

Strategy in Action Meeting Highlights (22.11.23)

Ewan Dick welcomed everyone to the “Strategy in Action” meeting which this month focused on the strategic priority of **Early intervention, Prehab, ERAS+herapy & rehab for day case, elective and complex surgery & cancer pathways.**

In the first part of the meeting we heard from a number of colleagues working in the Adult Weight Management pathway.

First to present was Conor Dermody, Lead Specialist Dietitian Outer West PCN who shared information about **Liquid total diet replacement and Physio led “ESCAPE pain”**



Approximately 1 in 4 adults in UK are living with obesity and for people with osteoarthritis it is more difficult to achieve clinically beneficial weight loss of more than 5% through standard diet & lifestyle treatments.

Through a temporary funding opportunity in 2021, the Trust encouraged joint AHP working, a service improvement idea to collaborate with physiotherapy.

The project uses Counterweight Plus, which combines a total diet replacement with personalised support from a dietitian to lose weight & make long term behaviour changes, and ESCAPE pain, a group rehabilitation programme for people with chronic pain, facilitated by the physiotherapists.

Interim results indicate average weight loss at end of total diet replacement is 11%, average weight loss at 12 months is 11.1% with 86% of patients achieving more than 5% weight loss and 29% achieving more than 15% weight loss.

Patient feedback has been extremely positive however to continue this programme, additional funding required for staffing resource and to purchase the total diet replacement product.



Next to present was *Siobhan Ashton-Cleary, Alison Barnes and Suzanne Livingstone, Lead Specialist Dietitians, Newcastle Diabetes Centre* who shared information about **“Waiting Well”**

There are 500+ patients in ICB with uncontrolled diabetes who are awaiting P4 surgery and will be cancelled without improvement – some patients have been waiting in excess of two years for surgery.

An MDT initiative across the North ICB is focusing on reducing inequalities in care and reducing morbidity by reducing waiting time and improving health economics by avoiding cancellations and wasted theatre time.

Prevention of cancellation of surgery is achieved by picking up before pre-assessment clinic or from pre-assessment clinic before surgery and optimising blood glucose levels. Freestyle Libre, Carbs and Cals and dietetic input are used to moderate carbohydrate intake to control diabetes.





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Next steps are:

- to complete the first group session and evaluate outcomes/ modify the programme for future groups.
- review central hub wording to increase referral numbers
- nurture stronger links with PAC and surgical teams and increase understanding of the programme to reduce barriers to accessing surgery
- identify the most appropriate time point to offer intervention to optimise patients for surgery

Next to present was *Robynne Penny*, Lead Dietitian in Early Phase Oncology Research on the **Sir Bobby Robson Unit**

Dietetic input in Sir Bobby Robson Unit (phase 1 clinical trials) has been running nearly 2 years with an increase in hours funded by the Newcastle hospital charities since June 2023.



Patients on the trial are reviewed to maintain nutritional status and to help with challenges with eating and drinking that the trial drug may cause.

With the increase in clinical hours, the focus is on building a service for patients on the phase 1 clinical trial waiting list to ensure they are nutritionally optimised for trial.

Feedback has been extremely positive and next steps include using a pre-hab approach to support pre-trial patients to stay on trial longer and provide important data to the trial sponsors in the hope to find new treatments for cancer. A patient experience questionnaire has also been developed to evaluate the service.

To conclude the Adult Weight Management presentations, *Lillian Marcantonio*, *Oncology Dietitian* presented on her work funded by Aztra Zeneca to provide **Nutritional support for stage 3 lung cancer patients.**

40-60% of lung cancer patients reporting unintentional weight loss at diagnosis (1, 2) due to treatment often exacerbates symptoms such as nausea, taste changes, oesophagitis and dyspnoea

Objectives of the pathway are:

- To improve identification /screening of malnourished patients diagnosed with stage 3 lung cancer.



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- Assess and advise those identified as being malnourished or at risk of malnutrition
- Raise the profile of nutrition amongst lung cancer team
- Improve patient's experience
- Increase numbers of patients eligible for immunotherapy

Progress so far includes attendance at Stage 3 lung MDT, consultant led lung oncology clinic and concurrent chemo-radiotherapy clinics, launch of a nutritional self screening tool and 80 patient contacts to date with 2 patients have been admitted for NG feeding – improved continuity of care.

Next steps are to provide training to nursing and radiotherapy staff, development of a patient experience questionnaire with a view to reporting back data and findings in August 2024.



