ACE Vague Symptoms Cluster Project Report –

London Cancer MDC Project

Overview
The Multidisciplinary Diagnostic Clinic (MDC) pilot aims to provide a more structured diagnostic pathway for a defined group of patients with abdominal symptoms, thereby improving patient flow and avoiding unnecessary admissions. The project successfully set up one MDC in a teaching hospital and gained valuable insight into the requirements for future provision from a short-term implementation at a district general hospital.

Context
Currently in the NHS the time to diagnosis for patients with suspected cancer in the NHS is often excessive leading to unnecessary distress for patients (Black G 2015) and contributing to the poor survival rates in the UK compared to Europe (Walters S 2013). The Two Week Wait (2WW) route was instituted to manage this process but despite this development, just under half of cancer patients are diagnosed though 2WW pathways, with many patients diagnosed after presentation to emergency services – ranging from 17-29% at trusts across our system (Public Health England 2013).

In recent work by London Cancer that evaluated 963 patients with cancer first diagnosed through an emergency presentation route across 11 A&Es, the commonest diagnoses were lung (33%), colorectal (18%) and upper GI cancers (18%). In one third of cases with analysis of the preceding primary care pathway, the GP had acted correctly to achieve urgent referral yet the patient had ended up in A&E. Cancer patients diagnosed following an emergency presentation have poorer outcomes than those that receive their diagnosis following a managed referral, even when controlling for other factors (Schneider C et al 2013).

A high proportion of cancers, including oesophageal, gastric, pancreatic, biliary, liver, colorectal, uterine and cervical cancers, commonly present with abdominal symptoms. Abdominal symptoms are extremely common comprising an estimated 15% of primary consultations. However, only a minority are due to cancer. As a result, each GP is likely to see only a handful of abdominal tumours each year and for pancreatic cancer this figure is once every 5 years. Many patients who are diagnosed with cancer have often had symptoms for many months (Esteva M et al 2013; Macdonald S et al 2006; Keeble S et al 2014) and have often seen a GP on several occasions before a diagnosis is reached (Lyratzopoulos G et al 2012; Kostopoulou O et al 2008). The implementation of Denmark’s new fast-track programme for suspected head and neck cancers significantly improved time to diagnosis: from a median of 20 days in 1992, then 17 days in 2002, to 13 days in 2010 (Lyhne NM et al 2013).

Aim and Objectives
The overarching aim of the project is to improve patient survival, experience, and costs associated with abdominal cancer through the following objectives:

1. Shorten interval from presentation to diagnosis
2. Decrease use of inpatient beds during cancer diagnosis
3. Reduce the number of Accident & Emergency (A&E) or GP visits before a cancer diagnosis
4. Improved patient experience on the cancer diagnostic pathway
5. Develop a system to improve diagnostic stage and survival in abdominal cancer

Description of new service

Core Principles of MDC pilot
The MDC service is be an out-patient service. It is designed for ambulatory patients needing diagnosis and either treatment or referral within a few days of presentation to primary or secondary care. Clinical decisions are taken by senior specialists who will be responsible for assessing patients and, in due course, provide advice and guidance to primary care, sanctioning ‘straight-to-test’ where appropriate and, as a future service development, assessing referrals from novel routes such as self-referral and referrals from pharmacies.

The MDC will work towards the following core principles:

a) **Access** – open to Primary and Secondary care
b) **Managed referral process** – defined criteria that includes worrying but non-specific, ‘grey area’ symptoms – referral data sets are mandated, paperless process to be considered
c) **Specialist decision making** – senior clinicians will be available daily – usually the post-take specialist unless otherwise arranged to triage and direct patient care
d) **Administrative and Pathway Support** – improve clinical effectiveness by provision of Pathway Coordinators (Band 4) providing support to patients and assistance to clinicians as well managing data collection, communication and performance monitoring
e) **Close links to key departments and individuals to** – Clinical Nurse Specialists, MDT coordinators, A&E, Radiology, Endoscopy, Theatres, Acute Oncology Service, Specialist Centres

Under this model, patients are seen within five working days of referral from primary care at a multidisciplinary service that provides appropriate specialist assessment and diagnostic testing, and to arrive at a definitive management plan within a rapid timescale.

Referral Guidance

Multidisciplinary Diagnostic Centre is designed for patients with a serious possibility of cancer and EITHER

- Fit 2WW criteria (proven weight loss, painless jaundice) but do not need admission or are too unwell to wait for 2WW clinic,

OR

- Do not fit 2WW criteria (vague abdominal symptoms, 2 or more emergency presentation within 1 month), but in whom there is no obvious diagnosis or alternative pathway for care

Referral Criteria

1) **Painless jaundice** – either clinically obvious or bilirubin > 80 mmol/L, cause unknown
2) **Unexplained and proven weight loss** – More than 5% recent unexplained and proven weight loss; not previously investigated and with no likely benign diagnosis

3) **Suspicious but non-specific abdominal symptoms**, these should have lasted >3 weeks but < 6 months, and malignancy suspected in the differential

4) **Recurrent abdominal pain** - resulting in at least two visits to Emergency Department or primary care within one calendar month, not previously investigated and without a likely diagnosis

Patients requiring admission, or have obvious Urgent Suspected Cancer pathway (prior to release of NICE Guidance NG12) were excluded.

**Referrals from Primary Care and A&E**
At UCLH, referrals from primary care are made using our MDC referral form which is emailed to the GI MDC email account **UCLH.GIMDC@nhs.net**. All referrals will include formalised assessment of patient self-reported symptoms, which will provide immediate additional clinical information and contribute to future development of decision support tools. Referrals from A&E were via email. The suspected cancer 1 Week Wait referral form can be found on the intranet. Where patient is not a match for pathway, specialists will decide on alternative route and indicate the most appropriate pathway.

At BHRUT, referrals from primary care were via E-Referral (Choose and Book), attaching MDC referral form. The service did not accept patients via A&E.

**Diagnostic Tests**
The UCLH site has access to phlebotomy with point of care blood testing, and daily protected time with CT. Other radiology and endoscopy requests are treated as priority as per other Urgent Cancer Referrals.

BHRUT MDC has access to phlebotomy, on site laboratory testing. Radiology and endoscopy requests are treated as priority as per other Urgent Cancer Referrals.

**Activities needed to implement with new pathway**
- Fortnightly project steering group meetings were set up at both sites prior to implementation, to plan both operation and clinical pathways.
- Recruit coordinators at both sites, and Clinical Nurse Specialist (CNS) at UCLH.
- Engagement with commissioners, both at Pan-London level and referring CCGs, to explain the referral criteria.
- Engagement with primary care, with production of communication materials.

**Date and Time period of intervention**
The service at UCLH was launched at the end of June 2016, and is on-going.

The MDC service was implemented at BHRUT between 14 September 2015 and 16 March 2016, with a 3 week pause over December holiday period.
Analysis and Metrics
The main aim of the project is to establish whether it is feasible to have a rapid diagnostic pathway for patients with serious and concerning abdominal symptoms, where the referring clinicians strongly suspected of cancer but there was no clear pathway for this group of patients.

