

Creating an acute medicine and acute oncology interface – chief registrar as a ‘change agent’

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Introduction

The Future Hospitals Programme brings timely and effective specialist care to patients both in hospital and the community, a critical component of which is ambulatory care. There is a significant interface between acute ambulatory care and acute oncology including patients with new cancer diagnoses presenting with rapid development of symptoms.

Aims

The aim of this project was to improve the patient journey for people with cancer and acute illness by creating an interface between the acute oncology service (AOS) and acute medicine. We wanted to minimise delays in specialist decisions, reduce hospital admission and improve the patient and carer experience. We identified the problems with the existing patient pathway, which were tackled as part of the chief registrar programme.

Problems identified and solutions created

- Referral system → Electronic referral system designed. Referral guidance written for acute medicine teams following consultation with oncology and medical teams.
- Patients lost in a gap between ambulatory care and oncology → ‘Virtual Ward’ of all oncology patients seen and weekly board round with Acute oncology.
- MDT outcomes communication → standardised across MDTs.

Discussion

We overcame issues of separate sites, directorates and silo working with the chief registrar spending ‘immersion time’ in oncology to understand processes of care and specialty perspectives. The chief registrar is a change agent. They are senior enough to be credible yet junior doctor status ensures that they are seen as non-threatening by other specialties during

a period of change. On reflecting with supervising consultants, this is a significant strength of the chief registrar programme. ■

Conflict of interest statement

None.