

UKONS

Oncology Nursing Society

UKONS ANNUAL CONFERENCE
CANCER CARE IN THE DIGITAL AGE
11-12 NOVEMBER 2022 | ICC, BELFAST



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Welcome to the UKONS Conference 2022

The UKONS Board are delighted to welcome cancer nurses from throughout the United Kingdom and beyond to our annual UKONS conference. The UKONS Board are proud to present to you this year's conference abstracts.

This year's conference '**Cancer Care in the Digital Age**' focuses on three themes: **Supportive cancer care in the digital age; Communicating with patients in modern cancer care; and The future of acute cancer care.**

We are looking forward to reading about the work you are all involved in through your oral and poster presentations incorporating these themes and engaging in discussion with delegates about nursing being at the core of cancer care.

The UKONS Abstract Judging Team and wider Board are impressed by the volume and standard of innovation that our members have undertaken this year. It is a pleasure to read such a variety of work from across the four nations that indicate members are always striving to improve care. We are delighted that you have chosen to share your experiences and knowledge through UKONS.

You will see from reading this booklet that we received a high number of high-quality abstracts, demonstrating the excellent work undertaken throughout the year, given ongoing pressures on our services. Please take time to read about the range of innovative research and quality improvement projects described in the abstracts herein and please visit the posters displayed in the exhibition hall.

The UKONS Board wish to thank each of the authors for their submissions, which result from dedication and hard work in their professional role. As with other years prizes will be awarded during the conference proceedings for the best posters. Given the high standard and volume of the abstracts submitted, the judges know they will have their work cut out choosing the final prize winners.

The UKONS Board all look forward to reading your posters at the conference and sincerely hope that you will find the conference both beneficial and enjoyable and we look forward to meeting you in Belfast!

Best wishes

The UKONS Board

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Completed Abstracts presented at the UKONS Annual Conference, 11–12 November 2022,
The ICC Belfast

CANCER CARE IN THE DIGITAL AGE

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Abstract 1

Type: Oral & Poster

Category: Communicating with patients in modern cancer care

Evaluating the pilot training course ‘No conversation too tough’, to help health care professionals support parents with dependent children when a parent is dying

Jane Cockle-Hearne

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Co-authors: Dr Johanna Groothuizen & Professor Emma Ream

Abstract

Background

There is inconsistent support across health care services for parents with dependent children when one parent has a life-limiting illness. Parents need support to help their children prepare for a parent dying, yet nurses and other health care professionals lack experience and confidence in supporting parents. This study evaluated a pilot, co-designed training course for clinical nurse specialists and palliative care nurses.

Methods

Mixed methods. The one-day training ran twice online and once face-to-face; 36 delegates attended. Interviews and questionnaires assessed delegates’ experiences, needs, and expectations before the training, and their reactions and learning afterward. Reflective logs completed over six weeks recorded changes in practice behaviours. Qualitative data were analysed thematically, and questionnaire data by descriptive and inferential statistics. Confidence and expectations were assessed by tools used in palliative care training and analysed with Wilcoxon Signed Rank Tests.

Results

Delegates’ expectations and needs were met; understanding of the challenges and benefits of talking with patients about communicating openly with their children increased. Confidence in skills, managing own emotions, and knowledge to discuss topics with patients improved (across items $p < 0.003$, $r = 0.40$ to 0.61). Perceptions about outcomes of conversations improved (across items $p < 0.036$, $r = 0.29$ to 0.34). Reported practice behaviours after the training indicated that delegates focused more on asking and documenting the presence of children, and applied strategies and frameworks for having conversations. Content relating to communicating directly with children and working effectively with diverse families was requested. Face-to-face delivery was more satisfying and optimised interaction with others.

Conclusion

Pilot findings were very positive; they suggested the training has the potential to increase supportive care provided by nurses to parents to help them communicate with dependent children when a parent is dying. The evaluation provided clear recommendations for roll-out and testing on a wider basis.

Abstract 2

Type: Oral & Poster

Category: Communicating with patients in modern cancer care

Bereaved parents' experience of adapting to life after the death of a co-parent with cancer who has dependent children

Dr Jeffrey Hanna

Postdoctoral researcher, Ulster University

Co-author: Dr Cherith Semple

Abstract

Background

Where a parent of dependent children has died with cancer, the bereaved parent is navigating their own and each of their children's grief. Dependent children are more susceptible to adverse psychological reactions following the death of a parent. Appropriate familial support can mediate for such reactions, especially that of the bereaved parent. The aim of this study is to explore bereaved parents' experience of adapting to life when a co-parent of dependent children has died with cancer.

Methods

21 in-depth interviews were conducted with bereaved parents when a co-parent died with cancer. Data were analysed thematically.

Results

Bereaved parents highlighted the children as their key focus after the death of a parent with cancer, as they effortfully strived to be a 'perfect parent'. While some bereaved parents struggled to adapt to the role as a sole parent, others described the importance of maximising social networks to help with practical aspects of parenting. Most bereaved parents described intense feelings of loneliness as they navigated parenting alone. To help navigate this post-bereavement period, bereaved parents considered it important for their children to openly talk about the deceased parent. Also, meeting others who have experienced similar situations was helpful for the bereaved parent and children, providing hope for the future. Results are discussed under two themes: (1) adapting to life without the parent, and (2) keeping the memory alive of the parent that died.

Conclusion

The bereaved parent is central to helping their children navigate grief following the death of a co-parent with cancer. Bereaved parents should be reassured that showing emotion in front of the children is healthy and could facilitate better grief experiences for the whole family. Bereaved parents should be encouraged to practice self-care when a co-parent has died from cancer so they can appropriately meet their children's needs.

Abstract 3

Type: Oral & Poster

Category: Communicating with patients in modern cancer care

Communicating with adolescents/young adults with cancer as an early career nurse

Dr Maria Cable

Student, Healthcare Sciences, Cardiff University

Abstract

Background

The theme of this paper was undertaken as part of a doctoral study that explored the experiences of early career nurses (ECN) working with adolescents/young adults with cancer (AYAC) in specialist units, who make up 1% of the total cancer population and have age-specific needs that differ from younger children and older adults. This cancer specialism itself is in its own adolescence (Cable and Kelly 2019). Whilst developmentally appropriate care is advocated for this patient population (Lea et al 2018, 2021), little is known about the general communication experiences and subsequent development needs for ECN who work with these patients and families.

Methods

Narrative Inquiry used online video recorded conversations with ECN using a semi-structured format in 2022/2021. Data were analysed thematically for a second time focussing on communication using Clandinin and Connelly's (2000) metaphorical three-dimensional narrative inquiry approach focussed on the commonplaces of temporality, sociality and place.

Results

Nine ECN (1 Male/8 female) aged 28-48yrs, from 6 specialist UK centres were included in the dataset. Five key themes were identified and these include 1. communicating in triads 2. communicating and emotion, 3. communication at specific AYAC junctures 4. communication approaches with AYAC and 5. communication in the workplace.

Conclusion

Much of the work of ECN in AYAC care involves building therapeutic relationships with AYAC and their families over long periods of time. With little by way of communication skills training noted, ECN feel they need to adapt their communication approaches to further develop professional engaging relationships with AYAC yet this carries some personal and professional risks. This study revealed that the essence of communication underpins the work of all AYAC care and thus shines light on the complexity of this type of nursing work.

Abstract 4

Type: Poster

Category: Communicating with patients in modern cancer care

Using patient and public involvement to improve the clinical pathway for cancer patients in clinical trials during the pandemic through the development of online discussions and electronic consent

Ben Hood

Nurse Consultant, Newcastle upon Tyne Hospitals NHS Foundation Trust

Abstract

Background

At the start of the COVID-19 pandemic to aid social distancing and to reduce patient travel time, we looked at how we could modify early phase cancer patient study visits. The approach to explore modifying patient study visits was to work closely with our Patient and Public Involvement (PPI) group. The purpose of this project approach, was to ensure that the patient voice was at the centre of any potential changes to the established patient pathway for taking part in early phase cancer trials.

Methods

The approach to explore modifying patient study visits was to work closely with our PPI group. The purpose of the PPI co-designed project approach, was to ensure that the patient voice was at the centre of any potential changes to the established patient pathway for taking part in early phase trials.

Through working with our PPI group, we reviewed the legality of such changes with the HRA, which led to the development of a patient friendly method of conducting online patient discussions and an electronic consent process.

Results

Through a method of trial and error test runs of using virtual discussion platforms and electronic consent software with our PPI group, we developed a patient friendly way of having initial discussions with newly referred patients about taking part in clinical research. Additionally this approach allowed us to develop a standard operating process for online electronic consent, which was subsequently approved by our Hospital Trust and sponsors of studies on our unit for use in 2020. This was the first time this method of consent had been approved for use within our Hospital Trust, and nationally within any of the Experimental Cancer Medicines centres in the UK

Conclusion

This work has developed a practical, patient tested and patient centric method to allow patients to consent to clinical research studies, without having to leave their homes.

Patient feedback suggested that this new method of consenting dramatically reduced their travel time / costs to appointments, increasing accessibility. It has also allowed patients to invite members of their family from anywhere in the world to be part of these discussions, supporting them in making the decision to take part in a trial.

Abstract 5

Type: Poster

Category: Communicating with patients in modern cancer care

Prehabilitation. An interdisciplinary patient-centric conceptual framework.

Tessa Renouf

NIHR pre doc fellow, The Royal Marsden NHS Foundation Trust

Co-authors: Andrew Bates, Sandy Jack & June Davis

Abstract

Background

Personalised prehabilitation programmes can prepare patients to withstand the metabolic and psychological stress associate with anti-cancer treatments. Delayed diagnoses, treatment delays, and rapid reorganisation of cancer services, in response to the pandemic, make prehabilitation a vital part of the cancer care continuum. This review examines the recent literature around patient-centric prehabilitation in oncology patients; and proposes a conceptual framework to inform development of interdisciplinary prehabilitation services leading to focused, individualised prehabilitation interventions.

Method

A review of recent peer reviewed literature, national guidance and government strategy on prehabilitation in oncology patients.

Results

Patient- centric prehabilitation is key to improving patient's experiences of cancer throughout the cancer journey whilst improving population health and reducing financial costs.

The authors advocate a prehabilitation service framework comprised of thorough, interdisciplinary screening and assessment of patients to ensure the prehabilitation intervention is specifically tailored to their care whilst identifying their specific deficit and employing a personalised prescription of care. Further to this, incorporating Macmillan guidance (2019), a triage system is recommended including different levels of prehabilitation interventions: universal, targeted and specialist depending on the patient's needs.

Successful personalised prehabilitation interventions are comprised of an interplay between individual interdisciplinary roles, as found in the conceptual framework. The role of the nurse underpins this whole process in patient screening, assessment, implementation of the intervention and patient reassessment ensuring care is dynamic and tailored to patient need.

Conclusion

The review discussed the importance of a patient- centric prehabilitation intervention implemented through a collaborative interdisciplinary conceptual framework in successful personalised prehabilitation interventions where the nurse's role is at its centre. Further to this, the review discussed the key role that nurses play in the process but warrants more research in the area to specifically develop prehabilitation interventions specific to nursing care during different areas of the patient's cancer journey.

Abstract 6

Type: Poster

Category: Communicating with patients in modern cancer care

The Utility of Patient Reported Outcome Measures in Blood Cancer

Suriya Kirkpatrick

Senior Cancer Research Nurse, North Bristol NHS Trust

Co-author: Dr Karen Campbell

Abstract

Background

Blood cancers can have devastating effects on patients' physical, emotional, and psychosocial health. With improvements in therapies, patients are living longer. There is also growing evidence to support the use of Patient Reported Outcome Measures (PROMs) in capturing cancer as they measure a patient's perception of their own health status and needs through validated tools. While PROMs appear to be adopted in oncology, it is felt that uptake in haematology remains limited in routine clinical care.

The objective of this scoping review is to explore and identify the utility of patient reported outcome measures (PROMs) in blood cancer to understand the extent and type of evidence available in relation to benefits of PROMs to patients within routine clinical practice.

Method

The review was conducted in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews and the PRISMA- ScR (Preferred Reporting Items for Systematic Reviews and Meta analysis) model for organising information.

Results

Initial searches identified 7977 papers, 21 full texts were reviewed and eight papers that met the final inclusion criteria were included in the review. The papers were categorised and themes that developed included: acceptability and usability, self-efficacy, implementation, and impact of PROMs. We explore these themes along a pathway to impact.

Conclusion

The papers identified the area of interests to be the implementation process of PROMS, within routine care, where the dominance was implementation of electronic versus paper, for routine symptom management and only one paper addressed impact of PROMS on patient outcomes. This highlights the collation of data but not how the data is used in routine care to improve the quality of life when living with a chronic haematology illness trajectory.

To conclude there is limited evidence on the impact of using PROMs to the patient or delivery of care.

Abstract 7

Type: Poster

Category: Communicating with patients in modern cancer care

“What is the patient’s preference on remote pre-assessment consultations, compared to face to face in the nurse-led immunotherapy clinic?”

Alison Pass

Advanced Nurse Practitioner, Sheffield Teaching Hospital Weston Park Hospital

Abstract

Background

March 2020 saw a worldwide pandemic change the way healthcare delivery in cancer care patients were shielded from healthcare establishments. The move from face-to-face consultations for the pre-assessment of treatment moved to non-face-to-face and telephone consultations to prevent exposure to illness.

Method

A questionnaire was designed to ascertain the patients’ preference of remote pre-assessment consultations compared to face-to-face consultations. A sample of 20 patients were invited to take part who had been using the nurse-led service from January 2020 to August 2020 so that they had experienced the service before COVID 19. The primary rationale was to establish if they had a preference for remote monitoring as opposed to face-to-face.

