Guidelines for HPB CNS Led Telephone Clinic

CNS Led Telephone Clinic For Patients With HPB Malignancies And Benign Pathology UHL Hepatobiliary and Pancreatic Guideline

University Hospitals of Leicester NHS
NHS Trust

Trust Ref: C28/2021

1. Introduction

Leicester HPB unit is a large volume tertiary referral centre and our HPB MDT deals with a very large number of patient referrals and in addition the patients referred are extremely complex in terms of their investigation and management. Patient's imaging and investigations are extensive, patients inevitably present with rapidly progressive clinical problems which need urgent treatment such as jaundice and weight loss therefore surgery can almost never be delayed, their post-operative care and combined surgical/oncological treatment is very labour intensive and follow up and ongoing support for this complex group is time consuming.

2. Purpose of the Post HPB MDT Telephone Clinic

The purpose of the HPB Clinical Nurse Specialist (CNS) post HPB MDT telephone clinic is to:

- Provide the CNS team with a document which outlines a protocol based approach that they can work to, which will indicate which HPB patients it is appropriate to telephone, constituting the post HPB MDT CNS led telephone clinic
- Give the results of radiological investigations together with the next steps in a patient's treatment plan when this has been agreed by the consultant responsible.
- Explain histology results together with the next steps in a patient's treatment plan when this has been agreed by the consultant responsible
- Inform the patient if they are going to referred to an oncologist as a consequence of their histology results
- Reduce unnecessary fact to face consultant clinic appointments where information regarding the rationale for any further investigations can be explained to the patients over the telephone
- Reduce the need for long distance travel to Leicester to be given results of investigations or HPB MDT discussions which can appropriately, safely and effectively be given to the patient over the telephone. Leicester HPB unit is a tertiary referral centre and many patients have to travel long distances to received results which are often quite straightforward (surveillance scans with no evidence of recurrent disease)
- Improve the patient experience and provide a more efficient and effective service. Some elements of the patient pathway and care can be undertaken by the CNS rather than a member of the medical team

3. Clinic Profile

- HPB CNS MDT nurse led telephone clinic will run every Tuesday between 09:00-13:30 immediately following the Monday afternoon HPB MDT

- Length of telephone appointment time to be 15 - 20 minutes obviously depending on the nature and sensitivity of the telephone call
- The outcome of the discussions with patients about the MDT outcome will be documented on the Somerset database

- MDT actions as discussed and agreed at the HPB MDT by the Consultant Surgeon responsible for the patient including any further radiological scans or procedures which are necessary and these will be actioned by the HPB CNS team conducting the telephone clinic

- MDT outcomes will be documented on HISS by a named designated clinic co-ordinator who supports the HPB CNS team telephone clinic

4. Inclusion Criteria

Any patient with a suspected or confirmed HPB malignancy/pathology where it has been agreed at the HPB MDT by the consultant in charge of the patients care and the HPB Clinical Nurse Specialist with regards to:

- When prior to obtaining the biopsy or radiological investigation it has previously been agreed with the patient that they are happy to receive the results by telephone. In addition with some patients, discussion about onward referral to an oncologist will have occurred (without further surgical consultation) and the CNS will discuss this with the patient
- Further radiology investigation results and the next steps in their treatment pathway. This is generally a result of incidental abnormal results (involving the liver, pancreas or bile duct) demonstrated on investigations organised by a non-HPB clinician

5. Exceptions

For the following groups it is not considered appropriate for results to be delivered over the telephone in the HPB CNS clinic:

- Any patient being given a unexpected new diagnosis of cancer
- Any patient requiring an invasive investigation such as ERCP, EUS or biopsy which has not already been discussed with the patient by a member of the clinical team
- Any patient with complex pathology (unusual tumours, multiple tumours) or where it will not be possible to convey the information (learning difficulties, language problems etc.)
- Where complex investigations and discussions are judged to be better undertaken face to face by the managing clinician

6. Audit and Evaluation

The clinic has become established as a valuable component of the patient pathway and evaluation of the service will ensure patient safety, in will maintain the knowledge and skills of the health professionals and confirm the patient's acceptance of the practice, in addition it will identify unanticipated issues and demonstrate improved efficiency.

- Audit will be done on an annually
- The patient experience survey will continue and be expanded
- The results will be evaluated and presented at the annual business meeting

7. Professional Development

It is the responsibility of the HPB CNS to ensure that they regularly update their knowledge base and appropriate skills in line with Continuing Professional Development.