Results
Between end of June 2015 to end of July 2016, 172 referrals were received at UCLH. The reasons of referral were vague abdominal symptoms (50%), weight loss (32%), weight loss with vague symptoms (11%), others without clear pathway (5%) and Multiple A&E visits with vague symptoms (2%). 94% of patients completed the pathway and received a diagnosis; the remaining 3% (6) were discharged following multiple cancellations & ‘Did Not Attends’, 2% of patients requested to be discharged (2 patients felt symptoms no longer requires investigation, 1 patient declined gastroscopy following normal CT); 1% (2) required admission following referrals and was not suitable for the pathway.

Between September 2015 and March 2016, 46 referrals were received at BHRUT. 1 (2%) referral was appropriate for Straight to Test Gastroscopy as “2 Week Wait” referral and patient was signposted to the existing established pathway.

Length of Pathway
In the initial 5 months of the pathway at UCLH, it became clear that persuading patients to attend an appointment in the next working day is a challenge. Despite high levels of appropriate referrals from primary care at UCLH, it was clear not all patients want to be seen within 36 hours of referrals.

![Working days between referral and first seen (June to mid Nov 2016)](image)

From 23 November, the UCLH team started to record the first appointment offered to patients. Despite sickness and holidays, the team at UCLH has consistently able to offer appointment within the first week.
For patients with suspected diagnosis of cancer, where a shorter pathway is most critical, the team at both sites have managed to deliver a shorter pathway. Four of 5 patients were informed of their cancer diagnosis within 4 weeks of referral (mean 19.6 days, ranges 4 to 47 days). The patient informed of cancer diagnosis on Day 47 subsequently had curative treatment.

Despite using E-Referrals at BHRUT, it was not possible to stop patients cancelling attendance at first appointments. From the patient's' point of view, E-Referrals has the benefit of reduced administrative steps of confirming their appointments with the hospital. Our experience was that in order to ensure patients were seen within the first week, it was crucial for the MDC service to call patients ahead of the appointment as a reminder. Moreover, local GPs did not always attach the referral forms to the appointment, creating additional administrative steps to the process whilst risk losing precious appointment slots when the service had to cancel the appointment in the absence of any form of written communication to explain reason of referral.

Clinical Outcome
Overall 5 of 207 (2.4%) patients assessed had a cancer diagnosis. In addition we found 12.6% patients with a significant non-malignant diagnosis. The conversion rate is low but comparable to the 3% threshold for new NICE Suspected cancer: recognition and referral guidance (NICE NG12), as well as other UK-based research on risk of having cancer given a single alarm symptom (Jones R et al 2007, Hamilton W 2009). Given that the referral criteria were mainly for very vague symptoms we feel this is appropriate. The Danish MDC model has a 16.2% conversion rate (Ingeman ML et al 2015) with patients referred only after suspected cancer has been identified on an investigation rather than suspicion based on symptom alone.

Going forward, we feel a more robust process of vetting referrals will be useful. Indeed the UCLH team has started the conversation with local GPs, by providing feedback on snapshot audit of appropriateness of over 60 gastroenterology 2WW and MDC referrals. Nonetheless, the challenge remains on how to capture the qualitative data on patients that should have been referred but were not.

Patient Experience
For patients with non-specific but concerning symptoms, they are often sent back and forth between GP and hospitals. We believe being sent back to GP following each specialist visit have a negative
impact on patient experience, as well as increase the risk of patient disengagement. By “straightening the road” to diagnosis for this group of patients, we believe we can offer a better experience.

29 of initial 50 patients at UCLH were interviewed by phone about their experience with the MDC. Majority (62.1%) saw their GP once prior to referral.

- 82.8% (24) felt they were seen at the MDC as soon as necessary.
- 83.3% of patients that wanted information about their diagnostic tests felt they have all the information they needed. The remaining patients would have liked more verbal information.
- Majority (70.4%) of patient felt the length of time they had to wait for their test was about right. However 11.1% of patient felt the wait was much too long.
- 72.4% felt the results of the test were explained in a way they could understand completely.
- Overall, 60.7% (17) were extremely likely and 17.9% (5) likely to recommend our service.

**Key Findings**

**Importance of clinical triage**

The new NICE Suspected Cancer guideline was released very close to our launch dates, underpinned with a lower positive predictive value threshold at 3% from 5% previously. On the background of increasing number of 2 Week Wait referrals from GPs and shortage of diagnostic capacity, both in radiology and endoscopy, logistically it is a rather confusing picture to GPs who are faced with patients with collation of concerning vague symptoms which could be cancer. On at least 7 (3%) occasions, the MDC pilots accepted patients with multiple Suspected Cancer Referrals. In our experience, secondary care clinicians have both the specialist knowledge to the vague abdominal symptoms, with the additional insight of close to real-time diagnostic availability. The combination enables them to signpost the patients to the fastest diagnostic pathway.

**Clinical Nurse Specialist bring in the patient perspective**

The UCLH site opted for a Clinical Nurse Specialist to be presence at the first appointment and support patients through their diagnostic journey. Although initially the main reason was because there was no “General Gastroenterologist of the Week” locally, it became clear during the first 6 months of the pilot that rapid diagnostic pathways from the patient perspective are not straight lines, and the case is more so when you have patients presenting with vague abdominal symptoms who may be under a number of clinical divisions and subdivisions at the same trust. Whilst the MDC reduces the number of unnecessary hospital visits, it is important for patients to have an advocate at the diagnostic centre who works on the behalf, and able to provide timely clinical communications back to GP.

**Clinical leadership and engagement**

Similar to other change implementation in healthcare, strong leadership at all levels connected by a clear vision is key to success. The MDC project is a challenge to implement for an organisation as it
involves changes to key areas of healthcare delivery including referral pathways, consultant job planning, space utilisation and diagnostics. As a pilot project implementing change is particularly challenging when there are few data to support the change, the purpose of the pilot being to gather the evidence required for further downstream implementation. Organisations integrated with a strong research and development agenda are likely to be more receptive to such change than those that concentrate more on routine service delivery. Nevertheless the importance of innovation in service delivery is one that all NHS organisations should embrace.

Delivery of this project has highlighted the need to establish excellent local leadership with a strong team ethos with experience of quality improvement projects. This aspect of the project was part of the UCLH implementation but for a number of reasons not available at the BHRUT site during Wave 1. A learning point for our project has been the need to ensure this is in place for future projects before progressing.

**Capabilities to implement change**

Implementing change in as a complex professional organisation such as the NHS, it is particularly important to have leaders at all levels. The project has been fortunate to be hosted by the UCLPartners Academic Health Science Partnership, providing system leadership by bringing people and organisations together to transform the health and wellbeing of the local population.

There is an on-going quality improvement training programme but despite this it is particularly hard for ‘middle grades’ to access development opportunities, mostly as they are tied up with busy service provision activities. Thus the project provided significant effort to support the ‘middle grades’ and ensuring frontline staff had access to Quality Improvement training. If the MDC model is to be delivered at scale, it would be important to have an improvement collaborative network to share best practice, as well as to highlight other training and development opportunities. Increasing there are virtual networks such as The Edge that may be useful for those finding it difficult to access face-to-face training opportunities.