Jenny Welford
Advanced Occupational
Therapist



Emily Rands
Associate Practitioner



Jennifer Skipsey
Advanced
Physiotherapist



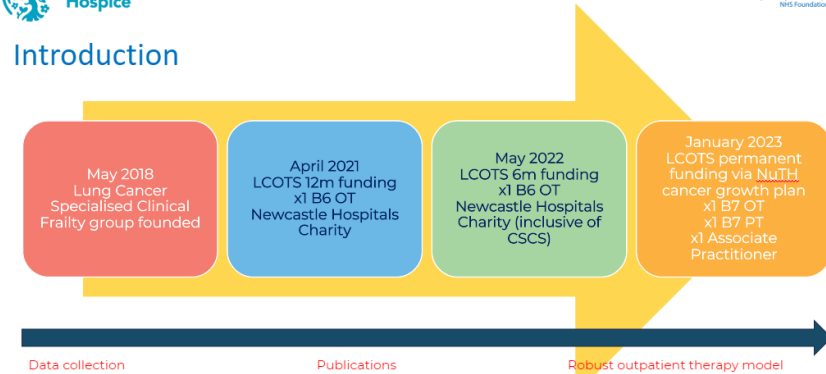
Dr. Felicity Dewhurst
Consultant in
Palliative Medicine
NIHR Advanced Fellow

Jenny Welford (Advanced Occupational Therapist) and Jennifer Skipsey (Advanced Physiotherapist) followed with their presentation on **Lung Cancer Outpatient Therapy Service and NuTH/St Oswald's Combined Supportive Care Service.**

Feedback from the lung cancer MDT, patients and families has been overwhelmingly positive. 100% of patients would recommend the service to others in the same situation.



Introduction



The Lung Cancer Outpatient Therapy Service (LCOTS) has demonstrated admission avoidance, reduction in length of stay, an increase in the number of patients achieving their preferred place of death and the significant impact of socioeconomic deprivation.

NuTH must strive to ensure that this model of care is accessible to all tumour groups in order to increase equity and provide a proactive, as opposed to reactive model of cost effective, personalised patient care. A funding application has been submitted to further support this work and future growth plans.



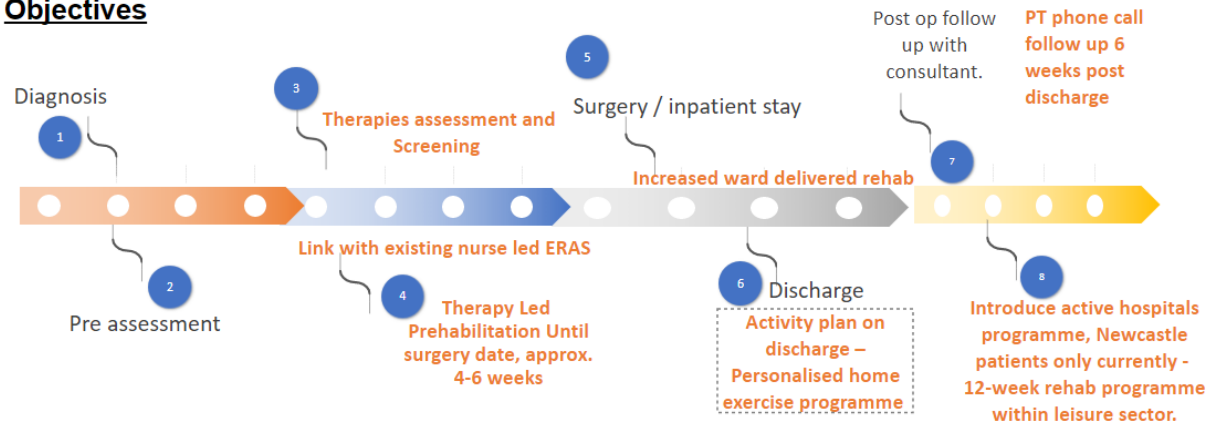
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The final strategic priority presentation on **Enhanced Recovery for Complex Surgery** was from Advanced Physiotherapists *Gemma Kindness and Hannah Wilkinson*.

Funding for surgical therapies services at the Freeman hospital came through via the Day Treatment Centre. This has been utilised in 2 main work streams, Prehabilitation and post op ERAS care both focusing on the HPB patients, aiming to develop a full end-to-end pathway of physio input, to see what affect this has on outcomes.

