

# Delivering the Supportive and Palliative Care Improving Outcomes Guidance (IOG) across the East Midlands

## Priority 1 – Key Worker

Policy for the Key Worker role in the management of adult patients with cancer

## Document History

## Document Location

This document is only valid on the day it was printed.  
The source of the document will be found at this location –  
[www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)

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## Approvals

This document requires the following approval.

Name	Title	Date of Issue	Version
Mr T Rideout	Chief Executive NHS Leicester City	01/09/10	1.0

## Distribution

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This list is not exhaustive as dissemination will take place by the above groups

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## 1. Introduction

This Key Worker policy aims to provide clear corporate guidelines to ensure each clinical area is utilising best practice and that a consistent approach is being used across the East Midlands Cancer Network.

Care for patients with cancer is complex and often involves input from many different health professionals working in Primary Care, Secondary Care and specialist centres. Good co-ordination of care is therefore imperative. Patients find particular times of their treatment pathways challenging: the time around diagnosis, the period immediately following completion of treatment, the time of any relapse, and the time when it is clear that the end of life is approaching. It is imperative that effective systems are in place to promote continuity and to ensure that care is seamless from a patient's perspective (Cancer Reform Strategy, DOH 2007). Ensuring that care is well co-ordinated at both strategic and operational levels will lead to improved quality of life for patients and higher satisfaction with services.

An effective way of achieving seamless care is by ensuring all patients have an identified 'Key Worker' throughout their cancer journey. The National Institute for Health & Clinical Excellence (NICE 2004) suggested that teams should consider nominating, with the consent of the patient, a person to act as Key Worker to ensure that this co-ordination is achieved. The importance of a Key Worker has also been outlined in the majority of the National Institute for Clinical Excellence (NICE) site specific Improving Outcomes Guidance for cancer patients.

The Manual for Cancer Services (2004) supports the Cancer Peer Review process which promotes the multidisciplinary team approach to managing patients with cancer. It refers to the Clinical Nurse Specialist (CNS) as the 'Key Worker'. It is however recognised that it may not always be possible for the CNS to be the Key Worker especially within the Community setting.

### Definition of the Key Worker

NICE (2004) defines the Key Worker as:

*'a person who, with the patient's consent and agreement, takes a key role in co-ordinating the patients care and promoting continuity, ensuring the patient knows who to access for information and advice'.*

## 2. Purpose

The East Midlands Cancer Network policy is intended to assist teams to define the role and responsibilities of the Key Worker in any setting. The key stages of the cancer patient's journey have been identified to indicate where a Key Worker should be appointed and involved in the co-ordination of the patient's care (Appendix A). Where teams use this guidance to establish a Key Worker role for other disease pathways, the stages may vary slightly.

### **3. Objectives**

- To define the role of the Key Worker
- To define who/which professions would be appropriate to be a Key Worker
- To outline the competencies required by Key Workers
- To outline the responsibilities of the Key Worker
- To ensure the specialist multi-disciplinary teams incorporate the Key Worker role into operational policies and clinical practice
- To provide a model for use throughout the East Midlands Cancer Network
- To promote self awareness for staff and patients, posters are available in Appendix C-G
- To provide information of whom to contact and when they are available over a 24 hour period

### **4. Who can be a Key Worker?**

It is anticipated that the Key Worker will normally be a senior nurse. However the role may be undertaken by any number of health professionals and this may vary depending on the specialty or where the patient is on the cancer pathway (Appendix A).

The most appropriate people include:

- Consultants
- GPs
- Cancer Nurse Specialists or Consultant Nurses
- A member of the Specialist Palliative Care Team
- District Nurses, Advanced Care Practitioners, Community Matrons
- Allied Health Professionals

### **5. Allocation of the Key Worker**

- The Key Worker for every cancer patient should be allocated in the speciality multidisciplinary team (MDT) meeting by the core member(s) when the initial diagnosis is made and treatment planning decisions discussed **or** in a clinic when the patient is given their diagnosis and treatment options are discussed
- Within Secondary Care the Key Worker will ideally be a Clinical Nurse Specialist (CNS) where one is in post. In the absence of a CNS, a senior nurse or other health care professional, may be allocated as the Key Worker
- Within Primary Care the Key Worker should be someone with the appropriate competencies to carry out the role
- Patients need a Key Worker throughout their cancer journey irrespective of the care setting. At each of the stages identified below it is imperative there is a review and documented evidence that there has been a Key Worker allocated and identified to the patient:
  - Around the time of diagnosis

- Commencement of treatment (if appropriate for patient care)
- Completion of treatment
- Survivorship
- Disease Recurrence
- Palliative Care (The point of recognition of incurability)
- End Of Life Care
- At the patient's request without any explanation

The patient may request without any explanation a change of their Key Worker, staff should then follow their local policy.

## **6. Changes to the allocated Key Worker**

The Cancer Reform Strategy (DOH 2007) has placed the CNS firmly at the heart of patient care, and it challenges health care providers to continue to improve the cancer journey and patient experience. Clinical Nurse Specialists can play a crucial role in ensuring that patients and carers understand both what is happening to them and what is likely to happen to them as they progress through various phases of their illness and treatment. The provision of patient-centred, holistic care and clear and timely information can help patients to cope with their disease and enhance satisfaction with services. It can also enhance the patient's quality of life.