8. Legal Liability

The Trust as the CNS's employer will assume vicarious liability providing that they have undergone adequate preparation for the development of this practice and have adhered to the guidance provided within this policy at all times.

9. Clinic Guidelines

- All patients will be provided with an explanation of the function of the CNS telephone clinic. They will also be given the opportunity to see their consultant surgeon as necessary
- Requests for further investigations will be organised by the CNS in line with the HPB MDT outcome as agreed with the responsible clinician
- Admission of patients if appropriate will be arranged following discussion with a senior clinician
- All discussions and actions with the patient will be documented on the CNS activity screen in Somerset

Template for the *MDT outcome follow-up clinic*;

1. Assess and identify any troublesome or unusual symptoms which may need further investigation or treatment such as:-
    - Diarrhoea/ constipation
    - Nausea/ vomiting – discuss with responsible clinician
    - Pain – reassurance and discuss with consultant surgeon if required
    - Rapid weight loss – discuss with responsible clinician

2. Nutritional assessment and the use of pancreatic enzyme replacement therapy (PERT). Ensure adequate nutritional supplements are being taken and in diabetic patients give basic advise and consider referral to diabetes service
3. Order blood tests as appropriate to include biochemistry, haematology, liver function tests, tumour markers (CA19.9, CEA, AFP, chromogranin A and B and urinary 5HIAA), identify abnormalities, understand the implications and relevance of any abnormal findings especially in respect of the need for urgent further treatment, referral or admission and which service or specialty needs to be informed
4. Provide psychosocial support/Holistic Needs Assessment.
5. Health promotion advice where appropriate.
6. Ensure that at the completion of the telephone clinic consultation that the patients fully understand the findings, rationale for their ongoing and future treatment and have a robust follow-up plan.
7. Following the consultation a detailed summary of the discussion between the patient and the CNS will be documented in Somerset

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT		
Author / Lead Officer:	Cris Pollard	**Job Title:** Lead HPB Clinical Nurse Specialist
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Approved by:	**CHUGGS Quality & Safety Board**	**Date Approved:11th May 2021**

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Date	**Name**	**Dept.**	**Received**
	HPB Consultants	HPB Unit	
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APPENDICES

Appendix 1:

Training and assessment required for the HPB CNS Nurse to lead the MDT telephone clinic

Hepato-biliary and Pancreatic Clinical Nurse Specialist wishing to conduct the clinic must complete the appropriate training and assessments.

- The nurse must have an in-depth understanding of pre-operative assessment of HPB patients, operations that the patient may require.
- The nurse must have an understanding of tumour markers, and their significance in post operative screening. The nurse must be familiar of the normal ranges and deviations and be able to act appropriately. This can be achieved by self directed learning, instruction from a consultant, MDT discussions, collaborating on research and publications from the unit and attendance at appropriate national and international meetings.
- The nurse must have an understanding of any appropriate blood tests that have been performed. The nurse must be familiar with the normal range of blood tests and laboratory investigations in HPB patients, the significance of deviations and appropriately consequent actions.
- The nurse must be able to access all radiology reports and to do this requires that they have completed all their training and e-learning and have been granted access to all the necessary radiological systems.
- If appropriate, the nurse must arrange and co-ordinate any further tests which are indicated following discussion with the relevant senior clinician at the MDT or personally (generally consultant surgeon or radiologist).
- If appropriate the nurse must complete the necessary training and assessment to comply with the Ionising Radiation Medical Exposure Regulations (IRMER) to facilitate the ordering of the following radiology investigations:

  CT - chest/abdomen/pelvis
  MRI/MRCP - liver & pancreas
  Abdominal U/S scans of upper abdomen/gallbladder/biliary tree

- The nurse must be familiar with all relevant National Guidelines and keep up to date with any changes including those related to screening recommendations

Appendix 2

Training and Assessment Proforma for the HPB CNS:

1. **Observing HPB MDT**
2. **Observe a CNS performing a telephone clinic and actioning outcomes**
3. **Performing a CNS telephone clinic**

Part 1: The CNS will attend a minimum of 10 HPB MDT meetings and observe and understand the discussions and rational for any suggested further treatment or investigations. The CNS must also understand which of those outcomes can be appropriately conveyed to the patient over the telephone.

Part 2: The CNS will observe a minimum of 10 HPB CNS MDT telephone clinic consultations conducted by the Lead HPB CNS.

Part 3: The CNS will personally conduct a minimum of 10 HPB CNS MDT telephone clinic consultations under the guidance and supervisor of the Lead HPB CNS. The Lead HPB CNS will assess the structure and performance of the consultation and ensure that the discussions and actions are an accurate reflection of the MDT outcomes.

