

Key Worker Policy

Department / Service:	Cancer Services	
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Accountable Director:	Mr Adel Makar	Associate Medical Director (Cancer Services)
Approved by:	Accountable Director	
Date of Approval:	26 th February 2019	
Extension Approved:	10 th January 2023	
Review Date:	10 th July 2023	
	This is the most current document and is to be used until a revised version is available	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Cancer, Palliative & Supportive care Multi-Disciplinary Teams (MDT)	
Target staff categories	<ul style="list-style-type: none"> • Trust Cancer & Palliative Care MDT's. • Trust & Community Cancer & Palliative Care CNS's. • Trust AHP's. • Matrons across the Trust and community settings. • NHS Worcestershire Cancer Commissioner. • Directorate Managers • Divisional Directors of Nursing 	

Purpose of this document:

To guide each cancer MDT in the identification and clarification of the most appropriate health care professional to be designated as key worker (or sometimes referred to as 'key contact') to ensure each patient has a named key worker (or 'key contact') who will be identified at MDT, and recorded appropriately

Key amendments to this policy:

Date	Amendment	By:
March 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
April 2022	Document extended for 6 months to allow for thorough review	Lisa Rowberry
January 2023	Document extended for 6 months to allow for thorough review	Casey Tate

Oncology and Cancer Care Key Documents WAHT-KD-023

Introduction

Care for patients with cancer often needs to be continued over many years, across organisational and professional boundaries. Continuity of care is essential during treatment, follow-up and during any palliative care.

There is a need to ensure integration and co-ordination of care, throughout the patient's cancer journey. This may be within and between primary, secondary and tertiary care settings, between statutory and voluntary sector and across health and social care settings. Such complexity of needs requires a co-ordinated approach to service provision, by utilising a key worker as the most effective way to ensure such co-ordination.

Scope of the Policy

This policy relates to all cancer and palliative care MDT's and patients throughout the Trust.

Definitions

The Key Worker is a 'person who, with the patients' consent and agreement, takes a key role in co-ordinating the patients care and promoting continuity, ensuring the patient knows who to access for information and advice' (NICE, 2004).

Responsibility and Duties

- The Consultant (responsible for the patient at the time of diagnosis) or the clinical nurse specialist will, in consultation with the MDT with whom she/he works and the patient, agree which professional will act as the initial Key Worker.
- The clinical nurse specialist for each MDT will be responsible for recording the initial Key Workers name in the patient's notes.
- The lead clinician for each cancer and palliative care MDT has overall responsibility to ensure the team meets peer review measures. They are accountable to the Trusts Lead Clinician for Cancer Services.
- The Trusts Lead Clinician for Cancer Services is responsible for performance monitoring the cancer quality measures.

Policy detail

Each patient will have a named key worker who will be identified at the MDT where the initial cancer diagnosis is made and treatment planning decisions discussed.

The key worker will ideally be a Clinical Nurse Specialist. In the absence of a specialist nurse, a senior nurse or other health care professional will be nominated as key worker by the MDT lead clinician.

Key Workers should be reviewed by the MDT at key points in the patient's cancer journey. These key points are:

- Around the time of diagnosis
- Commencement of treatment
- Completion of the primary treatment plan
- Disease recurrence
- The point of recognition of incurability
- The point at which dying is diagnosed
- At any other point requested by the patient

The core competencies of the Key Worker are detailed in appendix 5.

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The key worker's name will be recorded in the medical notes in an appropriate place, by the CNS. Other health professionals will be informed of the name of the key worker as appropriate (e.g. letters to the patient's GP).

With the patient's agreement, they will be informed of the name of their key worker verbally and will be provided with written information (patient diary or CNS business card) of the name and contact number. The patient may request a different key worker without any explanation of this request.

Each cancer and palliative care MDT should take responsibility for auditing the effectiveness of the key worker role within the service.

Core Responsibilities of the key worker

- Contribute to the cancer and palliative care MDT discussion and decision about the patient's plan of care.
- Provide expert professional advice and support to other health care professionals in the specialist area of practice.
- Contribute to speciality audits.
- Lead in patient communication issues and co-ordination of the patient pathway for patient's referred to the team.
- Lead in the coordination of the assessment of patient's needs.
- Ensure the care plan will be agreed with the patient.
- Ensure that findings from the assessment and care plans are communicated to others involved in the care of the patient.
- Provide information, care, liaison and support throughout the cancer journey between health professionals including the relevant primary care teams to ensure continuity of care and a seamless service.

