

Innovating for Improvement

Rapid Access Multidisciplinary Palliative Assessment and Radiotherapy Treatment (RAMPART) clinic

University Hospital Southampton NHS Foundation Trust



About the project

Project title: Rapid Access Multidisciplinary Palliative Assessment and Radiotherapy Treatment (RAMPART) clinic

Lead organisation: University Hospital Southampton NHS Foundation Trust

Partner organisation: National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Wessex, University of Southampton

CLAHRC Wessex

Collaboration for Leadership in Applied
Health Research and Care

University Hospital Southampton

NHS Foundation Trust



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Part 1: Abstract

Background

Patients with cancer-induced bone pain often wait weeks to receive palliative radiotherapy treatment and to have an assessment by specialist palliative care services and other allied health professionals (physiotherapy, occupational therapy, dietetics). While waiting, they continue to have psychological distress and potentially debilitating physical problems.

One treatment of palliative radiotherapy reduces cancer-induced bone pain in 60% of people, and completely removes pain in 25%.

Access to palliative care services for cancer patients relies on an entirely separate referral pathway. Similarly, access to assessment by allied health professionals is limited and via a further separate set of pathways.

Experience and research in other areas of the world have demonstrated the feasibility of combining assessments from a number of different specialists with the entire radiotherapy pathway, in one hospital visit. However, few of these services have also incorporated specialist palliative care assessment.

Project description and aims

The RAMPART clinic project has involved developing a rapid access, multidisciplinary palliative assessment and radiotherapy treatment clinic at University Hospital Southampton. We developed a clinic model to perform processes in a single half-day visit which normally take 2-3 weeks and at least three separate appointments. This has involved combining assessment by specialist professionals from palliative care and clinical oncology with the planning and delivery of palliative radiotherapy.

Figure 1.1 shows the standard pathways for patients referred to Palliative Care for assessment and to Clinical Oncology for consideration of palliative radiotherapy for cancer-related bone pain. Each pathway may take 2-3 weeks to deliver in multiple separate appointments.

Our aim was to improve referral to treatment timescales; manage patients closer to home once stabilised; reduce outpatient visits, non-elective admissions and associated length of stay; and earlier reduction of pain and improved patient mental health and wellbeing.

In the set-up phase we identified key personnel, mapped the patients' pathway and addressed the logistics of delivering the assessments and radiotherapy pathway for up to 4 patients each week. The initial clinic model is shown in Figure 1.2:

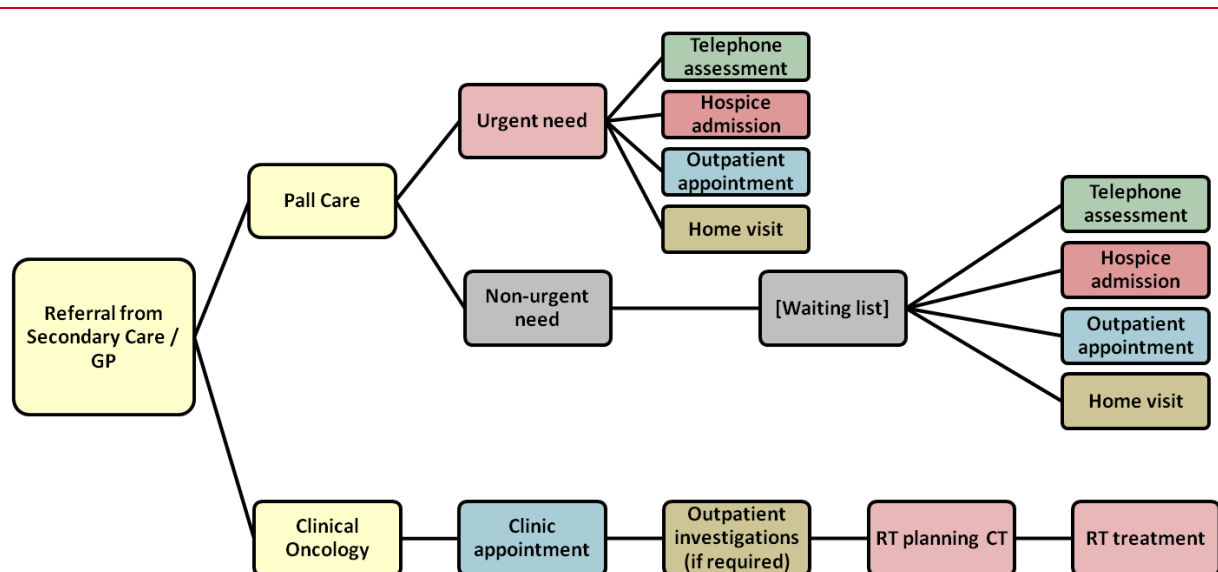


Figure 1.1: Standard outpatient pathways to Palliative Care and Radiotherapy (RT)

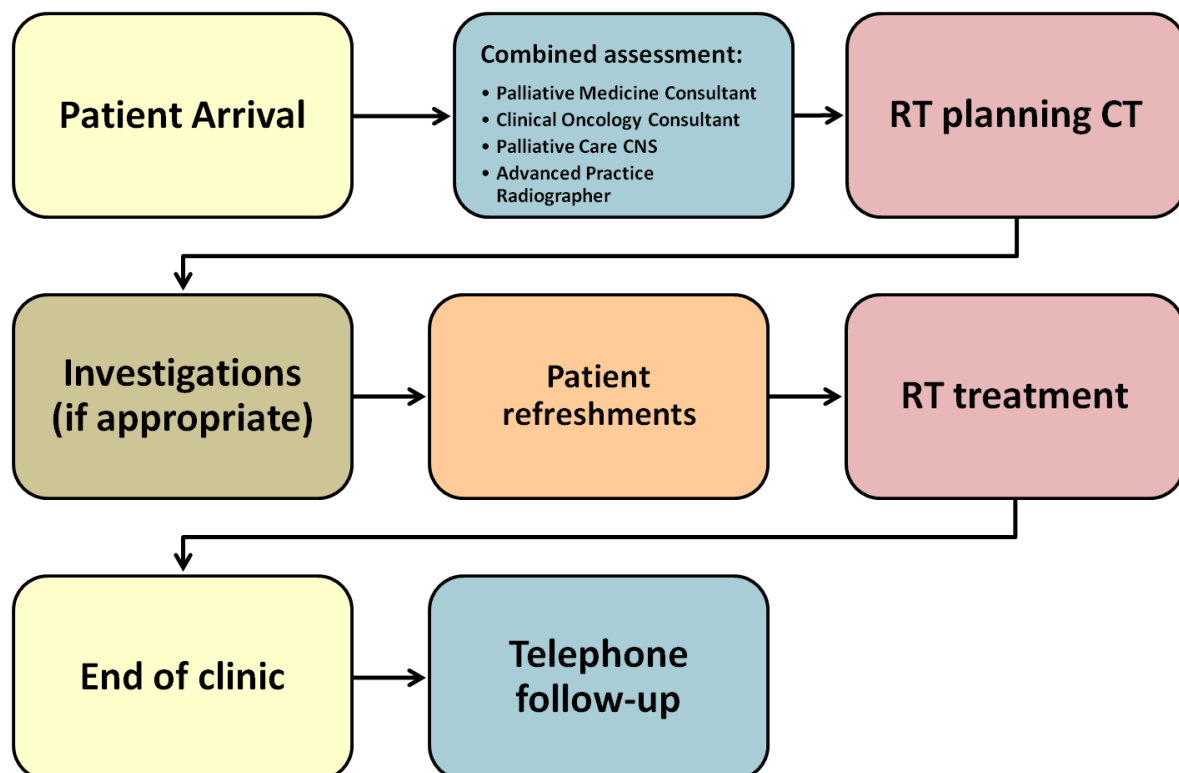


Figure 1.2: Initial RAMPART clinic model

Evaluation strategy

To evaluate the impact of the clinic we have focussed on a number of key components:

1. Pathway and Radiotherapy (RT) timing metrics:

Comparison with a cohort of 45 recent historical patients who received palliative radiotherapy for bone metastases following the “standard pathway” and a further group of 21 patients having urgent/emergency same-day radiotherapy.

2. Quality of life

Patients completed the EORTC QLQ-C15 PAL questionnaire on arrival on the RAMPART clinic day. A follow up telephone call was planned 4 weeks after the RAMPART clinic visit to re-administer the EORTC QLQ-C15 PAL questionnaire.

3. Patient and carer experience

Patients and carers to complete 2 sets of questionnaires at the end of their day in the RAMPART clinic: The Wessex Radiotherapy Patient Experience Survey and a specific RAMPART Clinic questionnaire.

Outcomes

Between March 2016 and February 2017 54 patients have been seen in 31 separate RAMPART clinic days. These patients came from 6 separate regional hospital Trusts, from 9 different referring specialties/ healthcare professional groups and had 9 separate primary cancer sites (most commonly lung cancer in 40% of patients).

The RAMPART clinic model successfully reduced the median time from referral to RT from 22 days (range 10-50) in the comparator cohort to 8 days (range 1-27) in the RAMPART cohort. The median time from RT planning CT scan to treatment was 3.8 hours in both the RAMPART cohort and the separate non-RAMPART same day treatment comparator cohort.

More than half of the RAMPART patients reported pain, tiredness, trouble sleeping and loss of appetite “very much” or “quite a bit” in the previous week and 27% rated their overall quality of life as “very poor” or “poor”.

The planned telephone follow up was challenging to implement and only successfully re-evaluated quality of life in 5 patients. These patients gave improved overall quality of life scores and scored improved pain, appetite and sleep scores but worse tiredness and constipation compared to the day of their clinic visit.

Patient and carer experience was very positive, both through the questionnaires and from additional comments, for example:

“From start to finish we can only praise the efficiency and professional skills of the team”

Feedback from referrers has been similarly very positive:

“RAMPART has been genuinely transformative to our practice.”

The multidisciplinary nature of the clinic has proved to be an excellent educational experience both for the clinic team and for a wider group of health professionals who have attended to observe the clinic

Summary and future plans

Both subjectively and objectively the RAMPART clinic has been a success. The process of developing, implementing and adapting the clinic has been both educational and rewarding and we have achieved the majority of the intended outcomes. Feedback from patients, referrers and the clinic team has been resoundingly positive.

Alongside work to secure sustainable funding for the project and spread its impact and learning we are evaluating the Allied Health Professional (AHP) needs of patients attending the clinic. This will lead to the addition of AHP intervention into the clinic pathway in the near future.

Part 2: Progress and outcomes

Set-up phase

In the set-up phase we identified key personnel to administer and run the clinic and mapped the patients' pathway through the steps of the clinic visit.

The enthusiasm of both the team and the wider departments has been fantastic and really helped generate a feeling of excitement around the project.

We planned potential timings and differing sequences that may have been required for 4 patients attending the clinic (Figure 2.1). Figure 2.2 shows the steps in the radiotherapy pathway in more detail.