**Impact and Benefit**

The chief benefit of this Wave 1 implementation has been the proven feasibility of MDC implementation with great patient satisfaction and pathway metrics. This pathway is thus ready to deliver the proposed 28 day pathway for those referred to the MDC and with scaling may provide the model for use for other more specific 2WW pathways.

The next steps are to implement the MDC in other Trusts as part of the Wave 2 ACE Program and for additional indications. Furthermore, for those wishing to independently deliver an MDC model the output from this project will serve as a knowledge resource.
Resources
During this project, we have developed a number of resources:

- Job description of Clinical Nurse Specialist and Pathway Coordinator
- Operational policy and checklist
- Referral form – EMIS and Word
- Patient information leaflet for the service
- CCG business case
- CCG highlight report
- GP engagement presentation slide deck

Perceived and Actual Barriers

Diagnostic capacity, both radiology reporting and endoscopy
At the months prior to implementing our MDC pilots, across our sector of north central and east London we have seen waiting lists for CT and ultrasound grew by 21.7% and 24.3% respectively. Similarly endoscopy waiting lists across the sector have grown by 82% (Colonoscopy), 80% (Flexisigmoidoscopy) from December 2013 to December 2015. (NHS Statistics, 2015)

Engagement and commitment from trust executive teams
During the pilots, there was high level of scrutiny across providers in England to achieve Cancer Waiting Time targets, in particular 62 day standard from urgent GP referral for suspected cancer to first treatment. In particular the focus on commissioning financial levy conflicts with incentives for early diagnosis and diagnostics thus was making it challenging for trust executive teams to develop sustainable local strategies. Hopefully the development of Sustainability and Transformation Plans, place-based multi-year blueprints build around the needs of local populations, will provide a better collaborative environment.

Lack of clinical triage to limit inappropriate referrals
The nature of gut feeling referrals relies on constellation of non-specific but concerning symptoms. For these ‘square peg in a round hole’ situations, it is important to get input from a ‘general physician’ as early as possible in the pathway. We feel with a stronger clinical triage function and good communications between primary and secondary care we can to reduce the number of inappropriate referrals.

Variable understanding of IT system available in primary care
Frontline staff has a good understanding of the pitfalls of primary care IT systems, both on the generation of referral forms and using E-referrals (previously known as Choose and Book). Unfortunate this tacit local knowledge is not well documented and accessible to senior managers, who tend to focus on the potentials of IT systems. A culture of collaborative leadership, particularly on ensuring a shared understanding of the values provided by technology and spreading of good practice would be helpful.
Lack of coordinated senior clinical and managerial leadership at one pilot site

There were a number of changes at the senior clinical and managerial teams at BHRUT during the pilot. It was difficult to fine tune the local vision with the constant state of flux.

Enablers

Engagement with primary care colleagues to understand the project definition and referral pathway, and definition of non-specific abdominal symptoms

Although it was clear in our sector there is an unmet need for patients with vague abdominal symptoms where the GP suspect cancer, symptom definitions for this cohort of patients was not readily available. Part of the success of UCLH project is the ability to build on established collaboration with Camden CCG. The outcome of the discussions between primary and secondary care resulted in a number of practical output, including a working EMIS referral form, patient information leaflet, articles in local GP literature and participated at GP education events.

Better cross working into Cancer of Unknown Primary (CUP) and Acute Oncology Services (AOS)

There is a variation on what services are available for patients with malignancy of unknown origin, dependent on the catchment population and structure of the providers. Whilst clear sign-posting by the CCGs and trusts can help GP to find the most appropriate pathway in majority of cases, the pilots had been called to signpost a number of patients to the relevant malignancy of unknown origin services. During the project, the UCLH pilot has developed closer working relationship with the CUP CNS and consultant. As the concept develop, it is worth exploring what a single diagnostics point of contact for GPs should look like.

Clinical Nurse Specialist as the key point

As mentioned above, while the MDC reduces the number of unnecessary hospital visits, it is important for patients to have an advocate at the diagnostic centre who works on their behalf and able to provide timely clinical communications back to GP.

Outcome

The key outcomes of the project were:

- achieved feasibility study, with better understanding of core requirements for an MDC as described above
- learnings that innovative new pathway need to be sensitive of local context during development
- a coherent story of the benefit of MDC to enable others develop their model
References


Appendix A: Job description of Clinical Nurse Specialist and Pathway Coordinator

Title: Clinical Nurse Specialist for Gastroenterology Multi-Disciplinary Diagnostic Centre (MDC CNS)

Directorate: GI Services

Board/corporate function: Surgery & Cancer

Band: 7

Responsible to: Divisional Matron

Accountable to: Chief Nurse

Hours: 37.5 per week (12 months fixed term)

Job Purpose

This post will be based at UCLH with the main purpose of managing the multi-disciplinary diagnostic centre (MDC). This pilot project has been accepted as part of the national ACE Early Diagnosis Programme, jointly funded by Cancer Research UK, Macmillan and NHS England. The ACE (Accelerate, Co-ordinate, Evaluate) programme is part of the National Awareness and Early Diagnosis Initiative (NAEDI) that aims to test the effectiveness of different models so that commissioning can be informed as rapidly as possible by examples of ‘real world’ implementation in the NHS.

The MDC aims to address an important area of unmet need for GPs, namely urgent referral to diagnostic centres when the GP needs a quick and profound evaluation of their patient with nonspecific, serious GI symptoms to reach a definitive diagnosis, management advice and rapid onward treatment of cancer if it is found.

The current pathways for patients meeting the inclusion criteria are painless jaundice, unexplained weight loss, vague abdominal symptoms and multiple A&E or Primary care attendance due to undiagnosed abdominal symptoms.
Duties include

- To provide a clear focus for nursing clinical leadership across the MDC service and to be responsible for ensuring the delivery of high quality patient care
- To lead initial MDC clinics, assessing patients and directing them to the appropriate pathway, in line with developed protocols
- To be accountable for co-ordinating patient care with the MDC administrator and to contribute to the management of resources within the GI department
- To be responsible and accountable for the provision of expert care in the Outpatient setting, in collaboration with the multidisciplinary team.
- To be responsible for the implementation of audit, quality and risk management initiatives and support the evaluation of the MDC service
- To represent the Trust and the speciality at internal and external meetings related to the MDC service.