Findings

The overall satisfaction of the patient group was between 64-88% and the results evidenced areas of definite improvement especially with convenience, the overarching question to if the patients preferred remote monitoring to face-to-face was inconclusive. However, the free-text box enabled a greater insight as it was highlighted that patients would like a mixture of face-to-face and remote monitoring. The use of technology was not completely rejected as the use of video had been preferred by a few of the patients.

Conclusion/recommendations

Patients’ perceptions are valuable in healthcare to allow clinicians a better understanding as to how changes brought about impact them. This service evaluations most important result was that patients wanted a combination of modalities for their pre-assessment and although they were satisfied with the service delivery they did not conclusively state that were given a choice about how that would happen and if they preferred to attend hospital or not.

Abstract 8

Type: Poster

Category: Communicating with patients in modern cancer care

What are the communication service needs for Gynaecology patients? Evaluating themes of telephone and face to face interactions between patients and clinical nurse specialists in gynaecology through documentation review

Helen Foulser

Lecturer Practitioner, The Royal Marsden School

Co-authors: Lindsay Banahan & Lucia D’Mello

Abstract

Background

The clinical nurse specialist (CNS) role is ultimately concerned with trying to improve patient experience (Ford, 2022) both through clinical care and service review. In the last 3 years the gynaecology CNS service has seen an increase in telephone contact due to an increase in patient numbers presenting with advanced disease and changes in practice caused by the COVID-19 pandemic (NHS England, 2020, Dalby et al., 2021).

Methods

To establish whether the increased unplanned contact via telephone could be eased through a structured CNS telephone clinic a report of telecommunications/clinic annotations over a 3-month period in 2020 was undertaken. Data was collected from retrospective electronic patient record (EPR) annotations from each CNS, looking at type of interaction, who the interaction was with, and the purpose of the interaction. Data was analysed using descriptive statistics, identifying frequency of interaction and most common type of interaction. Key themes in patient contact were established through using key words to categorise interactions.

Results

310 interactions were documented.

The median length of telephone contact was 10 minutes (range 1-30 minutes).

The predominant theme of telecommunication for all service users was for triage purposes.

Different priorities dependent on service user involved were identified. The most significant group were the patients, accounting for almost 70% of interactions. Communication with this group was predominantly triage related, however relatives were more concerned with admission to other hospitals. Communication with other health care professionals (internal and external), largely involved referral.

Conclusion

Results demonstrated that despite the availability of a 24-hour triage hotline, patients and relatives still contacted the CNS team for triage. The acute nature of these calls did not immediately support the development of a new CNS telephone clinic. Other themes were varied and warrant further analysis before CNS clinic recommendations can be made.

Abstract 9

Type: Poster

Category: Communicating with patients in modern cancer care

Communication in modern cancer care- The Impact of a digital teaching package in caring for breast cancer patients

Alison Woods

Breast Cancer CNS, University College London Hospitals

Co-authors: Rachel Kreher, Yasmin Halil, Katie Stornelli & Anne McLoughlin

Abstract

Background

Following the introduction of breast cancer patients into a women's health ward the Breast CNS team needed to develop teaching sessions to upskill ward nurses in breast cancer care. Covid 19 meant that traditional face to face teaching was not broadly possible in health care (Haslam 2021). A new digital approach was required.

Methodology

An electronic pre survey was conducted to establish challenges and learning needs in communicating with breast cancer patients to 19 members of nursing ward team. The data was collected and analysed by the CNS team to identify most frequent and salient areas of concern. Subsequently, a modular online teaching programme was developed with live teaching, role play and video clips to create stimulating sessions. A post-study survey assessed if the teaching programme had met the needs of the team.

Results

Pre-teaching survey identified the following areas for focus:

- Emotional support and communications (13/19)
- Wound and drain management 11/19
- Locating patient support services (inpatient and outpatient) (10/19)

Attendance was high capturing all team members and nurses frequently engaged throughout the teaching.

Post study survey suggested improvements in technical skills and service knowledge by all, however continuing education needs in emotional support/communication remained.

Conclusions

- Digital teaching packages are feasible and offer opportunity to tailor learning to audience need.
- The approach was most effective for technical knowledge and less effective in complex communication areas, consistent with literature (Fallowfield 2004)
- The new method of teaching has made it easier for nurses to access learning, reach greater numbers and sessions are now recorded for others to access more flexibly.

Actions

A patient questionnaire is now assessing levels of satisfaction pre and post operatively to further understand if needs are being met.

Abstract 10

Type: Poster

Category: Communicating with patients in modern cancer care

SACT pre-assessment delivery – improving patient experience using a digital approach

Claire Tapping

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Co-authors: Kayla Jennings, Juliet Rickard & Dr John Mcgrane

Abstract

Background

Triggered by Covid-19 restrictions, historical face-to-face SACT pre-assessments and a visit to the treatment unit had to quickly change to telephone consultation only.

Telephone only consultation became challenging for both nurse and patient, missing essential unseen non-verbal communication, active listening was difficult to assess, and patients were unable to visit the unit. (Hull 2016, Schrier & Shaenfield 2016).

Methods:

To improve this service by introducing SACT pre-assessment video consultations, integrated with a digital patient information platform.

- Providing patients access to information / related videos remotely.
- Allowing family and friends to be part of this provision.
- Enabling access to information / videos relating to the SACT treatment pathway - anytime, anywhere.
- Inclusion of a video call SACT pre-assessment.
- Patient / Nurse project audit identifying project suitability.
- Integration of current digital patient information platform.
- Production of 'welcome to the treatment unit' video for patients.
- Implementation of a video consultation program.
- Completion of screening pathway identifying suitable patients for video pre-assessments.
- Pilot video pre-assessments rolled out.
- Post project patient / nurse experience survey.

Results

74% of patients would have preferred this approach to receiving their SACT pre-assessment.

Patients were 100% satisfied and felt well prepared for their SACT treatment.

Nurses felt re-connected with patients during video calls and reported improved channels of communication and interaction.

Nursing time reduced by 2hours per clinic, releasing nurses to support SACT delivery in the outpatient unit.

Conclusion

Quality of information delivery was standardised. The digital platform enabled accessibility for patients to receive and to refer to information at any point during their SACT journey, supporting patient information retention (Laws et al 2018). Patients now have increased choice and are able to receive SACT pre-assessment information from various platforms alongside their video or telephone consultation.

The utilisation of SACT nurses and overall patient experience was improved.

Abstract 11

Type: Poster

Category: Communicating with patients in modern cancer care

Changing process in changing times: An evaluation of our pre-treatment information pathway for patients receiving systemic anti-cancer therapy (SACT)

Louise Hobday

Pre-treatment Information SACT Specialist Nurse, Mount Vernon Cancer Centre

Co-authors: Tracy Clark, Karen Harrold, Dean Weston, Sarah Jane Webb, Paula Statham, Dr David Miles, Dr Amy Guppy, Buzz Coster & Lynda Jackson

Abstract

Background

Patients starting a new course of Systemic Anti-Cancer Treatment (SACT) should attend a 1:1 consultation with a health care professional before starting their treatment.

Pre Covid, our patients attended 'group' pre-treatment information consultations. However, Covid restrictions resulted in us re-evaluating this pathway.

Patients are now sent a comprehensive individualised SACT specific 'treatment pack' by post, allowing them time to read the information and formulate questions before their 1:1 pre-treatment telephone consultation with a SACT trained nurse (at a time convenient to them, before attendance for their first treatment).

Method

- A quality improvement approach taken to evaluate and develop the pathway in collaboration with the multidisciplinary team (MDT).
- Utilised a simple random sampling method
- Patient experience evaluated by use of a self-administered questionnaire incorporating Likert scales, yes / no questions and free text.
- Patient opinion also sought about developing a cancer centre specific video series to consolidate and contextualise the written information received.
- Service evaluation by monthly capacity and demand audit.

Results

All respondents (n=49) were satisfied with the written information received, scoring >7 on a scale of 1-10 (not satisfied – extremely satisfied). The written information explained everything, gave them time to prepare so they knew what to expect and gave awareness of potential side effects etc.

100% felt the telephone consultation length was just right and they knew who to contact in an emergency, with 98% giving a satisfaction score of >8.

98% said everything in the consultation was helpful in the consultation and all their questions were answered.

72% of patients felt a cancer centre specific video series would be helpful.

Conclusion

Results indicate that patients are satisfied with the new pre-treatment information pathway. Service evaluation indicates that this has resulted in a streamlined, efficient and patient focused pathway that meets NHS England standards.

Abstract 12

Type: Poster

Category: Communicating with patients in modern cancer care

The development of a nurse led telephone poly-ADP-ribose polymerase inhibitor (PARPi) clinic in response to the evolving ovarian cancer treatment landscape to ensure improved patient outcomes

Louise Gilroy

Trainee Advanced Nurse Practitioner, Belfast City Hospital

Co-authors: June Macauley & Donna Breen

Abstract

Background:

Ovarian cancer is the eighth most common female cancer in the world (Globcan 2020). There are approximately 7,500 new cases diagnosed in the UK each year and it is the sixth top cause of cancer death in the UK (Cancer Research 2021).

In 2014, the treatment of ovarian cancer was completely transformed with the introduction of PARPi, demonstrating improved survival for patients (Eakin et al 2020). PARPi are an oral maintenance treatment which are used following a response to chemotherapy (Eakin et al 2020).

With this exciting development in the maintenance setting, showing improved patient outcomes, comes additional capacity pressures on the existing SACT service (Eakin et al 2020).

Aim

To establish remote patient monitoring via a nurse led PARPi telephone clinic with community bloods, electronic prescribing and home delivery.

Methods

The practicalities of establishing a nurse led clinic involved the following-

- Data collection
- Discussion with Service Manager and Clinical Team
- Early involvement of all key stakeholders
- Development of a nurse led protocol including referral pathways etc.
- Liaison with Admin Team to establish clinic
- Review of ONP job plans to determine suitable day/time
- Commencement of clinic
- Evaluation

Results

The clinic was established in September 2020 and so far 918 assessments have been carried out. A patient survey has been circulated and results are awaited. Both consultants and patient's informal feedback has been positive to date.

Conclusion

More and more the NHS is recognising the need for a combination of medical and nurse led clinics in managing the increasing numbers of patients requiring SACT. Consequently the Oncology-Haematology stabilisation plan for Northern Ireland has outlined that nurse prescribing and nurse led clinics will be essential in managing patients on SACT (Department of Health 2020). This clinic has ensured that all eligible patients can now avail of this efficacious treatment.

Abstract 13

Type: Poster

Category: Communicating with patients in modern cancer care

Maximising Sexual Wellbeing | Cancer Care eLearning resource: Healthcare professionals' views on acceptability, utility and recommendations for implementation

Clare Cassells

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Co-authors: Dr Cherith Semple, Sheena Stothers & Dr Sharon Bingham

Abstract

Background

The provision of healthcare professional (HP)-led sexual support in cancer care is lacking. Guidelines stipulate that HPs should lead on provision of sexual support; however HPs report considerable challenges addressing this topic. These include a lack of awareness around sexual concerns and strategies to help patients and partners cope, coupled with a lack of relevant training, access to support resources and signposting options. To address this evident gap, Maximising Sexual Wellbeing | Cancer Care eLearning resource (MSWICC) was developed. Quantitative evaluation of the MSWICC has demonstrated efficacy in reducing HPs attitudinal barriers to the provision of sexual support. This qualitative study seeks to explore the mechanisms that may influence HP engagement with the MSWICC, including any barriers and facilitators to integrating and embedding it as resource in routine cancer care.

Methods

Semi-structured interviews were conducted, aided by a topic guide, with HPs who had completed the MSWICC and were providing routine cancer care in health and social care settings in Northern Ireland. Interviews were audio-recorded, transcribed verbatim and analysed using reflective thematic analysis.

Results

Seventeen participants were interviewed and four key themes were identified. [1]MSWICC raises HPs awareness of the need for holistic sexual support as part of routine clinical care, [2] MSWICC prepares and equips HPs to provide sexual support in cancer care, MSWICC is coherent, engaging and acceptable and [4] MSWICC: How best to moving forward with implementation.

Conclusion

This research yielded important insights into HPs perspectives on the MSWICC, lending explanation for previous high attrition rates as well as deeming the MSWICC as an acceptable resource for use by HPs across cancer care.

Type: Poster

Category: Communicating with patients in modern cancer care

Nurse-led virtual communication of cancer diagnosis in the COVID-19 era

Dr Hazel Templeton

Macmillan Uro-Oncology Specialist Nurse, North West Cancer Centre

Co-authors: Kerry Chambers & Eimear McLaughlin

Abstract

Background

Prostate cancer is the most commonly diagnosed male cancer. Nurse-led histology review for these patients has occurred within a Urology service in Northern Ireland. However the COVID-19 era has challenged the clinical nurse specialists (CNS) providing this service to adapt their practice to provide this service remotely, while continuing to ensure that a quality service is provided.

Methods

From April 2020, all patients attending for transperineal biopsy of prostate, were seen by the CNS and advised that communication of results would occur on a virtual basis due to the restrictions associated with COVID-19. Contact details and consent for a video or telephone call were obtained. Significant others were invited to be present if the patient so wished. An audit was undertaken in July 2020, to assess patients (n=45) views on this service using a quantitative approach.

Results

Results found that 51% were extremely satisfied with the quality of their virtual consultation, with 49% reporting that all concerns had been addressed. Most patients (97%) were satisfied that they had the opportunity to ask questions. When asked about their preference regarding how results were communicated, 65% preferred a face-to-face approach. It was reported that such an approach was more personal, aided understanding and allowed a fuller discussion of results. However patients also reported that the virtual approach was more convenient and timely. The service has further evolved as COVID-19 restrictions have changed. Patients may choose whether they prefer a face-to-face or virtual review when they are seen at the time of their biopsy.

Conclusion

COVID-19 has greatly challenged the status quo of many health care practices. This study outlines how a nurse-led histology review service had to adapt quickly to ensure that the communication of a prostate cancer diagnosis continued using a virtual method, while maintaining a quality service.