Time	Patient 1	Patient 2	Patient 3	Patient 4
09:00	Clinic introduction +			
09:15	Baseline questionnaires			
09:30				
09:45	Assessment 1	Clinic introduction +		
10:00		Baseline questionnaires		
10:15	RT planning CT			
10:30		Assessment 2	Clinic introduction +	
10:45	Patient refreshments		Baseline questionnaires	
11:00	Blood tests	RT planning CT		
11:15			Assessment 3	Clinic introduction +
11:30		Patient refreshments		Baseline questionnaires
11:45		Blood tests		
12:00			RT planning CT	Assessment 4
12:15			Patient refreshments	
12:30	Patient refreshments		Blood tests	RT planning CT
12:45				
13:00	RT treatment	Patient refreshments	Patient refreshments	Patient refreshments
13:15				Blood tests
13:30	End of clinic summary +			
13:45	questionnaires	RT treatment		
14:00				
14:15		End of clinic summary +		
14:30		questionnaires		
14:45			RT treatment	
15:00				
15:15			End of clinic summary +	
15:30			questionnaires	RT treatment
15:45				
16:00				End of clinic summary +
				questionnaires

Figure 2.1: Planning of clinic timings for 4 potential patients

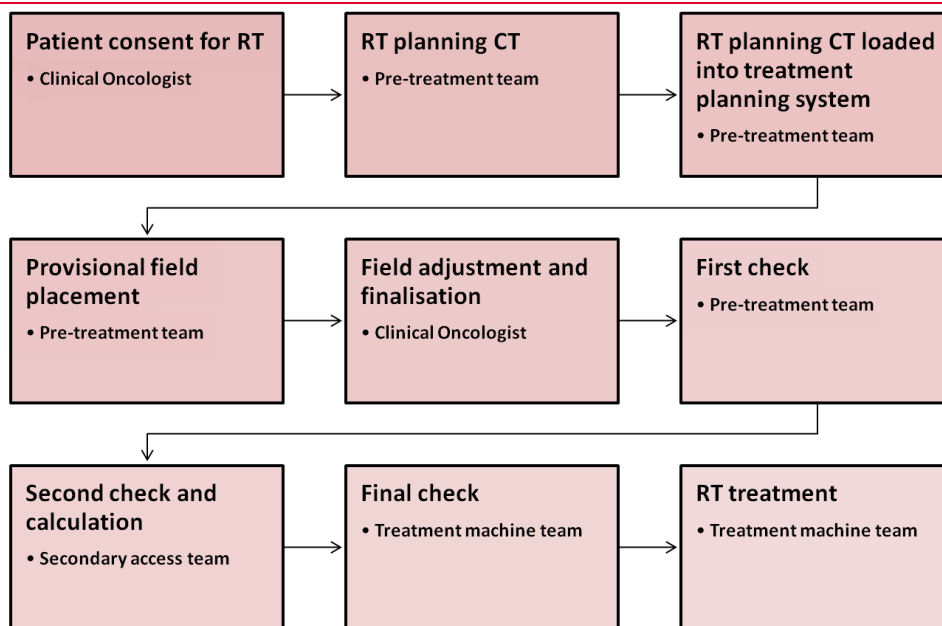


Figure 2.2. Radiotherapy pathway including staff involved

Documentation was developed to include a standard operating procedure, referral guidelines and proformas (see Appendix 1.1 for examples)

Referrals were sought from targeted secondary care healthcare professionals. Specific information was provided for those working with patients with lung, breast and prostate cancers as well as the acute oncology and cancer of unknown primary teams at UHS and in regional hospitals.

Implementation phase

The initial design for the clinic included three separate steps: Combined Consultant, Holistic Needs and Allied Health Professional (AHP) assessments.

Prior to initiation we decided to concentrate on the Palliative Care and Radiotherapy aspects of the clinic initially and bring AHP assessment in as a subsequent step.

On initiation of the clinic in March 2016 we realised that with a smaller number of patients and without the AHP assessment it was possible to combine the Combined Consultant and Holistic Needs assessment. This both simplified the pathway and avoided duplication. This model from the initial phase of the clinic is shown in Figure 2.3:

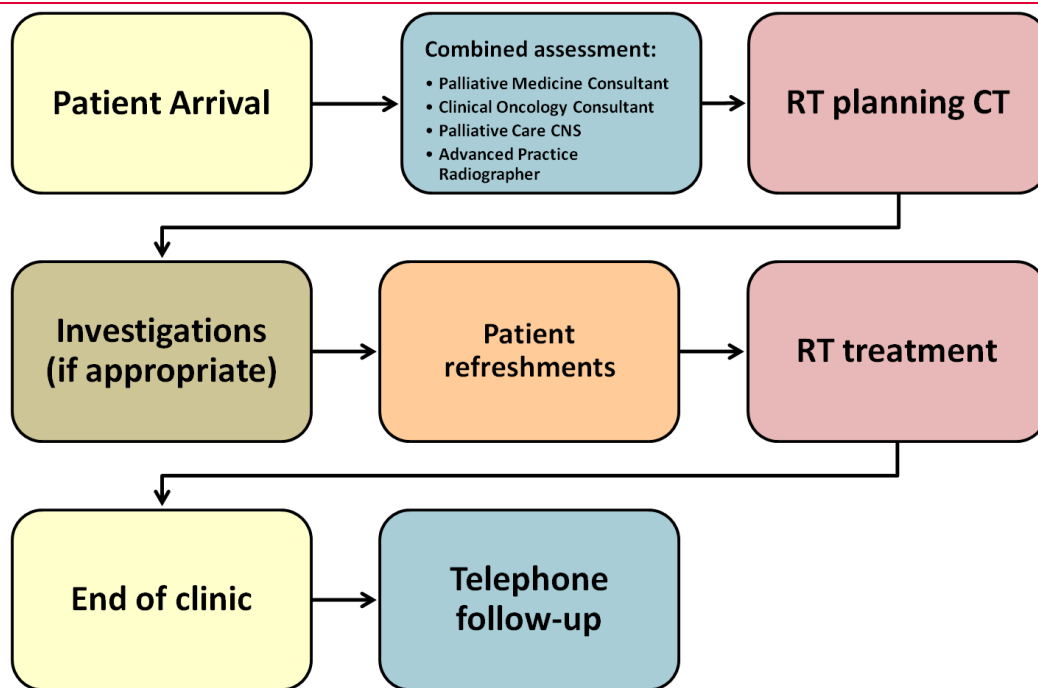


Figure 2.3: Initial RAMPART clinic model

In December 2016 an AHP evaluation strategy (Appendix 1.2) was developed with the Macmillan Cancer Rehabilitation Lead. This sought to clarify which AHP group would be most appropriate through the use of semi-structured interviews with patients attending the RAMPART clinic. The clinical model was adjusted to incorporate this additional AHP input as shown in Figure 2.4:

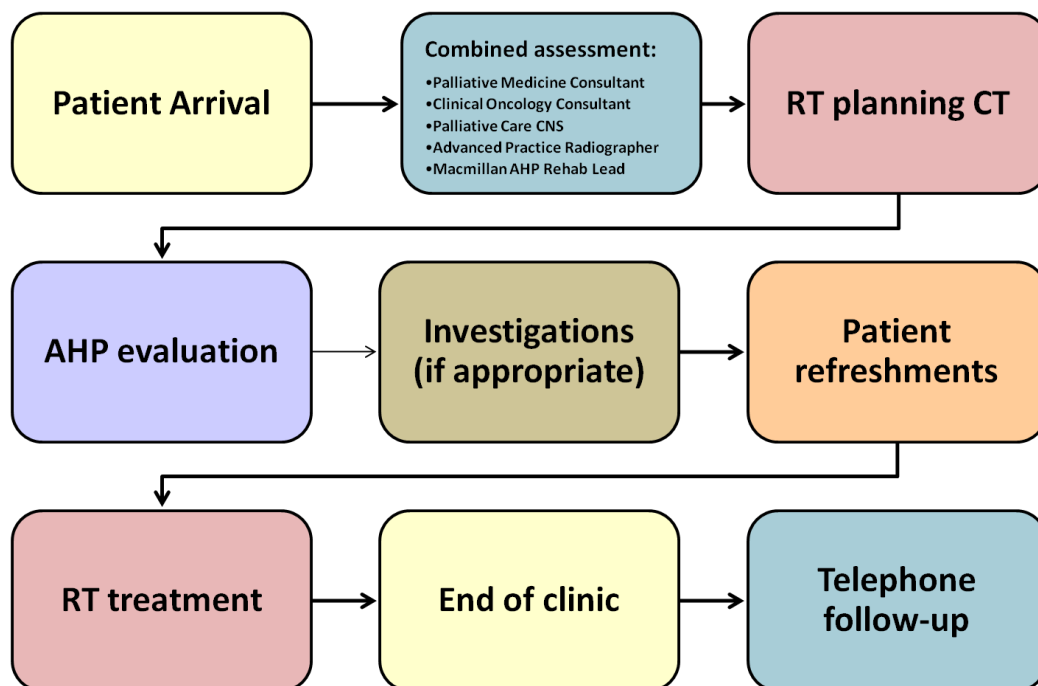


Figure 2.4: RAMPART clinic model incorporating AHP evaluation

Evaluation: methods and data sources

The evaluation of the impact of the clinic on quality has a number of components:

Pathway and Radiotherapy (RT) timing metrics

We identified a cohort of 45 patients who had received palliative radiotherapy for bone pain following the “standard pathway” to compare with the RAMPART patient cohort. In addition we identified a further group of 21 patients having urgent/emergency same-day radiotherapy to act as a comparison group for same-day radiotherapy pathway timings. We studied the following metrics (available from the Trust and RT department electronic systems):

- Time from referral to radiotherapy treatment (including time from referral to date of outpatient assessment/decision to treat in the standard pathway)
- Radiotherapy pathway component timings (including time from date of decision to treat to RT planning CT scan and time taken to complete RT pathway steps from RT planning CT scan to treatment)

Quality of life

We asked patients to complete the EORTC QLQ-C15 PAL questionnaire (Appendix 1.3) on arrival on the RAMPART clinic. This provided descriptive data for evaluation of the patient cohort, and was also a useful and meaningful addition to the clinical assessment. Patients often reported symptoms through the questionnaire which they did not initially admit to when asked in the clinical assessment.

A follow up telephone call was planned 4 weeks after the RAMPART clinic visit to re-administer the EORTC QLQ-C15 PAL questionnaire.

Patient experience

We asked patients to complete 2 sets of questionnaires at the end of the RAMPART clinic:

- Radiotherapy Patient Experience Survey

This survey (Appendix 1.3) has been administered throughout the Wessex Network Radiotherapy Group. The most recent survey was conducted in October and November 2016.

- RAMPART Clinic questionnaire

We designed this questionnaire (Appendix 1.3) specifically to provide qualitative data regarding the RAMPART clinic.

Outcome: patient numbers and demographics

Between March 2016 and February 2017, 54 patients have been seen in 31 separate clinics (Figure 2.5). 3 patients have attended on two occasions.