Nurses working at an advanced level will:

1. Practice autonomously and be self-directed
2. Undertake assessment of individuals using a range of different assessment methods, which may include physical examination, ordering and interpreting diagnostic tests or advanced health needs assessment
3. Draw on a diverse range of knowledge in their decision-making to determine evidence-based therapeutic interventions
4. Actively seek and participate in peer review of their own practice
5. Appropriately define the boundaries of their practice
6. Promote and participate in the implementation of the UCLH Nursing & Midwifery strategy and Core Standards and contribute towards achieving the Trust’s “Top 10” Objectives

Key Working Relationships

Gastroenterology teams (upper GI, colorectal medicine, hepatobiliary Consultants, SpRs and CNSs), MDC administrator, London Cancer Network, Camden and Islington GPs
Key Results Areas

- Provide a better pathway for abdominal cancer concerns
- Reduce the number of emergency presentations for cancers
- Reduce inpatient stays for cancer
- Reduce the number of times a patient attends the GP, urgent care and/or Emergency Department, and the associated administration cost
- Identify new models of diagnosis and better information about cancer risk
- Improve the value of the whole system support provided to people with cancer
- Improve 1 year and 5 year survival rates of people with oesophageal, gastric, pancreatic, biliary, liver, colorectal, uterine and cervical cancers

Main Duties and Responsibilities

Clinic

- To participate in the decision making process with the medical and multidisciplinary team to ensure appropriateness of referral to the nurse-led MDC.
- To take referrals from GP's directly into the service
- To ensure patients are assessed during the consultation within the set guidelines and protocols
To comprehensively assess patient suitability and level of risk using service proformas and policy, and contribute to the recommendation of best treatment options using clinical protocols as a suitable reference point (for example, refer straight for CT scan)

To ensure that the patient assessment meets the requirements of laid down record-keeping standards/guidelines

To ensure that the consultation environment is conducive to a professional patient assessment, positively reflects the reputation of the service and affords the patient maximum privacy and dignity

To book appropriate investigations for the patient and to ensure these are completed within the set guidelines times

To evaluate blood test and investigation results, taking appropriate action or referring to medical team and initiating prescribed treatment as required

**Post Clinic**

- To review the patient results and complete referrals as required to appropriate services
- To ensure the patient is informed of the outcome of their tests within the set guidelines times via telephone or clinic consultation
- To ensure the GP is informed of the outcome of the patient consultation and future plan, or inform GP if unable to accept referral to MDC
- To liaise directly with the MDT regarding any actual/potential significant clinical risk issues.
- To ensure that communication with the MDT, other departments and third party centres/external customers is optimized
- To write to General Practitioners where additional tests/information are required prior to a patient’s diagnosis and communicating these to relevant members of the MDT
- To use outcome data to review and refine the MDC service, working collaboratively with London Cancer.
- To participate in variance tracking and analysis with MDT, presenting results at appropriate forums, and using the results to lead appropriate clinical practice changes
- To initiate any referrals to other relevant members of the MDT at any stage in accordance with service policy.

**Other**

- Depending on your experience and interest, you will be involved in other aspects of GI CNS role, such as supporting the HPB service, the colorectal cancer service and supporting the telephone pre-assessment of endoscopy patients.

**Generic**

- To ensure that effective risk management data is collected from clinics and used to improve care and services
- To continue to capture follow-up audit data and process for data inputting in accordance with protocols
- To maintain a patient-centred approach when planning care, involving patients, carers and members of the MDT in care decisions
- To formulate and update the MDC policies in line with latest research for best practice
- To liaise with other departments, community agencies and other NHS Trusts
- To monitor the MDC service provision that it as well as individual patients achieve clinical goals
• To ensure a smooth transition from the outpatient, through the inpatient and back into the outpatient setting through planning and collaboration, co-ordinating continuing care and evaluating effectiveness
• To establish and monitor protocols / care pathways
• To promote a patient-focused, multidisciplinary approach to care in collaboration with carers, health care professionals and other agencies
• To develop appropriate standards of care whilst monitoring the care environment.
• To support the ward and inpatient service with advise & teaching as required.

CLINICAL PRACTICE

• Monitor and maintain health, safety and security of self and others in own work area through ensuring own and others’ knowledge of relevant local / national policies and procedures, and that these are adhered to
• Work according to the NMC Code of Professional Conduct and relevant professional standards and guidelines
• Act as a role model in promoting peoples’ equality, diversity and rights through ensuring that own and others practice is the best interests of users
• Receive direct referrals within the speciality and to provide expert assessment of patients needs
• Work in partnership with nurses and other health professionals to address people’s health needs through planning and delivering interventions which are based on best practice and clinical judgement
• Delegate and refer to other practitioners when this will improve health outcomes or when risks and needs are beyond own competence and scope of practice
• Support patients in the delivery of care and meeting their health and wellbeing needs by providing expert advice and information, promoting their wishes and beliefs and addressing their concerns
• Promote peoples’ equity, diversity and rights, through ensuring that own and others’ practice is in the best interests of patients
• Monitor and review the effectiveness of interventions with the patient and colleagues and modify this to meet changing needs and established goals of care.

EDUCATION/RESEARCH

• Identify objectives for own professional development which reflect local and national service needs
• Act as a resource to others in developing and improving knowledge and skills in clinical practice, through acting as an assessor, teacher and facilitator
• Contribute to the development of practice knowledge within the speciality through internal and external presentation and publication.
• Promote a learning environment through identifying opportunities and seeking resources required for own and others learning
• Provide specialist input to post-registration courses and professional development programmes.
• Reflect on own practice through clinical supervision / mentorship and to act as a clinical supervisor / mentor to others
- Maintain own and others’ awareness of relevant research evidence related to the speciality and work with others in applying this to practice.
- Identify areas of potential research relating to the speciality and to participate in relevant research activities.
- Develop evidence based standards, policies and guidelines at a local, network and national level to improve the practice of own and other professions.
- Evaluate clinical effectiveness within the speciality, identifying poor quality and a plan for quality improvement.
- Support quality improvement through offering advice and support to others.
- Take part in reflection and appropriate learning from practice, in order to maintain and develop competence and performance.

CONSULTANCY/COLLABORATION

- Develop and maintain others’ awareness of role within the speciality, the organisation and local networks and maintain mechanisms for contact and referral.
- Review and evaluate services collaboratively with own and other professions and users, identifying areas for service development.
- Facilitate service changes collaboratively with the multi-disciplinary team to make best use of resources, improve practice and health outcomes in line with local and national best practice.
- Promote and facilitate the implementation of the UCLH Nursing and Midwifery strategy, Core Standards and UCLH top 10 objectives.
- Lead in the implementation of national policy and practice initiatives and to implement these at a local level within the speciality.
- Provide expert advice and support to colleagues internally and externally within speciality.
- Ensure that appropriate information is disseminated within the speciality, the organisation and within external agencies and forums.
- Develop and maintain partnership working with other practitioners, local and national bodies and forums.
- Identify, develop and sustain mechanisms to support patient involvement and feedback.

LEADERSHIP

- Participate in developing a shared vision of the service and work with the multi-disciplinary team, organisation and external agencies to achieve this.
- Negotiate and agree with individuals, groups and other practitioners’ outcomes, roles and responsibilities, and action to be taken to develop resources, services and facilities.
- Maintain appropriate channels and styles of communication to meet the needs of patients, relatives and carers, managers, peers and other professions / agencies.
- Employ effective decision making skills to address complex issues and use effective change management skills to implement these.
- Use effective prioritisation, problem solving and delegation skills to manage time effectively.
- Establish networks with other specialists at a local, national and international level, to exchange and enhance knowledge and expertise.
- Maintain a peer network of support, information and learning with other nurse specialists within the organisation.
- Ensure adequate arrangements are in place to cover absence.
General

- Adhere to the UCLH Service Commitment "Putting Patients First" and adopt a professional approach to customer care at all times
- Comply with the Trust’s Equal Opportunities Policy and treat staff, patients, colleagues and potential employees with dignity and respect at all times
- Take personal responsibility for promoting a safe environment and safe patient care by identifying areas of risk and following the Incident, Serious Incidents and Near Misses reporting policy and procedure
- Take personal responsibility for ensuring that UCLH resources are used efficiently and with minimum wastage, and to comply with the Trust's Standing Financial Instructions (SFIs)
- Comply with Trust policies for personal and patient safety and for prevention of healthcare-associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment and safe disposal of sharps
- In accordance with the Trust's responsibilities under the Civil Contingencies Act 2004 to undertake work and alternative duties as reasonably directed at variable locations in the event of and for the duration of a significant internal incident, major incident or pandemic
- Be aware of and adhere to all Trust policies and procedures, the Health and Safety at Work Act and the Data Protection Act
- Maintain confidentiality at all times

Other

These guidelines are provided to assist in the performance of the contract but are not a condition of the contract. The job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances and after consultation with the post-holder.