Abstract 15

Type: Poster

Category: Communicating with patients in modern cancer care

Exploring the provision of services to support those living with cancer-related pain: A UK perspective

Martin Galligan

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Co-authors: Mary Tanay, Jane Cook, Julie Armoogum, Rhea Crighton, Fiona Cameron & Suzanne Chapman

Abstract

Background

Cancer-related pain (CRP) is the most prevalent symptoms reported following cancer diagnosis. CRP is complex and impacts on all aspects of life including physical, spiritual, emotional, and social domains. The nature of CRP is complex and can be a mixture of acute, chronic and breakthrough pain states. However, the provision of support for CRP varies across the UK. There is a need to understand the current provision of CRP services across the UK.

Method

An online survey was developed to map CRP services. Questions were developed by three researchers and then tested by experts in CRP and cancer care. Ethical approval was obtained via Kings College London. The survey was distributed online via social media (i.e., Twitter) for a period of four weeks. Descriptive data analysis was used to identify trends and to map provision of CRP services.

Results

Sixty-three responses were obtained, most services were in the Northwest (n=22), this was followed by the Southwest (n=17). Interestingly there were no responses from Northern Ireland, Scotland, and East Midlands. Only 3% (n=2) of services classed themselves as late effects services with the majority coming under Oncology services (41% n=26). The disciplines that make up the services varied significantly from single profession led to multi-professional.

Following referral to the service 29% (n=18) did not have access to a multi-disciplinary assessment, however 79% (n=50) would consider ongoing referral to rehabilitation services.

Conclusion

CRP is a universal phenomenon that impacts all people affected by cancer during treatment and beyond. However, the provision of CRP services in the UK varies significantly across regions and service design. There is a need to standardise access to specialist CRP services for all those impacted by CRP.

Type: Poster

Category: Communicating with patients in modern cancer care

Co-Design of a Digital Serious Game to Promote Public Awareness about Pancreatic Cancer: Research Protocol

Helen Kerr

Senior Lecturer, Queen's University Belfast

Co-authors: Dr Gary Mitchell, Professor Christine Brown-Wilson, Dr Patrick Stark, Dr Helen Kerr, Dr Gillian Prue, Dr Lisa Graham-Wisener & Dr Katherine Rogers

Abstract

Background

Pancreatic cancer is the 10 most common cancer in the UK with approximately 10,500 people diagnosed each year (Cancer Research, UK). Early signs and symptoms can be difficult to recognise, therefore, attempts to raise public awareness about the condition are vital. After stakeholder engagement, it was determined that the public required a brief and memorable intervention to reinforce key public health messages about pancreatic cancer. As a result, the aim of this study, as determined by key stakeholders, is to co-design a freely accessible digital 'serious game' to increase public knowledge and understanding about pancreatic cancer.

Methods

The co-design group, comprised of people affected by pancreatic cancer and key professionals, will co-develop the digital serious game. Once developed, acceptability testing will take place and be guided by the technology acceptance model (TAM)(Davis, 1989) which focuses on perceived usefulness (PU), perceived ease of use (PEOU) and usage pattern (UP). The acceptability testing will be conducted using a mixed methods approach over two phases. Phase one will recruit approximately 100 members of the Northern Irish public to play the game and complete a questionnaire embedded within the serious game, to determine usefulness (self-efficacy) and ease of use. Phase two will recruit approximately 30 members of the public to participate in focus group interviews to explore the acceptability and perceived usefulness of the game.

Results

Study findings may provide an evidence-base for the future use of serious games in promoting awareness about cancer to the public. Previous research has demonstrated that serious games have potential to enhance public awareness of disease, including dementia (Carter et al. 2021).

Conclusion

This research is supported with funding from the Northern Ireland Pancreatic Cancer Charity (NIPANC) and the serious game will be launched at an event on World Pancreatic Cancer Day on 17th November 2022.

Abstract 17

Type: Poster

Category: Communicating with patients in modern cancer care

Delivering an Oncology Research Nurse-led Clinic – finding innovative new ways to support clinical trial patients on long-term follow up

Nicola Johnson

Lead Oncology Clinical Research Nurse, Royal Free London NHS Foundation Trust

Co-authors: Cathy Batista & Aderonke Adebisi

Abstract

Background

Demand for appointments in the breast medical oncology clinic has increased dramatically over the last year due to the increasing prevalence of cancer diagnosis and late presentation of more advanced disease following the COVID-19 pandemic. This has highlighted a need for efficient appointment scheduling and effective follow-up management for lower risk patients such as clinical trial participants on long-term follow up. A research nurse-led telephone follow-up clinic was trialled to free up consultant clinic appointments for more acute and urgent cases. Evidence suggests that nurse-led follow-up services improve service delivery; are more efficient, convenient and improve holistic care and patient satisfaction (Anderson 2010, de Leeuw & Larsson 2013).

Methods

A safe and robust referral pathway was developed and approved by the department clinical leads. Local guidelines were published and circulated to the medical breast care team. Research nurses were given specialist training on safe and effective care management of breast oncology patients. The clinic was coded and integrated into the hospital records system.

Results

The clinic opened in April 2022 and 8 patients were reviewed between April and June 2022. A Further 49 patients are eligible for referral to the clinic this year. Initial feedback from patients and staff has been very positive. Patients reported the telephone format was convenient and eliminated the need for travel to hospital or waiting in crowded areas. Other benefits include a reduction in clinic wait times, more flexibility with appointment scheduling, greater autonomy and job satisfaction for research nurses, cost saving to the NHS in moving appointments from consultant to nurse-led, improved data collection, auditing and traceability of research follow-up visits.

Conclusion

A specialist research nurse-led follow-up clinic is an effective way to reduce pressure on acute oncology services, improve patient experience and increase autonomy and job satisfaction for specialist research nurses.

Type: Poster

Category: Communicating with patients in modern cancer care

Development of a Cancer Associated Thrombosis (CAT) Educational Training Programme for Allied Health Professionals (AHPs)

Dr Laura Broughton

Research Development Assistant, Hull University Teaching Hospitals NHS Trust

Co-authors: Sarah Scargill, Nathan Hutchinson-Jones, Kieron Power & Anthony Maraveyas

Abstract

Background

Prevention and management of cancer-associated-thrombosis (CAT) is an important aspect of the supportive long-term healthcare of cancer patients, as advised in multiple guidelines. There is evidence across western health-systems that the provision of quality service remains an unmet need. Allied Health Professionals (AHPs) such as nurses already play a crucial role in management of the cancer journey. There are exemplar CAT services in which the patient-facing individual is an AHP but these services are based on the expediency of local resource with no underpinning training. The aim of this project was to develop educational materials for AHPs and cancer patients which will help fill the current knowledge gap and provide a competency for CAT management.

Methods

The materials in this project have been developed by members of three award-winning, pioneering CAT services across the UK. From September 2021 to July 2022 members i) identified the training needs of AHPs, ii) formulated aims/objectives for the training programme and, iii) established where the information provided to patients could be improved. The patient leaflet has been reviewed by an NIHR INVOLVE patient and public involvement group.

Results

The materials comprise of 1) a training booklet for AHPs, 2) a risk-assessment scores pack with recommendations on which scores to use, 3) a case studies booklet with questions, 4) an educational video of scenarios commonly encountered in clinic and, 5) a patient leaflet which is a wealth of easy-to-read information. Existing material was reviewed and incorporated accordingly. Using evidence-based, guideline-compatible and practicable resources, this programme provides teachable and transferable CAT training that should result in a standardised and assessable competency.

Conclusion

This is a comprehensive patient and AHP-focused educational programme that may facilitate improvement in CAT services. The developed resource is shareable, easily adaptable and can be adopted by other NHS Trusts.

Type: Poster

Category: Communicating with patients in modern cancer care

The impact of a Lung Cancer Clinical Nurse Specialist role on person-centered and equitable care: a service improvement and evaluation project

Alison Edwards

Macmillan Lung Cancer Clinical Nurse Specialist, Velindre Cancer Centre

Co-authors: Alison Edwards, Bethany Mickleburgh & Jane Hopkinson

Abstract

Background

Velindre is a specialist oncology centre in Wales. Prior to 2019, there has never been a lung cancer CNS based at Velindre. A lung CNS post, along with a robust impact evaluation was funded by Macmillan for an initial 3 year period. The evaluation was completed in partnership with Cardiff University.

Methods

The evaluation used mixed methods to investigate quality of supportive care. Data collection methods were observation of clinics/meetings, a patient experience survey and interviews with patients/staff. Patients attending outpatient clinics, and staff from various professions were approached to take part. Nine staff and five patients were interviewed, and thematic analysis used to identify key themes. 164 surveys were distributed across 5 hospital sites, and data from 85 returned surveys was analysed by Velindre's audit department. The PDSA cycle for improvement was used as the framework for the evaluation (Institute for Healthcare Improvement, 2021)

Results

Overall, survey results showed good levels of patient satisfaction with clinic experience, and 83% of respondents said their CNS was very helpful. In interviews, staff identified improvements in person-centred care since appointment of the role, and patients/staff confirmed this with specific examples. Co-ordination of care, access to expert knowledge for patients/staff, and shared decision making with patients had all improved. Some staff reported unequal access to the support that the role provides, for themselves and patients (see Figure 1 for current support pathway).

Conclusions

The role had positive impacts on the delivery of person-centred care. Evidence of this quality improvement secured support for continuation of the role. However further work is needed to investigate prioritisation across patient groups and if ensuring equitable access to the support offered by the role will further improve quality of care.

Type: Poster

Category: Communicating with patients in modern cancer care

Using lived experience and analytics software to develop trusted cancer patient information

Hermanus Louw

Patient Information Specialist (Nurse), Cancer Research UK

Co-author: Jen Childs

Abstract

Background

The Office for National Statistics (ONS) in 2019 found that health information was one of the key uses of the internet. People are using a variety of digital platforms to obtain cancer information, including social media and YouTube. This information is not always high quality. Cancer Research UK's About Cancer website provides high-quality information; it is accredited by the Patient Information Forum and receives around 25,500,000 users yearly

Using three examples of cancer information (COVID-19, prehabilitation and mental health), we show how different sources can inspire information development, how we developed it and how we keep users engaged, including using social media and YouTube.

Methods

Each piece of information is grounded in lived experience. By extracting themes, we developed personalised information against the backdrop of evidence in the literature. We utilised user feedback and Google Analytics to evaluate the outcomes of the new information. Analytics provides intelligence on how users engage with information. This and user comments facilitate changes we make to develop a tailor-made product.

Results

Data from measuring the impact indicates that users have heightened information-seeking behaviour during increased social or personal anxiety or uncertainty around a topic. Feedback from users indicates that patient information developed through lived experience can provide reassurance and support during times when people with cancer can feel out of control.

Conclusion

This reflection on developing patient information is evidence of the need for accurate, relevant and easy-to-understand digital information and the essential role cancer information providers have in communicating to patients in the digital age. How people access information is evolving, but by adapting to digital changes, information can be developed that best suits the needs of people and empowers them during a challenging time in their lives. For health professionals, it means having a trusted patient information resource.

Abstract 21

Type: Poster

Category: Communicating with patients in modern cancer care

Proactive telephone calling for oncology patients receiving chemotherapy

Louise Brown

Ward Sister, Belfast Health and social care Trust

Co-author: Emma Treanor

Abstract

Introduction

The Northern Ireland Cancer Centre assesses and treats 1200-1400 Oncology patients with Systemic Anti-Cancer Therapy (SACT) each month. Following a review of patient incidents, we identified a potential trend, which suggested contacting patients post treatment may reduce late reporting of toxicities and unscheduled admissions.

Background

All NEW patients post cycle 1 of SACT delivery were included in the pilot. Current evidence suggests that nurse-led telephone assessment calls to patients following their SACT delivery can potentially lead to early escalation of patient toxicities (Lynch M.P, et al 2010). Enables the nurse to clarify any queries the patient may have regarding their treatment schedule (Boardman A, 2015). Proactive follow up calls are one of the most cost effective and efficient ways to follow up patients (Craven O, et al 2013).

Methodology

A project plan and team was developed. There are 19 pre assessment SACT clinics in total every week within the day hospital; all new patients scheduled to receive a follow up call 1 week post treatment. Proactive calls introduced to clinics undertaken by designated experienced oncology nurses, allocated to specific clinics every week in order to support continuity of care. A questionnaire was created to ensure standardisation. Any concerns triaged and escalated to the Oncology helpline or clinical team for further action.

Results/conclusion

Following implementation in March 2022, proactive calls have been introduced to 10 clinics. Nurses have phoned approx. 45 patients to date. 13 patients have received early intervention follow up on identification of toxicities. 5 patients signposted to other health care professionals. 27 patients required no further intervention. Patient feedback from calls has been extremely positive.

From implementation, Patient admissions have reduced year on year

250 admissions April – June 2021

168 admissions April – June 2022.

Abstract 22

Type: Poster

Category: Communicating with patients in modern cancer care

Omni-channel support offered by Macmillan Cancer Support for people living with and affected by cancer

Amy Kenyon

Service Knowledge Specialist- Cancer Information Nurse Specialist Team, Macmillan Cancer Support

Co-authors: Jane Laing, Rae Harris, Joanna Littlewood, Sue Mowthorpe-Green & Yvonne Lush

Abstract

Background

The Macmillan Support Line was formed in 2009 following an identified lack of practical and emotional support for people living with and affected by cancer. The Cancer Information Nurse Specialists (CINS) work on the support line and provide expert information and support to people living with and affected by cancer.

Aim

- Increase the number of people who access support through our Support Line and the Online Community.
- Transform the way we work digitally to provide equity in service provision across multiple communication channels.

Method

Services are developed based on customer feedback and activity in line with Macmillan's strategy and vision.

