we all know and see are dreadful for patients and their families.”
Fran Woodward, Director for England, Macmillan Cancer Support
THANK YOU

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