The median age was 73 years (range 52 to 91). Patients' primary cancer site and referral source are summarised in Figure 2.6-2.8

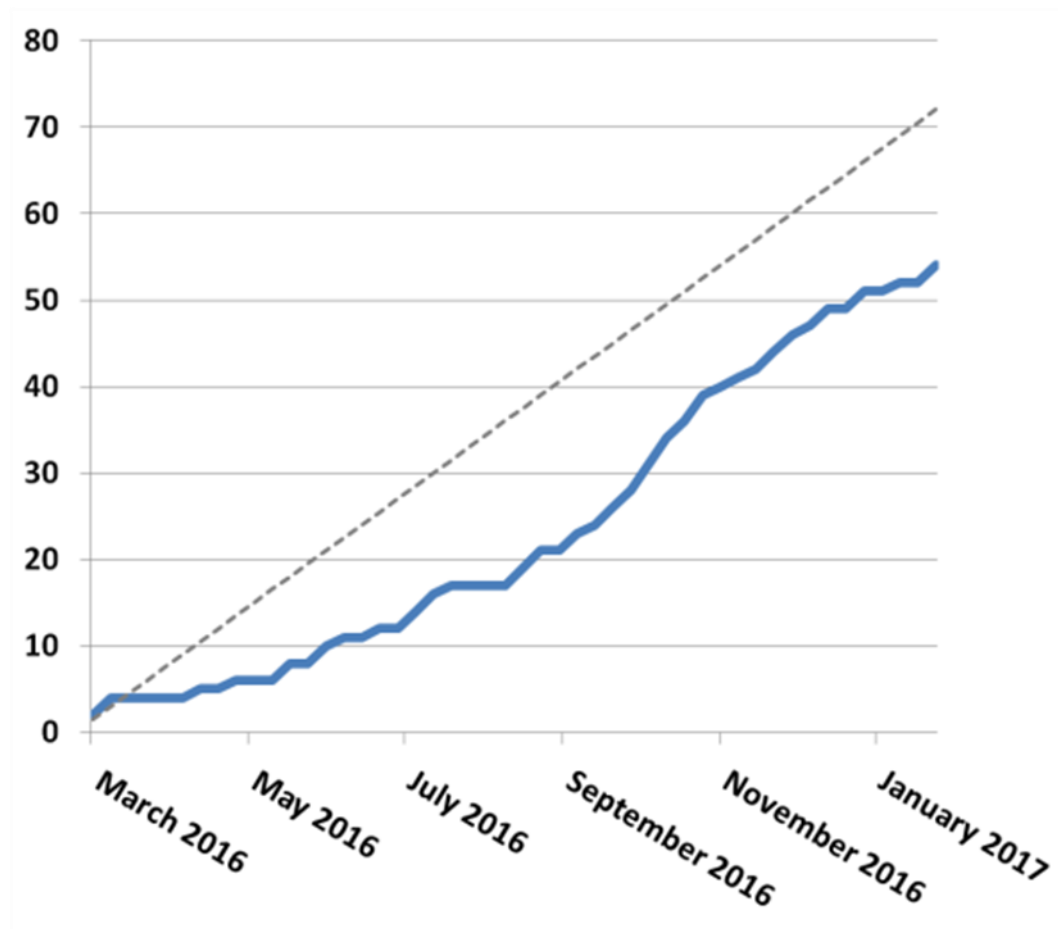


Figure 2.5: Cumulative RAMPART clinic patient numbers

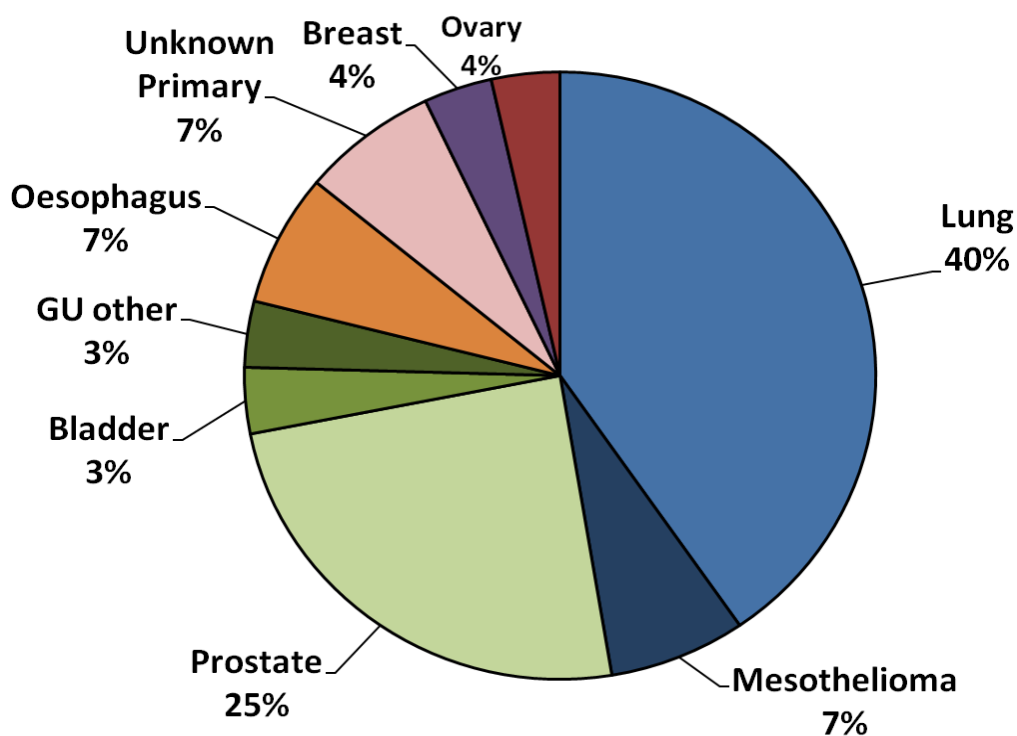


Figure 2.6: Primary cancer types of patients attending the RAMPART Clinic

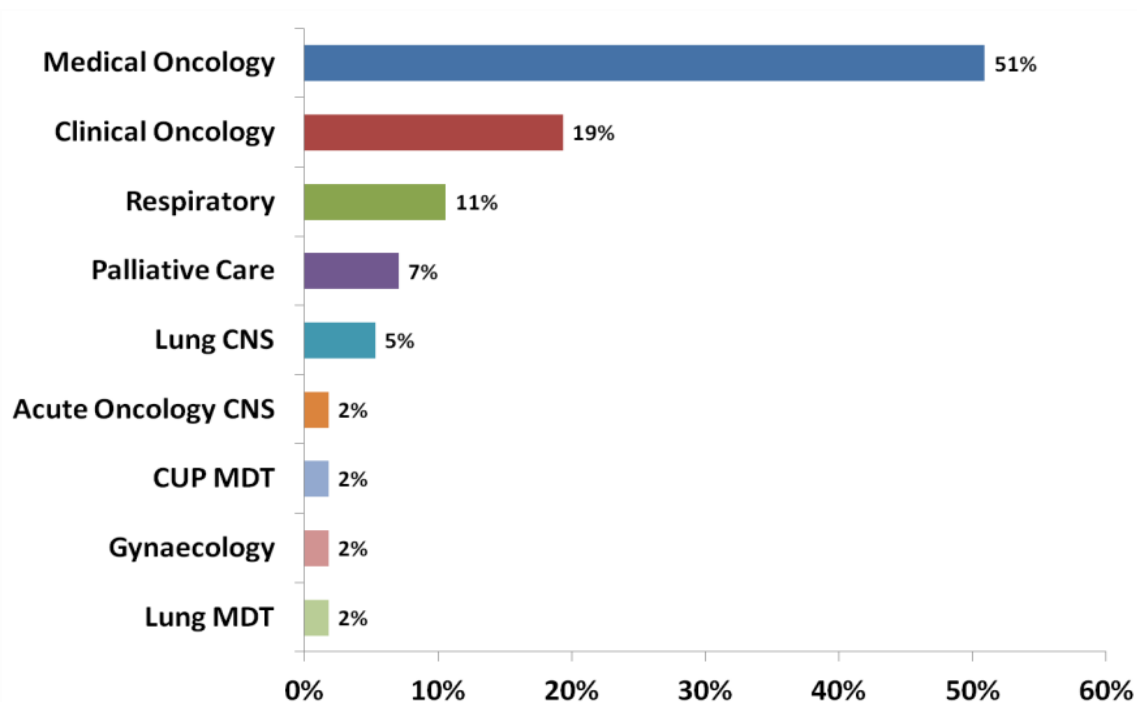


Figure 2.7: Specialty of referrers to the RAMPART Clinic

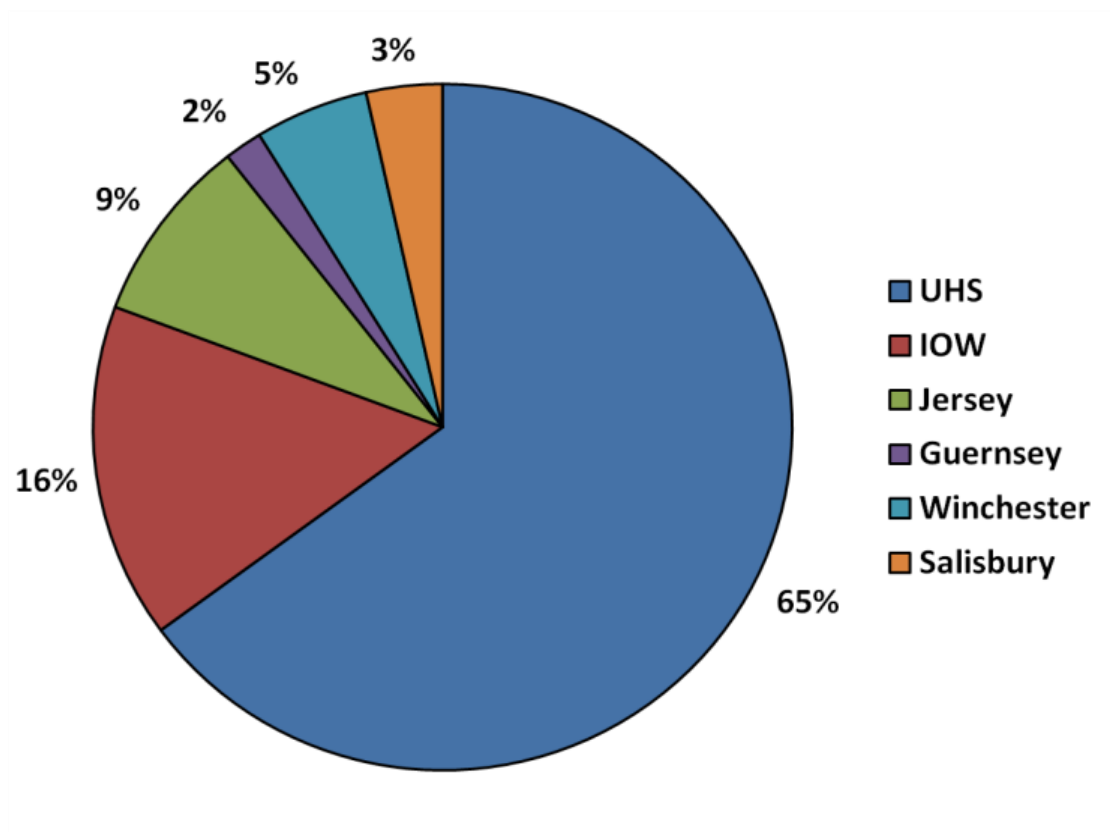


Figure 2.8: Referring Hospital Trust to the RAMPART Clinic

Outcome: Radiotherapy details

2 did not have RT through patient and clinician choice. 52 received a single treatment of radiotherapy to either one (81%) or two (19%) anatomical sites throughout the body (Figure 2.9).