Findings

The service transformed to virtual working through the COVID pandemic and is constantly adapting to meet the communication needs of our customers. Through the digital transformation programme, the service expanded its channels from telephone alone to include email, web chat and the Ask a Nurse platform on the Macmillan online community.

In 2021 the CINS team supported 75,061 enquiries from people living with and affected by cancer. An increase from 55,588 in 2020.

There were 49,267 telephone calls answered in 2020 and 56,685 in 2021.

The team answered 2,577 emails in 2020 and 2,346 in 2021

Webchat was introduced in May 2020 allowing people another way to contact us virtually. 4,255 webchats were offered that year. In 2021, 15,679 webchats were offered.

The Ask a Nurse channel answered 599 enquiries from December 2021-May 2022 following a revamp of the online platform.

Conclusion

We are continuously reviewing the services we offer and looking at where we need to make improvements. We recognise there are service limitations. An evaluation has been commissioned that aims to measure change in quality of life and other outcomes for people with cancer who have accessed the service. This hopes to guide future service developments.

Abstract 25

Type: Poster

Category: Communicating with patients in modern cancer care

A Quality Improvement Initiative (QI) to develop a pathway to support patients who transition from Systemic Anti-Cancer Therapy (SACT) to Primary Care Team/Palliative Care Services (PCT/PCS)

Allison Irwin

Colorectal Clinical Nurse Specialist, Belfast City Hospital

Co-authors: Sarah Haughey & Donna Breen

Abstract

Background

Patients with metastatic colorectal cancer (mCRC) have limited treatment options (National Institute Clinical Excellence, 2019); often discontinue having Systemic Anticancer Therapies (SACT) because of progressive disease or a reduction in quality of life. Additional support is required for the patient when transitioning from SACT's to Primary Care Team (PCT) or Palliative Care Services (PCS). Holland et al (2021) acknowledged care can become fragmented, and patients can have increased unscheduled admissions to acute hospitals. The Department of Health (2022) advocates the Clinical Nurse Specialist (CNS) should signpost patients to services. The aim of the Quality Initiative (QI) was to establish a pathway to support patients transition after stopping SACT to accessing care provided by PCT/PCS.

Methods

The QI used a person-centred approach, which included "what matters to you?" (Institute for Healthcare Improvement, 2022) to identify patients care needs and signpost to PCT/PCS. A follow-up telephone appointment after two weeks which included a holistic needs assessment (Macmillan cancer support, 2018) enabling the CNS to reassess the patient's situation.

Results

Currently 10 patients have completed the pathway. Their concerns included prioritising time with their family, conserving energy, help with accessing financial support and equipment to enable them to maintain their independence and prevent falls. In addition, the CNS used the areas of concern raised to develop an information card to support the patient accessing PCT/PCS. Furthermore, the PCT was updated with regard to the change of the patient treatment intention enabling them to support the patient more effectively.

Conclusion

The transition pathway has facilitated the CNS to identify patient concerns and improve referrals and communication to the PCT/PCS. The development of an information card improved patient's knowledge and confidence in accessing care. This will improve their quality of life, and potentially reduced unscheduled care as they access services more efficiently.

Type: Oral & Poster

Category: Communicating with patients in modern cancer care

Planning and developing an intervention to promote social eating for patients living with and beyond head and neck cancer

Mark Dornan

PhD Researcher, Ulster University

Co-authors: Dr Cherith Semple & Dr Anne Moorhead

Abstract

Background

After treatment for head and neck cancer (HNC) up to 90% of patients have difficulties eating and drinking. A growing body of evidence indicates the enormity of challenges explicitly relating to the social dimension of eating for patients following treatment ^[1]. Patients report social eating after treatment as a loss; consisting of a loss of events, loss of enjoyment, loss of confidence, and loss of togetherness ^[2]. Despite these challenges, there are limited extant interventions to specifically support the social dimension of eating nor any replicable for use in contemporary clinical practice. This research aimed to plan and develop a self-management intervention to promote social eating for patients living with and beyond HNC.

Methods

The intervention development was guided by the Person-Based Approach (PBA) ^[3]. A systematic review of the social eating experiences of patients with HNC was conducted and published ^[2] followed by qualitative interviews with patients (n=14) [4], relatives (n=12) and healthcare professionals (n=13) and thematically analysed. Based on this research, an intervention prototype was developed, informed by literature and qualitative findings, reviewed by an expert group, and iteratively tested for usability and acceptability using think-aloud interviews.

Results

The systematic review and empirical qualitative research findings informed the development of a patient-centered, evidence-based, and theory-driven resource to promote social eating for patients with HNC. Using self-management theory, key features were identified to reflect the impact of HNC on social eating, improve confidence and promote strategies to overcome social eating barriers.

Conclusion

Integrating the systematic and iterative PBA, relevant theory and stakeholder involvement can develop an acceptable social eating intervention. Additional mixed-methods evaluation is required to determine the feasibility and effectiveness of this intervention in clinical practice.

Type: Poster

Category: Communicating with patients in modern cancer care

How Nurse Led Telephone Follow ups Improve the patient experience after lung resection

Michelle Rackham

Macmillan Lung Clinical Nurse Specialist, Harefield

Co-author: Louise Croft

Abstract

Background

Lung Cancer Nursing United Kingdom (LCNUK, 2013) promotes nurse-led follow-up at one week post lung cancer resection, with the aim of providing support to patients in the acute phase of their discharge.

Aim

To evaluate our service provision and postoperative patient experience using a short survey in a tertiary cardiothoracic institution.

Method

After gaining institutional approval, we recruited 18 patients over 2 weeks and explored their preferences using four key questions about preferred mode of contact, appointment timings and perceived value.

Results

The majority of patients (85%) preferred telephone over virtual/face to face as there was no need for travel, it was cost-effective and reduced possible exposure to infection.

Two patients preferred a face-to-face appointment as it was more personal, allowed time for preparation whilst creating a safe space to discuss personal issues.

Of note, none opted for video consultation (we suspect because of our older cohort and technical challenges). Having a dedicated time slot was important for only four patients, citing that it would have given them the ability to prepare.

100% of patients reported that they were very reassured by having this individualised, planned contact with the lung cancer nurse specialist team. They felt it was a more collaborative approach and that any concerns would be fed back to the wider team. Discussions were wide ranging and covered physical, emotional and social recovery. It also provided the reassurance that their recovery was on the anticipated trajectory. This call also allowed for early referral for problematic symptoms including pain, it is well documented that early intervention promotes better recovery (Kyte 2019, Cox 2022).

Conclusion

This small evaluation of our telephone service has demonstrated the value of this nurse led interaction with patients early in their post-surgical journey through reassurance and rapid escalation of any reported issues

Type: Poster

Category: Communicating with patients in modern cancer care

Supporting the Triage Nurse to ensure Safety Through Prioritisation

Helen Poots

Assistant Service Manager, Cancer Centre, Belfast

Co-author: Laura McNeece & Anne Crockett

Abstract

Background

The Acute Oncology Haematology Unit is an 8 bedded assessment unit for patients who have a cancer diagnosis or haematological condition and present as an emergency or unplanned admission with a complication of their disease or treatment. Patients contacting the Oncology Helpline, are triaged by a Registered Nurse using the UKONS Triage Tool and may be invited for assessment. To ensure timely treatment and prompt intervention a call response time within 20 minutes is vital.

The Oncology Helpline receives an average of 1050 calls each month, these calls vary in their complexity and the volume of calls is unpredictable. Of these 4.9% are classified as administration queries.

Methodology

Data collection and analysis by qualitative and quantitative means was undertaken by recording key performance indicators such as, time of call, response time, nature of call, outcome and looking at patient and staff feedback. This data, once analysed highlighted that 27.3% of helpline calls were not being responded to within the 20 minute timeframe which has the potential to present a risk to patients. To mitigate this a standard operating procedure was completed and a Helpline Administrative Assistant (HAA) was assigned.

Results

With the support of the nursing staff the HAA:

- Filters calls
- Contacts patients providing reassurance
- Sorts out administration queries
- Liaises with the relevant clinical areas
- Collects and collates live data

Patients now feel valued and safe, stress is reduced and the helpline nurse feels supported in her decision making.

Most importantly it frees the nurse up to ensure that patients are listened to, responded to and treated in the right place at the right time.

Recent data demonstrates that 97.7% of calls are now responded to within 20 minutes and we are working towards getting full compliance 100%.

Type: Poster

Category: Communicating with patients in modern cancer care

Understanding the physical, social and psychological impact of COVID-19 on lung cancer patients: A qualitative interview study

Dr Sally Taylor

Senior Research Fellow, The Christie NHS Foundation Trust

Co-authors: Melissa Stanworth, Charlotte Eastwood, Fabio Gomes, Binish Khatoon & Janelle Yorke

Abstract

Background

The COVID-19 pandemic had a huge impact on everyone's lives. Patients with lung cancer are more vulnerable than the general population therefore the impact on them may have been greater. The study aims to explore the experiences of lung cancer patients during the COVID-19 pandemic and understand how changes to care delivery and to their lives in general affected their physical, social and psychological needs.

Methods

Questionnaires were sent to a random sample of lung cancer patients at a specialist cancer centre in the UK. Questionnaires explored how participants' lives were impacted practically and emotionally by the pandemic and their thoughts on clinical care and new communication methods. Three hundred and five participants completed questionnaires; 30 of whom were approached and agreed to take part in a semi-structured interview to explore their experiences during the pandemic. Interviews were conducted via telephone, were audio recorded, transcribed verbatim and analysed using thematic analysis.

Results

Three themes were identified: Adapting to new modes of communication; Experience of care delivery during the pandemic; Impact of the COVID pandemic on quality of life (QOL). Experiences of care delivery and adapting to new modes of communication are heavily interlinked and both influenced patients' experience from a QOL perspective. Patients reported similar experiences whether they were on active treatment or in follow up.

Conclusion

Lung cancer patients were impacted psychologically by changes to care delivery and changes in their personal life. The findings highlight some benefits to remote consultations but the stage of the treatment pathway and illness trajectory should be considered when determining if this is appropriate. Interventions should be considered to provide remote support from peers, friends, and family.

Type: Poster

Category: Communicating with patients in modern cancer care

The experience of lung cancer patients with the delivery of care during the COVID-19 pandemic and its impact on their functional status: a cross sectional study exploring the role of age and frailty for post-pandemic care planning

Dr Sally Taylor

Senior Research Fellow, The Christie NHS Foundation Trust

Co-authors: Fabio Gomes, Sally Taylor, Lauren Scanlon, Jake Coombermoore, Charlotte Eastwood, Melissa Stanworth, Andrew Williamson, Claire Barnes & Janelle Yorke

Abstract

Background

COVID-19 pandemic impacted the care and experiences of cancer patients, but it presented an opportunity to improve post-pandemic care delivery.

Methods

Observational cross-sectional study with lung cancer patients (any stage/any point in the cancer pathway) throughout the pandemic. A patient survey investigated the pandemic's impact on functional status (physical and psycho-social) and patient experience with care delivery, exploring the role of age and frailty.

Results

Amongst 282 respondents, abnormal levels of anxiety and depression were found in 16% and 17% of patients, respectively. Younger patients had higher levels of anxiety and depression ($p=0.036$, $p=0.021$). Amongst the older sub-group, 74% self-assessed with frailty and reported higher levels of anxiety and depression ($p<0.001$). Amongst all participants, 54% reported the pandemic had negatively impacted their daily life. Younger patients reported more financial ($p<0.001$), psychological ($p=0.01$), and sleep ($p=0.059$) issues. Older patients with frailty reported more psychological ($p=0.001$) and sleep ($p=0.002$) problems. Regarding care delivery, patients felt supported by their cancer centre (88%), friends and family (86%), and primary health care services (59%). No differences identified based on age or frailty. Remote consultations were delivered to 90% of patients; 3% felt it did not meet their expectations. Regarding post-pandemic care, face-to-face appointments were preferred by: 93% for first appointment; 64% when receiving results, and by 60% for reviews during treatment. Older patients were more likely to favour face-to-face appointments ($p=0.007$), regardless of frailty status. Patients preferences changed over time with the more recent participants preferring remote appointments during treatment ($p=0.0278$).

Conclusion

COVID19 negatively impacted the functional status particularly of younger patients and those older with frailty. Despite a preference towards face-to-face consultations for older patients, there is a growing acceptance of remote consultations particularly during cancer treatment, whilst also emphasising the need for more personalised consultation options.

Type: Poster

Category: Communicating with patients in modern cancer care

Developing virtual resources to increase cancer research engagement: a service improvement approach

Soraya Manoucheri

Cancer Research Nurse, Northern Health & Social Care Trust

Abstract

Background

Digital resources have efficacy in improving communication with cancer patients (Hong, Hossain and Chou, 2020). Therefore, developing a suite of educational and informative cancer research resources for patients and staff may aid in research participation and engagement. Currently, 11% of cancer patients are offered research involvement within the trust (Quality Health, 2019). Our aim is to increase this to 21% by 01.04.2023, in line with the local cancer centre.

Methods

A service improvement project utilising recognised quality improvement methodology is being undertaken. Mixed methods baseline data is being collated from screening logs, website metadata, surveys and focus groups to inform the development of a series of virtual resources for patients and staff. These will include informational videos for staff and patients, a staff newsletter and a section on the trust website. A PDSA approach will test these resources against a range of measures, assessing whether they initiate positive change.

Results

Initial analysis of staff surveys has demonstrated that virtual resources would be useful in increasing confidence of cancer research, particularly when having discussions about research with patients. Patient engagement is taking place during August 2022 and will enable person-centred resources to be developed. Surveys will be repeated after implementation of resources and post-intervention results will be presented to demonstrate any change in research engagement.

Conclusion

Research-active hospitals deliver better outcomes for patients (NHS, 2019). Whilst it is acknowledged that there are many factors that prevent research involvement, these resources aim to increase awareness of cancer research, enabling colleagues to feel empowered to offer patients research participation and giving patients the knowledge to enquire about research opportunities. By November we will be able to demonstrate the resources developed and any early impact on research participation within the trust.

