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Case Study
The Deputy Director's
view

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Chris Wright talks to Emma Chaplin about the impact of beetroot on cancer services from her perspective as Deputy Director of Nursing

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CW: Hello Emma – can you tell us something about yourself and your role?

EC: I'm **Emma Chaplin**, the Deputy Director of Nursing for Cancer and I work across Mid and South Essex NHS Foundation Trust, so we cover three large hospitals at Southend, Basildon and Chelmsford.

CW: Why did you feel you needed digital support with caring for your patients?

EC: We originally envisaged that some kind of IT platform could be used to help us with what is called Personalised Stratified Follow-Up (PSFU). That means following up those patients who had completed treatment and needed monitoring, all as a part of an NHS initiative to improve on-going care and support. So we reached out a number of years ago to THERAPYAUDIT, the company behind beetroot as they already provided our rheumatology colleagues with a monitoring solution, to see if they could support us with remote monitoring of patients. We've been really fortunate working with beetroot because they've enabled us to set up a really good remote monitoring system and that's really beneficial not only to patients but also to our clinicians and our service overall.

CW: What does remote monitoring mean to your services?

EC: It means that patients are not regularly having to come up to hospital if they don't need to. So we can remotely monitor them, we can also send questionnaires to them which has been a really great service, enabling us to do digital quality of life assessment and holistic needs assessments which means that we can get information really speedily from patients. Also their results come into beetroot automatically and we can use it to monitor them, using rules that we set up. If there's a problem or a concern it's alerted to a nurse specialist and it means that we can rapidly access the patient and contact them and bring them into clinic. So we're actually seeing them when we need to see them and the work that we've done with beetroot is being extended to include active surveillance, so for example patients with prostate cancer who need active surveillance prior to commencing treatment or that may not ever reach treatment, we're able to continually monitor them.

Something that we're also very keen to expand on is those with pre-cancerous lumps or pre-cancerous cysts, for example pancreatic cysts. We're very keen to use beetroot to follow those up that may need to have scans or blood tests to monitor to see if their problem will turn into cancer in the future. That takes up a huge amount of resource and surveillance needs without digital assistance. It's also hugely beneficial for patients and for our capacity to have those remotely followed up, so it's not just those with cancer that have completed treatment, it can actually include many aspects of the patient pathway. Previous to that these patients would be mixed in with our palliative patient phone calls or clinic appointments as well as high-risk cancers, so they would all be mixed in either with a face-to-face clinic or telephone clinics. Now, utilising beetroot we've been able to separate these patient groups and to streamline our curative pathway alongside our high-risk pathway and metastatic disease patients. We've set-up beetroot in a number of tumour sites which has meant that it's been really flexible, we've been able to adapt it to the needs of the service and the needs of the patient. We've built services around them with the use of beetroot as an IT platform.

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CW: How would you sum up the impact beetroot has had on your service delivery?

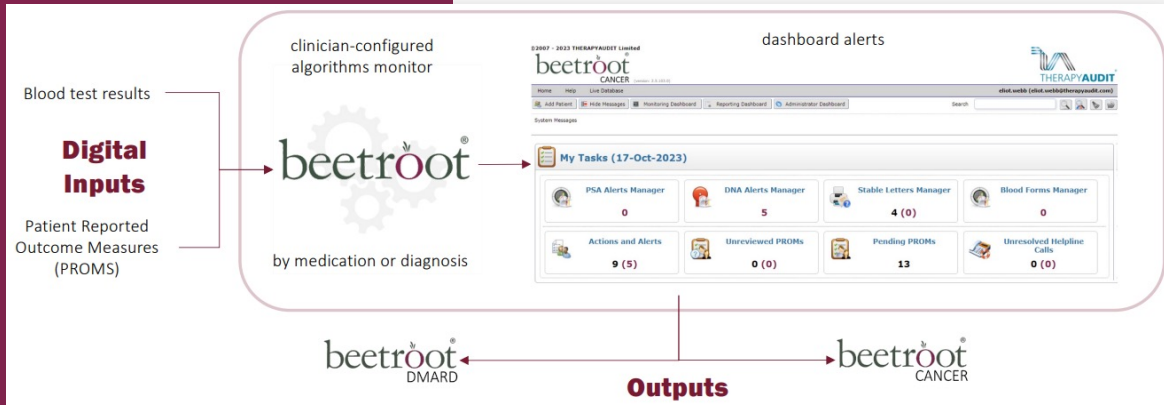
EC: With our cancer nursing service overall at MSE we've seen a huge impact with using beetroot. Previously patients were being monitored on a database or an excel spreadsheet so we had real concerns over patient safety. We wanted to improve that not only to ensure that patients were being safely followed up, but also to ensure that they had high quality metrics recorded about them. In addition we wanted to ensure that we were accurately assessing their holistic needs, enabling us to really drive through improvements with our services. We can now ensure that patients have swift access when there are troublesome results that are highlighted as needing a clinician's input. We have also introduced efficiencies as patients don't need to regularly come up to hospital. This has shown that we can follow up a huge number of patients in a really safe manner that actually meets the needs of the patient, and releases time for clinicians to see patients who really need them. I think this model is just growing across MSE as we're seeing all tumor sites very keen to use the beetroot system* to really improve their service and also wanting to expand that service to include not just patients that have finished treatment but also those that need actively monitoring prior to treatment or with pre-cancerous cysts or symptoms. I think regionally we've been showcasing how excellent this system is and actually I think it could be used regionally to really drive improvements across the board in cancer care.

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** urology, colorectal, metastatic breast, brachytherapy, gynaecology, skin, young testicular, radiotherapy (August 2024)*

CW: I think you use the NHS Somerset database – isn't there a danger of duplication in using beetroot as well?

EC: I think for us we do use Somerset as a registry so when patients are newly diagnosed they're put onto our Somerset database in its use as a register and we track the patients through Somerset. We found that we were quite restricted with Somerset in that it was something that not all clinicians could access, that it had limited information and that the system was very rigid. What we actually wanted was a system that we could develop and we could really tailor to the needs not only of the service but the needs of the patient. It's been hugely beneficial that we can add on those extra parts with beetroot for contacting the patient, sending them messages, sending them questionnaires to complete that then come directly back into the beetroot system. As well as that, we've been able to link beetroot in with other areas that are vitally important such as endoscopy, radiology and pathology to ensure that all the necessary results are there to safely monitor the patient. Having a system that we can develop with the company (THERAPYAUDIT) to meet to the needs of the service has been hugely beneficial and that's something we couldn't have done with Somerset.



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