Following the assessments The Lead HPB CNS will, if satisfied with the performance, sign a declaration of competence.

PART 1

Date of MDT Meeting	Observing CNS Signature	Signature of CNS Team confirming attendance

PART 2

Date of CNS Telephone Clinic	Observing CNS Signature	Signature of the Lead CNS Conducting Telephone Call

PART 3

Date of CNS Telephone Clinic	Reason for Telephone Call & Outcome Actioned	Signature of the CNS Conducting the Telephone Call	Signature of Lead CNS Observing the Telephone Call

Record of HPB Clinical Nurse Specialist Competence

Demonstrate in depth knowledge of the disease group through discussion and reflective learning for a minimum of 10 individual cases (depending on individual level of competence) which includes:

Number	Competence	HPB CNS Sign / Date	Lead HPB CNS Sign / Date
1	Triaging patient that are discussed at the HPB MDT in respect of suitability for the Nurse Led Telephone Clinic		
2	Interpreting HPB MDT outcomes, (radiological, histology, blood test, interventional procedure report/results) and explaining the proposed treatment plan		
3	Escalating where appropriate with a clear rationale		
4	Communicating with a patient in an appropriate and sensitive manner when explaining results over the telephone		
5	Documenting clearly the patients treatment plan on Somerset under CNS activities		
6	Completing radiological and/or procedure request forms accurately with the pertinent clinical information		
7	Adhering to the NMC Code (2015) and recognising their level of competence and any limitations and working appropriately.		

Number of reflective clinical discussion held ……..

This is to confirm, that.....is competent to conduct a HPB CNS MDT Nurse Led telephone Clinic as defined within the boundaries of these guidelines.

Signature ..... (Lead HPB CNS)

Print …….

Date ……

Appendix 3

Radiology Table for Follow – Up Investigations

Follow-up for:	Radiological scan	Bloods	Time scale; Scan at
Colorectal liver metastases	CT Chest abdo/pelvis	CEA/LFT	6 months
	CT Chest abdo/pelvis	CEA/LFT	12 months
	CT Chest abdo/pelvis	CEA/LFT	18 months
	CT Chest abdo/pelvis	CEA/LFT	2 years
	CT Chest abdo/pelvis	CEA/LFT	3 years
	CT Chest abdo/pelvis	CEA/LFT	4 years
	CT Chest abdo/pelvis	CEA/LFT	5 years
Peri-amullary/pancreatic surgery/NETs	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	6 months
	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	12 months
	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	18 months
	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	2 years
	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	3 years
	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	4 years
	CT Chest abdo/pelvis	CA19.9/LFT/Chromogranin	5 years
Hepatico-jejunostomies	Abdominal ultrasound	LFT	6 months
	Abdominal ultrasound	LFT	12 months
	Abdominal ultrasound	LFT	18 months
	Abdominal ultrasound	LFT	2 years
	Abdominal ultrasound	LFT	3 years
	Abdominal ultrasound	LFT	4 years
	Abdominal ultrasound	LFT	5 years
Benign Liver / pancreatic pathologies	MRI liver/ pancreas/ MRCP	+/- LFT	6 months
	MRI liver/ pancreas/ MRCP	+/- LFT	6 -12 months
	MRI liver/ pancreas/ MRCP	+/- LFT	1 - 2 years
Primary liver cancer	CT Chest /abdo	AFP/LFT	6 months
	CT Chest/abdo	AFP/LFT	12 months
	CT Chest /abdo	AFP/LFT	18 months
	CT Chest /abdo	AFP/LFT	2 years
	CT Chest/abdo	AFP/LFT	3 years
	CT Chest/abdo	AFP/LFT	4 years
	CT Chest/abdo	AFP/LFT	5 years

Appendix 4

HPB CNS MDT Telephone Clinic

Date	Time	Hospital number	Name	Consultant	Outcome
	09:00				
	09.15				
	09.30				
	09.45				
	10.00				
	10.15				
	10.30				
	10:45				
	11:00				
	11:15				
	11:30				
	11:45				
	12:00				
	12:15				
	12:30				
	12:45				

Outcomes:

1. Further appointment
2. Refer to other clinician this trust
3. Refer to other clinician other trust
4. Open appointment.
5. Awaiting results.
6. Add to inpatient waiting list
7. Add to day case waiting list.
8. Add to endoscopy list.
9. Long term follow-up not made.
10. Discharge.
11. Admit as intended.
12. Admit directly.
13. Review in triage.