Changes to nominated key worker

The key worker may change, as patient's needs change, as they travel through their cancer journey, this will ensure that the patient is being guided by the most appropriate health care professional.

A change of key worker must be documented as above (section 5) and all the relevant professionals informed.

A clear handover of key worker needs to be negotiated. Changes must be kept to a minimum as the value of continuity cannot be over-stressed (Calman-Hine, 1995).

In the short-term absence of the key worker, an appropriately qualified colleague will provide cover. In the event of a lengthy absence of the key worker, another key worker must be nominated.

Training and preparation for the Key Worker role

- The key worker must have post-registration training and education in advanced communication and/or counselling skills.

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- The key worker must have specialist knowledge of the tumour site specific cancer and its treatments.
- The key worker is responsible for identifying any other training needs required in relation to fulfilling this role.
- The key worker must be either a recognised core-member of the relevant cancer or palliative care local or specialist MDT, or a member of the patient’s primary health care team.

References:

Code:

Calman-Hine (1995) The Expert Advisory Group on Cancer to the Chief Medical Officers of England and Wales. HMSO. London.	
National Institute for Clinical Excellence (2004) Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer. NICE. London	
Manual Cancer Services Standards Quality Measures (2004)	
Cancer Reform Strategy (2007)	

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Appendix 1

Competencies for Key Worker Role

- Work as an integral member of the multi-disciplinary team to ensure continuity of patient care.
- Initiate and participate in cancer and palliative care MDT discussion and case conferences with all professionals involved in the delivery of patient care.
- Communicate and co-ordinate information to patient's and carers, evaluating their levels of understanding and utilising a range of skills/techniques to overcome any communication difficulties.
- Demonstrate ability to verbally summarise patient information to facilitate understanding.
- Act as an advocate for the patient who has or may have cancer.
- Act as a communication resource and co-ordinator for other members of the multi-professional team in the care of the key worker's patient caseload.
- In conjunction with the MDT, provide patient's with comprehensive information on the options available to them for treatment and care.
- Be aware of any relevant clinical trials within the speciality.
- Utilise specialist knowledge and skills regarding disclosure of information.
- Co-ordinate the onward referral of patient and/or family members to appropriate clinical or support services.
- Ensure accurate follow-up documentation is maintained including any changes in the named key worker.
- Utilise support strategies and interventions available, initiate appropriate referrals when caring for patients with complex needs, e.g. patient exhibiting denial/anger following a cancer diagnosis, adverse reactions to alteration in body image.
- Demonstrate knowledge of holistic cancer care relating to areas such as screening, curative and palliative treatment, spiritual care, aspects of nutrition and pharmacology, rehabilitation, discharge and collaborative working.
- Utilise all forms of patient information to enable the patient to have a better understanding of their diagnosis and treatment plan. This will include the use of specific resources for patient/carers from minority groups.
- Facilitate the development of teaching and learning skills used to educate patients and other personnel.
- Contribute to the monitoring, audit and evaluation of adherence to policy/ procedures/guidelines and standards of practice, initiating changes where appropriate to improve delivery of care to patients/carers within the MDT.