All staff will be regularly assessed on their knowledge, skills and behaviour, and application of all aspects of the job description, in line with the Trust’s Personal Development Review (PDR) process.

Staff will also be expected to work according to the Nursing and Midwifery Council and code of professional practice and relevant professional guidelines.
## Person Specification

**Post:** Clinical Nurse Specialist  
Band 7 (Higher Level Practice 1&2)

**Candidate’s Name:**

* Subset Outline – (SO) Higher Level Practice 1 – (HLP1)  
  Full Outline - (FO) Higher Level Practice 2 – (HLP2)

*Essential / Desirable – E/D

### HOW WILL CRITERIA BE ASSESSED?

**(A) APPLICATION / (T) TEST / (I) INTERVIEW / (R) REFERENCES**

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<tr>
<td>d. Leadership development programme</td>
<td>D</td>
<td>A</td>
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<tr>
<td>e. Clinical Examinations course</td>
<td>D</td>
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<tr>
<td><strong>2. Experience</strong></td>
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<tr>
<td>a. Minimum 2 years’ relevant post registration experience in GI</td>
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<tr>
<td>b. Completed/completing Masters Degree or</td>
<td>E</td>
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<tr>
<td>c. Minimum 3 years’ relevant post-registration experience in GI</td>
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<tr>
<td>d. Honours Degree in Nursing, midwifery, research or ethics</td>
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</table>
### 3. Communication

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<tbody>
<tr>
<td>a.</td>
<td>Demonstrates awareness of the importance of working in a multidisciplinary team</td>
</tr>
<tr>
<td>b.</td>
<td>Communicates effectively verbally, in writing and in electronic formats</td>
</tr>
<tr>
<td>c.</td>
<td>Communicates with patients and carers in an empathetic manner</td>
</tr>
<tr>
<td>d.</td>
<td>Demonstrates understanding of good practice in Customer Care</td>
</tr>
<tr>
<td>e.</td>
<td>Presentation skills</td>
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</table>

### 4. Personal And People Development

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<tbody>
<tr>
<td>a.</td>
<td>Demonstrates evidence of professional development in line with KSF, maintains updated Portfolio</td>
</tr>
<tr>
<td>b.</td>
<td>Experience as a preceptor/facilitator/mentor</td>
</tr>
<tr>
<td>c.</td>
<td>Reflective in Practice</td>
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<tr>
<td>d.</td>
<td>Demonstrates evidence of ability to educate others</td>
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<tr>
<td>e.</td>
<td>Demonstrates up to date knowledge and expertise in the specialty</td>
</tr>
<tr>
<td>f.</td>
<td>Evidence of developing &amp; leading nurse led clinics / services</td>
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<tr>
<td>g.</td>
<td>Evidence of ability to work both collaboratively and autonomously</td>
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<tr>
<td>h.</td>
<td>Published articles / poster presentations</td>
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### 5. Health, Safety And Security

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<tbody>
<tr>
<td>a.</td>
<td>Monitors and maintains health, safety and security of self and others</td>
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<tr>
<td>b.</td>
<td>Promotes, monitors and maintains best practice in health, safety and security</td>
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### 6. Service Improvement

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<tbody>
<tr>
<td>a.</td>
<td>Demonstrates awareness of research and</td>
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evidence-based practice
b. Willing to provide support to other clinical areas within the division
c. Demonstrates awareness of resource management issues within boundaries of role
d. Previous experience in audit and evaluation
e. Able to work across organisational and professional boundaries
f. Able to negotiate effectively with different disciplines
g. Understanding of relevant national strategy / policy and how this relates to the service
h. Innovative approach to service delivery
i. Experience in developing service strategies

7. Quality
a. Demonstrates understanding of principles of Clinical Governance, e.g. risk management, audit
b. Commitment to quality initiatives, e.g. Nursing & Midwifery strategy, Trust top 10 objectives, CNO 10 key roles and relevant NSF's
c. Experience of developing standards, guidelines and policies
d. Experience in audit and evaluation of practice / services

8. Equality and Diversity
a. Respects the privacy and dignity of the individual
b. Understands the implications of Equal Opportunities in practice
<table>
<thead>
<tr>
<th>9. Promotion of health</th>
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<tbody>
<tr>
<td>a. Demonstrates understanding of relevant national strategy /policy and how this relates to the service</td>
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<tr>
<th>10. Assessment and treatment planning</th>
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<tbody>
<tr>
<td>a. Prioritises own workload</td>
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<td>b. Prioritises workload of others</td>
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<tr>
<td>c. Acts on own initiative and problem-solves, utilising resources available</td>
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<tr>
<th>11. Provision of care to meet health and wellbeing needs</th>
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<tr>
<td>a. Articulates reasons for desire to work in this clinical area; has clear vision of the role</td>
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<td>b. Committed to providing safe, effective and timely patient-centred care in accordance with NMC Code of Conduct and Trust Core standards</td>
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<tr>
<td>c. Decision making skills</td>
<td>E</td>
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<tr>
<td>d. Able to resolve complex problems</td>
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<tr>
<th>12. Information collection and analysis</th>
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<tr>
<td>a. Able to work with electronic patient records (EPR)</td>
<td>E</td>
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<td>b. able to maintain database of patients</td>
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<td>c. able to carry out audit of service and help to interpret the results</td>
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<th>13. Learning and development</th>
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<tr>
<td>a. Practical experience in teaching patients &amp; staff</td>
<td>E</td>
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<td>b. Presentation skills</td>
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<tr>
<td>c. Experience of applying research evidence to clinical practice.</td>
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</table>
d. Skills in critical analysis and application of research to practice | E | I |

14. Specific requirements

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<th>Requirement</th>
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<tr>
<td>a. Flexible approach to working patterns</td>
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<tr>
<td>b. Knowledge of key professional issues and NMC guidelines relating to professional practice</td>
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<tr>
<td>c. Ability to manage and evaluate change</td>
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**Shortlist:**  Yes / No  
**Reason:**

**Signatures:**

**Offer Post:**  Yes / No  
**Reason:**

**Signatures:**
Title: Pathway Co-ordinator

Directorate: GI Services

Board/corporate function: Surgery and Cancer

Band: 4

Responsible to: Service Manager

Accountable to: Service Manager

Hours: 37.5

**JOB PURPOSE**

The postholder works as part of the Pathway Administration team under the supervision of the Service Manager, and is responsible for:-

- Co-ordinating the patient pathways within the GI rapid access multi-disciplinary diagnostic centre pathway and other designated sub specialty areas

- Supervising junior administrative staff within the sub-specialty to provide a range of administrative services ensuring a high quality, efficient and timely administration service is provided to all patients.

