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Case Study
The Associate Director's view

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Chris Wright talks to Katy Low about how beetroot has evolved and where it's going in the future now it's established

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CW: Hello Katy. Please tell us a bit about yourself and what you think of beetroot.

My name is **Katy Low** and I'm the Associate Director of Nursing Cancer Division at Mid and South Essex Hospitals. In large part I'm responsible for the wider uptake of beetroot in supporting our clinical cancer care teams.

CW: Great to see you again Katy. What's the one single thing about beetroot that's encouraged so many teams to adopt it?

For us it's the flexibility of beetroot that serves us really well. We know that we can use it in various different ways supporting different tumour sites which are very different. The patient cohorts in cancer and the disease progression are very different so you can't really build a monitoring model that would suit every tumour site. The beauty of beetroot is that it is adaptable so that we can step back and think actually that's not quite the right way that we need to support this group and think about how we can improve what we currently have. Our nurses lead that process with the clinicians and so we can look at the process, go to the beetroot guys, have a conversation and agree that we we need to tailor beetroot in a particular way for us to meet the requirements for that particular group. By doing that everything is really bespoke. Even better than that we can configure it to each individual patient, let alone tumour group (or site as we refer to it), which with many digital services that we have in the NHS isn't something that is readily available. That's why beetroot's so unique and why we want to keep a hold of it and drive it into as many tumour sites as possible.

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CW: When we started out I remember the focus was on patient stratified follow-up – for patient post-treatment. Has that focus evolved?

We're using beetroot for personal stratified follow-up in a number of different tumour sites post-treatment. But we are also starting to use it earlier in the patient's journey, for example in active surveillance in prostate cancer. That's enabling us to follow the progress of patients through to make sure that they're clinically monitored in a remote way with easy access back into services should they need that. It's also a way for the clinicians to monitor remotely those patients that they would generally be not too concerned about but concerned enough that we need to continuously look at them through a clinical lens.

CW: There's more that beetroot can help with beyond checking incoming data for abnormalities and deterioration isn't there?

Absolutely. We need to remember that patients don't just come to us with a clinical diagnosis, they also have thoughts feelings and a personality that we need to be looking after. So with the beauty of beetroot we're able to look at the holistic needs of our patients and detail their holistic needs assessments (through a Holistic Needs Assessment (HNA)).

That style of working with patients is allowing us to use patient reported outcomes (PROMS) so we're able to send out questionnaires, again very bespoke to the tumour site patient group that we're looking after, to make sure that we are getting our support right for each patient on an individual basis. That enables us to identify what needs to happen for each patient along that part of their journey and their pathway.

CW: How can beetroot help optimise your workforce on providing cost-effective support for patients?

For us from a nursing perspective we're very excited to use beetroot in nurse-led follow-ups. If we can move beetroot across onto the nurse-led follow-up platform it will mean that we can run many more patients through our nurse-led services and at the same time understanding what the activity looks like. Once we understand what the activity looks like and what those patient groups need we're then able to expand the workforce into those areas so that we can be really responsive to the patient group instead of being reactive. This planning and future thinking is something that the NHS isn't great with so it will be a really new way of working and of thinking and certainly an area that needs to be expanded in to, and one that we're really looking to develop at MSE. I think for the nursing staff certainly the system is very user-friendly and very helpful and the fact that it can be run by administrators takes away the administration part of beetroot so the nurses can concentrate purely on the clinical side.

"That not only saves time but provides reassurance that there's a record of those patient responses in beetroot and then we're easily pull reports that show us the number of patients that are stable"

An example of that would be a patient who has completed an HNA and wishes to have a clinical call back. They're able to tick a box on that digital beetroot form to say 'I would like a clinical call back' and that comes through to us as a red alert that is then forwarded on to the CNS directly. The team will have identified and set-up in beetroot a period of time during which they will return that call back to that patient. That means not only are we looking after the patient need but it replaces the initial triaging process that the admin team has to do through telephone calls. Another example of that is the HNA coming back to us via beetroot and the responses are green so essentially the patient is happy, ticking along at home really comfortable and confident that they're being monitored and as a result don't need to come to the clinic. That not only saves time but provides reassurance that there's a record of those patient responses in beetroot and then we're able to easily pull reports that show us the number of patients that are stable.

CW: It looks as though you've got the go-ahead to expand beetroot support for your services. What does the immediate future look like for your use of beetroot?

beetroot has really expanded since I first came on board five or six years ago so we're now looking at introducing lots of different tumour sites to using the beetroot cancer platform. That's really opened up to me how the system can be used really flexibly to carry out lots and lots of different requirements for each specific tumour site. It's only been quite recently that we've had all of this interest from different tumour sites as services can start to really see how flexible the system can become and how it can be really tailor-made to the cohort of patients that that tumour site needs to track. We think that it is a service that isn't necessarily being used for follow-up elsewhere because other follow-up services are quite rigid in their structure and they're usually an add-on a bolt-on to another digital service, whereas beetroot for us is standalone, it's completely flexible and we can build into it what we need. As I've already spoken about we're using it for stratified follow-up at the moment and we've looked at using it for rapid diagnostics and we are using it for our holistic needs assessment. We're now doing follow-up with our radiotherapy patients by using patient PROMS so there's lots of different ways in which you can use it. As I've already alluded to with the nursing aspect for clinical nurse specialists and mobilising that workforce it's using it in those nurse-led follow-ups which will be the key to unlocking a lot of oncology capacity. So building beetroot into our services to support us will hopefully result in us being one of the first trusts across the region to run an operational cancer nursing workforce supported by comprehensive digital services.

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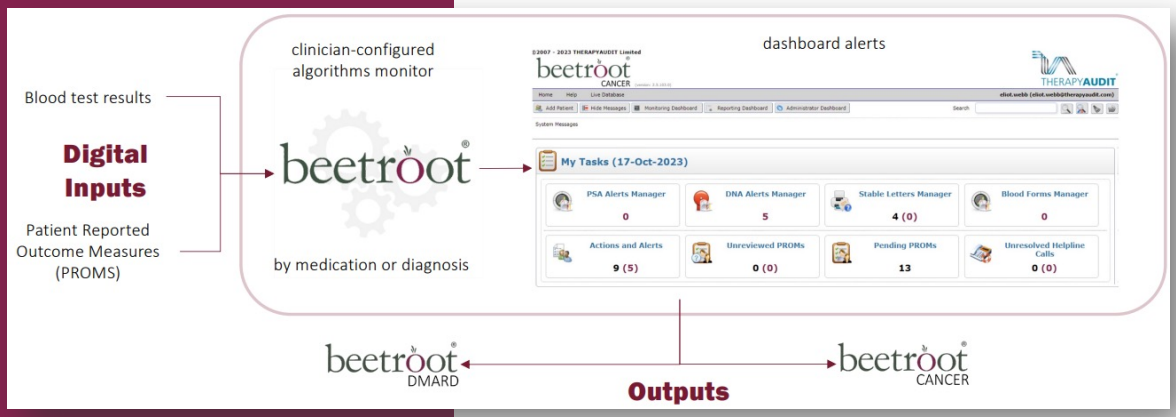

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