The Key Worker may change throughout the cancer journey as the needs of the patient change. It is essential that the patient is being guided by the appropriate health professional, e.g. a patient being treated for their primary disease who then needs palliative care/symptom management may require the expertise of a different health professional. When handover of the Key Worker role is indicated, it must be done in full consultation with the patient and carer, and the patient must be provided with revised contact details. A clear handover from one Key Worker to another must be negotiated and documented and all the relevant professionals informed. Changes must be kept to a minimum as the value of continuity cannot be over emphasised (Calman-Hine 1995).

If there is a change in the Key Worker the originator of the referral should contact the new Key Worker to confirm and establish a communication link, if this is necessary for the patient's ongoing care. An example of documentation 'Notification or Request for Allocation of a Key Worker' can be found in Appendix B.

In the absence of the Key Worker an appropriately qualified colleague will ideally provide cover. In the event of the absence of the Key Worker for a period of time (i.e. holidays, sickness), a replacement should be identified and acknowledged to the patient.

It may be appropriate to transfer the role to other members of the healthcare team, particularly when the patient is in the Primary Care setting. In consultation with the patient it may be agreed that it is appropriate for the patient to be allocated a Key Worker in both Primary and Secondary Care during treatment to ensure that complex needs are met and care is provided in the most appropriate setting, wherever possible avoiding unnecessary hospital admissions and expediting discharge. This

arrangement would help to ensure continuation of the Key Worker principles in the community. It provides a robust communication channel between Primary and Secondary Care to ensure the delivery of seamless care, and ensures that patients and their families are well supported and feel well supported.

## **7. Documentation and Record Keeping**

- The name and contact details of the health professional must be recorded in all patients' records with reference to the term **Key Worker**. This information needs to be available to all professionals involved in the care of the patient
- It is imperative where electronic systems exist that Key Worker details are recorded
- If a Key Worker has already been identified by the referring professional arrangements to hand over the Key Worker role must be made Appendix B
- Other health care professionals will be informed of the name of the Key Worker e.g. in GP letters and with the use of a notification letter
- The patient and carer will be informed of the name of the Key Worker verbally and will be provided with the name and contact details of the Key Worker in writing as a minimum. The patient should also receive an information leaflet on the Key Worker role Appendix C
- Each provider organisation should take responsibility for auditing the effectiveness of the Key Worker role as part of monitoring patient experience. This audit should take place at least two yearly (see section 12)
- Contact details of when the Key Worker is unavailable must be given to the patient

## **8. Holistic Needs Assessment (HNA)**

Key Workers are involved with the patient throughout their cancer journey, and are best placed to undertake Holistic Needs Assessments. Improving Supportive and Palliative Care for Adults with Cancer (NICE 2004) recommends that assessment should be ongoing throughout the course of a patient's illness. A structured assessment should be undertaken as a minimum, at key points in the patient pathway (Appendix A).

The Holistic Needs Assessment will happen irrespective of the care setting. In the initial stages of the patient's pathway this will predominately occur within Secondary Care, when the CNS is likely to be the Key Worker. A significant number will also be undertaken when the patient is within Primary Care. It is important to ensure ongoing support and communication links for patients in this setting, with the identification of an appropriate designated Key Worker.

The Cancer Action Team (2007) recommends that the assessment incorporates five main areas:

- Background information and assessment of preferences
- Physical needs
- Social and occupational needs

- Psychological well-being
- Spiritual well-being

It also recommends that a Holistic Needs Assessment tool is used. Guidance can be found in the East Midlands Cancer Network Guidelines for the Holistic Needs Assessment for adult patients with cancer (2010). Assessment should be seen as a continuous process. It forms a care planning framework to ensure that individual patient needs are met and helps to co-ordinate appropriate care packages. It enables a care plan for living beyond a cancer diagnosis to be developed at the end of primary treatment.

## **9. Core Responsibilities**

The Key Worker responsibilities include the following:

- Contribute to MDT discussions and patient assessment/care planning decisions of the team
- Act as an advocate for patients at the multidisciplinary team and where relevant offer insight into the concerns and wishes of the patients
- Lead on patient's communication issues and co-ordination of the patient's pathway for referral to the team
- Promote continuity of care and manage transitions of care throughout the patient pathway and across organisational boundaries
- Act as the first point of contact for the patient when advice and support is needed
- Enable patients faced with difficult decisions about treatment options to explore the implications of different choices in more detail and, where appropriate, discuss the possibility and implications of involvement in clinical trials and other research
- Facilitate and enable detailed discussions with patients and carers about issues such as side effects and access to psychological, spiritual and financial support to take place
- Orchestrate the individual assessment of a patient's needs
- Develop and agree a care/support plan with the patient and refer on to appropriate services where necessary
- Access the individual information needs of the patient throughout the patient's journey, ensuring that the scope, level and format of information matches the individual's wishes, and seeking specialist information support where needed
- Support patients in the development of self management strategies
- Ensure that the findings from the assessment and care plans are communicated to others involved in the care of the patient
- Provide detailed information, advice, care and support throughout the treatment pathway, liaising between health professionals to ensure continuity of care and a seamless service
- Play a key role in ensuring the patient receives their diagnosis and treatment within national targets