- Providing a primary point of contact between the multi-disciplinary teams and their colleagues, patients, relatives and GPs;

- Be responsible for all correspondence for their multi-disciplinary clinical team(s), in connection with both inpatient and outpatient treatment;

- Acting as a source of advice and support for troubleshooting non-routine matters or resolving initial complaints.

- Supporting the clinical and administrative teams to provide a positive patient experience;
- Supporting and providing cross cover for all administrative areas across the Division when required so that all areas are sufficiently staffed to provide a consistently high level of patient satisfaction.

- Be responsible for the diary management of the multidisciplinary team members within the designated sub-specialties.

**DIMENSIONS**

The postholder will have a degree of autonomy to ensure that deadlines are met and that there is proactive day-to-day management of the outpatient clinics to maximise the Trust’s resources.

They will have key working relationships with all members of the administrative and clinical teams including nursing and medical staff, allied health professionals and support workers. They will act as the first point of contact (in phone and in person) in communication with patients, relatives and GPs and other external hospital staff / tertiary referrers.

The postholder will be responsible for escalating and troubleshooting issues to the Service Manager and will contribute to finding proactive solutions to routine issues.

**KEY RESULT AREAS**

**Managing the Patient Pathway**

- To be responsible for the administrative work within the designated sub-specialty.

- As part of a team working together to provide an excellent level of patient care, proactively monitor the outpatient pathway to ensure that all elements of the patient’s care is arranged as appropriate. To include making any necessary arrangements for patients e.g. booking follow up appointments or diagnostics.

- To support the Patient Pathway Assistant in ensuring that all clinic outcomes have been logged correctly on the system and that actions have been taken as dictated by the clinician.

- Maintain a good understanding of the Trust’s Access policy and ensure that booking processes remain in line with the policy.
• To be responsible for anticipating potential breaches and escalating in good time any potential breaches to the Pathway Manager. This involves working with the Pathway Manager proactively to seek solutions to anticipate and avoid breaches.

• To be responsible for the preparation of accurate correspondence (clinical and non-clinical) and to provide support and guidance to the Pathway Assistants as required in order to achieve this.

• To ensure co-ordination and supervision of work to meet quality standards with regard to accuracy and deadlines as instructed by the Divisional Management team. To be responsible for escalating to the Pathway Manager if timescales for distribution of correspondence will be breached.

• To administer and maintain effectively and efficiently all relevant I.T. systems. The systems could include CDR (Clinical Data Repository), ESR (Electronic Staff Record), PAS (Patient Administration System), RIS (Rad Centre – Patient Management) and/or other local systems – IT systems that record essential clinical and personal information about patients, Microsoft Office (Word, Excel, and PowerPoint), Internet and Email.

Outpatient clinics and ambulatory services

• Ensure the smooth running of the GI rapid access clinic, outpatient clinics, Endoscopy lists and GI Physiology treatment.

• Efficiently booking patients into outpatient clinics, Endoscopy or GI Physiology treatments and tests as required in line with the Trust’s Access policy.

• Ensuring clinics and lists are booked to maximum capacity. This will involve proactively looking to fill late cancellations in order to maximise capacity and activity.

• Inform patients promptly of any changes to their clinic dates.

• To support the Pathway Assistant in proactively communicating with clinical staff to ensure the timely return of dictaphones following clinic.

• Making all necessary arrangements for patients including booking interpreters or hotel bookings where appropriate.

• Providing reception service as required.
Team PA responsibilities

- To provide a high quality personal assistant service to clinical staff within the designated sub-specialties. This includes:

- Ensuring clinical commitments are booked and organised, and if needed, cancelled in line with the Divisional clinic cancellation process.

- Managing and recording clinicians’ leave and the subsequent impact on planned clinical activity. Ensuring relevant escalation to Assistant General Manager in line with local leave booking policy where appropriate.

- Assisting MDT members with any administrative work needed as a result of their clinical activity. This may include providing administrative support for audit and governance work.

- Maintaining an up-to-date knowledge of rotating doctors and responding accordingly. This will include assisting in the organisation of local induction and other new starter processes. This will also include being responsible for keeping the clinic template letters up to date and ensuring new staff have been issued with dictation codes.

General Administrative duties

- To maintain office filing systems both manually and electronically as required.

- To assist with induction and on the job training of new and bank members of staff.

- To assist managerial staff with the investigation of patient complaints if required.

- To arrange and attend meetings as requested and disseminate information as required. This will involve preparing documentation, ordering patient notes and taking minutes for the multi-disciplinary team meetings and following up on all actions.

- Provide cover for the duties of the Pathway Assistant where during periods of absence to ensure a consistently high level of service during periods of leave.

Communication

- Communicate clearly, effectively and appropriately with the multidisciplinary team, patients and their family/visitors/carers.
- Respond appropriately to queries, take phone messages and pass on written and verbal information to patients,
• Provide relevant information to patients, family/visitors/carers and colleagues,
• Analysing problems and finding solutions as well as using judgment to know when to pass the caller on to a member of the clinical team.
• Complete documentation accurately and contribute to reports of patients’ activity and progress,
• Accept constructive feedback from colleagues,
• Give constructive feedback on patient care and activities to relevant healthcare professionals,
• Participate in discussions departmental service improvement and quality control
• Maintain patient confidentiality.
• Maintain professional boundaries and working relationships with patients and colleagues.
• Acting as a point of contact for teams, dealing and responding effectively with complex queries from stakeholders and passing on relevant information to appropriate team members sensitively and autonomously

Personal and People Development

• Working together with other administrators within the Trust to provide an effective network of communication including dealing with visitors to the Directorate and being flexible to cover other administrators’ general duties within the Department.
• Understand own level of responsibility and accountability in relation to team structure.
• Identify own learning needs and produce a personal development plan in conjunction with line manager.
• Reflect on and analyse workplace experiences in order to develop own skills/abilities.
• Co-ordinate the induction and ongoing development of junior clerical and support staff.
• Participate in annual staff appraisal, staff development and in-service training activities in line with the Knowledge and Skills Framework.
• Attend Trust/local orientation programmes, mandatory training sessions and annual updates.
• Take part in reflection and appropriate learning from practice, in order to maintain and develop competence and performance.

Health, Safety and Security

• Assist in maintaining a safe working environment.
• Report any issues at work that may put health, safety and security of staff, patients and visitors at risk.
• Work within own personal/professional limitations and seek help of others to maintain safe practice.

Service Improvement and policy development

• Show initiative in finding innovative solutions to problems, identifying bottlenecks and potential threats to service delivery.
• Providing guidance and advice on relevant policies and procedures
Identify improved ways of working and propose changes to practices, procedures and processes in own area of work.

Monitor team performance and implement corrective action where necessary.