Type: Poster

Category: Communicating with patients in modern cancer care

Macmillan Ten Top Tips for Communicating Cancer Prognosis

Dr Elise Lang

Macmillan Primary Care Lead, Velindre cancer centre

Co-authors: Dr Gemma Eccles, Dr Rosie Roberts & Dr Sarah Macaulay

Abstract

Background

Discussing cancer prognosis is challenging both for the clinician and the patient; when done well it may enhance patient satisfaction. While exploring prognostic terminology our feedback from people affected by cancer (PABC) strongly resonated that the communication skills and environment of the conversation could often be more impactful than the prognosis itself, thus our Macmillan Ten Top Tips for sharing cancer prognosis (TTT) evolved.

Method

Surveys were disseminated to PABC (n=35) and clinicians (n=155). In 2020, two workshops were held separately with clinicians and PABC. Followed by three clinical meetings with representation from each healthboard in Wales.

Results

Themes emerged from both survey and workshop data that showed that priorities differed between clinicians and PABC.

Survey results revealed that almost three-quarters of clinicians were not aware of any guidance to support prognosis discussions (72.1%, n=106/146). Clinicians highlighted the challenge of managing uncertainty while communicating effectively.

PABC experiences of receiving prognosis information varied, including virtually during the pandemic, with some patients describing how their discussion was unclear and frightening while others received information clearly and with sensitivity. Participants believed that an individualised approach that is respectful and sensitive was more important than standardising prognosis terms. PABC workshops highlighted areas which could improve prognostic discussions. The survey and workshop data was professionally evaluated and summarised in the TTT document, this is available as a video of all 10 or individually for simplicity of explanation.

Conclusion

It is relevant to all clinicians who have conversations with PABC around cancer prognosis but also wider clinical conversations as well in both virtual and patient-facing environments. It is also relevant to those who plan clinic and ward environments where these discussions occur to facilitate the most supportive format. Videos can be digitally shared and used as educational tools.

Abstract 33

Type: Poster

Category: Communicating with patients in modern cancer care

Nurse Led Discharge follow up

Tara McIntyre

AOS CNS, North West Cancer Centre

Abstract

Background

In March 2020 inpatient visiting was paused to reduce the risk of COVID-19 spreading to clinical extremely vulnerable patients. Our priority was to safeguard and protect people who are receiving care and protect our Health Care Workers so that they are better able to care for patients and families. As an unintentional consequence families were less prepared for the discharge of their loved one as there was a greater reliance on patients to share information about their medication and onward care and treatment. This resulted in an increase in formal complaints regarding discharge arrangements from patients and families within the oncology/haematology inpatient ward.

Methods

From September 2021, a pilot began of discharge follow up calls. A telephone call was made by the Triage Helpline Nurse to all patients within 24 – 48 hours of discharge from inpatient care. The call involved a checklist of questions which included medication, community support, follow up appointments etc. Each call lasting on average 7 minutes with an average of 34 calls made per month

Results

Themes identified include medication queries, signposting to other services and biopsychosocial needs.

Following the introduction of post discharge telephone calls, no further complaints have been lodged regarding discharge arrangements.

The themes have been shared with clinical teams a part of learning to ensure better discharge planning.

Feedback obtained from patients has been overwhelmingly positive. Patients and their families have informed the triage nurse how they have felt supported by the telephone call. By providing an avenue for questions to be raised has reduced the burden of anxiety for both patients and their family.

Conclusion:

COVID-19 has greatly challenged the status quo of many health care practices. This small, but extremely important, person centred intervention has greatly improved communication therefore reducing anxiety for patients and families.

Type: Poster

Category: Communicating with patients in modern cancer care

Is telemedicine based care fit for purpose? Patient & Cancer Nurse Specialist Experience

Olivia Trott

Sarcoma Cancer Nurse Specialist, University Hospitals Plymouth

Abstract

Background

The COVID-19 pandemic necessitated widespread changes in the delivery of cancer care, including rapid implementation of telemedicine-based care (Smrke et al., 2020). The primary aim of this small study is to establish whether this enforced change in service delivery has met the needs of patients and carers. The impact of telemedicine upon a cohort of cancer patients and nurse specialists during the pandemic will be considered.

Methods

This study was conducted via electronic survey using Survey Monkey. The proposed survey was trialled with three cancer nurse specialist teams prior to publishing and modifications were made. Patients were sent a range of questions in the form of a satisfaction survey.

The survey was emailed to all cancer nurse specialists working within University Hospitals Plymouth, who are involved in the delivery of cancer care. A short qualitative questionnaire was sent to a group of patients who had experienced teleconsultation.

A mix of eight open and closed questions were sent to participants. Data was collected on an Excel spreadsheet and identifiable information was anonymised.

Results

Data will be gathered in the coming weeks. I plan to summarise and paraphrase qualitative data collected. Quantitative data e.g. confidence intervals will be produced by inputting data into an excel spreadsheet. All findings from the survey will be included, including negative findings.

Conclusion

Telemedicine is an effective alternative to face-to-face appointments (Tashkandi et al., 2020). Telephone consultations ensure vulnerable patients remain shielded. Patients who test positive for COVID can also still undertake planned appointments with clinicians, preventing delays in vital treatment. Telemedicine is proven to be more efficient than face to face appointments, taking up less clinician time. Enforced adoption of telemedicine during the pandemic has demonstrated time and cost saving implications for patients, potentially revolutionising cancer care delivery.

Type: Poster

Category: Communicating with patients in modern cancer care

'ReSPECT.....the patient's decision....it's not all about DNACPR : an oncology ward project'

Andrew Haydon

Practice Educator Oncology, Royal Berkshire Hospital

Abstract

Background

The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices. Oncology patients attending hospital frequently do not have a ReSPECT form completed.

On an oncology ward at a DGH with a cancer centre the nursing team found that ReSPECT conversations occurred when patients were acutely unwell or in a life-threatening situation resulting in difficult interactions in tense and stressful circumstances. Early ReSPECT conversations can empower patients to clarify their wishes prior to acute illness.

Methods

Utilise PDSA Cycle starting with the key questions

1. What are we trying to accomplish?
2. Implement early ReSPECT conversations, increasing staff confidence, improving patient experience and implement ReSPECT as part of a HNA assessment.
3. What measures of success will we use?
4. Audits looking at staff feedback, staff confidence in having ReSPECT conversations. Reducing numbers of patients without ReSPECT conversations
5. What changes will result in improvement? (change concepts to be tested)

Clinical Nurse Specialist involvement and training in ReSPECT conversations. Further training for medical staff around ReSPECT. Junior doctors to have increased support from their seniors.

Results

- Mean = 21 days of admission before completion of ReSPECT
- Median =30 days
- Range = 36 days

Conclusion

Long in-patient stays elapse before ReSPECT conversations carried out and a project is now underway to:-

- Use ReSPECT process to implement the patient's wishes earlier in their cancer pathway, increase awareness of the tool and how to complete it.
- Reduce reactive decision-making when the patient is unwell.
- Train appropriate staff to have confidence to have timely ReSPECT conversations
- Re-audit after each PDSA cycle

Type: Poster

Category: Communicating with patients in modern cancer care

A Participatory Approach to personalised care and service planning

Michelle Crawford

Oncology Nurse, Lloyds Pharmacy Clinical Homecare

Abstract

Background

Patients attending two Cancer Healthcare Centres providing Targeted Immunotherapy Injections (subcutaneous) participated in this short consultative study.

The overall aim of this piece of work was to capture, the essence of the nurse/patient relationship and what they might like to take forward into a proposed larger clinic provision.

Methods

Over a period of two weeks, simple Participatory Appraisal (PA) techniques were adopted to capture the thoughts and feelings of patients. A total of 26 patients took part (Female n-20, Male n-6, Family/carers n-2).

A simple consultation board was devised with three main question areas for discussion. Patients used 'post it' notes to respond to visual prompts

- What do you feel are the most important qualities of a cancer nurse
- What do you value the most during your treatment appointment?
- If there was a new clinic, what would you take from this one?

Results

All responses were coded by age, gender and diagnosis. Responses were then placed into themes within each question area.

Qualitative and some quantitative indicators were analysed and placed into themes.

- Nurse patient relationship
- Empathy/patience/understanding - (n-14, 24%)
- Helpful/caring - (n-8,13%)
- Flexible/adaptable - (n-8,13%)
- Creates safety/rapport/connection - (n-6,10%)
- The appointment experience.
- Person Centred 23%
- Continuity of the relationship 26%
- Time to talk 19%
- A new clinic.
- Person Centred Care 8 patients
- Don't change things/no waiting rooms 9 patients

Conclusion

Qualitative and quantitative indicators have provided a clear framework for further grounded theory work to explore the themed priorities for patients. The most powerful messages from this piece of work were found in the quotes from the patients. Focus groups and analysis of recorded interviews are a vital next stage

Type: Poster

Category: Communicating with patients in modern cancer care

Understanding the qualitative experience and impact on Quality of life in patients with radiotherapy related insufficiency fractures

Prabhav Chaudhary

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Co-authors: Dr Sally Taylor, Fiona Mc Cartin & Dr Claire Higham

Abstract

Background

Radiotherapy related insufficiency fractures (RRIFs) occur in approximately 10-15% of cancer survivors who underwent pelvic radiotherapy. Little research has been conducted to explore the impact of RRIFs on the quality of life (QOL). There is also a need to establish evidence based clinical protocols for RRIF management. Patient reported outcome measures (PROMs) are often used in oncology to detect and monitor side effects. The study aims to understand the influence of RRIF on the QOL of patients and to discover whether available PROMs address the needs of this patient population.

Methods

Following a random selection of 25 patients from a Tertiary Oncology Centre bone health clinic database patients referred with RRIFs, two PROMs and patient information sheets were sent to patients. Eleven patients agreed to take part in a semi-structured interview to explore their experiences, the impact of RRIFs on their daily activities and QOL, and their opinion on the existing questionnaires. Interviews were conducted via telephone, were audio recorded, transcribed verbatim, and analysed using thematic analysis.

Results

Four themes were identified: life prior to diagnosis of cancer and RRIFs, management of RRIFs, QOL following diagnosis of RRIFs, and opinion on existing questionnaires. Patient experiences were varied although the majority reported significant challenges in their daily lives and felt their QOL had been compromised. Patients reported problems with diagnosis or RRIF and had unmet information and care needs. The questionnaires generally met patients' needs but patients felt some improvements could be made and also felt they should be used earlier and more regularly in the treatment and recovery period.

Conclusion

The findings highlight the impact of RRIFs on patients' QOL and suggest the need for improved management guidelines for RRIFs and its aftercare. It also supports the use of routine PROM assessment to identify problems and offer personalized interventions to support patients.

Type: Poster

Category: Communicating with patients in modern cancer care

Timing Advance Care Planning Conversations with Myeloma Patients and Carers: a Qualitative Study

Emma Matthews

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Abstract

Background

Though there are multiple treatment options for myeloma (Hulin et al., 2017), it remains incurable. Despite advance care planning being associated with improved quality of life, there is a late transition to palliative care services (Cormican and Dowling, 2016). Researchers have sought to understand barriers to healthcare professionals broaching advance care planning (ACP) discussions with patients (Prod'homme et al., 2018). Yet little is known about the patient and carer perspective on advance care planning in myeloma.

The aim of this study is to better understand the views and preferences of patients with myeloma and their carers through qualitative interviews about ACP conversations.

Methods

Patients and carers have been recruited through social media and charity electronic communications.

Inclusion criteria: participants aged over 18 who have a myeloma diagnosis or who care/have cared for someone with myeloma.

17 interviews have been undertaken to date; interviews will continue until data saturation. Data has been collected through semi-structured interviews over Google Meets from February to July 2022. Transcribed interviews are being thematically analysed as per Braun and Clarke (2006) using NVivo software.

Result

Preliminary data analysis shows that ACP has mainly been addressed at times of acute deterioration in patient condition, but has generally been neglected.

Most participants feel as though they would have liked to engage in ACP discussions but have not known how to broach the subject or with whom to broach it. Some participants trust that their medical teams will initiate ACP conversations when the time is right.

Most participants feel it is the role of the specialist nurse to discuss ACP with them.

Conclusion

ACP is an integral part of holistic care. A cultural shift is necessary to normalise ACP conversations between myeloma patients, their carers and clinicians and to facilitate preparation for end of life.

Type: Poster

Category: Communicating with patients in modern cancer care

Learning Disabilities in acute cancer settings. Are we doing enough?

Shaunagh Cleaver

Staff Nurse, Royal Berkshire Hospital

Abstract

Background

1/50 of the UK population has a learning disability (LD). Cancer survival in this population is poorer compared to the general population (ref) due to a number of factors including delayed diagnosis, compliance with care, consent for treatment and the need for individualised support plans. In the UK active steps have been taken in improving areas of LD care, including adapting outpatient facilities in secondary care but there is clearly more work to be done. A large number of people with LD find hospitals as traumatic and unresponsive to their needs (ref)

Methods

We will present an oncology case study and review the literature associated with LD in cancer care. This literature will be presented clearly and graphically with specific factors extracted regarding the quality of cancer care for those who have LD.

Result

Themes have been identified and presented. These concern health professional education, knowledge and support (both informational and 'on the ground'). Carer involvement and implementation of reasonable adjustments is discussed. The limitations to current practice and specific areas for improvement is discussed. We will draw out our experience from an oncology ward at a DGH, reflect on our practice and include feedback from our case study (including relatives) and consider the challenges we faced in practice

Conclusion

We used the case study and experience to adapt ward practice and improve the hospital experience for this patient and others. In reality the ward nurses had very little guidance. Research required nationally to positively impact LD care in acute oncology settings. The need for further education delivered at an early stage of health care workers development nurse training is clearly raised. As people are living longer with both learning disabilities and cancer there is more work to be done for those who find themselves unwell in acute oncology settings.

