

London Cancer Lung Navigators/Coordinators Event

Background

On the 10th January, *London Cancer* held an event for the new Patient Navigators (funded via transformation funds) and MDT Coordinators focussing on their role in delivering the National Optimal Lung Cancer Pathway (NOLCP). Inherent in the NOLCP with its aim for treatment by day 49, are diagnostic and outpatient appointments occurring in parallel and at great pace, therefore navigators are a vital resource for patients.

The event, hosted by Pathway Director Dr Neal Navani, welcomed 10 representatives from all our hospitals (apart from Homerton who were unable to release their MDT coordinator due to annual leave). The agenda included;

- Dr Navani setting the context for discussions with explanations of why the NOLCP and accompanying data collection is important.
- Dr William Ricketts offering the Barts experience of the navigator role
- Sam Purse from the North Middlesex, the navigator in post for the longest time, providing her ‘on the ground’ perspective.

During the closing summary all present committed to collaborating towards delivering the NOLCP.

Evaluation Responses

Alongside the speakers the afternoon was designed to give opportunities for our delegates to discuss the NOLCP and for networking with their counterparts. All 10 attendees completed the evaluation form in which we asked if we got the balance right, the majority (7/10) thought that we did (figure 1).

Would you have preferred more for time for speakers, for discussion or did we get the balance about right?

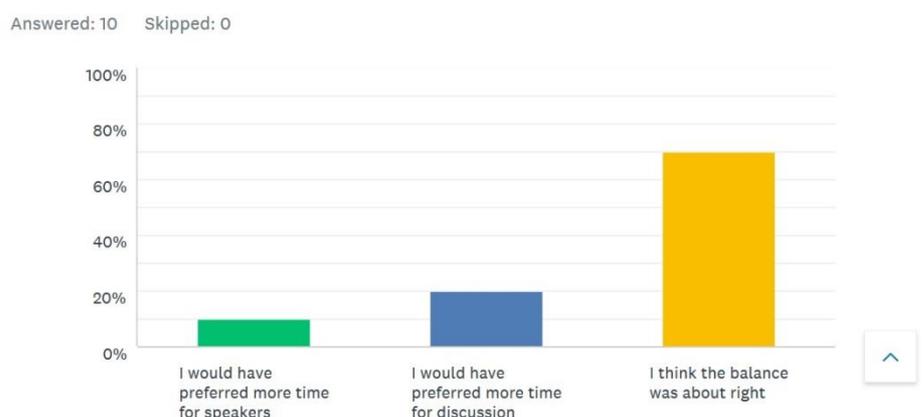


Figure 1

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

Respondents confirmed that they thought the event was useful, none disagreed with the statements displayed in figure 2.

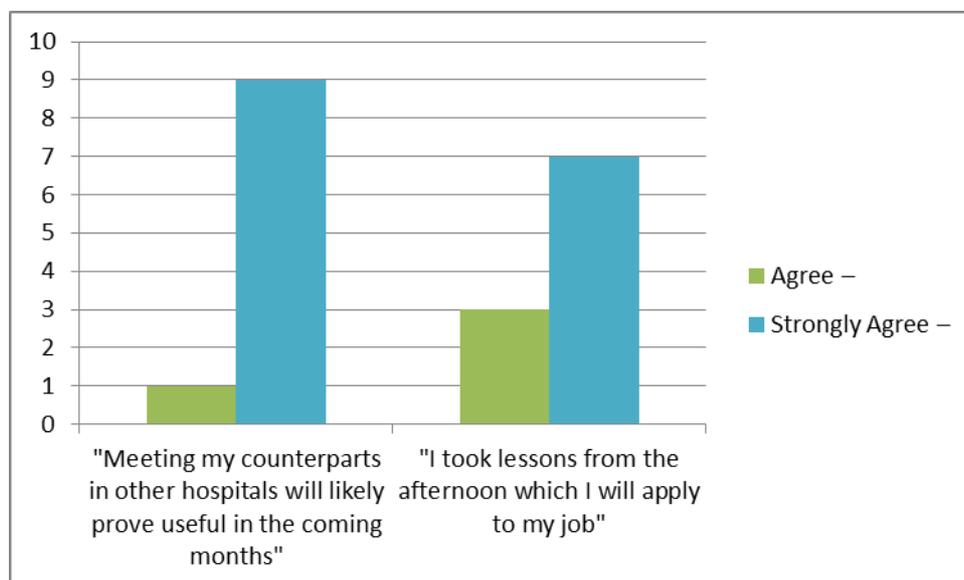


Figure 2

When asked which speakers they found most useful the overwhelming consensus was that all were valuable. One respondent commented that, *'It was very insightful to learn the impact of our work and also how important the work we do is'*. Talks were designed to instil enthusiasm in delegates for their roles; it is gratifying that feedback suggests this was successful.

Another illustrative comment highlighted the benefits of hearing from other Trusts, *"it was good to gain a better understanding of the NOLCP and how other trusts are approaching it"*. The networking aspect of the day appears to have been successful, expressed in the reflective comment, *"it is very valuable to share information and knowledge"*.

All 10 delegates confirmed that they would attend a follow up session in 6-9 months. When asked 'how can we improve future events' longer sessions that allow more time for speakers and discussions was suggested. When asked which topics people would like to see on future agendas the answers reflected long standing challenges in the pathway including hastening PET appointments and molecular marker results. With Trust approval we will use this feedback to shape a follow up session in 6-9 months.

Transferrable Lessons for Other Tumour Groups

The basic principles of bringing coordinators from other hospitals together to discuss challenges, successes and ways they can collaborate are relevant to other tumour groups. Explanations as to why coordinating roles are important and why we ask for data collection have not been strongly expressed; therefore similar events would likely also enthuse administrative staff across cancer.