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Clinical Oncology Audit and QI ePoster Competition 2021 - QI Abstracts

The First London Supported-Return-to-Training Event to Refresh Clinical Competence and Improve Confidence in Oncology Registrars

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Background: 10% of UK doctors are out of training at any one time for numerous reasons.

Returning to work can be challenging. The Academy of Medical Royal Colleges have evidenced trainee reduction in clinical confidence, competence and 'skill fade' when out of clinical practice for an excess of three months. Published cases have highlighted this, such as the landmark case of Dr Bawa-Garba.

A Supported Return to Training (SuppoRTT) Programme was formulated in 2012. Its success is critical to ensuring patient safety, doctor wellbeing and public trust.

This project evaluated oncology trainee experiences and developed the first pan-London Oncology SuppoRTT Event.

Methods: Oncology trainees returning after three months or more out-of-training were identified.

A SuppoRTT Event was designed based on a pre-event questionnaire exploring trainee feelings and unmet SuppoRTT needs.

Immediate and three-month post-event questionnaires evaluated the presence and sustainability of benefit.

Intervention: Pan-London trainees were invited to an interactive online event, sponsored by Health Education England (HEE).

Ten expert speakers delivered a lecture series covering: tips and advice for SuppoRTT, clinical updates for oncological subsites, acute oncology (including COVID-19), palliative care and palliative radiotherapy.

Results: 21 trainees attended.

Pre-event: 57% did not fully appreciate the SuppoRTT Programme and 76% were not planning to contact work prior to returning. Over 70% reported anxiety/nervousness or apprehension, only 19% were excited. Specific issues included loss of knowledge/skills and confidence, understaffing, COVID-19 and changing personal circumstances.

Post-event: 100% trainees reported improved confidence, knowledge and awareness of SuppoRTT opportunities. Every lecture was mentioned as the most useful part of the day, but a great deal of information and reassurance was derived discussing personal experiences and advice. 94% felt the online forum was as good as face-to-face workshops.

After three months, 100% trainees would recommend it and 60% had re-watched the recorded lectures. While 60% reported nervousness prior to returning, 50% felt excited. Outside our SuppoRTT event, positive experiences were associated with personalised SuppoRTT, contacting work prior to returning and returning to a hospital the trainee had already worked in.

Conclusions: Our SuppoRTT Event improved the confidence of 100% trainees returning to clinical practice for up to three months. Particularly useful was hearing personal experiences and advice for SuppoRTT, as well as clinical updates.

Keywords: Supported Return To Work (SuppoRTT), trainees, safety, confidence, anxiety, workplace, support, online event, wellbeing, public trust

Rapid Adaptation of Acute Oncology Services in One of the UK's Largest NHS Foundation Trusts; Responding to COVID-19 and Beyond

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Background: Acute oncology (AO) is a well-established subspecialty of oncology, supporting patients with complications of their cancer or its treatment. The COVID-19 pandemic has prompted changes in the delivery of both inpatient and outpatient cancer services to reduce face-to-face contact and limit patient exposure to secondary care environments. This necessitated urgent reconfiguration of acute oncology services (AOS) across Sheffield Teaching Hospitals NHS Foundation Trust (STHFT), as recommended by national guidelines.^{1,2}

Methods: Across STHFT innovative changes to existing AOS were introduced during the first peak of COVID-19 to increase use of both ambulatory patient-facing pathways and telemedicine. These interventions were adaptive in their response to ensure high standards of AOS were maintained throughout the pandemic.

Intervention: The two interventions, which were piloted from March 2020, were an oncology trainee-led rapid assessment clinic (RAC), facilitating ambulatory outpatient care of low-risk febrile neutropenic patients in the stand-alone cancer centre (CC), and a virtual AO Clinical Nurse Specialist (CNS) and a virtual consultant oncologist service utilising telemedicine to allow remote inpatient reviews of patients admitted to the geographically separate main acute hospital.