Quality

- Ensure any data entry into hospital systems complies with the Trust’s Data Capture Policy and is entered accurately, completely and in time.
- Ensure that patient treatment is booked in line with the Trust’s Access Policy and where this is not possible to escalate to the Pathway Manager.
- Promote an environment and team dynamic that facilitates smooth running of the department.
- Ensure a welcoming and caring approach to patients and their family/visitors/carers.
- Ensure team members maintain required standard of care.

Equality and Diversity

- Carry out duties and responsibilities with regard to the Trust’s Equal Opportunity policy.
- Recognise the importance of people’s rights and act in accordance with legislation, policies and procedures.
- Act in ways that acknowledge and recognise peoples’ expressed beliefs, preferences and choices; respecting diversity and valuing people as individuals.
- Take account of own behaviour and its effect on others.

Information Processing

- Competent in using multiple databases, including providing assistance to team members.
- Running and collating reports

Information Collection & Analysis

- Identify sources of information for clinical and management queries.
- Able to use EPR and CDR to input and access information as required

GENERAL

- Adhere to the UCLH Service Commitment “Putting Patients First” and adopt a professional approach to customer care at all times
- Comply with the Trust’s Equal Opportunities Policy and treat staff, patients, colleagues and potential employees with dignity and respect at all times
- Take personal responsibility for promoting a safe environment and safe patient care by identifying areas of risk and following the Incident, Serious Incidents and Near Misses reporting policy and procedure
• Take personal responsibility for ensuring that UCLH resources are used efficiently and with minimum wastage, and to comply with the Trust's Standing Financial Instructions (SFIs)
• Comply with Trust policies for personal and patient safety and for prevention of healthcare-associated infection (HCAI); this includes a requirement for rigorous and consistent compliance with Trust policies for hand hygiene, use of personal protective equipment and safe disposal of sharps
• In accordance with the Trust's responsibilities under the Civil Contingencies Act 2004 to undertake work and alternative duties as reasonably directed at variable locations in the event of and for the duration of a significant internal incident, major incident or pandemic
• Be aware of and adhere to all Trust policies and procedures, the Health and Safety at Work Act and the Data Protection Act
• Maintain confidentiality at all times

Other
These guidelines are provided to assist in the performance of the contract but are not a condition of the contract. The job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances and after consultation with the postholder.

All staff will be regularly assessed on their knowledge, skills and behaviour, and application of all aspects of the job description, in line with the Trust’s Personal Development Review (PDR) process.

Staff will also be expected to abide by the relevant code of professional practice relating to their discipline.
<table>
<thead>
<tr>
<th>Core Dimension</th>
<th>Dimension</th>
<th>Foundation Gateway ( Subset Outline)</th>
<th>Second Gateway ( Full Outline)</th>
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<tr>
<td></td>
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<td>Level</td>
<td>Indicators</td>
</tr>
<tr>
<td>1</td>
<td>Communication</td>
<td>2</td>
<td>All</td>
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<td>2</td>
<td>Personal and People Development</td>
<td>2</td>
<td>All</td>
</tr>
<tr>
<td>3</td>
<td>Health, Safety and Security</td>
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<td>All</td>
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<tr>
<td>4</td>
<td>Service Improvement</td>
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<td>All</td>
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<tr>
<td>5</td>
<td>Quality</td>
<td>2</td>
<td>All</td>
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<tr>
<td>6</td>
<td>Equality and Diversity</td>
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<td>All</td>
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<tr>
<th>Specific Dimension</th>
<th>Dimension</th>
<th>Foundation Gateway ( Subset Outline)</th>
<th>Second Gateway ( Full Outline)</th>
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<tr>
<td></td>
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<td>Level</td>
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<td>INFORMATION AND KNOWLEDGE</td>
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<tr>
<td>IK1</td>
<td>Information processing</td>
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<td>All</td>
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<tr>
<td>IK2</td>
<td>Information collection &amp; analysis</td>
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<td>All</td>
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GENERAL
G5 Services and project management

2 All
2 All
**Person Specification**

Post: Band 4 Pathway Co-ordinator  
Candidate’s Name:  

*Essential / Desirable – E/D

**HOW WILL CRITERIA BE ASSESSED?**  
(A) APPLICATION / (T) *TEST / (I) INTERVIEW / (R) REFERENCES

*Test to be conducted at interview in accordance with HCA Recruitment and Selection guidelines & interview questions

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<tr>
<th>REQUIREMENTS</th>
<th>*E / (D)</th>
<th>How assessed</th>
<th>Met</th>
<th>Not Met</th>
<th>EVIDENCE TO SUPPORT ASSESSMENT</th>
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<tbody>
<tr>
<td><strong>1. Knowledge &amp; Qualifications</strong></td>
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<td>a. Educated to GCSE level or equivalent, including Grade C or higher in English</td>
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<td>b. NVQ Level 3 in Healthcare, Customer Care of Business Admin or equivalent</td>
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<td>c. Further secretarial qualification (e.g. AMSPAR)</td>
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<td><strong>2. Experience</strong></td>
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<td>a. Demonstrable knowledge of secretarial procedures at a high level of competence acquired through both training and experience</td>
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<td>b. Proven experience of working in an office environment</td>
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<td>c. Previous NHS or healthcare experience</td>
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<td>d. Evidence of leading a team</td>
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<td><strong>3. Communication</strong></td>
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<td>a. Able to communicate accurately and</td>
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effectively with patients and colleagues, verbally and in writing
b. Able to follow instructions and complete assigned tasks.
c. Able to deal with the public in person and on the phone
d. Able to support and reassure patients/carers in distress
e. Understands importance of maintaining confidentiality

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<tr>
<th>4. Personal And People Development</th>
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<tr>
<td>a. Demonstrates understanding of own role within the team</td>
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<td>b. Able to supervise and motivate staff</td>
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<td>c. Willing to produce a personal development plan with manager</td>
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<td>d. Willing to develop self &amp; undertake in-house study</td>
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<tr>
<th>5. Health, Safety And Security</th>
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<tr>
<td>a. Able to identify risk issues in immediate working environment and correct where possible or report to manager</td>
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<td>b. Promote an awareness of incident reporting</td>
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<th>6. Service Improvement</th>
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<tr>
<td>a. Able to carry out administrative and clerical duties appropriate to the work area</td>
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<td>b. Able to lead on service improvement initiatives in local environment</td>
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<th>7. Quality</th>
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<tr>
<td>a. Demonstrate sound understanding of what constitutes a high quality service for patients and ensure junior staff are</td>
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<td>made aware of this b. Willing to be responsible for managing resources efficiently and effectively c. Able to report problems as they arise and solve them where possible</td>
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<td>E</td>
</tr>
<tr>
<td><strong>8. Equality and Diversity</strong></td>
<td></td>
</tr>
<tr>
<td>a. Experience of customer service in a multi-cultural environment b. Knowledge and understanding of the importance of equal opportunities c. Demonstrates understanding of importance of maintaining privacy and dignity</td>
<td>E</td>
</tr>
<tr>
<td>E</td>
<td>A/I</td>
</tr>
<tr>
<td>E</td>
<td>A/I</td>
</tr>
<tr>
<td><strong>9. Information processing</strong></td>
<td></td>
</tr>
<tr>
<td>a. Competent with software programmes including Microsoft Word, Outlook, Excel and Powerpoint b. Experience of working with hospital databases</td>
<td>E</td>
</tr>
<tr>
<td>D</td>
<td>I</td>
</tr>
<tr>
<td><strong>10. Information Collection &amp; Analysis</strong></td>
<td></td>
</tr>
<tr>
<td>a. Able to perform basic database interrogation as requested b. Able to collate simple datasets and present in a logical format</td>
<td>E</td>
</tr>
<tr>
<td>E</td>
<td>I</td>
</tr>
<tr>
<td><strong>11. Specific requirements</strong></td>
<td></td>
</tr>
<tr>
<td><em>(E.g. Relevant qualifications/experience for specialist areas)</em></td>
<td></td>
</tr>
<tr>
<td>a. Flexible approach to shift patterns b. Proficient typist (approx 60 WPM) c. Physically capable of office duties, moving notes etc.</td>
<td>E</td>
</tr>
<tr>
<td>D</td>
<td>A/I/T</td>
</tr>
<tr>
<td>E</td>
<td>I</td>
</tr>
</tbody>
</table>
Shortlist: Yes / No  