The Key Worker role will be defined in the Operational Policy of each cancer specialist team within Secondary Care. In addition, the hospital Clinical Nurse Specialist will:

- Provide expert professional advice and support to other health professionals in the specialist area of practice
- Ensure co-ordinated discharge planning and liaison with relevant Primary Care teams
- Following completion of treatment, undertake assessment to determine which patients need minimal ongoing support and could be managed by the community nurse and/or GP
- Alternatively, patients with more complex physiological and emotional needs will require increased support and monitoring by the Clinical Nurse Specialist and/or the community team. Patients with very complex ongoing psychological needs may require referral to psychology services and the ongoing support from the Clinical Nurse Specialist or community team
- Contribute to the management of the service
- Initiate/contribute to specialist audit and research

## **10. Competencies for Key Worker role**

The competencies identified below have been adapted from the Department of Health Core Competencies for End of Life Care June 2009, and the Marie Curie (2003) Spiritual & Religious Competencies for Specialist Palliative Care.

Develop communication skills and have the ability to:

- Communicate with a range of people on a range of matters in a form that is appropriate to them and the situation
- An ability to develop a rapport with patients and carers
- An ability to elicit the patient's key concerns at a pace directed by the patient
- Develop and maintain communication with people about difficult and complex matters
- Present information in a range of formats, including written and verbal, as appropriate to the circumstances
- Understand the importance and impact of non-verbal and verbal communication recognising the importance of active listening
- Utilise all forms of patient information to enable the patient to have a better understanding of their diagnosis and treatment plan (Patient Information: refer to East Midlands Guidelines for Holistic Needs Assessment for adult patients with cancer (2010))
- Listen to individuals, their families and friends about their concerns and provide information and support
- Work with individuals, their families and friends in a sensitive and flexible manner, demonstrating awareness of the impact of a cancer diagnosis. Be able to recognise their priorities and their ability to communicate may vary over time
- Act as an advocate for the patient who has or may have had cancer

- Initiate and participate in MDT discussion and case conferences with all professionals involved in the delivery of patient care
- Understand confidentiality with regard to the patients/carers personal information and what may be shared within the MDT
- Act as a communication resource and co-ordinator for other members of the multi-professional team
- Ensure accurate follow-up documentation is maintained including any changes in the named key worker
- Has sufficient knowledge and links with national/local support groups and to be able to provide/record information relating to these groups to guide and advise patients

### Assessment and Care Planning

- Recognise their own personal limitations
- Document patient/carer information in a way that respects confidentiality of individuals and of the MDT
- Understand the range of assessment tools, ways of gathering information, and their advantages and disadvantages
- Document the assessment, intervention, outcomes and referrals for patients/carers
- Assess pain and other symptoms using assessment tools, pain history, appropriate physical examination and relevant investigation
- Undertake/contribute to multi-disciplinary assessment and information sharing
- Ensure that all assessments are holistic, including:
  - Background information
  - Current physical health and prognosis
  - Social/occupational well-being
  - Psychological and emotional well-being
  - Religion and/or spiritual well-being, where appropriate
  - Culture and lifestyle aspirations, goals and priorities
  - Risk and risk management
  - The needs of families and friends, including carer's assessments
- Regularly review assessments to take account of changing needs, priorities and wishes, and ensure information about changes is properly communicated
- Co-ordinate the onward referral of patient and/or family members to appropriate clinical or support services
- Utilise support strategies and interventions available, initiating appropriate referrals when caring for patients with complex needs, e.g. patients exhibiting denial/anger following cancer diagnosis, adverse reactions to altered body image
- Understand the ethical issues relating to treatment in advanced disease

### Symptom management, maintaining comfort and well being

- Be aware that symptoms have many causes, including the disease itself, its treatment, a concurrent disorder, including depression or anxiety, or other psychological or practical issues

- Understand the significance of the individual's own perception of their symptoms to any intervention
- Understand that the underlying causes of a symptom will have an impact upon how care should be delivered
- Understand the range of therapeutic options available, including drugs, hormone therapy, physical therapies, counselling or other psychological interventions, complementary therapies, surgery, community or practical support
- In partnership with others, including the individual, their family and friends, develop a care plan which balances disease-specific treatment with other interventions and offer support that meet the needs of the individual
- In partnership with others implement, monitor and review the care plan
- Awareness of cultural issues that may impact on symptom management
- Be aware of local contact arrangements in the event of patients experiencing unwanted side effects

### Advance Care Planning

- Demonstrate awareness and understanding of Advance Care Planning, and the times at which it would be appropriate
- Demonstrate awareness and understanding of the legal status and implications of the Advance Care Planning process in accordance with the provisions of the Mental Capacity Act 2005
- Show understanding of Informed Consent, and demonstrate the ability to give sufficient information in an appropriate manner
- Use effective communication skills when having Advance Care Planning discussions as part of ongoing assessment and intervention
- Work sensitively with families and friends to support them as the individual decides upon their preferences and wishes during the Advance Care Planning process
- Where appropriate, ensure that the wishes of the individual, as described in an Advance Care Planning statement, are shared (with permission) with other workers

### Spirituality & Religion

- Recognise that everyone has a spiritual dimension, and that some people will have a religious element to their spirituality
- Recognise their personal boundaries in spiritual care and know when to refer on for more experienced assistance whilst understanding the skills that other members of the MDT possess in relation to spiritual care
- Understand the nature of spiritual assessment including religious and ethical dimensions
- An ability to describe and understand the definitions of spiritual and religious needs