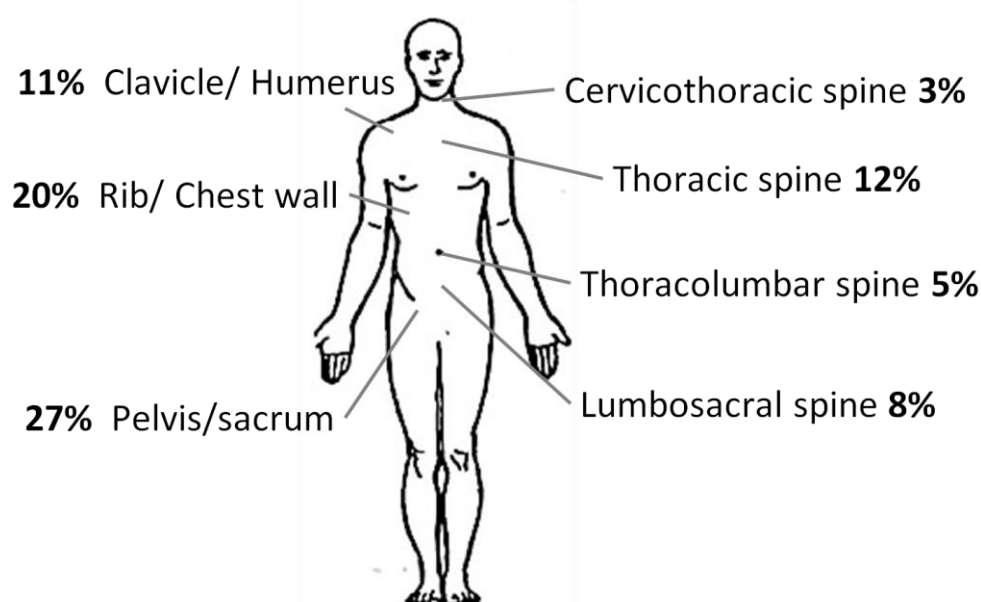


Figure 2.9: Anatomical areas of RT treatment for RAMPART patients

Results – Pathway and Radiotherapy (RT) timing metrics

Mean referral to treatment times were reduced compared to the “standard pathway” (Figure 2.10). The variation in the RAMPART patient referral to treatment times is shown in Figure 2.11.

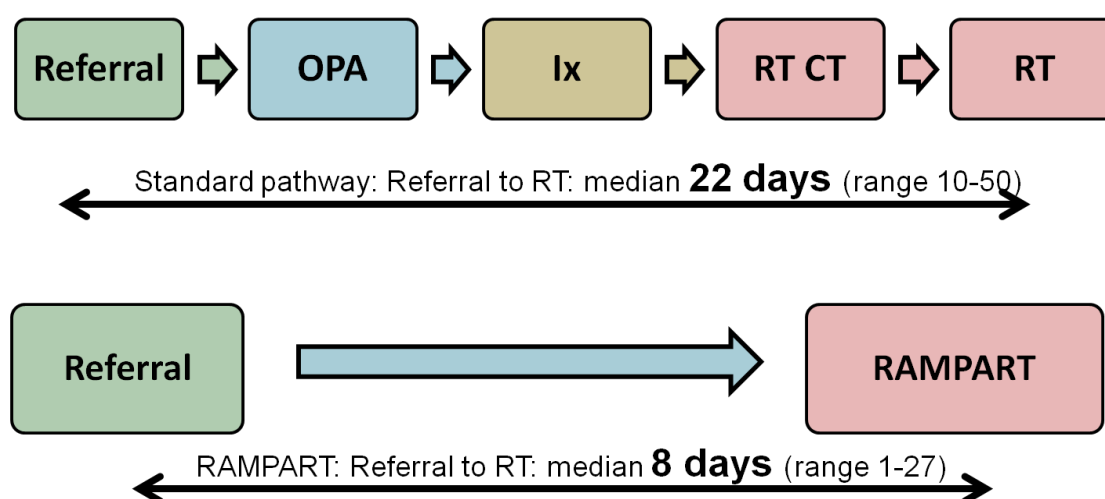


Figure 2.10: Referral to treatment times of Standard RT versus RAMPART pathways

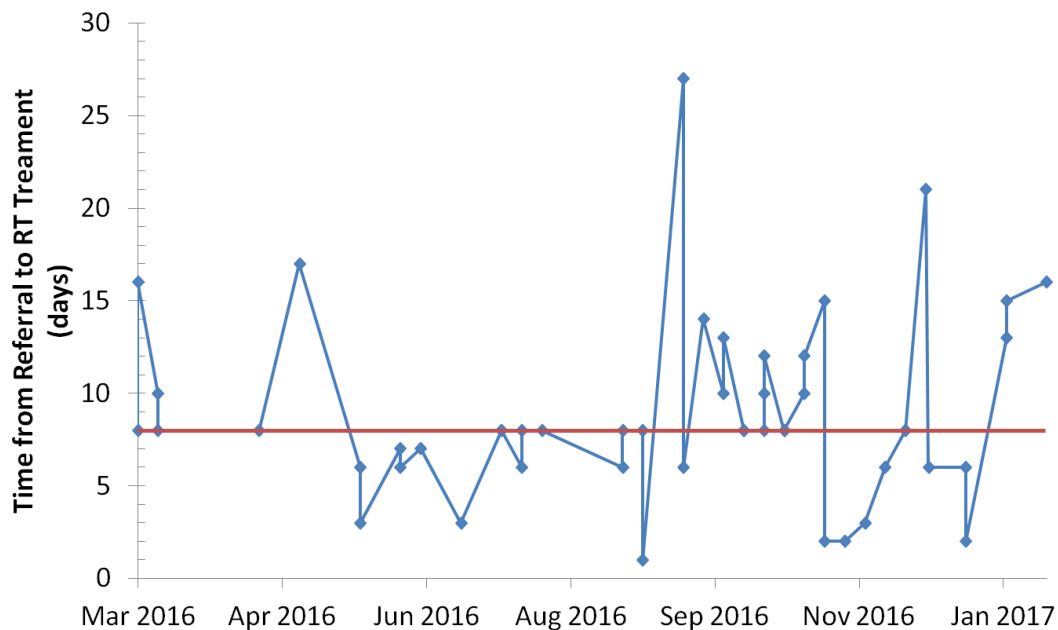


Figure 2.11: Referral to treatment times of RAMPART clinic patients over 12 months

Detailed radiotherapy pathway metrics have been compared with a cohort of 21 patients having urgent/emergency same-day radiotherapy outside the RAMPART set-up. The median time from RT planning CT to completion of treatment was 3.8 hours in both groups (Figure 2.12)

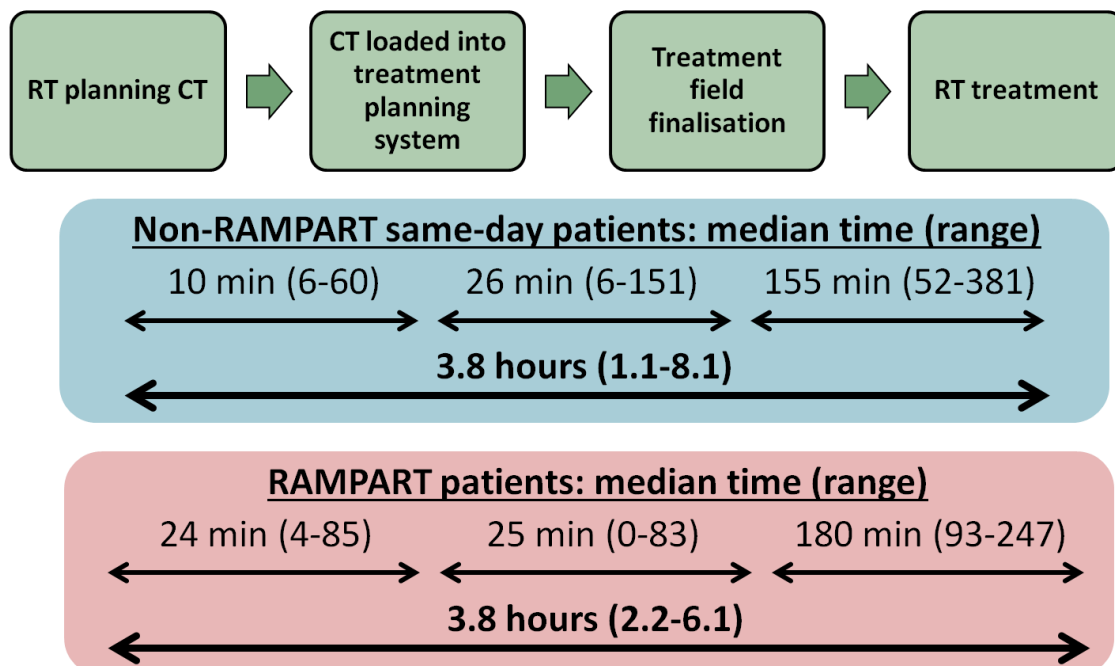


Figure 2.12: Radiotherapy pathway metrics for non-RAMPART same-day treatment patients and RAMPART patients

Outcome: Quality of life

35 patients completed the baseline EORTC QLQ-C15-PAL questionnaire: pain, tiredness, trouble sleeping and lack of appetite were reported as “very much” or “quite a bit” in over 50% of patients (Figure 2.13). 27% of patients rated their overall quality of life as 1 or 2 (very poor or poor- Figure 2.14).

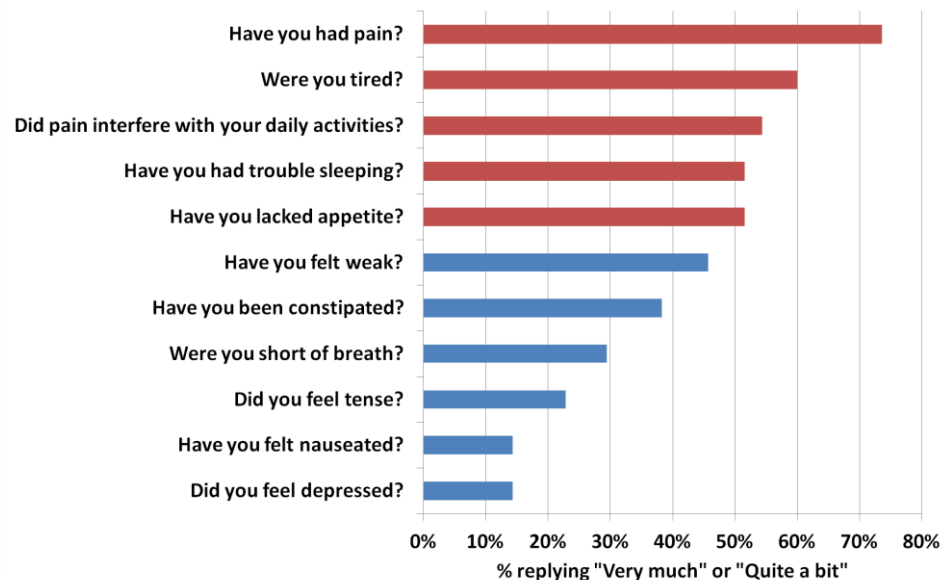


Figure 2.13: Baseline symptoms of RAMPART patients in the previous week

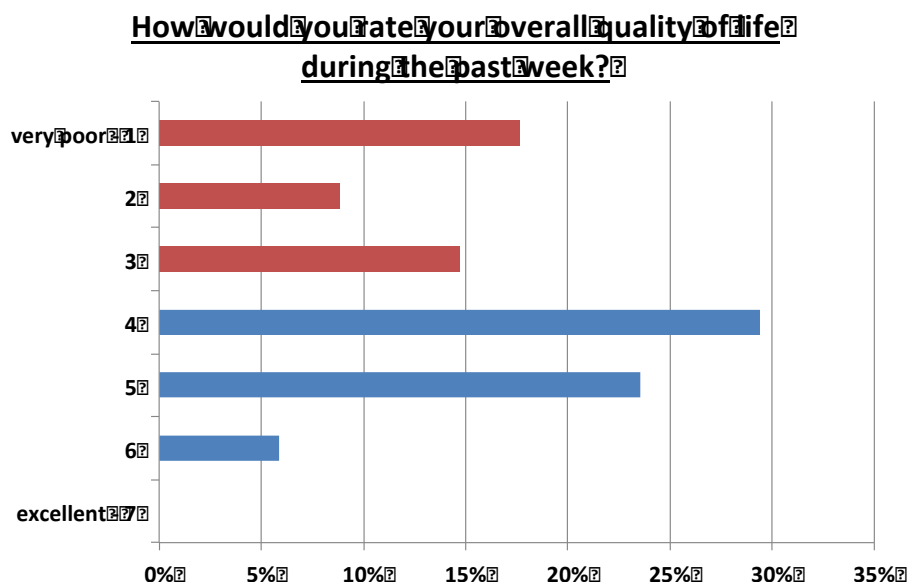


Figure 2.14: Baseline quality of life of RAMPART patients in the previous week

Our intention was to repeat the questions from the EORTC QLQ-C15 PAL questionnaire in the follow up telephone call. However, it was only possible to do so in 5 patients; 11 patients died before their follow-up call and the remaining patients were unavailable by telephone.