Results: The RAC reduced the assessment time in the hospital from 3.7 hours on the CC admissions unit to 1.02 hours for ambulatory patients not requiring admission. Only 10.9% of RAC attendances resulted in admission to the CC. A further 8.5% were admitted to the CC within 14 days of RAC assessment. This is compared to a 60% admission rate of the CC admissions unit prior to the introduction of RAC. The virtual AO CNS and oncologist were positively received by inpatients, their carers and healthcare professionals in the acute hospital, and future plans to develop this across a further four acute NHS trusts in the South Yorkshire and Bassetlaw Cancer Alliance have commenced.

Conclusions: Evaluation of the AOS interventions has demonstrated safety and sustainability without additional NHS cost by reallocating existing AO staff. The impact of these innovations will continue to be refined to ensure they remain fit for purpose and able to meet the demands of the predicted increase in referrals to cancer services.³ The success of virtual AOS can maximise productivity across multiple NHS trusts at a time when there is a significant shortfall in the number of UK oncologists.⁴

1. www.rcr.ac.uk/sites/default/files/aos-guidance-covid19.pdf (last accessed 4/4/2021)

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3. Maringe C, Spicer J, Morris M *et al.* The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study. *Lancet Oncol* 2020; 21(8): 1023–1034.

4. The Royal College of Radiologists. Clinical oncology UK workforce census 2019 report. London: The Royal College of Radiologists, 2020.

Keywords: Acute oncology, virtual, telemedicine, ambulatory, COVID-19

Optimising the Single Fraction (1#) Radiotherapy (RT) Pathway for Metastatic Spinal Cord Compression (MSCC)

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Background: Metastatic spinal cord compression (MSCC) is increasingly treated with an 8 Gray/1# following the publication of the SCORAD trial (Hoskins *et al*) and pressures due to the COVID-19 pandemic. As South West Wales Cancer Centre (SWWCC) provides specialised RT services to a large geographical area in West and Mid-Wales, this presents distinct challenges to safely delivering 1# RT as a same-day treatment with transfer from and back to their local hospital ('treat and transfer') while also adhering to nationally agreed wait time targets. There are also challenges to providing high-quality care with specialist physiotherapy (PT) input, mobilisation advice and communicating follow-up plans including steroid dose weaning.

Methods: A multidisciplinary (MDT) working group made up oncologists, PT, radiographers and nursing staff were set up. Baseline assessment of all MSCC patients treated with RT were performed for a three-month period. Data were collected on whether appropriate patients had followed a 'treat and transfer' pathway, received specialist physiotherapy input and if follow-up advice was communicated. Areas in the pathway causing delays and barriers were identified. Communication between teams in different hospitals was found to be a major barrier to smooth service delivery.

Intervention: A new Microsoft Teams group was set up to facilitate communication between all disciplines, including acute oncology services in peripheral hospitals (PH). New 'treat and transfer' proformas that included specialist PT/neurological assessment and tailored follow-up management advice for therapies and medical staff were introduced. These were sent back with patients following RT to the referring PH. New RT emergency e-booking forms were introduced. A clear ambulance escalation plan was introduced to facilitate timely transport to/from PH.

Results: Three months following introduction of changes, for suitable patients, 82.8% of cases were treated and transferred back to PH within one working day, compared to 54.5% previously therefore avoiding admission and facilitating rehabilitation. 80% of patients received specialist PT input, compared to 36.3% previously. All patients had proforma with follow up advice completed.

Figure:

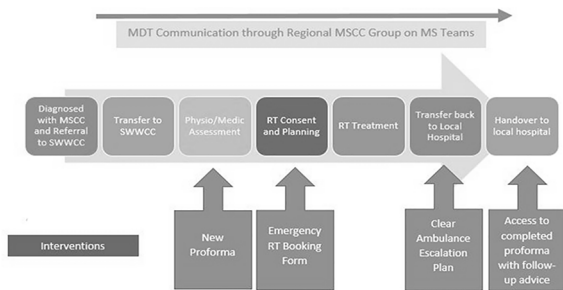


Figure 1: 'Treat and Transfer' pathway for MSCC patients at SWWCC with interventions

Conclusions: Our work resulted in more patients being successfully and safely treated with a 1#. The overall quality of the service was improved with patients now routinely receiving specialist PT input and appropriate management and discharge advice, while still achieving the nationally agreed wait time targets for radiotherapy. New e-booking forms allow ongoing real-time data collection. Further work is underway to ensure all follow-up advice is accessible to all teams including general practitioners (GPs), to ensure 100% suitable patients are treated and transferred, and to ensure specialist PT advice is provided over seven days.