Prehabilitation - initial work has been carried out to build links with surgical and anaesthetic teams to develop this pathway. So far 20 patients have been referred through, 8 have gone on to have surgery so far, all of which have either stayed the same or improved in their physical outcome measures and quality of life measures. Patient feedback for the service has been overwhelmingly positive so the aim now is to work on development for colo-rectal cancer patients, with a trail to start in December.

Objectives



ERAS (Enhanced Recovery After Surgery) – different working methods have been trialled to try and enhance the service we provide and aim to meet the mobility targets set out in the ERAS pathway. Twilight shifts and weekend working (overtime) have both been successfully trialled. Both have stopped over the summer due to staffing, skill mix and funding, we now have data to show length of stay before, during and after these shift patterns were used. Overall, there was a reduction in length of stay for surgical patients during the period where Physiotherapy staff were working over the weekend, which proved more successful than twilight shifts. The staff and patient feedback for this have also been very positive. Work is ongoing to aim towards a 7 day physiotherapy service for surgery patients

The exercises have got me up and walking, which weeks ago, I could not do.

My mindset has been totally turned around to try ensure I include these small adjustments into my daily routine as I can see and feel the benefits.

I have found the service extremely beneficial and the communication and contact excellent through out, thoughtfully planned out and professionally executed.

Being told you have cancer is hard to take, I now have a second chance to care better for my body and still be healthy and mobile moving into old age.

Great service

Fantastic service, could not fault.

I would like to thank Gemma for all she has done for me. She has given me the motivation to get up and do things instead of just sitting around.

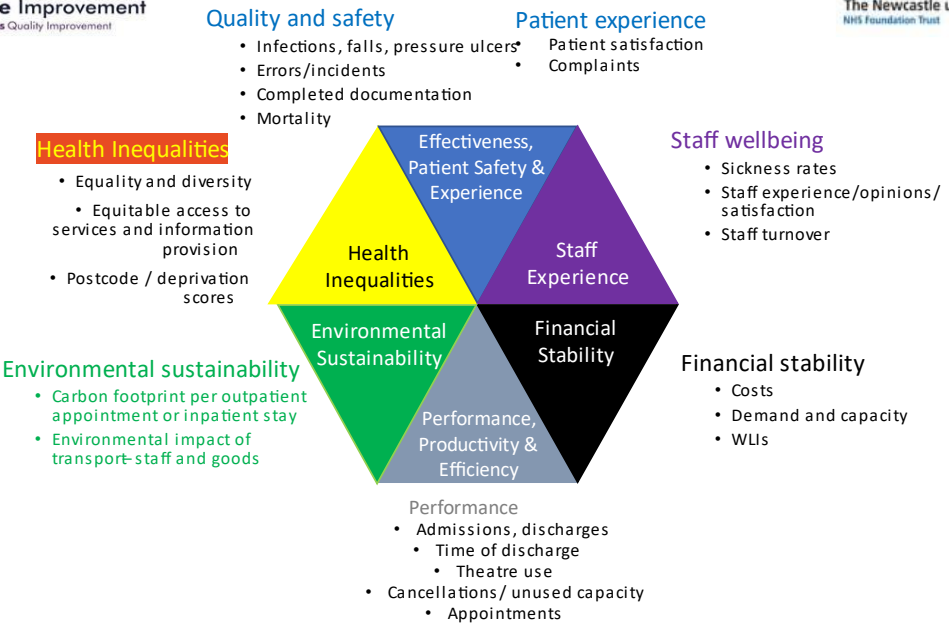


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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Concluding the meeting with the regular feature on the Strategy in Action agenda, Carrie Miller directed the group conversation to the topic of **Embedding Sustainability** and referred to the QI measures diagram below with segments to consider when delivering patient care and designing new projects and drew attention to the Environmental Sustainability green segment.



Many of the very successful projects presented today and other projects will have a 'green impact' and AHPs and Psychology are well placed to highlight a positive impact on the environment e.g. reducing the number of patient journeys, or waste of resources?

Discussion took place around how best to capture and share impact, with next steps agreed as:

- where applicable name and list how we make a positive impact on environmental sustainability with new projects; consider how best to include this in templates/action plans
- Dietetics green champions are meeting in January to develop an action plan and work through the 10-step plan to embedding sustainability. We can share progress and learning.
- going a step further than naming our impact we could measure carbon footprint, sharing it to illustrate the impact our models of care have. Carrie can help with this using SusQI tools

And in our next Strategy in Action Meeting.....

The next Therapy Services Strategy in Action Meeting will take place on Wednesday 10th January where we will review and reflect on the past 12 months and produce an activity plan/schedule for 2024.

Please contact Tina Doyle if you would like to attend