Type: Poster

Category: Communicating with patients in modern cancer care

Co-designing a behavioural intervention for reducing the impact of chemotherapy-induced peripheral neuropathy symptoms: an evidence- and theory-driven approach

Mary Tanay

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Co-authors: Jo Armes, Catherine Oakley, Liz Bryson, Robin Johnston, Rona Moss-Morris, Anne Marie Rafferty, Jose Roca, Lesley Sage, Deb Tanner, Lauren Urwin, Toni Wyatt & Glenn Rober

Abstract

Background

Previous studies highlight how patients are inadequately prepared to recognise CIPN. The perceived risk of CIPN as being less important than the risk of cancer, perceived need to finish the complete course of chemotherapy, fear of stopping treatment and limited understanding of long-term effects of CIPN influence patients' reporting behaviours and their attitudes towards its management. Furthermore, patients feel inadequately supported to manage their symptoms, realising with hindsight that poorly managed CIPN symptoms negatively impact quality of life.

This study aimed to co-design an evidence and theory-based behavioural intervention to reduce the impact of chemotherapy-induced peripheral neuropathy (CIPN) symptoms on patients' quality of life.

Methods

Guided by the Medical Research Council Framework for developing and evaluating complex interventions, our intervention development process was guided by: (a) findings of systematic reviews, (b) inductive analysis of 39 hours of observational fieldwork, 12 patient and 11 clinician interviews, (c) deductive analysis using the Common-Sense Model to develop a Self-Regulation Model of CIPN and (d) 17 patients and 18 clinicians co-designing the intervention.

Results

CIPN perception and coping behaviours were highlighted as processes to target when co-designing an intervention. The processes targeted in our intervention are CIPN perception and coping behaviours namely, (a) self-monitoring of symptoms, (b) communicating and early reporting of symptoms to clinicians, (c) participating in making chemotherapy dose reduction decisions with their clinicians, and (d) engaging in self-management and safety strategies to reduce impact of CIPN symptoms. To address these, a behavioural intervention containing four behaviour change techniques –information about health consequences, salience of consequences, instruction on how to perform a behaviour and action planning– was deemed suitable.

Conclusion

We developed a self-regulation model of CIPN and a logic model for documenting the proposed mechanism of action of our co-designed behavioural intervention for reducing impact of CIPN symptoms.

Type: Poster

Category: Communicating with patients in modern cancer care

Can rare support groups work online?

Shievon Smith

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Co-authors: Daniel Richardson & Michelle Greenwood

Abstract

Introduction

Previously we have asked are testicular cancer support groups needed? Testis cancer is rare cancer accounting for 1% of male malignancies, largely affecting teenagers and young adults (TYA) 1. Throughout the COVID-19 pandemic face to face support was hindered by enforced need to stay at home.² Our support group has grown since last presented at United Kingdom Oncology Nurses Society (UKONS) on a poster at UKONS conference from 97 members in our closed Facebook page to 272 members. These members actively offer each other peer support. The nurses within this group provide the medical guidance and refer issues back to the office for safety and to maintain confidentiality. Throughout the COVID-19 pandemic we hosted meetings via online platforms they were attended regularly between 9-20 patients. The Facebook page membership grew enabling peer support in a private forum.

Method

We asked patients to issue feedback in confidence via email to the office. From 272 members 15 replies were sent.

Results

“It’s good to have access to people who have been through the same or similar situation and to be able to talk openly”.

“Self-confidence, I’m not crazy, its normal to think but don’t let it destroy you, how to move on and lots more”.

“You can find role models within the group who are living healthy 5 or 10 years after their treatment – being able to talk about what we have gone through aids the speedy or our overall recovery and it allows us to look to the future whilst not letting the past have a negative hold over us”.

Conclusion

Testicular patients want support groups. We have adapted our group to work in a virtual setting this has promoted emotional recovery and decreased isolation during this difficult COVID-19 pandemic, thus improving the cancer journey.

Abstract 42

Type: Poster

Category: Communicating with patients in modern cancer care

Creating an Information Roadmap for Newly Diagnosed Lymphoma Patients

Simeon Mitton

Clinical Nurse Specialist, The Christie NHS Foundation Trust

Abstract

Background

“All staff have a responsibility to ensure that every conversation they have with a patient delivers the information and support required, despite restricted time and with challenging and complex messages to convey. Many patients describe being bombarded with confusing written information and signposting advice, while others receive none” (The Independent Cancer Taskforce 2015).

A patient friendly version of the cancer care pathway used by practitioners, signposting patients to relevant information at specific time points would provide a clear and concise overview, empowering patients as they navigate their cancer journey.

Methods

A review of the literature (7.12.20 - 2.1.21) investigating the use of information roadmaps/pathways for cancer patients. Development of a questionnaire to ascertain the views and practices of health care professionals working with lymphoma/haematology patients.

Results

Twenty one articles highlighted gaps in the provision of patient focussed information at each step of the care pathway. No examples of patient information roadmaps/pathways were evident.

Patient journey mapping of cancer patient experience offered varying formats for presentation of information.

Questionnaire: No current use of Information roadmaps.

Themes identified;

- Need for a structured personalised treatment plan and schedule.
- Importance of ongoing information given in stages.
- Importance of verbal reinforcement of written information.

Conclusions/implications

- Little evidence of patient information roadmaps in the literature or amongst other lymphoma departments.
- A patient questionnaire is needed to ascertain patient views of information provision and presentation and to use this Roadmap as a template.
- Digital applications for mapping the informational needs of lymphoma patients could provide a dynamic alternative needing further research and investigation.

Static methods of information provision such as simply making leaflets or booklets may be insufficient to address patient needs. Adopting a more flexible approach, one that recognises information provision as an ongoing process is therefore needed. (Kazimierczak et al 2012)

Type: Poster

Category: Communicating with patients in modern cancer care

Facilitating Older Adults' Involvement in Cancer Nursing Research: A Qualitative Study

Dr Amanda Drury

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Co-authors: Aoife O'Brien, Liz O'Connell, Mary Harkin & Dr Lisa Rogers

Abstract

Background

There is little understanding of how patient and public involvement (PPI) in research is perceived by older people affected by cancer, particularly regarding participation in the development, conduct and reporting of research. Therefore, this study aims to explore the perceptions of PPI and perceived facilitators and barriers of PPI for older adults living with and after cancer.

Methods

Sixteen older adults (≥ 65 years) living with or after cancer participated in semi-structured interviews. Participants were recruited via an advocacy organisation and a regional cancer centre in Ireland. During each interview, participants were informed about PPI and were asked to discuss their perceptions and preferences for PPI and factors that could influence their engagement with PPI activities. Interviews were recorded, transcribed, and analysed according to the principles of thematic analysis.

Results

Three themes were generated from the data, which described the opportunities, barriers, and needs of older adults related to PPI. Most described the potential for PPI to enhance the process and outputs of research. However, all participants identified personal or systemic barriers to PPI, including inexperience or lack of knowledge about research, and ad hoc approaches to PPI recruitment. Participants highlighted specific needs related to training, support, and ensuring plans for PPI accommodated people living with acute and late effects of cancer, which could significantly impact older adults' capacity to be involved in PPI.

Conclusions

PPI is increasingly a critical component of research design, and potential barriers to older adults' willingness and opportunity to become PPI research partners must be considered in planning for PPI. Future efforts to integrate PPI in research efforts must be cognisant of modifiable factors which may prevent or discourage older adults' involvement as PPI partners in research.

Abstract 44

Type: Poster

Category: Communicating with patients in modern cancer care

Can we improve patient experience and safely reduce the requirement for telephone and face-to-face reviews, for patients on systemic anti-cancer treatment (SACT), by the use of electronic patient reported outcome measures (ePROMs)?

Alison Large

EPROMs Oncology Nurse Specialist, Nottingham University Hospitals

Abstract

Background

- Oncology outpatient activity is rapidly increasing due to a higher incidence of cancer diagnosis, improved survival, and well tolerated palliative treatments.
- The NHS Long Term Plan and ICS are committed to reduce face to face outpatient appointments by 1/3 and delivering these in alternative ways (1).
- COVID-19 has changed the way we review patients on SACT and has given the opportunity to use digital technology to do this.
- Pilot work within oncology, highlighted the feasibility and safety of using ePROMs for patients on SACT, to identify those patients who could avoid some face to face (FTF) appointments (2).
- EPROMs can increase the awareness of symptoms and improve patient experience (3) and can improve patient and clinician communication and effectively management of symptoms (4).

Methods

- Data was collected to understand patient's experience of standard consultations and the times taken for these, to provide baseline information.
- Feedback from clinical teams and patients was also obtained to ensure information was comprehensive and effective.

Conclusion

- Patients were satisfied with standard consultations, but there were negative aspects around time and travel.
- Telephone consultations are quicker than FTF and early data suggests that ePROMs reviews are much quicker than these.
- There is still some caution from clinicians in changing the way patients are viewed on SACT and serious side effects may get missed or misinterpreted, but patients and clinicians are generally open to the concept, but more time, experience and data should give clinicians more confidence in ePROMs.
- EPROMs in combination with standard consultations could be beneficial for many patients on SACT to give consistency and reliability.
- Can be extended to other cancer and treatment types and used for the follow up of patients at risk of recurrence or developing late effects and are now available for many SACT treatments.

Type: Oral & Poster

Category: Supportive cancer care in the digital age

Perceptions of the Electronic Holistic Needs Assessment (eHNA) for people with breast cancer: The potential for value or paradox

Dr Lydia Briggs

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Co-authors: Professor Dame Jessica Corner, Dr Christopher Bailey & Professor Holly Blake

Abstract

Background

Holistic Needs Assessments (HNA) were designed following national recognition in the United Kingdom (UK) of the physical, psychosocial and practical challenges associated with a cancer diagnosis (National Cancer Survivorship Initiative, 2013; National Health Service, 2019). Macmillan Cancer Support's electronic HNA (eHNA) provides a widely used digital platform for healthcare professionals to support people's needs (Ipsos Mori, 2015), yet few studies have explored user perspectives of this. This study aimed to consider the value of the eHNA from patient and healthcare professional viewpoints, and how meaningful it was in supporting patient's needs.

Methods

A qualitative case study approach was adopted with two NHS Trusts in England; 24 women with breast cancer and 24 staff were recruited. Data from semi-structured interviews, observations, and eHNA-related documentation were compiled into cases around use of the eHNA in each organisation. Principles of Framework Analysis and Normalisation Process Theory enabled identification of conclusions.

Results

The eHNA's contribution to patient's experiences of support was complex, and dependent on various influences: i) how the patient's own views and judgements influenced their perceptions of the assessment, ii) how the views of staff delivering the eHNA influenced both their own approach to the assessment, and patient views, and iii) the organisational context and culture.

Conclusion

Apparent superficial implementation of eHNAs seemed to facilitate organisational cultures of evidencing the actions of staff and achieving regional/national targets. The patient's views towards the eHNA appeared paradoxical, as most patients perceived the eHNA to be meaningful 'in principle' but reported little benefit or negative outcomes in reality. The findings suggest a need for culture change that moves away from task-orientated approaches, and towards the facilitation of meaningful, personalised, conversations.

Abstract 47

Type: Oral & Poster

Category: Supportive cancer care in the digital age

Clinical effectiveness of the Respiratory-Distress Symptom Intervention (RDSI) in lung cancer: results of a randomised controlled trial (RCT)

Professor Janelle Yorke

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Abstract

Background

Patients with lung cancer experience multiple symptoms due to the disease and treatments. Common burdensome and distressing symptoms include breathlessness, cough and fatigue, which form a unique symptom cluster. We developed a multi-component intervention for the management of the breathlessness-cough-fatigue symptom cluster in lung cancer: Respiratory Distress Symptom Intervention (RDSI). The aim of this study was to test the effectiveness of RDSI for symptom relief.

Method

A RCT (8 hospitals in England). Patients 18 years or older on any treatment or follow-up pathway diagnosed with lung cancer and self-reported adverse impact from at least two of the three symptoms. All randomised patients received usual care. The intervention group received RDSI including training sessions on controlled breathing and cough easing techniques, acupuncture (respiratory and anxiety points), and tailored exercise plan. Nurses, physiotherapists, and occupational therapists delivered RDSI as part of their usual clinical practice. Three co-primary outcomes of breathlessness (Dyspnoea-12 (D12)), cough (Manchester Cough in Lung Cancer (MCLC)), and fatigue (Functional Assessment of Chronic Illness (FACIT)) were measured at baseline, weeks 4 and 12. Change at 12-weeks for each symptom in the RDSI group compared to the usual care group was assessed. The target sample size was 258 patients (129 per arm).

Results

263 patients were randomised (RDSI group=132 and control group=131). Total attrition at 12 weeks was 109 (41.4%). Compared to the control group, RDSI improved Dyspnoea-12 (mean difference -4.13; $p=0.007$); MCLC (mean difference -2.29; $p=0.001$) and FACT (mean difference 4.91; $p=0.033$) scores.

Conclusion

This is one of the few RCTs to report effectiveness of a multi-component intervention that targets a symptom cluster in lung cancer. RDSI is a clinically effective low risk intervention to support the management of breathlessness-cough-fatigue in lung cancer. An interactive RDSI digital platform is available free of charge from the website.

Type: Oral & Poster

Category: Supportive cancer care in the digital age

Development and user-testing of RITA: An Artificial Intelligence enabled virtual assistant to support patients on their first visit to one Cancer Centre in Wales (UK)

Jodie Sherburn

Clinical Nurse Specialist, Velindre Cancer centre

Co-author: Ross McLeish

Abstract

Background

Artificial intelligence technology enables delivery of key health information.^{1,2} Informed by preliminary work conducted at the Cancer centre³ and the challenges experienced by patients to access high quality information, RITA was re-focused to provide tailored information to patients during their first to the Cancer centre. This project aimed to develop and test RITA's capability to provide accurate information to patients, families and carers following a cancer diagnosis.