## 11. Training and preparation for the Key Worker role

- The Key Worker must be either a recognised core-member of the relevant cancer tumour site MDT/specialist Palliative Care MDT or a member of the patient's primary health care team
- The Key Worker should have undertaken training and education in communication and/or counselling skills, and for core MDT members within Secondary Care, ideally have undertaken the National Advanced Communication Skills Training course
- In Secondary Care the Key Worker must have expert knowledge in the field of cancer and cancer treatments
- The Key Worker must have a good knowledge and understanding of the services available in the locality and how the link can be made to these services
- In Primary Care the Key Worker must have the knowledge to ensure the timely and appropriate re-referral back to the specialist MDT should the need arise
- The Key Worker is responsible for identifying any other individual training needs required in relation to fulfilling this role
- The line manager should ideally ensure appropriate clinical supervision is available for individuals taking on this role

## 12. Minimum standard and outcome measures

NICE recommends that each multidisciplinary team or service should implement processes to ensure effective inter-professional communication within and between teams and other service providers with whom the patient has contact. Mechanisms should be developed to promote continuity of care. This includes the nomination of a person to take on the role of Key Worker for individual patients.

The audit process will measure that the Key Worker has been allocated through a systematic review of patient's notes, against the following criteria:

- Proportion of cancer patients with a documented Key Worker at different stages of their care pathway wherever the care setting
- 70% rising to 100% of patients have access to a Key Worker, to meet the core deliverables *Delivering the Supportive and Palliative Care Improving Outcomes Guidance (IOG) across the East Midlands* (Appendix H)

Measures to be evidenced in the audit

- The name and contact details of the health professional must be recorded in all patients' records with reference to the term **Key Worker**
- The Key Worker's professional title
- Evidence that the patient has received the contact details of the Key Worker both verbally and written and issued with a Key Worker leaflet
- The point of which the Key Worker was allocated on the cancer pathway
- Evidence of the transfer of the Key Worker role if applicable and out of hours contact details given

- Evidence of a Holistic Needs Assessment and evaluation
- Evidence of using a screening tool to identify psychological support needs (the network have identified the Distress Thermometer as best practice)

### **13. Summary**

If patients with cancer have an identified Key Worker throughout their cancer pathway incorporating the above principles this will improve co-ordination of care and quality of the patient experience. Patients and carers should be better informed, supported and empowered at all stages of their cancer pathway. This should lead to fewer complications a potential reduction in unnecessary hospital re-admissions and reducing the need for lengthy hospital stays.

*There are also sound economic arguments for supporting patients to manage their care at home and helping them through the complex systems of health care provision. The National Audit Office's End of Life Care report estimated £104m savings by reducing emergency admissions by 10 per cent, and reducing the length of stay by 3 days. (National Cancer Action Team 2010).* To enhance this throughout a 24 hour period of care it is essential that patients and staff are aware of whom to contact for advice and support at all times, especially when the nominated Key Worker is not on duty.

## References and bibliography

Calman Hine (1995). *A policy framework for commissioning cancer services: A report by the Expert Advisory Group on Cancer to the Chief Medical Officers of England and Wales*. London: DOH.

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National Cancer Action Team (2010) *Quality in Nursing Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist*

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Department of Health *Core Competencies for End of Life Care June 2009*

Marie Curie *Spiritual & Religious Competencies for Specialist Palliative Care (2003)*

## 14. Acknowledgements

East Midlands Cancer Network Lead Nurse and AHP group

East Midlands Cancer Network Supportive and Palliative Care Service Improvement Facilitators

East Midlands Cancer Network Patient Partnership groups

East Midlands Cancer Network Supportive and Palliative Support group

# Appendices

Appendix A - Cancer Patient Pathway

Appendix B - Notification or Request for Allocation of Key Worker for Cancer Patients

Appendix C - Guidance for the use of the Information for Patients and Carers Leaflet