Keywords: Pathway, radiotherapy, spinal cord compression, multi-disciplinary

'No one Left Behind': The Introduction of a Formal Malignancy of Unknown Origin (MUO) Pathway in a Large Regional Cancer Centre

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Background: Patients presenting with malignancy of unknown origin (MUO) are disadvantaged in many ways. The 2010 National Institute for Health and Care Excellence (NICE) guidelines identified multiple problems in the diagnostic pathways for patients presenting with MUO. These pathways were often unstructured and this resulted in delays in the delivery of optimum patient care.

Methods: Data was analysed for all patients referred to the acute oncology team with MUO, between October 2019 and May 2021. The following data was gathered:

- Route of referral (inpatient/outpatient)
- Time to first clinical assessment (by a member of the acute oncology service (AOS) team)
- Time to biopsy
- Cancer site diagnosis
- Time to review by site-specific team
- Time to first definitive treatment.

Intervention: A formal MUO referral pathway was developed in Gloucestershire Oncology Centre. This consisted of a single point of referral, a dedicated weekly MUO outpatient clinic and a weekly multidisciplinary team meeting (MDTM). A formal MUO team was formed consisting of three consultants, advanced nurse practitioners and a clinical oncology registrar. The same data was then gathered following introduction of the pathway to assess the impact of the MUO pathway on patient care.

Results: There were 18 patients (15 inpatients, three outpatients) within the 'pre-pathway' group and 37 (22 inpatients, 15 outpatients) within the 'post-pathway' group. 16 different cancer types were identified across both groups with lymphoma being the predominant diagnosis in both.

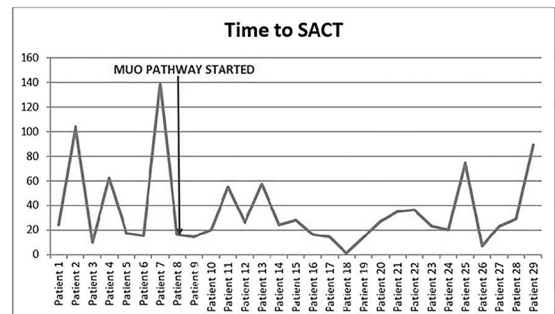
Table 1 shows the mean number of days from referral to clinical review/biopsy/review by site-specific team and to first definitive treatment.

Mean days from referral to initial clinical review were lower in the pre-pathway (1.78: range 0–12) cohort compared to post-pathway patients (6.7: 0–39). Similarly, there was no reduction in time to biopsy in pre-pathway patients (13.63: 0–37) when compared to the post-pathway cohort (14.21: 0–76). Conversely, mean days from referral to review by subsequent speciality were lower in the post-pathway cohort (29.44: 1–147) compared to the pre-pathway cohort (39.17: 6–97). Time from referral to start of definitive systemic anticancer therapy (SACT) was also significantly reduced in the post-pathway (29.5: 1–89) compared to pre intervention (53: 10–139).

Figure:

	Days from referral to clinical review	Days from referral to biopsy	Days from referral to review by SS	Days from referral to start of definitive treatment
Pre-Pathway	1.78 (0-12)	13.63 (0-37)	39.17 (6-97)	53.00 (10-139)
Post-Pathway	6.7 (0-39)	14.21 (0-76)	29.44 (1-147)	29.50 (1-89)

Table 1



Conclusions: Although the data does not demonstrate an improvement in time from referral to clinical review and biopsy, a clear and significant