Methods

Work was undertaken to develop useful content for patients in partnership between the innovation team at the Cancer centre, patients, different clinicians and collaborators including cancer charities and industry representatives. Patients and clinicians tested RITA's capability to answer questions in a typical scenario. This was based on 190 topics including frequently asked questions that patients and others ask on their first centre visit. An embedded live feedback form captured user feedback. Data was analysed by using content analysis.⁴

Results

During development, cancer patients (n=118) wanted information about different departments within the centre and their first point of contact. At testing, patients (n=30) and clinicians (n=10) thought RITA was useful in answering questions, however wanted more information to optimise RITA's content. Patients wanted information regarding access to referral services and clinicians wanted detailed clinical information. Changes to RITA's content were made according to user requests, as needed. Users (n=60) believed RITA should be made available in its current format. The user interface is a web widget, accessible by clicking a message icon that will maximise to encourage user engagement. RITA uses natural language processing to learn from previous interactions. It has been stable in the centre's webpage and implementation is underway, in English and Welsh.

Conclusion

RITA is a co-produced innovative approach to cancer care, found to be useful in answering user questions. RITA will help educate and empower patients and relieve pressures in clinical areas.

Type: Poster

Category: Supportive cancer care in the digital age

An integrated care model for the management of patients receiving oral anti-cancer agents (OAM) by an Advanced Nurse Practitioner (ANP): planning and development process

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Co-authors: M. G. Kelly, A. Johnston, K. Roche, P. J. Murphy & A.W. Murphy

Abstract

Background

Oncology has been experiencing an increase in oral anti-cancer medications. Due to the potential toxicity of OAMs the monitoring of such patients has largely remained within hospitals. The COVID-19 pandemic expedited changes in healthcare. Since March 2020, in one Oncology Department in Ireland, there has been a shift to an ANP-led model of care which utilises virtual assessments. To further improve patient experiences' this study aims to transition this to an ANP-led integrated model of care in the community setting.

Method

A scoping review was performed to determine clinical practices for the monitoring of patients receiving OAM. This review and additional analysis of international guidelines identified recommendations for clinical practice which were collated, and best practice standards were developed. This enabled an audit to be performed to measure the current level of adherence to best practice by the ANP. To determine the acceptability of ANP-led care and possible transition to integrated care, a qualitative study was performed using interviews with patients (n=9) and focus groups with health care professionals (n=24).

Results

Using thematic analysis four themes were generated from the data. Reflection on the pre-COVID-19 system demonstrated universal agreement that this should not be reverted to. The ANP was perceived as being ideally placed to deliver care. It was recognised that robust communication with patients and with the multi-disciplinary team was vital for OAM care. There was agreement that an integrated model of ANP-led care had significant benefits and various infrastructural requirements for this model were identified.

Conclusion

Results demonstrate that the current ANP-led model has positively impacted patients' experience with safe care evident in the audit. Collating the results enabled development of an integrated model for OAM care. It is anticipated that by piloting this model, patient experiences could be further improved upon.

Type: Poster

Category: Supportive cancer care in the digital age

Psychological well-being of people living with a colorectal cancer predisposition syndrome: evidence from a systematic review

Laura Monje-Garcia

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Co-authors: Jai Vairale, Hilary Watt, Sondus Hassounah, Kevin Monahan & Laura Monje Garcia

Abstract

Background

About 5-10% of newly diagnosed colorectal cancers have a genetic cause. Early detection is key to facilitate effective treatments and prevent future cancers. When an inherited colorectal cancer is diagnosed, predictive genetic testing can be cascaded to first degree relatives. Genetic and genomic health information increasingly informs routine clinical care. Some health care professionals have concerns about the potential for genetic information to inflict psychological harm on patients. Therefore, it was decided to explore this area in depth within the scope of inherited colorectal cancer

Method

A systematic review was carried out using PRISMA guidelines. Six relevant databases were searched systematically. Inclusion criteria followed those in our Prospero-published protocol: peer-reviewed quantitative and qualitative studies on the psychological well-being of adult asymptomatic individuals living with colorectal cancer

Results

The search strategy yielded 1590 studies of which 33 were eligible. Eight studies were qualitative interviews and 25 were quantitative. Psychological distress, anxiety, depression, cancer worry, risk perception, quality of life, resilience, coping, and hopelessness were assessed using psychometric scales. Quantitative studies showed that there is a transient increase in anxiety, worry, and depression following genetic results which drop back to baseline level one year after the genetic results are given. Baseline is defined as immediately prior to genetic testing, when related worries may already be present. Overall, important factors that influence individuals' psychological well-being are decision making, risk perception, cancer worry, family relationships and coping mechanisms. Related positive outcomes are hopefulness, optimism, good communication within the family, and positive attitude

Conclusion

Risk factors, such as experience of nursing a relative through colorectal cancer, significant family history, lack of close family connections, poor family dynamics, and 'feeling' alone in the genetic diagnosis, can help clinicians to identify patients that are more likely to need additional support when they receive a genetic diagnosis

Type: Poster

Category: Supportive cancer care in the digital age

Evaluating online learning to improve personalised care planning for people with cancer: The InDEPTH Project

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Co-authors: Ashlee Mulimba, Healthy Dialogues

Abstract

Objectives

Personalised cancer care includes a care planning consultation following a holistic needs assessment (HNA), but until 2021 an online learning course that focuses on personalised care and support planning was not available.

This project aimed to evaluate a co-designed online learning resource to support staff who are involved in conducting personalised care and support planning consultations with people with cancer.

Methods

The project was governed by an advisory board of experts. Patients at a large NHS Trust were sent online questionnaires prior to publication of the online learning. Learners (staff) were invited to complete online questionnaires before and 6-8 weeks after their online learning. Post-training data will be collected from patients during July 2022 and from staff until September 2022.

Descriptive statistics and content analysis were used to summarise findings. Pre and post-training responses were compared using Chi-square analysis at a p value = 0.05.

Results

76/300 patients responded. Having a care plan was associated with improved patient experience and patient-reported self-management.

To date 206/326 learners have responded to the pre-training questionnaire and 40/206 responded to the post-training questionnaire. There is a statistically significant reduction in the lack of knowledge reported post-training (Chi-Squared = 5.0; df = 1; p = 0.05) and learners' perceptions and experiences of HNA care planning and care plans improved post-training; however numerous factors, primarily lack of time and space, are ongoing challenges.

Conclusion

The freely-accessible online learning course increased knowledge and positive perceptions and experiences of learners who provide personalised cancer care; however there remain significant challenges in conducting care planning consultations due to lack of time and private space.

Acknowledgements

Thanks to Bhav Radia, Natalye Gay, Nikki Cannon and Charlie Watson for assisting with data collection and Macmillan Cancer Support for funding the development of the online learning course.

Abstract 52

Type: Poster

Category: Supportive cancer care in the digital age

Providing a virtual Teenage and Young Adult Holistic Clinic

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Abstract

Background

TYA MDT virtual clinic commenced October 2020 to provide a holistic approach to a patient's needs. TYA clinic service user evaluation required.

Methods

30% of patient cohort who had attended TYA MDT were interviewed. Patients were contacted by ANP's to gain consent for participation and then contacted by an impartial member of the team who completed a questionnaire. Questionnaire had been reviewed by the Youth Forum and approved by clinical audit committee.

Telephone Qualitative Data Questionnaires with the option to expand on answers. Patients from a range of cancer groups including; Lymphoma, Leukaemia, Neuro, Sarcoma, Gynae, Urology and Thyroid.

Results

47% of patients did not know about the TYA specialist team before attending the TYA MDT clinic.

100% of patients stated that they did benefit from attending the TYA clinic.

76% of patients enjoyed using the virtual platform 'Attend Anywhere' – the patients who answered 'No' were seen face to face in the hospital setting.

47% of patients stated that new topics were discussed with them in the TYA MDT clinic.

23% of patients did not have fertility preservation discussed with them before attending the TYA MDT clinic.

16/17 patients felt like the TYA clinic covered all the important issues for them as a young person.

"It was like a massive support bubble was made to help you, so you don't feel like you're falling - which was lovely."

"I think I've opened up more since going to the clinic, as I was someone who would bottle everything up."

"Finding out that there was help and advice available."

"Knowing that everything I was asking, or feeling was normal."

Conclusion

Virtual TYA Holistic Clinics are an excellent platform to provide equitable care to all patients and overcome barriers to person centred care including, location, physical limitations, mental health and wellbeing, and medical team time constraints.

Type: Poster

Category: Supportive cancer care in the digital age

Cancer Health and Well-Being Virtual Patient Programme: Supporting Patients Post Cancer Treatment

Katherine Jones

Macmillan Therapy Team Lead, University Hospitals Birmingham NHS Foundation Trust

Co-authors: Sam Govier, Shareen Juwle, Krishna Kholia & Paul Litchfield

Abstract

Background

The NHS Long Term Plan (2019) states “every person diagnosed with cancer will have access to personalised care, including health and well-being information”. Previously, face to face (F2F) health and well-being (HWB) sessions were offered at a local cancer support centre, however these sessions were no longer an option during the Covid 19 pandemic. In response to this we proposed a service-redesign. The trust developed a 12 month pilot scheme for a virtual HWB programme which focuses on post cancer treatment.

Methods

A multidisciplinary working group consisting of cancer specific Clinical Nurse Specialists, oncology Allied Healthcare Practitioners, patients and carers was established to develop the virtual HWB programme. This was piloted on Lung, Colorectal and Gynaecology patients prior to wider roll out. The programme includes sessions on Fatigue, Nutrition, Breathlessness, Physical Activity, and Emotional Well-Being. Patient evaluations were carried out before and after the sessions.

Results

To date, 13 patients have completed the HWB programme and evaluation. Most patients were female (69%) with colorectal cancers (84%). Patients found the sessions were quite useful (22%), very useful (55%) or completely useful (22%). 100% of patients said they would recommend the programme to others. Understanding improved in all areas; the greatest improvements were seen in emotional wellbeing and fatigue. On average, understanding improved from poor/average to good.

Conclusion

The pilot finishes in August 2022. Patient feedback specifies this programme needs to be available at the time of diagnosis. Therefore, a pre-treatment HWB programme is recommended with F2F sessions as well as virtual.

Type: Poster

Category: Supportive cancer care in the digital age

Multi-disciplinary team (MDT) collaboration to promote self-administration of subcutaneous systemic anti-cancer therapy (SACT) in breast cancer patients: A patients' perspective

Aolat Adisa

SACT Matron, Mount Vernon Cancer Centre

Co-authors: Wendy Ng, Vikash Dodhia, Dr David Miles, Karen Harrold, Dr Amy Guppy, Mount Vernon Cancer Centre, Carla Alves, Gosia Kiciak & Tome Tapiwa

Abstract

Background

Sub-cutaneous Trastuzumab (T), a humanized monoclonal antibody used in the treatment of HER2-positive breast cancer, provides opportunity for patients' to be taught home self-administration¹. The MDT developed an educational programme which includes: 1:1 nurse-led training, written and digital education material and MDT telephone clinics.

This pilot study evaluated the programme from the patients' perspective by assessing patient satisfaction and impact on quality of life (QOL).

Methods

A validated Self-Injection Assessment Questionnaire (SIAQ)² was modified to assess patient satisfaction, perceptions and impact. Patients completed the questionnaire at baseline, after the third training session and after the second self-administered dose.

Results

All patients (n=14) responded to all questions. Median age was 58 years, (Age range 43-76): 11(79%) were Caucasian, 2(14%) were Asian and one (7%) was African/Caribbean. Average distance from home to hospital was 10.1 miles (range 4-19).

Patient confidence to self-administer sc. T improved significantly after the third training session (p=0.03).

Of 11 patients who reached the self-administration stage, 91% (n=10) reported they felt 'very confident' and 82% (n=8) reported it was 'very easy' to administer the injection. All patients were 'very satisfied' with self-administration and felt the 1:1 nurse training increased confidence.

10 pts (91%) found the App, written information and telephone clinics useful. All patients (n=11) felt that self-administration had a positive impact on QOL by reducing hospital visits. In 4 months, each patient reduced their hospital attendance by an average of 8 appointments (median = 8) equating to 10 hours of time that would have been spent at hospital.

Conclusion

The subcutaneous T self-administration programme was well received by patients. 1:1 training sessions and supportive materials enabled patients to feel more confident with no reported incidents or adverse events. Fewer hospital visits improved QOL. Evaluation of this programme continues and will include other agents.

Abstract 56

Type: Poster

Category: Supportive cancer care in the digital age

A mixed methodology study to show barcode scanning, supporting closed loop administration, saves nursing time whilst maintaining patient safety

Samantha Warman

Lead Chemotherapy Nurse, Genesis Care

Co-authors: Bastiaan Buijtenhuijs & William Purcell-Jones

Abstract

Background

Administration of chemotherapy is an essential part of a patient's journey and requires skilled nursing team members to perform safely. There is a drive to improve efficiencies whilst maintain patient safety on treatment centres which are getting busier with more complex treatments. Closed loop administration is one method to improve safety and at Genesis Care this has been implemented to allow nursing teams to administer a patient's treatment without the need for a second check. This will reduce waiting times for patients and reduce the risk of drug errors.

Methods

This mixed methodology study used surveys to establish nurse experiences with using single nurse check supported by barcode scanning and smart pump integration. Nurses were asked for feedback which has been collated.

Patients were asked if they had noticed a change in their treatment since the introduction of single nurse checking. Datix data was analysed to establish if there had been any impact on clinical safety.

Results

From the Survey 90% agree of nurses found barcode scanning and single nurse checking easy to use. 87% agree that the process improves patient safety and 93% agree that it saves time.

One quote from the nurses was "I think the single nurse checker has significantly improved the service for patients. We are no longer waiting for another nurse to become to check with us".

