

## LCA Key Worker Policy

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### Definition

A key worker is a person who, with the patient's consent and agreement, takes a key role in coordinating the patient's care and promoting continuity, ensuring the patient knows who to access for information and advice in relation to their cancer diagnosis. In addition, the key worker will facilitate patients making informed decisions about their treatment.

The implementation of the key worker role is a requirement of the National Cancer Peer Review Programme and detailed in the Manual for Cancer Services, originally published by the National Cancer Action Team, and related site specific Improving Outcomes Guidance, issued by the National Institute for Health and Care Excellence.

### Principles and responsibilities

#### Designation

1. The key worker is a named clinical member of the site specific multidisciplinary team (MDT), and acts as the point of contact between the patient and MDT team.
2. The key worker is a healthcare professional.
3. The key worker is assigned by the core Clinical Nurse Specialist of an MDT, agreed by the MDT and recorded within the patient record and multidisciplinary meeting proforma.
4. The name of the key worker, designation and contact details will also be recorded in the patient hand-held record (PHR) if used, and included in all correspondence and in the patient medical records. All entries in the medical notes will comply with the NHS Litigation Authority standards.

#### Access

5. All cancer patients will be made aware of their allocated key worker, but have the right to ask for an alternative if they prefer. This will usually happen at diagnosis.
6. The key worker will provide a contact number to all the patients for whom they act as the key worker.

#### Multi-professional communication

7. If a more appropriate person is identified as a key worker at a point in the patient's pathway, this will be discussed and agreed by the patient and the new key worker, and recorded in the patient's notes. This situation is most likely to arise with referral to the palliative care team. In such cases the palliative care CNS will check if a key worker has already been identified for the patient by the relevant tumour MDT. The palliative care CNS will then negotiate and document care responsibilities in the patient's notes.
8. The key worker may change as patients pass through various stages of the care trajectory or when care is transferred to a different trust. It is the responsibility of the key worker to hand over to the next one, to document this in the patient's notes and to keep the patient informed.
9. The key worker will lead on patient communication issues and coordination of the pathway for patients referred to the team.
10. The key worker will ensure the patient pathway is coordinated and all relevant information is transferred to the appropriate professionals as the patient moves across care boundaries, e.g. on admission to and discharge from institutions, when care is transferred between teams.

11. The key worker has responsibility for ensuring holistic needs assessments (HNA) are recorded/documented in patient records.

### **Patient Communication and Support**

12. Where possible, the key worker will be available to support the patient on diagnosis to signpost and provide them with information and contacts for the MDT, national information and support services, self help groups and associated site specific support.
13. If the key worker is not available at the time of diagnosis, the person who is providing support at the time will ensure the patient is aware of the key worker role and provide the relevant contact details.
14. The key worker will be accessible to the patient as a constant point of contact, handing over to colleagues when unavailable and making sure the patient has clear information about alternative contacts and cover arrangements.
15. The key worker will provide information, care and support throughout the patient journey **regardless of the patient's condition**, liaising between health professionals to ensure continuity of care and a seamless service.

### **Data/Audit**

16. The key worker will contribute to the audit of key worker role in their organisation.

## **Appendix 1**

### **NCAT Peer review standard**

*There should be an operational policy whereby a single named key worker for the patient's care at a given time is identified by the MDT members for each individual patient and the name and contact number of the current key worker is recorded in the patient's case notes. The responsibility for ensuring that the key worker is identified should be that of the nurse MDT member(s).*

The above policy should have been implemented for patients who came under the MDT's care after publication of these measures and who are under their care at the time of the peer review visit.

### **Notes**

- According to the NICE supportive and palliative care guidance, a key worker is a person who, with the patient's consent and agreement, takes a key role in coordinating the patient's care and promoting continuity, e.g. ensuring the patient knows who to access for information and advice. This is not intended to have the same connotation as the key worker in social work.
- It may be necessary to agree a single key worker across both a cancer site specific MDT and the specialist palliative care MDT for certain patients.