The 5 patients who were reassessed reported improved symptom scores for pain, appetite and sleeping but an increase in tiredness and constipation (Figure 2.15). There was also an improvement in their overall quality of life scores (Figure 2.16):

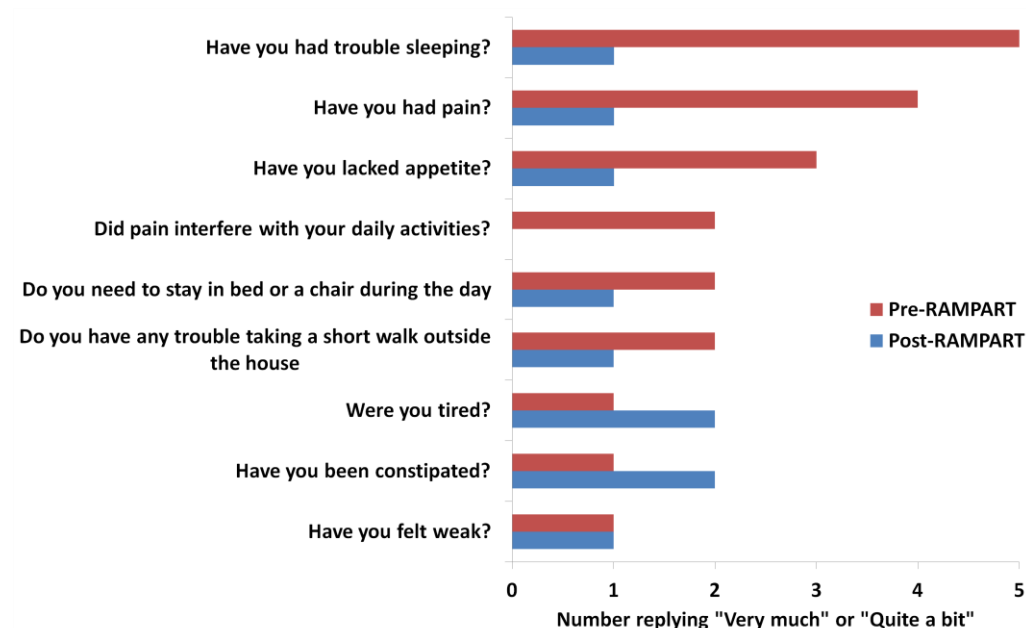


Figure 2.15: Pre- and post-RAMPART symptom scores for 5 evaluable patients

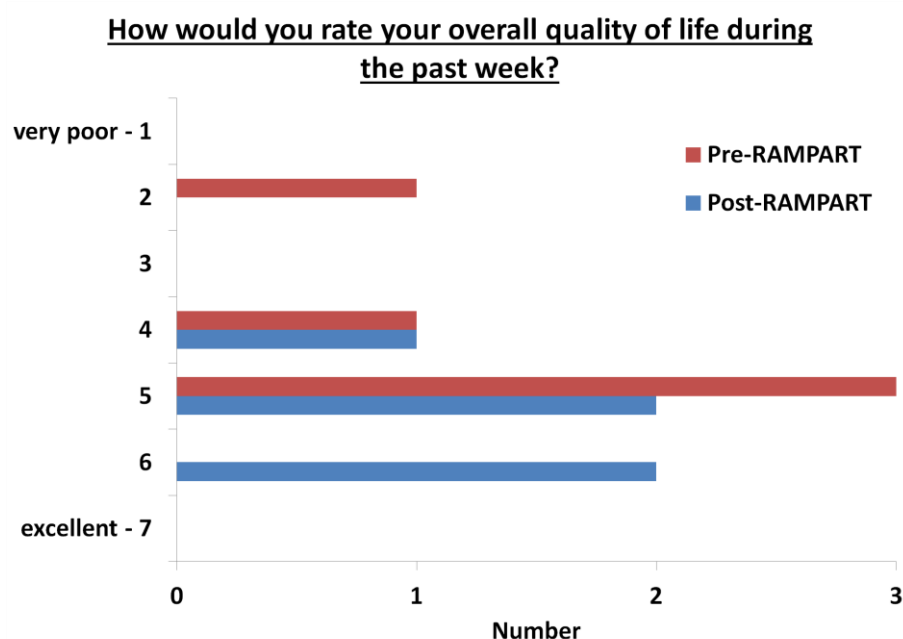


Figure 2.16: Quality of life in the previous week pre- and post-RAMPART

The baseline quality of life scores illustrate the profound impact that cancer-related bone pain can have. Implementing a rapid approach to addressing their symptoms and optimising their quality of life is of clear importance.

Outcome: Patient and carer experience

Feedback was very positive from patients and carers on the clinic day. Many commented on how helpful it was to have many things done in one visit to hospital and the level multidisciplinary input they received:

“Really helpful to have it all done in one day. V clear and helpful”

“From start to finish we can only praise the efficiency and professional skills of the team”

“I found the personal attention very supportive”

“You made me feel so safe and secure”

“It was very helpful having a combined clinic”

The Radiotherapy Patient Experience Survey was completed by 21 RAMPART patients. Comparison with 84 patients treated outside the RAMPART set up demonstrated little no difference across the domains with both groups reporting high levels of satisfaction.

The RAMPART Clinic questionnaire was completed by 25 patients. The levels of satisfaction were good (Figure 2.17)- only two patients were unsatisfied with the length of the day.

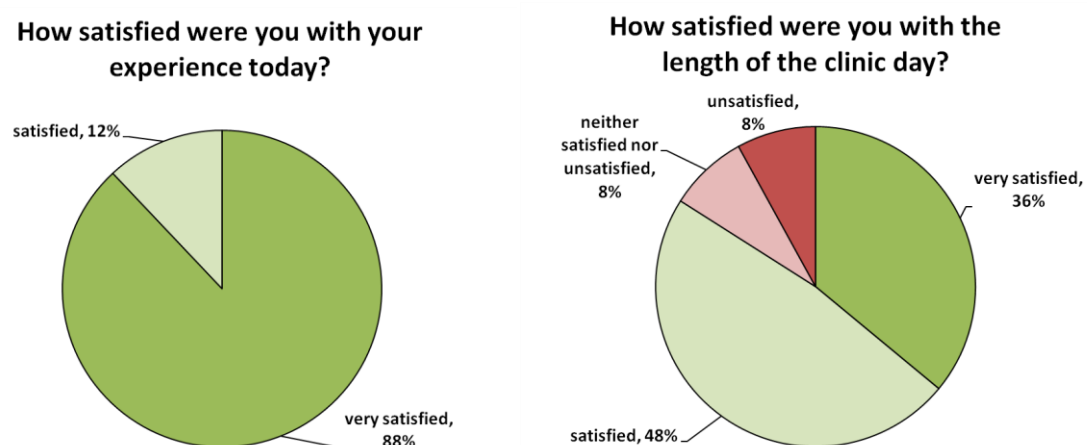


Figure 2.17: Patient satisfaction with RAMPART clinic

Outcome: referrer feedback

Referring teams were also asked to provide feedback on the impact of the RAMPART clinic on their patients and practice and also to help us further improve the clinic model. Feedback has been universally positive including:

“RAMPART has been genuinely transformative to our practice.”

“It has changed the way our patients are treated. They have fed back excellent reports of efficient, friendly service that has really helped their pain swiftly and rapidly... The added Palliative care support is also wonderful.”

Outcome: survival

The median overall survival for the 54 patients attending the RAMPART clinic was 90 days and is shown in Figure 2.18

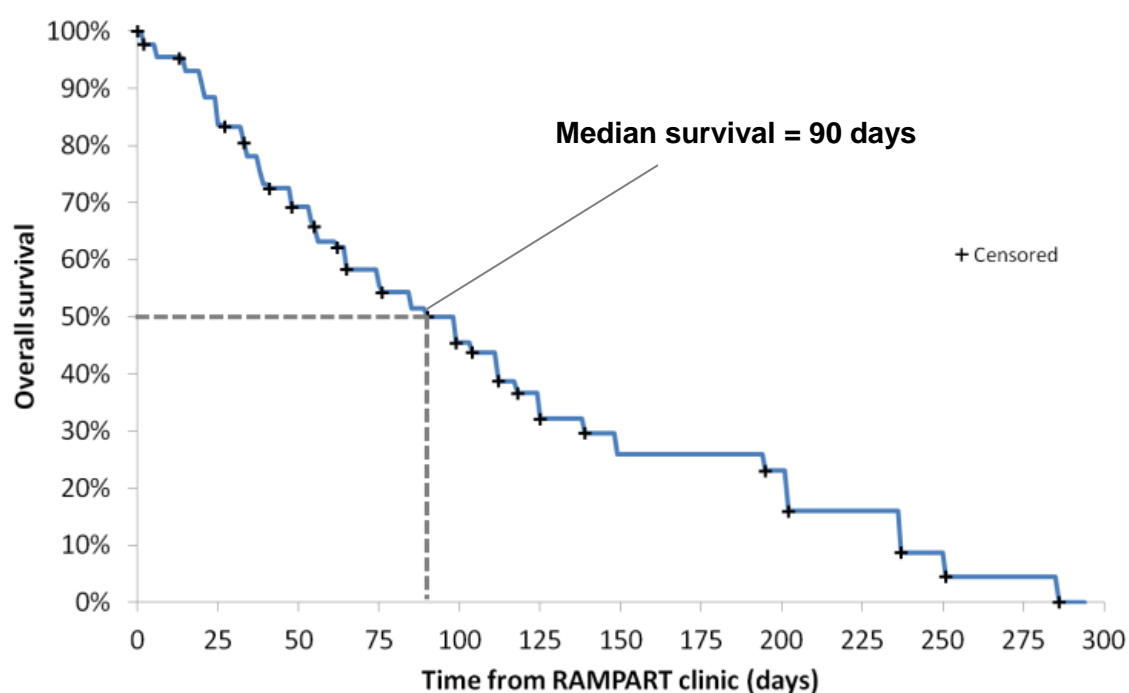


Figure 2.18: Overall survival of patients attending the RAMPART clinic

Summary of progress and outcomes

Subjectively and objectively the RAMPART clinic has been a success. The process of developing, implementing and adapting the clinic has been both educational and rewarding and we have achieved the majority of our intended outcomes:

- Multidisciplinary intervention from Clinical Oncology and Palliative Medicine including radiotherapy treatment has been delivered with excellent feedback (including qualitative satisfaction measures) from patients, carers and referrers
- Time from referral to radiotherapy has been significantly reduced (median of 8 days compared with 22 days for a comparable patient group following the standard pathway)
- Pain and quality of life were improved in the small group of patients assessed at follow-up.

