**Sam Jones Uro-ncology CNS**

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| **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  | **Friday**  |
| **Telephone & Email response:**  Check inpatient list, prioritise if inpatient visit required**AM Oncology Clinic (consultant):** Outpatients new Outpatients follow up Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-management Psychological assessment Supporting clinical choice and meeting information needs Social assessment Referrals **Clinical Admin** **Urology Clinic: x1 Clinician**Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-management Psychological assessment Supporting clinical choice and meeting information needs Social assessment Referrals **Clinical Admin** **PM: Oncology Clinic** Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-management Psychological assessmentSupporting clinical choice and meeting information needs Social assessmentReferrals **Clinical Admin** **Urology Clinic: x1** Clinician(1st/3rd/5th): Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-managementPsychological assessment Supporting clinical choice and meeting information needs Social assessment Referrals **Clinical Admin** **Review Inpatients**: Symptom control, psychological, family meetings, informal teaching, referrals etc **Telephone response work** Assessment, rescue work, prevention of unscheduled care **Email response**: patients/consultants. Booking clerks/ health care professionals **Non clinical admin** | **Telephone & Email response****Oncology Clinic:**  Outpatients new &follow up Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-management Psychological assessment Supporting clinical choice and meeting information needs Social assessment, Referrals **Clinical Admin** **Urology Clinics x 4 clinicians:** Outpatients new Outpatients follow up Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-management Psychological assessment Supporting clinical choice and meeting information needs Social assessment Referrals **Clinical Admin** **Nurse Led Stable PSA Clinic:** 2-2.50pm men coming in for OPA, 3-4pm **Telephone clinic.** Assessing men with stable disease that have previously undergone surgery, DXT, Brachytherapy, or on long term hormone therapy. Psycho-sexual Physical Assessment-specialist assessment Symptom control (specialist) Promoting self-management Psychological assessment Prescribing medicationsRequesting investigations**Telephone & Email response work**Assessment, rescue work, prevention of unscheduled care  | **Telephone & Email response:** **Review Inpatients**: Symptom control, psychological assessmentfamily meetings, informal teaching, referrals **Service Development/management****Sourcing educational days/courses/conferences.****Clinical Admin & Non clinical admin** including routine chasing up **Performing procedures (TWOC)****Telephone Response work** Assessment, rescue work, prevention of unscheduled care**Network MDT 3-4pm** Brokering care**Review Inpatients**: Symptom control, psychological, family meetings, informal teaching, referrals etc Check MDT List**MDT preparations**. Brokering of investigations/reporting TSSG/CNS/AOCNS meetings 2nd Wednesday of the month: Leadership work-monitoring standards, vigilance & role modelling Informal and formal teaching**Professional activity** ie regular meetings/journal clubs/grand rounds etc Service development/management**Telephone Response work** Assessment, rescue work, prevention of unscheduled care **Email response:** patients/consultants. Booking clerks/ health care professionals **Non clinical admin** | **Telephone (urgent only) response work** **08.30- 10.15 MDT** Meet with other team members to discuss new patients and review current patients with progressive disease Review results & act on findings, Patient advocate **Case management** Handover from MDT referrals, investigations, follow-up, liaison with HC professionals etc . Brokering of investigations and reporting. Case management work. **Email response work & MDT Non clinical admin****Oncology Clinic:** Physical Assessment-specialist assessment, Symptom control (specialist) Promoting self-managementPsychological assessment Supporting clinical choice and meeting information needsSocial assessment Referrals **Clinical Admin** **Only Urgent Telephone response** work Assessment, rescue work, prevention of unscheduled care **Email response:** patients/consultants. Booking clerks/ health care professionals  | **Telephone & email response:** **Nurse Led TURBT Clinic** (am 2nd/4th)Outpatients newOutpatients follow upPhysical Assessment-specialist assessmentCommunicating significant news Symptom control (specialist) Promoting self-management Psychological assessment Supporting clinical choice and meeting information needs Social assessment**Case management** Handover from MDT referrals, investigations, follow-up, liaison with HC professionals etc . Brokering of investigations and reporting. Case management work.  **14:00 – 16:00 Nurse Led TURBT Clinic (1st/3rd PM)****Urology Clinic: x1 Clinician:** Physical Assessment-specialist assessmentSymptom control (specialist) Promoting self-managementPsychological assessmentSupporting clinical choice and meeting information needs Social assessment **Only Urgent Telephone response** work Assessment, rescue work, prevention of unscheduled careEmail response |

**Ad hoc** Visit wards/DTC/Day Unit as requested to review patients & meet new patients. TSSG/CNS/AOCNS meetings 2nd Wednesday of the month Clinical Governance meeting every 3 months Flexi clinics run most days and although we are not in attendance can be bleeped. Trial without catheter(TWOC) adhoc Living Well study day 3-4 times a year from Nov 2013.