Appendix D - Key Worker Information Poster

Appendix E - Key Worker Contact and Information Poster

Appendix F - Key Worker Information Poster for Professionals

Appendix G - Responsibilities of the Key Worker Poster for Professionals

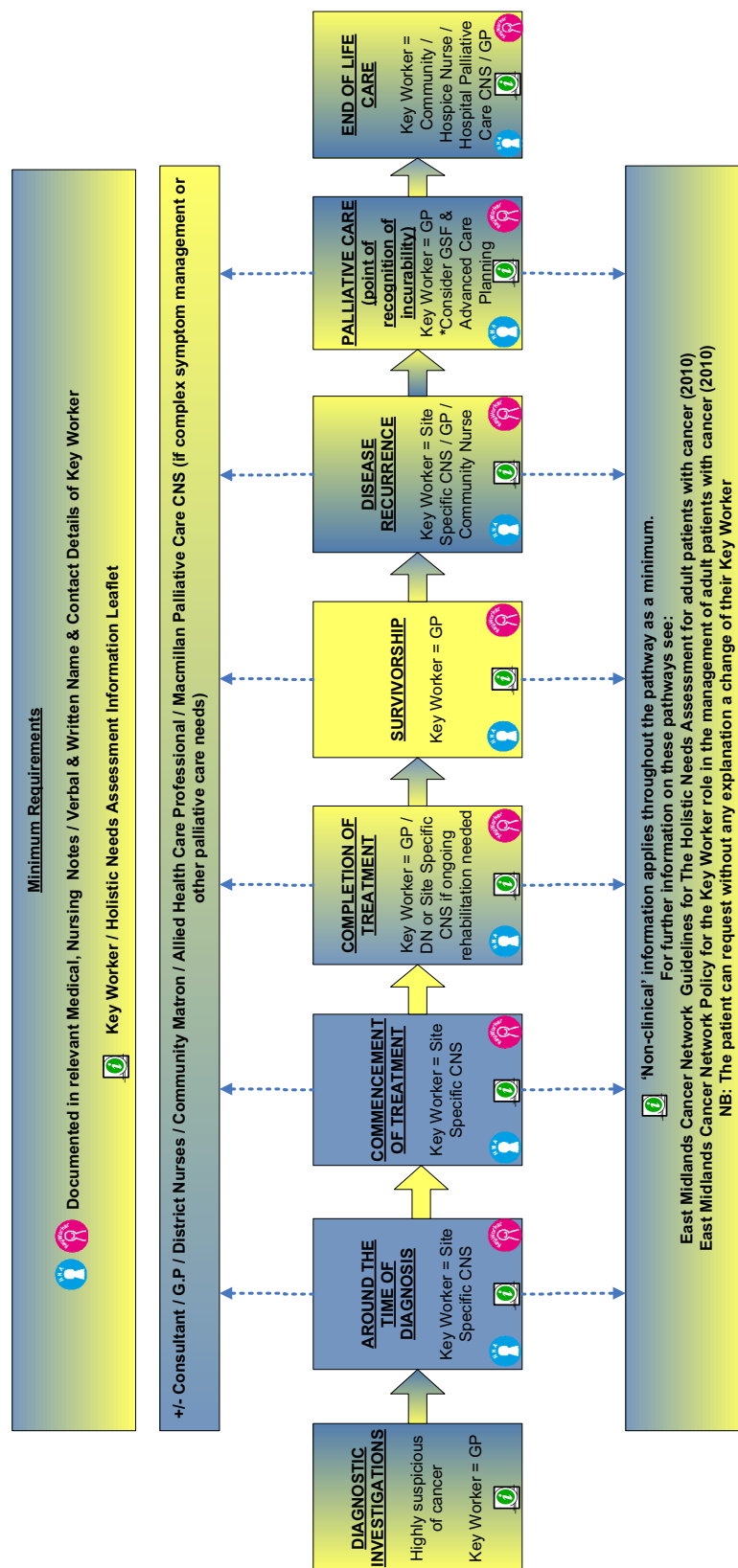
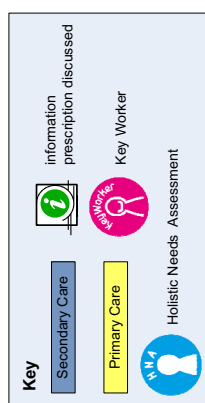
Appendix H - Delivering the Supportive and Palliative Care IOG

# Appendix A - Cancer Patient Pathway



East Midlands Cancer Network

## CANCER PATIENTS PATHWAY RECOMMENDED STAGES FOR ALLOCATION OF KEY WORKER & HOLISTIC ASSESSMENT



This chart is designed to guide clinicians on the most appropriate healthcare professionals to act as the patients Key Worker at all stages in the cancer patients care pathway. In most cases the hospital site specific Clinical Nurse Specialist will be the Key Worker during the acute treatment stages. The GP, working in collaboration with other professionals, may be the Key Worker when patients are in the community. At the End Of Life the Key Worker may change depending on which care setting the patient is in i.e. home, hospice, hospital.



## **Appendix B - Notification or Request for Allocation of Key Worker for Cancer Patients**

- This leaflet can be printed off in colour or black and white and will fit onto an A4/A3 size paper
- Please go to the EMCN website [www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)

# Notification or Request for Allocation of **KeyWorker®** for Cancer Patients

Patient Name:	GP Details:
Address:	DOB:
	NHS No:
	Hospital No.
	Contact Details:
I am the current Key Worker (name & designation)	Please contact me as a resource if appropriate <input type="checkbox"/>

Complete/Tick box as appropriate

<b>Please assign appropriate Key Worker</b> <input type="checkbox"/> I have discharged the patient from my care and request a nominated Key Worker from your team
<b>Notification of Transfer of Key Worker</b> <input type="checkbox"/> I have discharged this patient from my care, and transferred the Key Worker status to: (name & designation)
I have informed the following services which are involved with this patient: <i>(List as appropriate)</i> ..... .....
This patients needs to be included on your Gold Standard Framework register <i>(Please indicate)</i> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
Signature: _____ Date: _____

## KEY WORKER - GUIDELINES

If you need to discharge the patient from your care and request a new Key Worker

- Forward the Notification of Key Worker to an appropriate healthcare professional

**If you have received communication regarding Key Worker (Notification or request of Key Worker):**

- Decide if you are the most appropriate person to oversee this patient's care, checking who else is involved. If appropriate, and with their consent, share any relevant information across all organisational boundaries to include; Primary / Secondary Care, Out of Hours & East Midlands Ambulance Service.
- If it is not you, refer back to the originator and ensure you have documentation confirming that this person has received the message. This will ensure continuity of the Key Worker.