Part 3: Cost impact

In setting up the RAMPART clinic project we sought to demonstrate that a multidisciplinary intervention with improved timeliness and quality was deliverable in a cost neutral way.

Clinical activity

The activity inherent in the standard pathways to access both Palliative Care and Clinical Oncology/ Radiotherapy assessment and treatment (as illustrated in Figure 1.1. above) and the RAMPART clinic pathway has been evaluated with the help of the Clinical Coding and Billing departments within University Hospitals Southampton. Although there are small differences in the billing of multidisciplinary clinics versus single specialty clinics the overall assessment was that the pathways are equivalent in terms of billable costs.

Staffing costs

Similarly the staffing costs associated with both the normal pathways and the initial RAMPART clinic pathway (as shown in Figure 2.3 i.e. without AHP intervention) have been evaluated based on the time required from each staffing group and again are equivalent.

Impact of RAMPART intervention on subsequent healthcare needs

It has been more difficult to assess the cost impact of the qualitative effects of the intervention itself. The reduction in time from referral to assessment/radiotherapy demonstrated in the project (Figure 2.10) has led to earlier improvement in pain and other measures and a reduced overall symptom burden for patients (Figures 2.15 and 2.16). We expect that this reduction in overall symptom burden is likely to have resulted in a reduction in the need for healthcare intervention from primary and secondary healthcare.

In particular, a reduction in the need for hospital or hospice admission would represent a significant cost saving if it were demonstrable: the basic cost of an individual hospital spell for uncomplicated cancer-related bone pain is at least £1000 [data from recent inpatient activity] and can be much higher when additional factors are considered.

It has not been possible, however, to identify a robust comparator cohort to evaluate the potential effect of the RAMPART clinic on admission frequency. The cohort of patients receiving palliative radiotherapy for bone metastases we used as a comparison group for the referral to treatment time evaluation are inherently a group who have not required admission to hospital while waiting for radiotherapy and do not therefore address this question. In due course it may be possible to evaluate a group of patients whose attendance at the RAMPART clinic is delayed due to clinic capacity or other factors and who would represent a true comparison cohort but at present we have few patients in this group.

Our overall impression of the impact of the RAMPART clinic is that the intervention has led to a reduction in the healthcare burden on primary and secondary care, including a reduction in hospital admissions. One of the challenges that remains

moving forward is to provide data to justify this impression.

Commissioning

Radiotherapy is commissioned through specialist commissioning with nationally agreed tariffs associated with specific types of activity. The 2016 Clinical Commissioning Policy: Palliative radiotherapy for bone pain [Reference: NHS England: 16037/P] states:

“A single fraction is recommended for the majority of patients receiving external beam radiotherapy for uncomplicated symptomatic bone metastases from cancer. At least 70% of the total metastatic bone radiotherapy episodes should receive a single fraction of external beam radiotherapy as standard treatment.”

The radiotherapy part of the RAMPART clinic pathway is similar to an urgent standard pathway for the treatment of bone metastases but by definition our aim is to deliver a single fraction of radiotherapy on the clinic day (as opposed to multiple fractions over several visits), which aligns with the Clinical Commissioning Policy.

Outpatient activity is governed by local commissioning agreements. The Trust has an agreed tariff associated with a multidisciplinary outpatient consultation involving clinicians from two different specialties (in this case Clinical Oncology and Palliative Medicine).

University Hospital Southampton NHS Foundation Trust is unusual in the UK with regard to the configuration of Palliative Medicine and Palliative Care services. These services at the acute hospital site (Southampton General Hospital), the hospice (Countess Mountbatten House) and the community palliative care team remain part of UHS. In many other UK services both hospice and community Palliative Medicine and Palliative Care are delivered by a separate provider, often with significant charitable funding. UHS has therefore negotiated specific arrangements with the local commissioners for Palliative Medicine and Palliative Care activity.

We have approached the RAMPART clinic pathway utilising the existing commissioned arrangements but through the Trust Clinical Coding, Billing and Contracting departments we are in the process of ensuring that these arrangements appropriately reflect the clinic activity.

Part 4: Learning from your project

Achieving our goals

The strength of the RAMPART Clinical Project from the outset has been its collaborative and multidisciplinary nature. All key departments and personnel have shown enthusiasm and commitment to the project and we have been supported at critical points by our collaborators from the University of Southampton, by the Cancer Care Group and Trust senior management teams and in particular by the encouragement and gratitude of our patients, carers and colleagues.

The clinic embodies the UHS Trust values of “patients first”, “working together” and “always improving” and is a true example of how these accurately reflect the values of individuals and teams that work within the organisation.

Dr Paul Fenton, the RAMPART Project Lead, describes his experience:

“When we started the clinic I was delighted with the enthusiasm of the wider team in Cancer Care- radiographers, doctors, nurses who were not directly involved in the clinic but aware that we were setting in up and were hugely supportive and enthusiastic about the idea. What has surprised me more is that that interest and enthusiasm has not waned. One year into the clinic I am still stopped around the hospital by interested staff asking how the clinic is progressing or giving feedback on their and their patients’ experience of the service.”

Challenges – Allied Health Professional (AHP) involvement

As we have described in Part 2 our initial clinic pathway design included assessment and intervention by AHPs in keeping with the Rapid Access Clinic model established in Canada published by Fairchild et al. (without Palliative Care involvement). We agreed, however, to start the clinic without this component to make sure that the core components of Clinical Oncology and Palliative Care assessment and a full radiotherapy pathway were deliverable.

A further barrier to implementation of AHP input into the clinic was the variability in the needs of the patients and difficulty in identifying the appropriate group of AHPs to involve in the clinic- dietitians, physiotherapists, occupational therapist, speech and swallowing therapists, pharmacists.

In December 2016 the newly appointed UHS Macmillan Cancer Rehabilitation Lead was introduced to the RAMPART Project lead by our collaborators from the University of Southampton. She has joined the project team and developed an AHP evaluation strategy (Appendix 1.2) that acknowledges and addresses the challenge of identifying which AHP group would be most appropriate to join the clinic. Through the use of semi-structured interviews with patients attending the RAMPART clinic we are now gathering data which will lead directly into the implementation of AHP intervention in the clinic.

This will not happen within the original project timescales and we have therefore asked The Health Foundation for permission to carry over the residual unused AHP funding from the original project budget to be able to implement this part of the

original proposal.

Challenges – referral numbers

Due to the separate nature of the Clinical Oncology/ Radiotherapy and Palliative Care pathways it was not possible to definitively define the likely patient numbers and we planned the RAMPART clinic based on estimated numbers and the pathway limitations. Our pragmatic approach to the pathway design established that it would not be feasible to treat more than 4 patients in one clinic session and we therefore designed our potential timings based on this.

Our experience of running the clinic has been that we have seen 2 patients most clinic sessions but have so far not run at maximum capacity. We have received fewer referrals than we had originally expected but we have also recognised that the quality of the intervention is enhanced by running the clinic without the tight time pressures that 4 patients would necessitate.

Our on-going aim is therefore to continue to work to increase our pool of referrers and patient numbers. When we run a clinic at the maximum capacity of 4 patients we will carefully assess whether we have compromised on the quality of the intervention and adjust the clinic model accordingly.

Learning – educational experience

An unanticipated benefit that has come from the multidisciplinary nature of the RAMPART clinic is the insight it has given the team into each other's specialist areas and approaches. Although there is overlap between Clinical Oncology, Palliative Medicine and Radiotherapy we have gained valuable and very powerful insight into other areas that is already influencing our practice outside the RAMPART Clinic.

Recognising this educational aspect of the clinic has allowed us to incorporate teaching of clinical nurse specialists, student and trained radiographers, medical students and junior doctors into the RAMPART clinic, with a maximum one observer each week (with agreement from the patient).

The RAMPART patient cohort also provides an excellent resource for clinicians and radiographers training in the delivery of palliative radiotherapy and we intend to utilise this for on-going training both within and potentially beyond UHS.

Learning – process change

Our collaborators from the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Wessex, Prof Carl May and Prof Alison Richardson, have performed interviews with the project team at the end of the first year. This aspect of our project aims to study the process of change in this way to be able to report both RAMPART-specific and generalisable elements in due course.

Part 5: Sustainability and spread

Sustainability

We are pleased that the Trust and Care Group are supporting the RAMPART Clinic project to continue beyond the award from The Health Foundation. The sustainable funding of the project has been helped by the pathway redesign nature of the intervention which means that much of the activity is not new. It is, however, happening in a different place at a different time and as such staff time is the most important factor in the sustainable funding of the project.

Our negotiations regarding sustainable funding are aligned with the process of budget setting within the Care Group and Trust as a whole for the upcoming financial year. This process is currently on-going.

The radiotherapy pathway and departmental involvement in the clinic (including the Advanced Practice Radiographer) are similar to normal activity and we anticipate they can be delivered through existing and projected staffing plans.

The role of the Clinical Oncology Consultant both as Project Lead and in the delivery of the clinic has been a point of focus in job plan discussions. Dr Paul Fenton currently fills this role and a number of elements of his existing activity have been included in new and proposed Consultant posts. One of these posts will share provision of the RAMPART clinic with Dr Fenton and is in the final steps of approval.

The sustainable funding for the roles of both the Palliative Medicine Consultant and Palliative Care Clinical Nurse Specialist is being addressed with the Care Group and our involvement with the Trust Coding and Billing teams is partly designed to ensure that their time is being appropriately billed and remunerated through the existing local commissioning arrangements.

Spread

Within the Trust and regional hospitals we will continue to publicise the clinic and seek to open more referral pathways. We were awarded the UHS Team of the Month Award in July 2016, which gained attention and publicity for the project throughout the Trust.

We have recently presented the experience and results from the first year of the RAMPART project to the Radiotherapy, Palliative Care and Clinical Oncology departments.

An abstract entitled “Optimising the management of patients with cancer pain: the Rapid Access Multidisciplinary Palliative Assessment and RadioTherapy (RAMPART) Clinic” has been accepted as a poster presentation at The British Institute of Radiology’s Palliative Radiotherapy event on 24th March 2017, which Dr Paul Fenton and Dr Andrew Jenks will be attending on behalf of the clinic team.

Dr Paul Fenton has also accepted an invitation to present experience of developing and implementing the RAMPART project under the title “Improving Cancer Patients’ Experience and Pathways” at a national conference on Implementing the Cancer

Strategy [Capita Conferences] on 7th March 2017

We are planning a publication strategy targeting 4 different audiences: Radiotherapy/Clinical Oncology, Palliative Medicine/Care, Minimally Disruptive Medicine and Allied Health Professionals (once this aspect of the clinic model is implemented and evaluated). Although there are aspects of learning from the project that are common to all these groups there are also very specific aspects and areas of interest that differ and justify targeting the audiences separately.

