

Guidelines for the role of Key Worker in Cancer Care

Version History

Version	Date	Summary of Change/Process
0.1	2007	Developed by Jill Kneale\Jeanette Hawkins and the Lead
		Nurses Group
0.2	May 2008	Formatted by Sarah Morries-Bates (Guidelines
		Administrator)
0.3	June 2008	Following consultation with comments from Jeanette
		Hawkins. Recirculated to the Trust Lead Nurses.
0.3	June 2008	Circulated to the NSSGs, Supra Network and
		Chemotherapy NSSG and Oncologists
0.4	July 2008	With comments following circulation. Approved by the Lead
		Nurses
0.4	September	Tabled at Governance Committee. Minor changes made.
	2008	
0.5	October 2008	5 points to 2.1 added to align with NICE guideance ² .
		Circulated to Lead Nurses.
1.0	February	Endorsed by the Guidelines Review Sub Group
	2009	
1.1	September	Circulated to Lead Nurses for reviewing
	2011	
1.2	October 2011	Reviewed and updated by Lead Nurses
2.0	November	Reviewed and endorsed by Guidelines Sub Group
	2011	

Date Approved by Network Governance	November 2011
Date for Review	November 2014

Changes Between 2009 and 2011 (versions 1 and 2)

Some minor formatting changes

1. Scope of Guidance

To describe the role of the key worker in cancer care.

2. Background

The role of the key worker is a mandatory requirement of cancer care as stated in the NHS Manual for Cancer Services. Both the Guidance for Improving Supportive and Palliative Care for Adults and the Guidance for Children and Young Adults with Cancer state that a patient should have a named key worker.

3. Guideline statement

- 3.1 The key worker will be a health professional who takes a key role in coordinating and promoting continuity of patient care. Their role is likely to encompass the following:
 - Ensuring assessments are carried out to identify patients' needs.
 - Ensuring care plans have been agreed with patients (and where relevant carers).
 - Ensuring findings from assessments and care plans are communicated to others involved in a patients' care.
 - Ensuring patients know who to contact when help or advice is needed, whether the 'key worker' or other appropriate personnel.
 - Managing transitions of care between care settings.
- 3.2 At diagnosis the key worker should be a core member of the Multidisciplinary Team (MDT).
- 3.3 The MDT will take responsibility to ensure that all patients with a new cancer diagnosis are allocated a single named key worker. In most teams the Clinical Nurse Specialist will allocate the key worker.
- 3.4 The allocation of the key worker should be reviewed by the MDT at transition points in the care pathway (see appendix 1). Changes in the most appropriate person to be a key worker for an individual patient will be discussed with and agreed by the patient.
- 3.5 The key worker should be a health care professional from the care setting most appropriate to individual patient need. Local arrangements need to be in place for the clear handover of the key worker role.
- 3.6 The patient should be informed of who their key worker is at diagnosis, and how to contact them.
- 3.7 Local arrangements should be put in place to provide cover during any absence of the single named key worker.

 http://www.birminghamcancer.nhs.uk/uploads/document_file/document/4d67b20

a358e982b8c000d14/guidelie for the proviison of core cover for the cns rol e.pdf

- 3.8 The name of the key worker will be recorded in the patient's paper or electronic records within in 24 hours of the MDT at which the key worker is formally allocated.
- 3.9 The key worker will be the named contact for the patient to access the MDT.
- 3.10 The role of the key worker will be written into the local MDT operational policy ensuring that any specific key worker responsibilities from relevant Improving Outcomes Guidance (IOG) are included e.g. NICE IOG for Children and Young People with Cancer (2005), (Table 7 The Role of the Key Worker).
- 3.11 The role of the key worker and its effectiveness should be a continuing component of the local MDT's patient survey.

Monitoring Guidance

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2013.

References

- 1. NHS Manual for Cancer Services (Department of Health, 2004)
- 2. NICE Improving Supportive and Palliative Care for Adults with Cancer Guidance (NICE, 2004)
- 3. NICE Improving Outcomes Guidance for Children and Young Adults with Cancer (NICE, 2005)

Authors

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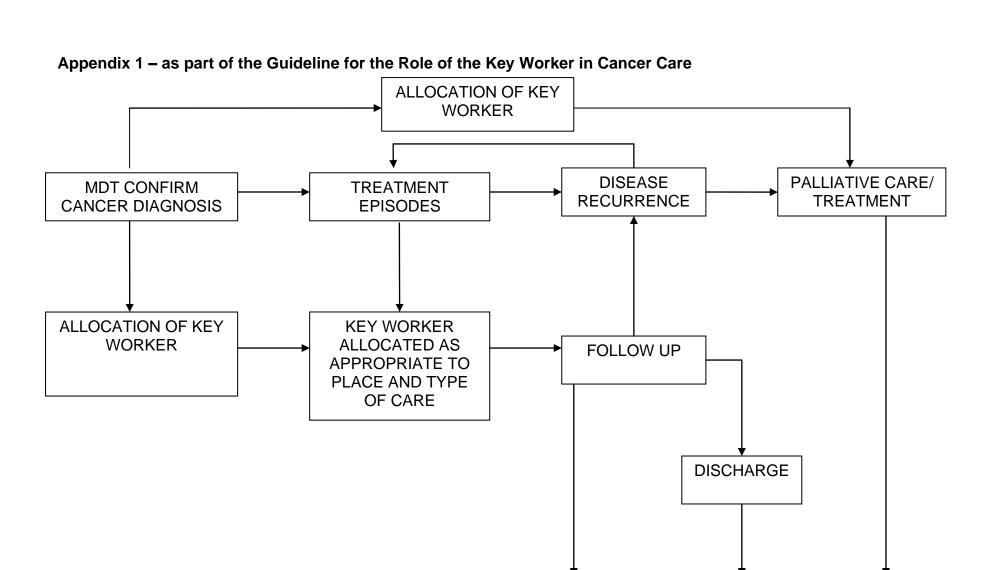
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ENDORSED BY THE NETWORK GOVERNANCE COMMITTEE

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