- If you become the Key Worker contact the originator of the referral, to confirm and establish a communication link, if this is necessary for the patient's ongoing care.
- Notify the Patient and carer that you are their Key Worker and leave details of how to contact you or your service over a 24 hour period. Give the patient any appropriate leaflets and information.
- Document Key Worker and Holistic assessment in your own organisational notes or IT system, so there is a clear pathway of the patient's Key Worker.

### Reference:

Improving Supportive and Palliative Care for Adults with Cancer (NICE 2004)



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## **Appendix C - Guidance for the use of the Information for Patients and Carers Leaflet**

- This leaflet can be printed off in colour or black and white and will fit onto an A4/A3 size paper
- This leaflet will need reversing and printing on the second page to ensure the information is transferred to both sides (duplex printing)
- The Key Worker card can also be printed off and slotted onto page 3 of the leaflet. Alternatively you could use a current business card
- Please go to the EMCN website [www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)

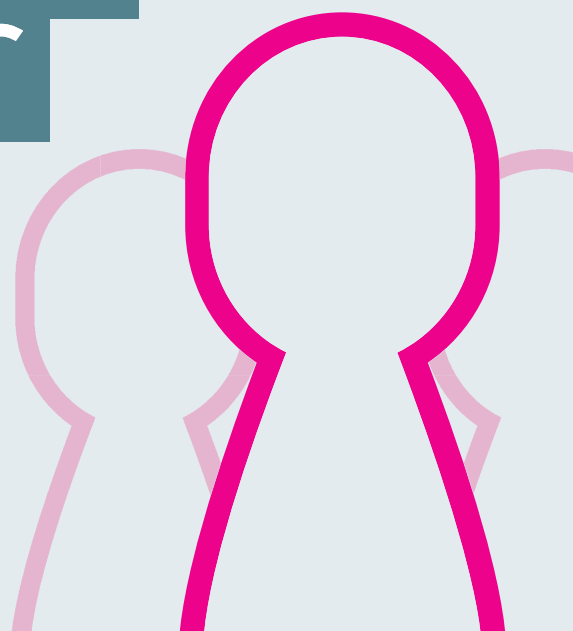
# You and Your Key Worker

Information for  
Patients and Carers

KeyWorker®



East Midlands Cancer Network



## What is a **Key Worker**?

This leaflet is for people diagnosed with cancer, and people caring for them. It's about the role of the **Key Worker**.

Everyone diagnosed with cancer should have a **Key Worker**. The **Key Worker** may change, for example when your hospital treatment is finished and you're at home, but you should always have a **Key Worker** you are happy to contact for information and advice.

Your **Key Worker** will know about your illness and treatment, and what should happen next. If they don't have the answer to your question, they will find the right person to help you.

Your **Key Worker** might be a Doctor, Nurse or other Health Professional, but you should know who it is, and how to contact them.

If you are happy for your **Key Worker** to help, they will

- ✓ Be your main point of contact
- ✓ Find out what help and support you need, and make sure you get it
- ✓ Give advice to you and your carers
- ✓ If they can't help you themselves, they will find out who can
- ✓ Inform you who to contact when unavailable

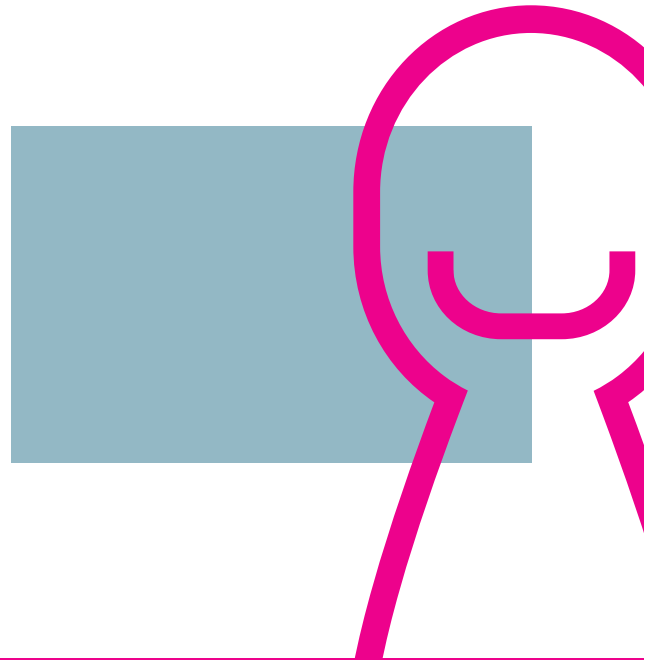


Do you know who  
your **Key Worker** is?

IF YOU ANSWERED NO?

You can ask your healthcare  
team who your **Key  
Worker** should be:

- If you're going to hospital,  
ask the Clinical Nurse  
Specialist (CNS), Doctor or  
other Health Professional.
- If you're at home, contact  
your Surgery or Health  
Centre for advice during  
normal opening hours.
- If you go to the Hospice,  
you can ask there, too.