Appendix 1.1: RAMPART referral proforma

RAMPART Clinic Referral Proforma

Rapid Access Multidisciplinary Palliative Assessment and RadioTherapy Clinic




Patient Label/Details	Referrer Details
Name:	Name:
Address:	Job title:
Date of birth:	Responsible Consultant:
UHS number:	<u>Contact details:</u>
NHS number:	Telephone:
Patient telephone no:	E-mail:
	Fax:
	Date of referral:

ELIGIBILITY CRITERIA	<i>the answer to all the criteria below should be <u>Yes</u></i>	
Histological or radiological diagnosis of cancer confirmed by a Cancer MDT	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient and (where appropriate) carers are aware of cancer diagnosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Localised bone pain from site of known/ suspected metastatic disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient is able to give informed consent for investigation and treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient is able to tolerate 4-6 hours in an outpatient setting and self-administer their own pain medications if required	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please note:

1. All patients with suspected or confirmed **Metastatic Spinal Cord Compression** (MSCC) should be referred urgently by telephone to the Clinical Oncology Emergency Bleep (1414) Mon-Fri 0900-1700 or Oncology SpR On-call (Bleep 1413) Out of Hours via UHS Switchboard 02380 777222
2. Patients with a **cardiac pacemaker or implantable cardiac defibrillator** are NOT suitable for treatment in the RAMPART Clinic

CLINICAL DETAILS		<i>please attach a recent clinic letter/ summary if available</i>
Cancer diagnosis: Prostate <input type="checkbox"/> Breast <input type="checkbox"/> Lung <input type="checkbox"/> Myeloma <input type="checkbox"/> Other <input type="checkbox"/>		
Site(s) of painful bone metastases:		
Severity of pain: Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> 		
Site(s) of other known metastases:		
Previous/ Current Chemotherapy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Previous/ Current Radiotherapy	Yes <input type="checkbox"/> No <input type="checkbox"/> UHS <input type="checkbox"/> Other <input type="checkbox"/>	Details:
Previous/ Current Palliative Care input	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:

Please complete Page 2 overleaf - incomplete referrals will not be accepted

Please send completed referral forms to: E-MAIL: RAMPART@uhs.nhs.uk or UHS.RAMPART@nhs.net
FAX: 0238120 6682 Version 1.2 May 2016

RAMPART Clinic Referral Proforma

Rapid Access Multidisciplinary Palliative Assessment and RadioTherapy Clinic



Patient Name:	Date of birth:
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CLINICAL DETAILS (continued)

Previous imaging:	Sectra PACS	UHS <input type="checkbox"/>	Salisbury <input type="checkbox"/>	IOW <input type="checkbox"/>	Portsmouth <input type="checkbox"/>
Other <input type="checkbox"/>[Other imaging must be sent to UHS PACS and Reports sent with this referral]				
Current pain medications (including doses):					
Other medications:					

PATIENT TRANSPORT DETAILS

Requires Hospital Transport	Yes - Ambulance <input type="checkbox"/>	Details:
	Yes - Car <input type="checkbox"/>	
	Accompanying escort <input type="checkbox"/>	
	No transport <input type="checkbox"/>	

OTHER REQUIREMENTS / COMMENTS

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Please note:

- Referrers will be contacted with a response within 3 working days of receipt of referral
- Patients will be provided with a written summary of their RAMPART clinic attendance which will also be sent to the referring clinician and GP
- The responsibility for arranging on-going patient follow up remains the responsibility of the referrer- no follow up will be arranged in the RAMPART clinic

The RAMPART Clinic is funded by an award from The Health Foundation: Innovation for Improvement

Please send completed referral forms to: E-MAIL: RAMPART@uhs.nhs.uk or UHS.RAMPART@nhs.net
FAX: 0238120 6682 Version 1.2 May 2016

Appendix 1.2: Allied Health Professional (AHP) evaluation and implementation plan

Allied Health Professional (AHP) evaluation as part of RAMPART Clinic Project

Dr Charlotte Brooks, Macmillan AHP Cancer Rehabilitation Lead; Dr Paul Fenton, Consultant Clinical Oncologist and RAMPART Clinical Project Lead

This part of the RAMPART Clinic project aimed to involve Allied Health Professionals (AHPs) as part of the clinic pathway. Semi-structured interviews have been conducted with seven consecutive RAMPART clinic patients (with original diagnoses of prostate, lung, mesothelioma and urethral cancer) to explore their views about potential AHP needs and acceptability/preferences for AHP input. Interviewees' responses were recorded contemporaneously. Initial analysis revealed that interviewees have a range of concerns impacting on their daily life, including pain, fatigue, breathlessness, constipation, loss of strength and fear of falling. Interviewees reported increasing difficulties maintaining hobbies and managing daily tasks, such as bending, cooking and getting up. As the following quote demonstrates, many interviewees were struggling to adjust to these changes and wanted advice on how to self-manage these issues.

'I cannot do 90% of the things I used to be able to do and feel like my life has become a waste of time' (Age 74, advanced lung cancer).

Many interviewees lacked confidence in accessing services which could help them. One interviewee discussed reaching a point where she needs advice:

'I am at the point where I need advice. I wanted to get on with things and not bother anyone. Now I have excruciating pain during daily tasks and would like to know about different aids which could help me' (Age 59, advanced urethral cancer).

Most interviewees described having had no previous AHP input and many could benefit from AHP interventions focussing on increasing quality of life, advice and signposting/referrals. All interviewees felt it would be helpful for AHPs to provide input into the clinic as necessary.

Next steps (February to August 2017) will involve conducting a further three interviews with patients, completing data analysis and designing and trialling AHP input into the clinic, evaluated using outcome measures.

This will initially include an occupational therapist and dietician utilising funding originally provided as part of The Health Foundation award for the RAMPART Clinic Project but not utilised during the 12 months implementation phase of the project [pending approval from the Health Foundation]

Appendix 1.3: Patient questionnaires

EORTC QLQ-C15 PAL- quality of life assessment

ENGLISH



EORTC QLQ-C15-PAL (version 1)

We are interested in some things about you and your health. Please answer all of the questions yourself by circling the number that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

Please fill in your initials:

Your birthdate (Day, Month, Year):

Today's date (Day, Month, Year):

	Not at All	A Little	Quite a Bit	Very Much
1. Do you have any trouble taking a <u>short</u> walk outside of the house?	1	2	3	4
2. Do you need to stay in bed or a chair during the day?	1	2	3	4
3. Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
4. Were you short of breath?	1	2	3	4
5. Have you had pain?	1	2	3	4
6. Have you had trouble sleeping?	1	2	3	4
7. Have you felt weak?	1	2	3	4
8. Have you lacked appetite?	1	2	3	4
9. Have you felt nauseated?	1	2	3	4

Please go on to the next page

During the past week:

	Not at All	A Little	Quite a Bit	Very Much
10. Have you been constipated?	1	2	3	4
11. Were you tired?	1	2	3	4
12. Did pain interfere with your daily activities?	1	2	3	4
13. Did you feel tense?	1	2	3	4
14. Did you feel depressed?	1	2	3	4

For the following question please circle the number between 1 and 7 that best applies to you


15. How would you rate your overall quality of life during the past week?

1 2 3 4 5 6 7

Very poor

Excellent

Wessex Radiotherapy Patient Experience Survey

<div data-bbox="427 275 683 309"><p>University Hospital Southampton </p><p>NHS Foundation Trust</p></div> <div data-bbox="529 331 646 347"><p>Official use only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p></div> <div data-bbox="322 360 617 376"><p>RADIOTHERAPY PATIENT EXPERIENCE SURVEY</p></div> <div data-bbox="266 380 403 394"><p>What is the survey about?</p></div> <div data-bbox="266 394 675 430"><p>This survey is about your experiences whilst being treated with radiotherapy at this centre. Your views are very important and will help us to improve the service that we offer.</p></div> <div data-bbox="266 434 435 450"><p>Who is carrying out this survey?</p></div> <div data-bbox="266 448 675 486"><p>The survey is being carried out by the Wessex Network Radiotherapy Group on behalf of the Southampton Oncology Centre, Portsmouth Haematology & Oncology Centre and Poole Cancer Centre.</p></div> <div data-bbox="266 490 675 515"><p>Your participation in this survey is voluntary and your answers will be treated in confidence.</p></div> <div data-bbox="266 515 675 577"><p>If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason. Your answers will be treated in confidence. Please <u>do not</u> write your name or address anywhere on the questionnaire.</p></div> <div data-bbox="266 582 558 595"><p>What will happen with the results/findings of the survey?</p></div> <div data-bbox="266 595 675 645"><p>The responses from all the surveys will be collated and the results presented to the Wessex Network Radiotherapy Group. They may also be shared with other organisations within the cancer network. The anonymised results will be fed back to the radiotherapy staff and displayed in the departments.</p></div> <div data-bbox="266 649 421 665"><p>Completing the questionnaire</p></div> <div data-bbox="266 663 675 725"><p>The questions should be answered by the patient who was given the survey. If that person needs help to complete the questions, the answers should be given from his / her point of view – not the point of view of the person who is helping. For each question please tick clearly. Do not worry if you make a mistake; simply cross out the mistake and put a tick in the correct place.</p></div> <div data-bbox="266 728 367 743"><p>Questions or help?</p></div> <div data-bbox="266 741 675 768"><p>If you have any queries about the survey please contact the staff member who gave you this survey.</p></div> <div data-bbox="266 777 675 817"><p>There is space at the end of the questionnaire for you to write in other comments and suggestions which you think are important for us to know about; areas we do particularly well or things which need further improvement.</p></div> <div data-bbox="266 819 675 846"><p>Please place the completed survey in one of the boxes displayed in the radiotherapy department.</p></div> <div data-bbox="266 855 319 871"><p>Thank you</p></div> <div data-bbox="266 891 422 920"><p>Jo Penman Radiotherapy Services Manager</p></div>	<div data-bbox="794 315 849 329"><p>CONSENT</p></div> <div data-bbox="794 327 1005 378"><p>These questions are about when you had your appointment to talk about having radiotherapy and you gave your consent for treatment.</p></div> <div data-bbox="794 387 973 416"><p>1. Who took your consent for you to have radiotherapy?</p></div> <div data-bbox="802 421 962 510"><p>1 <input type="checkbox"/> Consultant Oncologist 2 <input type="checkbox"/> Radiographer 3 <input type="checkbox"/> Someone else 4 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="794 521 987 575"><p>2. When you gave your consent, to what extent did you understand what the benefits and side-effects of radiotherapy were?</p></div> <div data-bbox="802 580 957 669"><p>1 <input type="checkbox"/> I understood completely 2 <input type="checkbox"/> I understood to some extent 3 <input type="checkbox"/> I did not understand at all 4 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="794 680 989 707"><p>3. Were you given the opportunity to ask questions before giving consent?</p></div> <div data-bbox="802 712 962 779"><p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="794 790 976 831"><p>4. If you did ask questions, were you satisfied with the answers that you received?</p></div> <div data-bbox="802 837 962 927"><p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="1031 315 1235 340"><p>5. Were you offered a copy of the radiotherapy consent form you signed?</p></div> <div data-bbox="1031 344 1201 412"><p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="1031 439 1225 488"><p>6. Were you offered a written summary of the appointment where your radiotherapy treatment was discussed with you?</p></div> <div data-bbox="1031 495 1201 560"><p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="1031 584 1216 636"><p>RADIOTHERAPY PLANNING These questions are about what happened during your radiotherapy planning.</p></div> <div data-bbox="1031 656 1236 707"><p>7. Were you given an explanation of what would happen during your radiotherapy planning in a way that you could understand?</p></div> <div data-bbox="1031 712 1201 842"><p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No, but I would have liked an explanation 4 <input type="checkbox"/> I did not need an explanation 5 <input type="checkbox"/> Don't know / can't remember</p></div>
<div data-bbox="252 1070 461 1095"><p>8. Were you given written information about your radiotherapy planning?</p></div> <div data-bbox="260 1102 461 1240"><p>1 <input type="checkbox"/> Yes, and it was easy to understand 2 <input type="checkbox"/> Yes, but it was difficult to understand 3 <input type="checkbox"/> No, but I would have liked written information about my planning 4 <input type="checkbox"/> I did not need written information about my radiotherapy planning 5 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="252 1258 451 1296"><p>9. Do you feel you were given sufficient information (written and verbal) about your radiotherapy planning?</p></div> <div data-bbox="260 1301 451 1393"><p>1 <input type="checkbox"/> Not enough - please comment in the box below 2 <input type="checkbox"/> The right amount 3 <input type="checkbox"/> Too much - please comment in the box below</p></div> <div data-bbox="260 1400 446 1532"><div></div></div> <div data-bbox="252 1543 472 1572"><p>10. Were you offered a choice of appointment times for your radiotherapy planning?</p></div> <div data-bbox="260 1576 451 1668"><p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked a choice of appointment times 3 <input type="checkbox"/> I did not need a choice of appointment times</p></div>	<div data-bbox="794 1070 978 1120"><p>RADIOTHERAPY TREATMENT These questions are about what happened during your radiotherapy treatment.</p></div> <div data-bbox="794 1135 997 1160"><p>14. How many treatments (sometimes called visits or fractions) did you have?</p></div> <div data-bbox="802 1167 962 1256"><p>1 <input type="checkbox"/> 1-5 2 <input type="checkbox"/> 5-10 3 <input type="checkbox"/> More than 10 4 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="794 1281 1000 1319"><p>15. Were you given information to help you manage the side effects of your treatment?</p></div> <div data-bbox="802 1326 962 1415"><p>1 <input type="checkbox"/> Yes, very clearly 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="794 1440 992 1491"><p>16. Was the information given to you by the radiographer at the first treatment visit the same as you were told by the doctor/radiographer in clinic?</p></div> <div data-bbox="802 1498 970 1588"><p>1 <input type="checkbox"/> Yes, exactly the same 2 <input type="checkbox"/> No, it was a little different 3 <input type="checkbox"/> No, it was completely different 4 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="1031 1070 1224 1133"><p>17. On your first day of treatment were you given an explanation of what would happen during your radiotherapy treatment in a way that you could understand?</p></div> <div data-bbox="1031 1140 1201 1267"><p>1 <input type="checkbox"/> Yes, completely 2 <input type="checkbox"/> Yes, to some extent 3 <input type="checkbox"/> No, but I would have liked an explanation 4 <input type="checkbox"/> I did not need an explanation 5 <input type="checkbox"/> Don't know / can't remember</p></div> <div data-bbox="1031 1288 1238 1314"><p>18. Were you offered a choice of treatment appointment times?</p></div> <div data-bbox="1031 1321 1246 1411"><p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, but I would have liked a choice of appointment times 3 <input type="checkbox"/> I did not need a choice of appointment times</p></div> <div data-bbox="1031 1433 1244 1471"><p>19. Were you satisfied with the appointment times that you were given for your radiotherapy treatment?</p></div> <div data-bbox="1031 1478 1208 1592"><p>1 <input type="checkbox"/> Very satisfied 2 <input type="checkbox"/> Satisfied 3 <input type="checkbox"/> Neither satisfied or unsatisfied 4 <input type="checkbox"/> Unsatisfied 5 <input type="checkbox"/> Very unsatisfied</p></div>

