



Patient Electronic Alert to Key Worker System (PEAKS) Guidelines for Oncology and Specialist Palliative Care Patients

This procedural document supersedes: PAT/EC 4 v.4 – Patient Electronic Alert to Key Worker Systems (PEAKS) Guidelines for Oncology and Specialist Palliative Care Patients



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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	27 April 2021	<ul style="list-style-type: none"> • Patients lacking Capacity Statement added • Date Protection section added • Index updated 	L Barnett
Version 4	19 September 2018	<ul style="list-style-type: none"> • Format changed in accordance with latest Trust template • Duties and responsibilities added • 4.2 last bullet point changed to AOS review within 24 hours in accordance with National QST clinical indicators and specialised commissioning guidance • Training and support section added 	Stacey Nutt
Version 3	25 January 2016	<ul style="list-style-type: none"> • The role of the Acute Oncology CNS and key worker amended throughout. • Definitions included. • Appendix 1 - Removal of audit proforma as this is no longer used, or required in the policy. 	Debbie Sadler/ Stacey Nutt
Version 2	December 2012	<ul style="list-style-type: none"> • Added Acute Oncology CNS throughout. • Item 4 - Removed last two bullet points as this proforma is no longer used. • Appendix 1 revised and updated with new proforma. 	L Barnett
Version 1	June 2010	<ul style="list-style-type: none"> • Reviewed without change. 	L Barnett
Version 1	July 2009	<ul style="list-style-type: none"> • This is a new procedural document, please read in full. 	L Barnett

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1 INTRODUCTION

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides cancer services to a population base of 430,000 people. Cancer patients may present as emergency admissions into the Trust via a number of different routes. The hospitals' Emergency Departments would be the main route in, however other areas such as Medical Assessment Units, Outpatient Clinics and transfers from other Trusts would also be utilised by this patient group. It should be noted that the PEAKS system (Patient Electronic Alert to Key worker System) is utilised by other specialities and this policy is applicable to the notification of admission for oncology/haemato-oncology/specialist palliative care patients only. Any other users of the PEAKS system who use it for their own patients take full responsibility for their patients and not Acute Oncology Service (AOS) or cancer clinical nurse specialists.

The Macmillan Lead Cancer Nurse and Specialist Cancer Nursing Team have identified a requirement for a system that will notify an oncology/haemato-oncology/specialist palliative care patient's Key worker when the patient is unexpectedly in contact with the hospital for medical care; either admitted directly as an inpatient or attending the Emergency Department. The Patient Electronic Alert to Key worker System (PEAKS) will send messages in the form of e-mail and SMS messaging to the Key worker and Acute Oncology Nurse identifying the patient and location of attendance. This enables contact to be made with clinical staff assessing the patient, to ensure that they are fully aware of the patient's medical history, current diagnosis and cancer pathway.

The Hospital Specialist Cancer Nurses work within ten clinical teams comprising; Lung, Breast, Upper GI, Lower GI, Urology, Haematology, Head & Neck, Gynaecology, Acute Oncology, Cancer of Unknown Primary Site and Palliative care.

Through an improved cross site communication capability provided by the system, patients will have the assurance that their Key worker is made aware of their attendance and that they are being cared for in the most appropriate setting by staff with the knowledge and skills required to deliver high quality care.

2 PURPOSE

To establish standards of safe practice across the organisation, ensuring that the appropriate person, in the appropriate place in an efficient and timely manner is able to care for oncology, haemato-oncology and specialist palliative care patients identified via the PEAKS system when being admitted as an emergency within the Doncaster and Bassetlaw Locality.

This guideline is intended to ensure oncology, haemato-oncology and specialist palliative care patients are assessed prior to admission not admitted to assess and are cared for by the appropriate team in the most appropriate place. It ensures the Acute Oncology Clinical Nurse Specialist (CNS) /Key worker is aware of the patient's attendance to hospital and is able to support the patient, carer and clinical team as required. The aim therefore is to reduce inappropriate emergency admissions, reduce emergency length of stay and improve the patient's experience.

3 DUTIES AND RESPONSIBILITIES

3.1 Cancer Multidisciplinary Team (MDT)

When a patient is diagnosed with cancer at the site specific Multi-disciplinary Team Meeting (MDT), the Key worker will add the patient to the site specific PEAKS database and decide whether it is appropriate for the patient to be added to the alert also; e.g. the patient is receiving systemic anti-cancer treatment, or other active treatments or is newly diagnosed

3.2 Cancer Clinical Nurse Specialists (CNS) – Key Worker

The Clinical Nurse Specialists within the site specific cancer teams are responsible for ongoing maintenance of the patient's active on PEAKS. Ensuring that once patients are no longer on active follow up they are deactivated on the system.

As the patients Key Worker they have a responsibility to respond to the PEAKS alert when it is received, establishing the reason for admission/presentation and providing appropriate advice and guidance to the clinical area as well as support to the patient and/or their carers.

3.3 IT

IT are responsible for the maintenance of the PEAKS system. The AOS team must notify IT immediately of any system failures.

4 PROCEDURE

The activation of the alert will happen when the patient arrives at hospital and is registered onto the CaMIS system or Emergency Department work system Symphony. This alert informs the Acute Oncology CNS and Key worker of the patient's whereabouts in the hospital. The Acute Oncology CNS will contact the department where the patient has presented if they are on the PEAKS alert, otherwise the patients key worker will contact the department, to ascertain their reason for attendance. If the reason is related to their cancer diagnosis, the Acute Oncology CNS or key worker will attend the department and assess the patient, enabling communication to the medical team about the patient's pathway and treatment plan. In addition the Key worker can advise about management, especially symptom control and the patient's preferred place of care. The patient's care is further improved by clear communication and of improved quality.