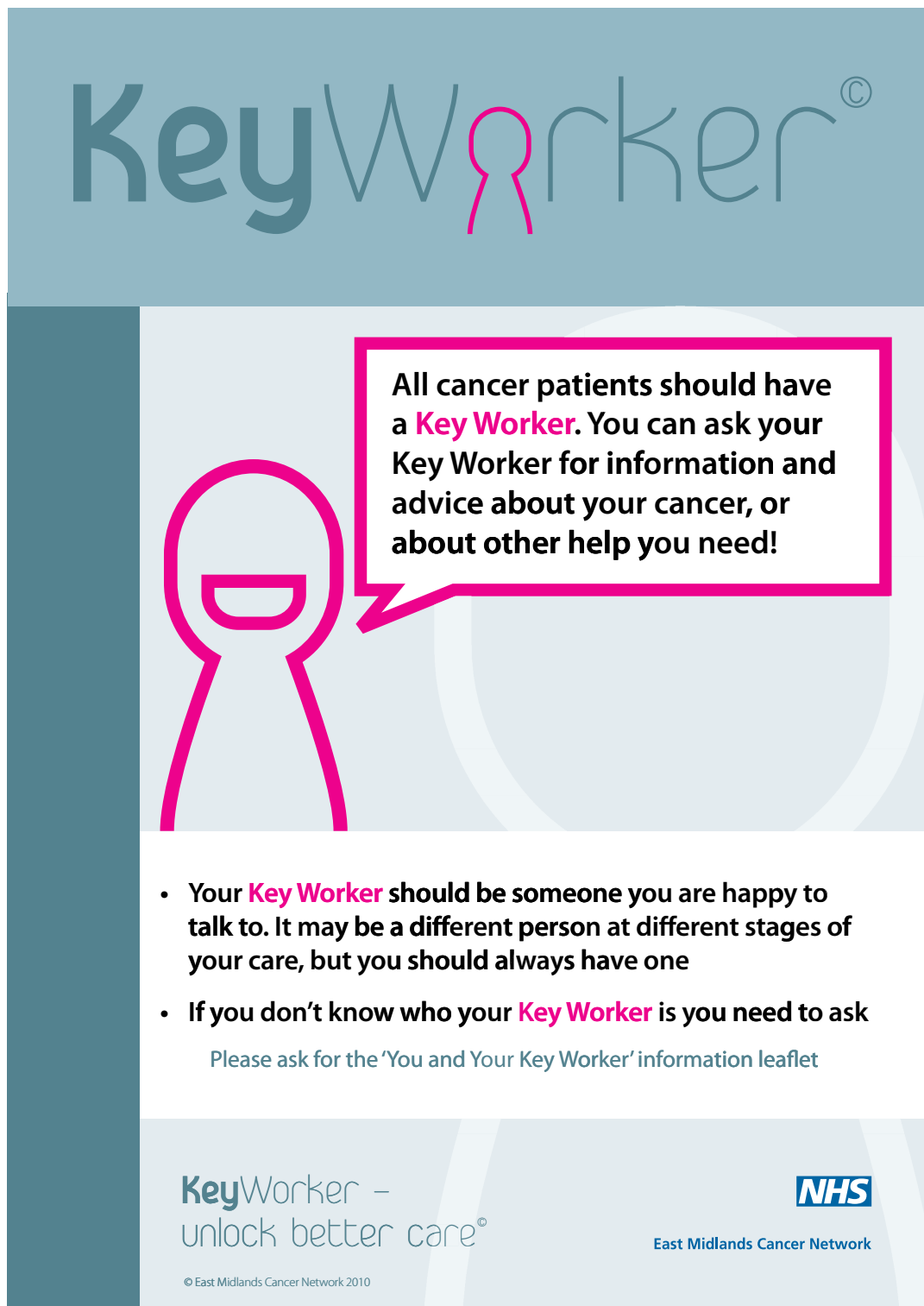


**KeyWorker**®  
unlock  
better care®

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## Appendix D - Key Worker Information Poster

- This poster can be printed in either colour or black and white, in any size including A4, A3 and A1
- It has been designed to be suitable for generic clinical/patient areas to raise awareness of the Key Worker role and offer guidance/signposting to find out more information
- It could also be used as a patient information leaflet for general distribution
- Please go to the EMCN website [www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)




## Appendix E - Key Worker Contact and Information Poster

- This poster can be printed in either colour or black and white, in any size including A4, A3 and A1
- It has been designed to be suitable for cancer specific clinical/patient areas to raise awareness of the Key Worker role and offer guidance to find out more information
- It offers advice on how to contact the Key Worker
- It could also be used as a patient information leaflet for general distribution
- Please go to the EMCN website [www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)




# Do you know who your **KeyWorker** is?

You should know who your **Key Worker** is at all times. This includes when you are diagnosed, having treatment and when you are living at home and being cared for by your GP and Community Team.

 **Do you know how to contact your **Key Worker** if you have any questions about your cancer diagnosis?**

If you have answered NO or have not been allocated a **Key Worker** please contact:


- If you're going to hospital, ask the Clinical Nurse Specialist (CNS), Doctor or other Health Professional
- If you're at home, contact your Surgery or Health Centre for advice during normal opening hours
- If you go to the Hospice, you can ask there, too

 **Your **Key Worker** is your contact for information and advice about your illness**

If they can not help you directly they will refer you to the most appropriate services for your needs.

