

Best practice case study: Velindre Cancer Centre, Cardiff

Velindre Cancer Centre is a specialist cancer centre providing services to over 1.5 million people across South East Wales and beyond. Each year the centre treats over 5,000 new patients.

Innovating Outreach and Self-Management

Delivering patient-centred care is a key part of Velindre's ambition, and Velindre NHS Trust has been asked by the Welsh Government to develop bold and exciting plans for patient-centred cancer services in South East Wales. This includes a new cancer treatment centre which will focus on treatment services such as chemotherapy and radiotherapy which will be located just off a major motorway running through South Wales so it is easily accessible for patients. The Velindre is also trying to increase their satellite units within other hospitals (with dedicated facilities) to increase community outreach. These units will include radiotherapy services for patients with metastases. In addition, Tenovus cancer charity has funded two mobile chemotherapy units that support the Velindre in providing these outreach services. This service is quite unique as members of the welfare rights team also attend to ensure a holistic approach to care is given to patients.

Patients receive a treatment summary at the end of their primary treatment with their treatment and care plan (as a four-page A5 size booklet) with detailed signs and symptoms of secondary disease, risk of relapse, and important contact numbers for advice. The Velindre are looking into doing something similar for secondary breast cancer patients for their ongoing treatments in order for patients to have a better understanding of their care. The team plans to trial the process in order to sort through challenges including confidential information in paper form being misplaced.

Multidisciplinary Team

The breast care team is committed to delivering a truly multidisciplinary service for people with secondary breast cancer. The team introduced Wales' first dedicated secondary breast cancer multidisciplinary team (MDT) meetings in 2010 for secondary breast cancer following the trust's involvement in Breast Cancer Care's Secondary Breast Cancer Taskforce. The MDT Coordinator adds all newly diagnosed secondary patients to the MDT meeting agenda as well as any patients who have had a query raised by a member of the team in regards to their treatment after their consultation at the secondary clinic. Velindre employs three breast nurses working in combined roles who have nurse-led clinics: one Breast Oncology Clinical Nurse Specialist and two Advanced Nurse Practitioners with prescribing abilities. There is also a nurse practitioner who covers two breast clinics a week in a prescribing capacity.

In addition to medical and nursing staff, a range of other professionals work as part of the MDT team, including a clinical psychologist, physiotherapist, palliative care consultant, pharmacist, clinical trials nurse, radiotherapy practitioner, a lead professional for complementary therapies and members of the on-site supportive care team.

Non-Clinical Support

The supportive care team brings together welfare rights, chaplaincy, and children and family social care professionals. The team is integrated into the nursing structure at the Trust, which helps to ensure early assessment and intervention for non-medical support needs, and signposting to other support services outside the hospital. The team has developed strong links with a local hospice, as well as other local services, including family support.

The palliative care team are also on-site and attend clinics for patients who have pain management and palliative care concerns.

The supportive care team are particularly important when patients are newly diagnosed with secondary breast cancer. Although a CNS usually carries out a Holistic Needs Assessment (HNA), they will ask for support from the support team for non-clinical concerns such as financial rights.

The breast care team believes that the demand for ongoing non-medical support has increased because of its efforts to integrate this type of care into the team, and to reach out to patients earlier and in a more structured way. The team feels that this helps to give people with secondary breast cancer more control over their lives. Patients and their families are more able to spot a potential issue early, and to seek the appropriate help before the issue escalates or becomes more serious.