4.1 Attendance at hospital

- When the patient attends any hospital site within the locality in an unplanned capacity, registration of their details onto CaMIS or Emergency Department (ED) work system Symphony will trigger the electronic alert. This will be sent to the registered NHS email address and also as a SMS message to the site specific key worker and the AOS CNS.

Patients Lacking Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

4.2 AOS Nurse / Key worker

- The Acute Oncology CNS or Key worker contacts the area of attendance as soon as possible, within a maximum of four hours, and gathers patient information to assess if an admission is required.
- If admission is necessary and cancer related, the Key worker will be informed by the Acute Oncology CNS. From then on the Key worker will take responsibility for monitoring the patient's ongoing management in the most appropriate clinical area.
- The Acute Oncology CNS / Key worker will liaise with the admitting team informing them of the patient's pathway including the preferred place of care, advance decision to refuse treatment (if in place) and any other relevant information.
- If the patient can be cared for in primary care or is transferred to another department, the Acute Oncology CNS / Key worker will liaise with community nursing colleagues especially if a follow-up visit or appointment is required.
- During the patient's admission the Key worker continues to work with the team and support the patient and family.

- For out of hour's admissions, the assessing team continue to follow processes developed and agreed by each cancer team, allowing the Acute Oncology CNS to assess the patient within 24 hours of admission.

4.3 AOS Minimum Dataset

- The Acute Oncology CNS keeps a database of all PEAKS alerts received on a daily basis and these are logged and entered into an Excel spreadsheet. The Acute Oncology Nurse collects a minimum dataset of all patient alerts including reason for admission whether this is cancer related, response time and time spent with the patient. It also demonstrates whether admissions have been avoided. An annual report is collated from this data to inform service development and ensure that patients are being seen within the stated 4 hour period.
- The data collected is presented to the Trust AOS Steering group yearly and is submitted to the National QST. It is also shared with the CCG and Trust Cancer Management Team.
- The Acute Oncology Nurses are responsible for ensuring audits are completed annually for Neutropenic sepsis and Metastatic Spinal Cord Compression.

5 TRAINING/SUPPORT

- MDT Coordinators must receive training in how to enter patients onto the PEAKS system from the IT department or manager
- See The Trust's Statutory and Essential Training (SET) Policy – CORP/EMP 29 – training needs analysis.
- Key workers must be aware of the criteria for activating/deactivating patients onto PEAKS – this is part of the induction for newly appointed Clinical Nurse Specialists as it is recommended that they spend a day shadowing the AOS team.
- AOS to liaise with cancer site specific key workers for ongoing training and support in using the system

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Number of PEAKS alerts received	Acute Oncology CNS Team	This is monitored and recorded daily	This is reviewed annually and reported to the Lead Nurse Cancer, Cancer Management Team and the Doncaster CCG and National QST
Number of PEAKS alerts responded to within 4 hours of admission and within 24 hours if attendance is out of hours	Acute Oncology CNS Team	This is monitored daily	This is reviewed annually and reported to the Lead Nurse Cancer, Cancer Management Team and CCG
Number of referrals that are missed due to not being on the PEAKS system	Acute Oncology CNS Team	This monitored and recorded daily	Datix forms are completed and this is forwarded to the MDT coordinator and the site specific teams.
PEAKS alerts not received due to the IT system being out of order	Acute Oncology CNS Team	This is monitored and recorded daily	Datix forms are completed and the IT service desk contacted to resolve the issue. The emergency areas are informed and verbal referrals are then given. These incidents are discussed in the SSCG clinical governance meeting.
Audit of patients admitted with suspected Metastatic Spinal Cord Compression (MSCC) or Neutropenic Sepsis	Acute Oncology CNS Team	MSCC annually Neutropenic sepsis quarterly	Case note review and reported to AOS steering group and clinical governance
Compliance of the AOS minimum dataset	Acute Oncology CNS Team	Annually	As part of QST process

7 DEFINITIONS

PEAKS	Patient Electronic Alert to Key worker
CCG	Clinical Commissioning Group
CNS	Clinical Nurse Specialist
PAS	Patient Administration System
AOS	Acute Oncology Service
MDT	Multi-Disciplinary Team
QST	Quality Surveillance Team
ED	Emergency department

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1).

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) -PAT/PA 19

Privacy and Dignity Policy - PAT/PA 28

Cancer Services – ‘Key Worker’ Policy - PAT/PA 15

Fair Treatment for All Policy – CORP/EMP 4

Equality Analysis Policy – CORP/EMP 27

Statutory and Essential Training (SET) Policy – CORP/EMP 29

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

NHS England (August 2017) Clinical Advice to Cancer Alliances for the Commissioning of Acute Oncology Services

NHS England Quality Surveillance Programme (2018) Self Declaration for Cancer: Acute Oncology Service. Clinical Indicators.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
PAT/EC 4 v.5 PEAKS Guidelines	Cancer	L Barnett	Existing	March 2021
1) Who is responsible for this policy? Surgery and Cancer Division				
2) Describe the purpose of the service / function / policy / project/ strategy? Adult Cancer Patients				
3) Are there any associated objectives? Yes NHS England Quality Surveillance Programme				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact 				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	NO			
b) Disability	NO			
c) Gender	NO			
d) Gender Reassignment	NO			
e) Marriage/Civil Partnership	NO			
f) Maternity/Pregnancy	NO			
g) Race	NO			
h) Religion/Belief	NO			
i) Sexual Orientation	NO			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review:		March 2024		
Checked by:		Mr O Olubowale		Date: March 2021