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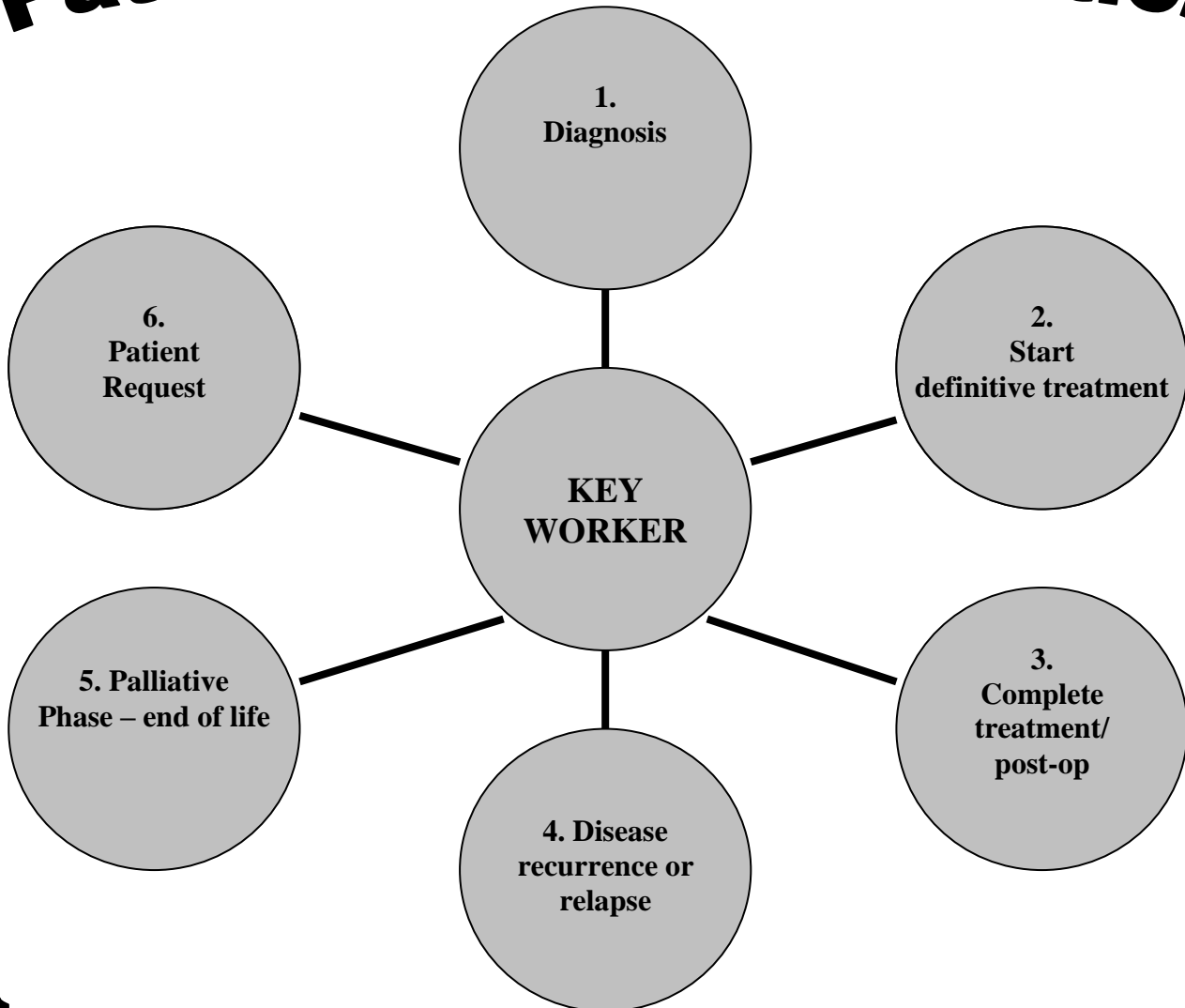
- Demonstrate a comprehensive knowledge of the assessment, care, management support, training education and information requirements for patients receiving chemotherapy or radiotherapy and their carers and treatment for related complications across the care pathway for the particular specialty area.
- Assess and provide support that is appropriate to the context and sensitive to meet the patient/carer and/or family's needs, facilitating access to additional support from other healthcare professionals or agencies as applicable and with the agreement of the patient and/or carer.
- Understand the ethical issues relating to treatment in advanced disease.
- Have sufficient knowledge and links with national/local support groups and be able to provide/record information relating to these groups to guide and advise patients.
- Providing information, education and relevant telephone contacts to patients and carers regarding the procedures and side effects of chemotherapy and general radiotherapy such as fatigue and skin reactions.
- Be knowledgeable about the management of common side effects for treatments associated with the client group encountered in their practice.
- Be aware of local contact arrangements in the event of patients experiencing unwanted side-effects.
- Demonstrate knowledge to prepare, inform and educate patients/carers for survivorship and where applicable, primary care personnel regarding any associated care requirements, symptom management and contact details on discharge.

Participate in inter-professional/inter-agency evaluation and audit to effect change for the continued improvement of the quality of care and service for patients.