<p>20. Were you satisfied with the amount of time you had to wait in the centre for each of your treatment appointments?</p> <p>1 <input type="checkbox"/> Very satisfied</p> <p>2 <input type="checkbox"/> Satisfied</p> <p>3 <input type="checkbox"/> Neither satisfied or unsatisfied</p> <p>4 <input type="checkbox"/> Unsatisfied</p> <p>5 <input type="checkbox"/> Very unsatisfied</p> <p>21. On average how long did you have to wait beyond your allocated treatment appointment times?</p> <p>1 <input type="checkbox"/> 0 – 15 minutes</p> <p>2 <input type="checkbox"/> 16 – 30 minutes</p> <p>3 <input type="checkbox"/> 31 – 45 minutes</p> <p>4 <input type="checkbox"/> 46 – 60 minutes</p> <p>5 <input type="checkbox"/> More than 60 minutes</p> <p>22. Were you told about any delays?</p> <p>1 <input type="checkbox"/> Yes, always</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>3 <input type="checkbox"/> Rarely / never</p> <p>4 <input type="checkbox"/> No delays</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>	<p>23. At your treatment review did you see a doctor and/or specialist radiographer?</p> <p>1 <input type="checkbox"/> Yes, a doctor</p> <p>2 <input type="checkbox"/> Yes, a specialist radiographer</p> <p>3 <input type="checkbox"/> Both a doctor and specialist radiographer</p> <p>4 <input type="checkbox"/> Don't know / can't remember</p> <p>5 <input type="checkbox"/> I have not had a treatment review</p> <p>YOUR OVERALL RADIOTHERAPY CARE / EXPERIENCE</p> <p>24. Did you feel that hospital staff did everything possible to help manage the side effects of your radiotherapy?</p> <p>1 <input type="checkbox"/> Yes, completely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No, they could have done more</p> <p>4 <input type="checkbox"/> I did not have any side effects from radiotherapy</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p> <p>25. Were any questions or concerns you had about your radiotherapy treatment adequately addressed by staff?</p> <p>1 <input type="checkbox"/> Yes, completely</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No, they could have done more</p> <p>4 <input type="checkbox"/> I did not have any questions or concerns about my radiotherapy treatment</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p>
<p>26. Were you given information about support services available? (For example support groups, nutrition services, Macmillan Information Centre, complementary treatments).</p> <p>1 <input type="checkbox"/> Yes. In the box below please tell us what services you remember being told about</p> <p>2 <input type="checkbox"/> No, please go to question 28.</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> <p>27. Were you satisfied with the information given to you about the support services available?</p> <p>1 <input type="checkbox"/> Very satisfied</p> <p>2 <input type="checkbox"/> Satisfied</p> <p>3 <input type="checkbox"/> Neither satisfied or unsatisfied</p> <p>4 <input type="checkbox"/> Unsatisfied</p> <p>5 <input type="checkbox"/> Very unsatisfied</p> <p>28. Did the radiotherapy staff introduce themselves by name?</p> <p>1 <input type="checkbox"/> Yes, all or most of the time</p> <p>2 <input type="checkbox"/> Some of the time</p> <p>3 <input type="checkbox"/> Rarely or never</p> <p>4 <input type="checkbox"/> Don't know / can't remember</p>	<p>29. Were you treated with respect and dignity by the radiotherapy staff treating you?</p> <p>1 <input type="checkbox"/> Always</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> Some of the time</p> <p>4 <input type="checkbox"/> Never</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p> <p>30. Were you treated with warmth and understanding by the radiotherapy staff treating you?</p> <p>1 <input type="checkbox"/> Always</p> <p>2 <input type="checkbox"/> Most of the time</p> <p>3 <input type="checkbox"/> Some of the time</p> <p>4 <input type="checkbox"/> Never</p> <p>5 <input type="checkbox"/> Don't know / can't remember</p> <p>31. Did you feel the changing facilities / arrangements allowed you to maintain your dignity?</p> <p>1 <input type="checkbox"/> Yes, all or most of the time</p> <p>2 <input type="checkbox"/> Yes, to some extent</p> <p>3 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> Don't know / can't remember</p>

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<p>32. Were you satisfied with the waiting areas and facilities in the radiotherapy department?</p> <p>1 <input type="checkbox"/> Very satisfied</p> <p>2 <input type="checkbox"/> Satisfied</p> <p>3 <input type="checkbox"/> Neither satisfied or unsatisfied</p> <p>4 <input type="checkbox"/> Unsatisfied</p> <p>5 <input type="checkbox"/> Very unsatisfied</p> <p>33. Did the staff tell you who to contact outside of radiotherapy department opening hours if you were worried about your condition or treatment?</p> <p>1 <input type="checkbox"/> Yes. In the box below, please tell us who you were told to contact.</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know / can't remember</p> <p>34. On average how long did it take you to travel to the radiotherapy centre each day?</p> <p>1 <input type="checkbox"/> Up to 15 minutes</p> <p>2 <input type="checkbox"/> 16 – 30 minutes</p> <p>3 <input type="checkbox"/> 31- 45 minutes</p> <p>4 <input type="checkbox"/> 46 – 60 minutes</p> <p>5 <input type="checkbox"/> More than 60 minutes, please specify</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>6 <input type="checkbox"/> Don't know / can't remember</p>	<p>35. How did you travel to the radiotherapy centre most days? Tick all that apply.</p> <p>1 <input type="checkbox"/> On foot</p> <p>2 <input type="checkbox"/> Own car</p> <p>3 <input type="checkbox"/> Friend/family members drove me</p> <p>4 <input type="checkbox"/> Taxi</p> <p>5 <input type="checkbox"/> Community Car Service</p> <p>6 <input type="checkbox"/> Hospital Car Service</p> <p>7 <input type="checkbox"/> Train</p> <p>8 <input type="checkbox"/> Bus</p> <p>9 <input type="checkbox"/> Other, please specify</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>36. If you travelled by car, was it easy to park?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> I was dropped off so didn't need to park</p>
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<p>ABOUT YOU The information in the following questions will only be used for statistical purposes.</p> <p>37. Are you male or female?</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p> <p>38. What is your age group?</p> <p>1 <input type="checkbox"/> Under 25</p> <p>2 <input type="checkbox"/> 26 – 40</p> <p>3 <input type="checkbox"/> 41 – 50</p> <p>4 <input type="checkbox"/> 51 – 60</p> <p>5 <input type="checkbox"/> 61 – 70</p> <p>6 <input type="checkbox"/> 71 – 80</p> <p>7 <input type="checkbox"/> 81+</p> <p>39. To which of these ethnic groups would you say you belong?</p> <p>1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Mixed</p> <p>3 <input type="checkbox"/> Asian or Asian British</p> <p>4 <input type="checkbox"/> Black or Black British</p> <p>5 <input type="checkbox"/> Chinese</p> <p>6 <input type="checkbox"/> Other Ethnic Group, please specify:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <p>40. Please state the first part only of your postcode e.g. PO1 or SO1:</p> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<p>OTHER COMMENTS</p> <p>If there is anything else you would like to tell us about your experience of radiotherapy care, please do so here.</p> <p>Was there anything particularly good about your radiotherapy care?</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> <p>Was there anything that could have been improved?</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> <p>Any other comments?</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div> <p>Thank you for taking the time to complete this survey</p>
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RAMPART Clinic patient experience questionnaire

University Hospital Southampton 
NHS Foundation Trust

RAMPART Clinic

1. How satisfied were you with your experience today?

- 1 ☐ Very Satisfied
2 ☐ Satisfied
3 ☐ Neither Satisfied or unsatisfied
4 ☐ Unsatisfied
5 ☐ Very Unsatisfied

2. Were you made aware of the roles of all the staff in the clinic?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

3. How satisfied were you with the length of the day?

- 1 ☐ Very Satisfied
2 ☐ Satisfied
3 ☐ Neither Satisfied or unsatisfied
4 ☐ Unsatisfied
5 ☐ Very Unsatisfied

4. Did you feel all your symptom needs were adequately assessed?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

5. Were you able to ask the questions you wanted to?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

6. Are you known to your local palliative care / Macmillan team?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

7. If no, is a referral being made to your local palliative care/Macmillan team as a result of your clinic appointment today?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

8. If there was a need, would you consider coming back to the RAMPART clinic?

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

9. Do you have any other comments to add to help us improve the service?

.....
.....
.....
.....

Thank you for completing this survey.