Please ask for the 'You and Your Key Worker' information leaflet

**KeyWorker**®



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## Appendix F - Key Worker Information Poster for Professionals

- This poster can be printed in either colour or black and white, in any size including A4, A3 and A1
- It has been designed to be suitable for staff areas to explain the role of Key Worker for professionals
- It gives information about the roles of the Key Worker as per the NICE guidelines (2004)
- It could also be used as a staff information leaflet for general distribution
- Please go to the EMCN website [www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)



The poster features a blue header with the NHS logo and 'East Midlands Cancer Network' on the left, and the 'KeyWorker' logo on the right. The main content area is white with a blue vertical bar on the left. It contains a definition of a Key Worker, three bullet points describing their roles, and a footer with the slogan 'KeyWorker – unlock better care' and a copyright notice.

**NHS**  
East Midlands Cancer Network

**KeyWorker**®

A named professional who is best placed to ensure timely co-ordinated, holistic care

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

The **Key Worker** may change throughout the cancer pathway to meet the needs of the patient. It is essential that the patient is supported by the health professional with the most appropriate expertise

The **Key Worker** may not always be the deliverer of care but will be the coordinator of any care given

-  To be the principal point of contact, and ensure the patient has their details. To be available to offer advice or signpost for specific problems (telephone or direct contact)
-  To ensure all the Patients Physical and Supportive care needs are identified by the use of a Holistic Needs Assessment and if help is needed will coordinate appropriately
-  If the **Key Worker** can not help directly, it is important to refer to the most appropriate services for the patients needs. Sometimes keeping overall responsibility or transferring the **Key Worker** role if appropriate

**KeyWorker** – unlock better care®

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## Appendix G - Responsibilities of the Key Worker Poster for Professionals

- This poster can be printed in either colour or black and white, in any size including A4, A3 and A1
- It has been designed to be suitable for staff areas to explain the responsibilities of the Key Worker for professionals
- It could also be used as a staff information leaflet for general distribution
- Please go to the EMCN website [www.eastmidlandscancernetwork.nhs.uk](http://www.eastmidlandscancernetwork.nhs.uk)

The poster features a blue header with the NHS logo and 'East Midlands Cancer Network' on the left, and the 'KeyWorker' logo on the right. The main body is white with a large blue vertical bar on the left. The title 'Responsibilities' is in a large, light blue font. Below it is a list of nine responsibilities, each preceded by a pink checkmark. The text 'Key Worker' is highlighted in pink throughout the list. At the bottom right, the slogan 'KeyWorker – unlock better care' is displayed, with a small copyright notice below it.

**NHS**  
East Midlands Cancer Network

**KeyWorker**®

### Responsibilities

- ✓ To take ongoing responsibilities of the patient's care
- ✓ To explain the role of the **Key Worker**
- ✓ The patient has relevant leaflets and information
- ✓ Document **Key Worker** details within all relevant healthcare records
- ✓ Assessment of the patient's needs through a Holistic Needs Assessment (see EMCN guidelines)
- ✓ Signposts patient to other appropriate services for any of their needs
- ✓ Co-ordination and maintain continuity of care
- ✓ A clear transfer from one **Key Worker** to another must be negotiated and clearly documented
- ✓ To inform the patient who to contact when the **Key Worker** is unavailable

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## **Appendix H - Delivering the Supportive and Palliative Care Improving Outcomes Guidance (IOG) across the East Midlands**

### **Priority 1 - Key Worker**

NICE Recommendation: Each multidisciplinary team or service should implement processes to ensure effective inter-professional communication within teams and between them and other service providers with whom the patient has contact. Mechanisms should be developed to promote continuity of care, which might include the nomination of a person to take on the role of 'Key Worker' for individual patients

### **Core Deliverables as outlined in the Supportive and Palliative Care IOG Implementation Stocktake (January 2009)**

- An agreed and disseminated network wide Key Worker policy, which outlines the Key Worker roles along the pathway
- Each MDT Operational Policy includes local implementation processes for the network Key Worker policy. Including of the process of communication/sharing information between colleagues/across sectors
- Patients and carers are given information on who they can contact at any time day or night to obtain advice, support or services
- Patient information which has been offered and accepted, or declined should be documented in patient notes
- Relevant competencies in place for Key Worker/co-ordinating roles
- Education and training strategy developed for the Key Worker role
- Education and training programme in place for delivering the key competencies
- Network wide Key Worker audits, based on agreed policies undertaken by providers and shared by commissioners
- Audit results shown to have informed service development plans and remedial action plans developed
- 70 % of patients have access to a Key Worker, as outlined in the network Key Worker policy (evidenced by audit being undertaken) by the end of March 2011
- 100% of patients have access to a Key Worker as outlined in the network Key Worker policy (evidenced by audit being undertaken) by the end of December 2011

#### **Underpinning Processes:**

- Identify and engage with relevant provider organisations
- Mapping exercise undertaken to determine the key co-ordinating roles (case manager, CNS, GP) exist in clinical teams as the patient progresses along the pathway. At the same time review what inter-professional communication mechanisms exist for transferring information between teams and other service providers
- Key Worker leads with defined roles and responsibilities identified at key points across the pathway
- MDT level guidance, based on the policy, issued to teams by December 2010



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