Appendix 2

Principle Role and Allocation of the Key Worker

Patient care co-ordination



Information and communication

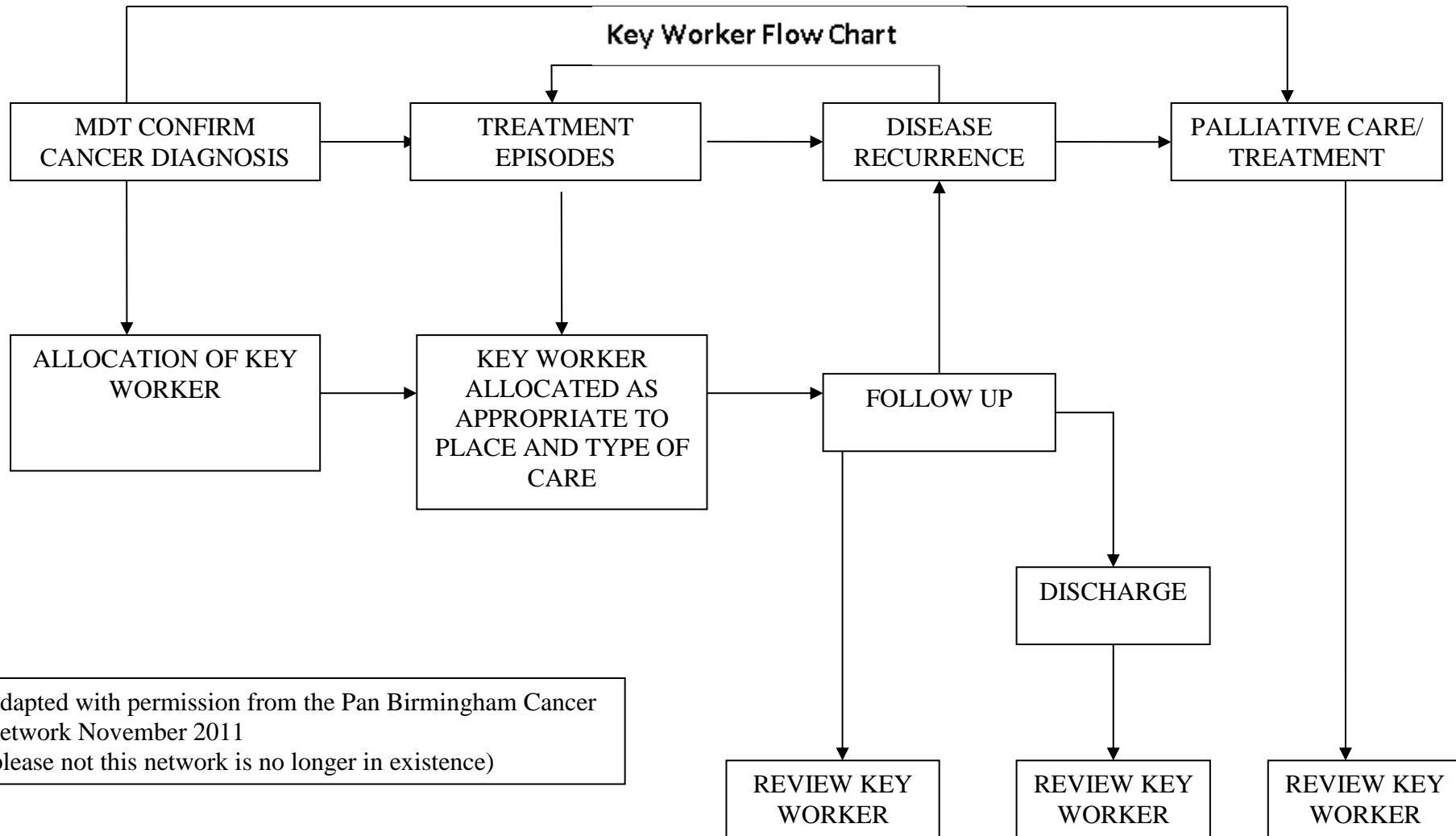
Adapted from
The Guys and St Thomas's Generic Policy (2005),
Doncaster & Bassetlaw NHS Foundation Trust (2007) Key worker policy
Newcastle Upon Tyne Hospital NHS Trust (2008) Key worker policy
Ashford & St Peters Hospital NHS Trust (2007) Guidelines for Cancer & Palliative Care Key worker services)

With thanks.

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Appendix 3

Key Worker Flow Chart



Adapted with permission from the Pan Birmingham Cancer Network November 2011
(please note this network is no longer in existence)

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EQUALITY IMPACT ASSESSMENT

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the treatment pathway affect one group less or more favourably than another on the basis of:	
	Race	no
	Ethnic origins (including gypsies and travellers)	no
	Nationality	no
	Gender	no
	Culture	no
	Religion or belief	no
	Sexual Orientation	no
	Age	no
2.	Is there any evidence that some groups are affected differently?	no
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a
4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	n/a
5.	What alternatives are there to achieving the policy/guidance without the impact?	n/a
6.	Can we reduce the impact by taking different action?	n/a
7.	Other comments	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

FINANCIAL IMPACT STATEMENT

To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.

		Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
6.	Other comments	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval