

**Macmillan Gynaecology/Oncology
Clinical Nurse Specialist (CNS) virtual
Nurse Led clinic for gynaecological
oncology patients Standard Operating
Procedure (SOP)**

Womens and Childrens CMG



Trust ref: C52/2021

1. Introduction and Who this SOP applies to

This Standard Operating Procedure (SOP) is designed to formally illustrate how the Gynaecology Cancer Nurse Specialist (CNS) Team can provide an equitable service to patients undergoing oncology care including – primary treatment and subsequent treatments. The nurse – led virtual clinic will enable the CNS team to provide a structured and dedicated clinic to provide support for the following patient groups

- Patients undergoing chemotherapy for their ovarian or PPC cancer
- Patients who have had primary surgery for their ovarian PPC cancer prior to having chemotherapy
- Patients who have completed ovarian or PPC cancer treatment and have a recurrence of cancer found during follow up

Providing a structured pathway the Multi – Disciplinary Team (MDT), which includes Gynaecology Oncology surgeons and oncologists, will have a clear support pathway for their patients that need CNS involvement.

It will enable the CNS support to run in a more efficient and timely manner and help improve the patient experience at University Hospitals of Leicester NHS Trust. It will enable patients to receive continuity of care in a high quality, multi professional setting that is cost effective for the trust.

These guidelines apply to all Gynaecology Oncology Surgeons. Oncology Consultants, SpR, Junior medical staff, Oncology ward and outpatients, Gynaecology wards and outpatients and Nursing teams.

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2. Guideline Standards and Procedures

The role of the CNS in the Virtual clinic:

- Make Virtual (virtual being either telephone or video consultation) contact with any patient undergoing systemic oncology treatment after their first consultation or after their first cycle of chemotherapy
- Follow up virtual contact to be planned after their 3rd cycle of chemotherapy (this could also be at the consultation in clinic to discuss surgery)
- A further Virtual contact will be made if any patient has had surgery after their 3rd or 4th cycle of chemotherapy at 4 – 6 weeks post operatively.
- Virtual contact will be made 3 months after completion of chemotherapy.
- Take referrals to the clinic from consultants, senior Drs, other CNS teams within the inclusion criteria of patients with confirmed ovarian cancer recurrence to offer support (as below)
- Provide ongoing support to those identified by any member of the MDT as needing additional input (this could be telephone, face to face or virtual as per patients preference)
- Educate and empower patients, carers and families about their disease. Helping them to identify signs of treatment side effects and how to take appropriate action.
- Offer information and support with an electronic Holistic Needs Assessments (eHNA) at key pathway points.
- Provide a CNS with dedicated time in their job plan for the clinic for personalised care planning
- Support patients with emotional needs and refer to other agencies as appropriate
- Advocate for patients where necessary with members of the MDT and /or other agencies

Inclusion criteria for referral into CNS-led telephone follow up

- The patient must have a confirmed ovarian or primary peritoneal cancer (PPC)
- The patient is undergoing chemotherapy for their ovarian or PPC cancer
- The patient has had primary surgery for their ovarian PPC cancer prior to having chemotherapy
- The patient has completed ovarian or PPC cancer treatment and has a recurrence of her cancer found during follow up
- Advice and guidance on treatment pathway options required for above patient group.

Exclusion criteria for CNS follow up clinic

- Delivering investigations results
- Acute condition that requires oncology assessment or emergency management
- Non Gynaecological cancer related illnesses or conditions
- Scan or appointment chasing

Process for the CNS-led Clinic

- The virtual nurse-led clinic will run within the existing time allocated for the nurse led clinic run at the Leicester General Hospital.
- A maximum of 6 patients may be booked onto the clinic if the numbers require, for two Gynaecology Oncology CNS. Alternatively it will run with one Gynaecology Oncology CNS with 3 patients booked onto the clinic. There will be 4 – 5 clinics a month.
- Each appointment will have a 45 minute time slot. The Gynaecology Oncology CNS will rotate undertaking this clinic with other members of the CNS team.
- No overbooking of the clinic is permitted without prior consultation with a CNS involved in the clinic.

Prior to the start of the clinic the CNS will:

- Check for any referrals in the Gynaecology CNS mailbox – to ensure all new patient referrals are actioned
- Review if members of the Gynaecology MDT have highlighted a specific need for patients booked onto the clinic
- Action any referrals where appropriate – to ensure a swift response to a request for CNS support
- Review any oncology letters received or on DT3 – to ensure any patients highlighted as needing support are contacted or booked in for a support call.
- Check HISS to confirm date of starting first chemotherapy to plan first nurse led clinic appointment.
- Respond to patients requesting a virtual call by email to book them a virtual appointment.

On the day of the clinic the CNS will check the clinic patient list – to ensure all patients booked onto the clinic are reviewed

- Check Somerset database for previous CNS contacts – to identify what information the patient has already been given by their CNS (key worker). And to identify any ongoing concerns already being addressed by their CNS (Key worker)
- Check Oncology or Gynaecology letters – to ascertain if the patient has agreed to treatment and what regimen has been agreed upon, stage of treatment and any treatment side effects / concerns. To review any ongoing oncology concerns and to review any documentation if the referral is for a patient with a recurrence of her cancer.
- Check recent results of CT scans/ tests/ discharge letters – to be aware of any ongoing issues / outstanding tests / recent admission. Check patient isn't currently an inpatient within UHL
- Check Somerset database for MDT outcome – to confirm the MDT outcome, review any prerequisites to treatment that have been requested, to review patients

CNS patient contact and subsequent actions:

- Call the patient by telephone or video consultation link – confirm patient identification and confirm if able to continue with the call.

- Offer an eHNA and create a personalised care plan during the call and provide a care plan and any information requested during the eHNA
- Ensure patient is aware to contact the CNS team if they need any further support especially if a follow up appointment is not necessary.
- Document on Somerset database – In the CNS section to add contact.
- Book further follow up appointment as per plan on support calls
- If a patient doesn't answer after a minimum of 2 attempted contacts book onto the following week's clinic.
- If using virtual link – if the link doesn't work – to continue contact via phone call
- Make any referrals as needed following the clinic to services required or the prehab team prior to surgery.
- Using DT3 – write a letter to the GP and Oncology and the patient with any appropriate details of the call, so communication between Gynae and oncology continues.

[For Flow Chart see appendix 1](#)

3. Education and Training

The CNS responsible for the nurse led clinic will have specialist knowledge, skills and experience in caring for patients with ovarian cancer.

The CNS must ensure that they adhere to NMC (2018) The Code Standards and recognise and work within the limits of their competence.

CPD will be undertaken to increase knowledge of ovarian cancer and develop clinical expertise. This can be achieved through the following:

- Attending relevant study days / courses/ conferences/peer support training sessions
- Visits to / observation form colleagues and users
- Reflective practice in discussion with consultant lead.

The CNS team will highlight to oncology staff awareness of the clinic to encourage referrals and communications via the Gynaecology mailbox. A poster advertising the clinic will be made available.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
National Cancer Patient Experience survey	Patient satisfaction regarding CNS support and information	Louise Boulter	Yearly	Yearly to Lead Cancer Nurses.

5. Supporting References

None

6. Key Words

Gynaecology /Oncology, Nurse-Led, Virtual Clinic

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS	
Guideline Lead Louise Boulter Macmillan Gynaecology Cancer Nurse specialist	Executive Lead Chief Nurse
Details of Changes made during review: New SOP	

Appendix 1: CNS Clinic pathway flow chart