Reason: 

Signatures: 

Offer Post: Yes / No  

Reason: 

Signatures:
Appendix B: Patient information Leaflet

Contact details
MDC Pathway Coordinator
Mobile No: 07966802763
Direct tel: 020 3447 9454
Switchboard: 0845 155 5000
Extension: 79454
Fax: 020 3447 9217
Address: GI Services, 250 Euston Road, Ground Floor West NW1 2PG
Website: www.uclh.nhs.uk

If you need a large print, audio or translated copy of this document, please contact us on 020 3447 9506. We will try our best to meet your needs.
Your appointment will be held at the UCH Macmillan Cancer Centre. At the Centre, as well as seeing patients who have a cancer diagnosis or are being investigated for a suspected cancer, we also see patients who do not have cancer. For certain groups of patients who do not have cancer, the Cancer Centre is the most appropriate place for them to be assessed and cared for. This is due to the specialist services and treatments offered within the building. The doctor who referred you should have discussed the reason for your referral with you. Please contact them if you are concerned about the reason for your referral.

Why have I been referred urgently to hospital?
You've been referred to a Multidisciplinary Diagnostic Centre (MDC) because your GP feels your symptoms urgently need further investigation and has referred you to a specialist. There are many common conditions that these symptoms could be linked to, including the possibility of cancer.

Does this mean I have Cancer?
Having an urgent referral does not necessarily mean you have cancer. Most people who have an urgent referral don’t have cancer. However, you have been referred because you need to see a specialist or have some investigations quickly to help find out what is wrong with you.

In the event that cancer is diagnosed, then ensuring that the diagnosis is made early means treatment is likely to be more effective. This is why it is important that you are seen within two weeks of the referral being made.

What will happen next?
The hospital will call you to confirm the time of your appointment. This will usually be by the end of the next working day.

Once you have been given your appointment it is very important that you attend. Please let the hospital know immediately if you are unable to keep your appointment. You will then need to arrange an alternative appointment.

What will happen at the hospital?
When you have your hospital appointment you will see our nurse specialist who will give you some more information about what will happen next. You may also require some tests which will help both the specialist and your GP understand what is causing your symptoms.
Appendix C: Referral Form

MULTIDISCIPLINARY DIAGNOSTIC CENTRE REFERRAL FORM

Please send the referral form by email.

Please X the corresponding box for the hospital the referral is being made to and send within 24 hours.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone</th>
<th>Email: select &amp; copy OR &lt;Ctrl&gt;+click</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHRUT</td>
<td></td>
<td>Referral via Choose and Book</td>
</tr>
<tr>
<td>UCLH</td>
<td>020 3447 9454</td>
<td><a href="mailto:UCLH.GIMDC@nhs.net">UCLH.GIMDC@nhs.net</a></td>
</tr>
</tbody>
</table>

Patient has previously visited selected hospital

<table>
<thead>
<tr>
<th>HOSPITAL No:</th>
<th></th>
</tr>
</thead>
</table>

PATIENT DETAILS

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>FIRST NAME:</th>
<th>TITLE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GENDER:</th>
<th>DOB:</th>
<th>NHS NO:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ETHNICITY:</th>
<th>LANGUAGE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INTERPRETER REQUIRED</th>
<th>TRANSPORT REQUIRED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT ADDRESS:</th>
<th>POSTCODE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DAYTIME CONTACT:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME:</td>
<td>MOBILE:</td>
</tr>
</tbody>
</table>

| EMAIL: | |

GP DETAILS

<table>
<thead>
<tr>
<th>USUAL GP NAME:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRACTICE NAME:</th>
<th>PRACTICE CODE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PRACTICE ADDRESS:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BYPASS:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAIN:</th>
<th>FAX:</th>
<th>EMAIL:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>REFERRING CLINICIAN:</th>
<th>DIRECT TELEPHONE/MOBILE:</th>
</tr>
</thead>
</table>
## CLINICAL DETAILS

### REASON FOR REFERRAL

**Note**  
**SHOULD HAVE A SERIOUS POSSIBILITY OF CANCER**  
Do not need admission, and are too unwell to wait for 2 weeks for first appointment  
Other explanation for their symptoms have been excluded or are very unlikely

- Painless jaundice  
  Bilirubin > 80 mmol/L, cause unknown

- Unexplained and proven weight loss  
  > 5% of documented weight loss  
  not previously investigated and no likely benign diagnosis

- Vague abdominal symptoms  
  Symptoms lasting 3 weeks, but under 6 months  
  No other likely cause  
  Not a chronic recurring problems  
  Unexpected presentation of patient

- Second Emergency Department (A&E) presentation with abdominal pain  
  Presented to A&E with abdominal pain on at least 2 occasions within 1 month  
  Not previously investigated; no other likely cause  
  Not a chronic recurring problems  
  Unexpected presentation of patient

### HISTORY & PHYSICAL EXAMINATION

- Relevant history or information: [ ]
- Physical examination findings: [ ]

Any other relevant symptoms not covered by the guidelines: [ ]
Duration of symptoms: [ ]
Number of GP visits on these symptoms: [ ]
Number of A&E visits on these symptoms: [ ]
Family History of cancer including age at diagnosis: [ ]

☐ I confirm that I have discussed the possibility with the patient that the diagnosis may be cancer
☐ I confirm that I have explained the appointment process to the patient, and the patient can be contact by phone.

**Note:** If you are concerned the patient cannot be contacted by phone, please phone the MDC Pathway Coordinator to arrange an appointment for the patient before they leave the practice.

Please hand the patient a copy of the RAPID ACCESS MULTIDISCIPLINARY DIAGNOSTIC CENTRE PATIENT INFORMATION LEAFLET
DOB:  
NHS no:  

FBC  
TIBC  
Ferritin  

U&Es  
LFTs  
Blood Sugar  
HbA1c  
Bone Profile  
Calcium  

IMAGING STUDIES  Please include date:  and location:  

PAST MEDICAL HISTORY  

ALLERGIES  

MEDICATION  