

Nikki Cannon (BSc, MA) joined Guy’s Cancer as the Transformation Lead for Personalised Care & Cancer Survivorship in January 2020. With the ambitious aim of developing and embedding a Survivorship framework to deliver an integrated programme of personalised care for all patients diagnosed at Guy’s Cancer supporting them to live with, through and beyond their cancer.

Originally qualifying as a nurse at Guys hospital in 1989, Nikki has spent her career working to improve patient experience and access to high quality cancer services and recognises the importance of doing this alongside working to improve staff experience.

In her previous role at Macmillan Cancer Support as Specialist Advisor for Workforce she developed and led a programme to deliver a new engagement strategy for the 10,000 Macmillan Professionals across the UK.

In her spare time Nikki loves hiking around the British countryside and indulging her passion for creative writing.

**Supporting people living with and beyond cancer during Covid-19- Abstract**

The advent of the covid -19 pandemic early in 2020 heralded an unprecedented period of upheaval for cancer services with a huge impact on patients being diagnosed and treated for cancer. By March 2020, the number of patients attending Guy’s Cancer Centre in person dramatically reduced with 70% of all outpatient appointments delivered remotely. Clinical staff experienced pressures through staff sickness, redeployment and responding to increased patient needs. A risk that delivery of personalised care and support planning (PCSP) was deprioritised at a time when patients were experiencing increased needs due to isolation and delayed treatments. Holistic needs assessment (HNA) completion rates were falling.

With no additional resources available to us the personalised care team looked at how they could improve support to patients and relieve some of the pressures from our front line colleagues. Firstly, we implemented a text HNA process which proved to be a highly effective and acceptable method of delivering PCSP to patients. The results highlighted the unmet emotional needs of patients and as a further support offer we then implemented Patient Welfare calls, to provide low level non clinical support to patients.

Method: Clinical teams identified patients eligible for a HNA, text message with link to HNA sent to patients. On completion a care planning call arranged.

Results: 1700 text HNAs sent to patients since April 2020. Over 75% completed across 11 tumour groups. 67% of patients over 70 years completed the text HNA. HNA rates: 68% in March ‘20 to 80% in December ’20. HNAs offered by text raised a higher number of concerns and information needs compared to those not offered by text. 31% of HNAs not offered by text raised nil concerns compared to 15% in HNAs offered by text. ‘Worry, fear or anxiety’ is the top concern raised across both modes of HNA delivery. 56% of patients completing a text HNA raised this as a concern, with a score of 6.5, compared to 26% of patients completing a HNA by other means, with a score of 5.4

Conclusions: Text HNA is a valuable tool. Evidence that text HNA is acceptable to wide range of patients (and tumour sites) and contributes to the delivery of PCC. Evidence of positive impact of self-assessment in identifying increased needs. Frees up clinical time.