One quote from a patient was "My time in the unit has decreased as the nurses are not waiting for someone to be free to check my drugs"

There have been no reported incidents since moving to the single nurse check process.

Conclusion

Collaboration between Genesis Care and iQ HealthTech has allowed for innovative technology to be successfully implemented which has contributed to improvements in patient care through a user friendly, time saving and clinically safe process.

Abstract 57

Type: Poster

Category: Supportive cancer care in the digital age

Making the Invisible Visible

Katie Ward

Colorectal-Oncology CNS, Weston Park Cancer Centre

Co-author: Hazel Harrop

Abstract

Background

Macmillan Cancer Support (2020) describe the Clinical Nurse Specialist (CNS) role as providing and reinforcing information and liaison with healthcare professionals and patients. However, the CNS is often invisible, working behind telephones, detecting symptoms, preventing sequelae, dealing with issues before they become complaints and preventing hospital admissions (Cooper et al. 2019).

Our vision was to make this 'invisible' activity 'visible' by developing a standardised digital tool to document patient care effectively, improve continuity with the MDT and generate measurable CNS activity data.

Methods

In January 2022 we established a multi-disciplinary team of CNSs from different disease sites, a digital nurse, and service and IT project managers. Using service improvement methodology, including plan-do-study-act review cycles (NHS England, 2022), we created a standardised digital tool to document CNS telephone calls and their outcomes. The tool was designed so data could be shared within the MDT to support patient care and be captured centrally to record CNS activity and identify potential income generation.

Results

The tool captures data including number and duration of calls, call complexity and outcomes, to be presented in the poster along with a description of the development process. It enabled the development of a retrospective virtual clinic to record calls where CNS interventions prevented hospital attendance or admission. The tool is accessible to the wider MDT on the trust intranet and allows sharing of up-to-date information, improving patient care and reducing unnecessary email and phone contacts.

Conclusion

The digital tool captured data which makes visible the unique telephone-based role of the CNS in the patient pathway. Supporting patient care by improving continuity and communication between CNSs and the wider MDT. The structured collaborative approach used, has created a tool that is transferable to CNSs across the Trust providing measurable and visible data on CNS activity.

Type: Poster

Category: Supportive cancer care in the digital age

Quality Improvement Project to Standardise Documentation of Infusion Reactions

Jacqui Warden

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Co-author: Theresa Pueyo

Abstract

Background

Many systemic anti-cancer treatments can cause infusion reactions and the introduction of immunotherapy has resulted in different pre-medication regimens¹. Successful rechallenge following infusion reactions relies on accurate documentation to standardise pre-medication and infusion rates for future cycles^{1,2}. Establishing current practice was the first step in a quality improvement project to improve patient care by standardising documentation of infusion reactions.

Method

An audit was undertaken to explore the documentation of infusion reactions, including whether pre-medication details and infusion rates are recorded. Electronic patient records of 21 patients treated with Avelumab in April 2021 were examined retrospectively. Avelumab requires pre-medication for the first four cycles, with slower infusion rates after an infusion reaction³. Findings were correlated with successful rechallenge and administration of future cycles.

Results

7 patients (33%) experienced an infusion reaction:

- Reactions were documented within two separate electronic patient record systems
- All patients were successfully rechallenged
- No patients stopped treatment permanently due to infusion reactions
- 3 patients experienced multiple reactions

Incremental infusion rates were used in all subsequent cycles:

- Increment rate and interval not documented in 70% of records
- No consistency in starting rate, increment interval or maximum rate
- One patient had three different incremental rates used

Pre-medication varied between patients and prescribers:

- 5 different pre-medication regimens were identified
- No clear documentation of drugs administered, administration route and timings

Conclusion

Multiple pre-medication and infusion regimens were identified, with omissions in documentation leading to inconsistent pre-medication and infusion rates on subsequent cycles and between patients. These findings led to the design of a digital template on the Trust electronic patient record system, making it accessible to all staff involved in the patient's care. Re-audit is planned to establish if consistent documentation improves patient safety by ensuring that successful pre-medication and infusion rate decisions can be replicated on subsequent cycles.

Type: Poster

Category: Supportive cancer care in the digital age

Target Ovarian Cancer, channelling shared understanding into a collective strength and support during the Covid pandemic.

Valerie Lang

Specialist Nurse, Target Ovarian Cancer

Co-author: Soraya Lynch

Abstract

Background

March 2019, everyone was plunged into the midst of a pandemic. Bringing fear of the unknown, spiralling daily death rates, uncertainty and isolation.

It became apparent that for those considered clinically vulnerable, the trauma was magnified, the fear and isolation more profound.

All our support events were cancelled.

We knew that our women, more than anything, needed to talk to others in the same situation as themselves.

I conceived the idea of providing an online safe space for women to come and chat with each other. An informal 'coffee shop' environment, somewhere they could come and talk through their concerns and ovarian cancer specific worries but also a place to socialise, to help ease feelings of isolation and abandonment.

Method

To scope out interest and gather feedback directly, from those with a diagnosis, we put out an initial post outlining our preliminary plans in our online community 'In Touch'.

Deciding on the right, user friendly, platform that allowed us to offer places to a specific number of women and be able to control who could join.

Results

We have established a new and successful online support platform that is inclusive of everyone. There are no barriers to accessing this support, practicalities around distance and fitness to travel are avoided, no one is excluded.

A closeness and trust between regular joiners were quickly established, their vulnerability was evident. They supported each other and drew collective strength from the shared understanding within the group. We nurtured the enormously powerful feeling of togetherness which still prevails.

Conclusion

The trauma of the pandemic created an opportunity to establish a support group that is unique in its alternative ethos. Very real supportive friendships and bonds have been formed. Women now communicate outside of the sessions, with in person meet ups regular occurrences.

Abstract 60

Type: Poster

Category: Supportive cancer care in the digital age

Utilization of digital alternatives in the provision of support to Teenagers and Young Adults (TYAs) with cancer

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Teenage and Young Adult Clinical Nurse Specialist, Antrim Area Hospital

Co-author: Simon Darby

Abstract

Background

TYAs live in a digital world, therefore, virtual and digital methods of communication must be considered (Abrol., 2017). Additionally during COVID-19, TYAs experienced isolation and psychological distress at a magnified level (Teenage Cancer Trust, 2020). The TYA Team recognised a need to utilise digital interventions to ensure optimal support and reduction of isolation for TYAs.

Method

Through co-production with TYAs and collaboration with regional colleagues, digital interventions were tested using PDSA cycles:

- New methods of Communication with TYAs e.g. texts, 'WhatsApp'
- Piloted delivery of holistic reviews via zoom as a Joint nurse specialist and social work clinic
- Developed virtual regional peer support sessions including quizzes, a magician, make-up nights, cook-a-long classes, fatigue management and exercise programs.
- Creation of a social media Signs and Symptoms video, promoting cancer awareness and when to seek medical advice.

Results

- A region-wide survey (2021), highlighted TYAs ranked text messages (72%) and What's App (61%) as their preferred communication method
- 100% of TYAs found zoom reviews helpful, providing holistic actions and prevention of two separate appointments. One TYA reported 'I found this very helpful and I didn't have to go to the hospital during the pandemic'
- A comprehensive peer support program evolved over 20 weeks during the pandemic, utilised by 58 TYAs across the region.
- A virtual regional exercise program led by 2 young adults involved 40 young people and staff, increased physical activity and wellbeing during lockdown.
- The cancer awareness video reached many patients, via social media

Conclusion

Implementation of digital interventions resulted in positive feedback and reduced isolation. However TYAs are a diverse population and therefore staff must ensure individualized approaches to care, as well as keeping abreast with modern technology to ensure they continue to utilise modes of communication that meet the needs of both their patients and the service.

Type: Poster

Category: Supportive cancer care in the digital age

Cancer in the Community – education for community nurses in the digital age

Sandra Dyer

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Co-author: Sulekha Ali

Abstract

Background

The National Cancer Patient Experience Survey consistently shows poor experience of out of hospital care providing a case for change. Community nurses are key to the provision of integrated, preventative and supportive care for people with complex care needs including those living with cancer and its consequences. A regional scoping exercise demonstrated, however, that there was no cancer education programme for community nurses and post-graduate specialist practitioner programmes focused on end-of-life care only. Senior clinical leaders regionally supported an education intervention, which was funded by Health Education England.

Method

A regional community health training academy was commissioned to provide education in collaboration with the authors. A scoping exercise was conducted to develop the curricula. The course was piloted across six boroughs and evaluated using an adapted Kirkpatrick framework. The course was revised following the pilot to include: a virtual placement with interactive case studies; and virtual learning opportunities for reflective practice, collaborative discussions and problem-solving.

Results

The average self-efficacy score increased from 50 pre-course to 70 post-course. Evaluation findings showed increased knowledge and confidence to provide supportive care to patients after a cancer diagnosis and increased confidence to discuss cancer diagnosis, treatments, and side effects.

Conclusion

The education intervention was highly valued by the learners and virtual learning was effective. Changes in practice were evident from learner presentations and evaluation findings, highlighting the need for cancer care education among community nurses and within specialist practitioner programmes.

Type: Poster

Category: Supportive cancer care in the digital age

Can an online resource meet the unique needs of head and neck cancer patients and their relatives; the family members' perspective?

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Head & Neck Oncology Clinical Nurse Specialist, Western Health & Social Care Trust

Co-author: Dr Cherith Semple

Abstract

Background

Multi-modality treatments for HNC (head and neck cancer) result in survivors experiencing life-altering, long-term biopsychosocial issues affecting quality of life. Availability of the internet has enabled HNC patients and family members (FMs) to increasingly access more information, exploring it at their own time and pace; promoting understanding and coping. Current websites provide minimal patient and family-centered information to promote shared decision-making and ensure preparedness for HNC treatments. FMs are pivotal support providers; playing an integral role in delivering care, support and guidance for HNC patients. This study aims to explore FMs perceptions surrounding the development of an online resource to inform decision-making and provide post-treatment support for patients with HNC and their relatives.

Methods

A qualitative research design was adopted using semi-structured, one-to-one interviews in one healthcare trust. Reflexive thematic analysis was applied to interpret FMs perceptions of developing an online resource.

Results

Thirteen FMs were interviewed. Findings emerging from the data were developed into four themes: Information needed to improve understanding of journey ahead, promote decision-making and coping; FMs need information, knowledge and support to equip them for a new role as care provider; FMs need information to enhance their coping and FMs perceptions of important components to be included within an online resource.

Conclusion

HNC FMs and patients require detailed information from reliable sources, to promote self-management, and coping from diagnosis to living with and beyond cancer. A blended approach is favorable to receiving information, enabling patients and FMs to access information when appropriate; reducing feelings of bombardment and isolation. FMs envisaged the use of patient narratives within an online resource would ultimately provide a clear and insightful real life picture. These findings have moved the body of evidence forward to support the co-design of a HNC online resource.

Type: Poster

Category: Supportive cancer care in the digital age

Geographic access to systemic anti-cancer therapies for secondary breast cancer - A mixed methodologies study

Sally Anne Pearson

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Co-authors: Dr Sally Taylor, Dr Antonia Marsden, Dr Ashma Krishan, Dr Sacha Howell, & Professor Janelle Yorke

Abstract

Background

Access to guideline concordant systemic anti-cancer therapies (SACT) for the treatment of secondary breast cancer (SBC) is a key determinant in overall survival (Cardoso et al, 2020). Geographical variation in treatment receipt has been reported though this remains poorly understood (APPG, 2018). Our study aimed to investigate and explore geographic access to timely receipt of guideline concordant SACT.

Methods

Mixed methodologies approach integrated a quantitative retrospective cohort study design with a pragmatic qualitative design. Eligibility criteria were consistent across quantitative and qualitative designs. Women >18 years with a confirmed secondary breast cancer diagnosis and clinicians involved in their care were eligible to participate. The study setting was the regional secondary breast cancer pathway. Routinely collected electronic prescribing and health record data and semi structured interviews were used. Regression modelling and thematic analysis were used respectively.

Results

Receipt of guideline concordant SACT was 94% with 26% of women who received this within 31 days of diagnosis. Preliminary findings (n=320) indicated a statistically significant association between place of care and receipt of SACT. Univariate regression found women treated at local treatment centres had lower likelihood of timely treatment receipt compared with women treated at a specialist cancer centre (OR 0.08 95% CI [0.01 – 0.65] P=.006. Women and clinicians identified geographic access factors, health care systems, intrinsic patient related factors and the impact of the Covid-19 pandemic as key themes which influenced timely treatment access.

Conclusion

Geographical variation should be addressed through strategic commissioning as part of the new Integrated Care Systems (ICSs) with a greater emphasis on initiatives which bring specialist cancer care closer to home. Improvements in the quality and consistency of routinely collected data for women with secondary breast cancer are urgently required. As a result further research is required due to limitations identified with routinely collected data.

Type: Poster

Category: Supportive cancer care in the digital age

Macmillan Professionals ‘Digital Storytelling’ - My Personal Experience

Adrina O’Donnell

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Co-authors: Eleanor Ogilvie, Maura Mc Clean & Chris Leslie

Abstract

Background

Macmillan has engaged and worked closely with cancer patients in the pursuit of Digital Storytelling. This process has been described as a healing, therapeutic creative art form, promoting self-expression, reflection and sharing of troubling emotions (De Vecchi et al, 2016). As it has not been explored previously, working alongside Macmillan professionals was identified as an area for development. It was felt, such engagement would possibly prove therapeutic and emotionally empowering for Macmillan professionals. The first ‘Digital Storytelling Residential’ was thus organised.

Methods

The ‘Digital Storytelling Residential’ convened in April 2022. A variety of Macmillan professionals were invited to attend. An overview of Digital Storytelling was outlined and several ‘patient stories’ were presented. The delegates were then afforded the opportunity to begin creating their ‘personal’ digital stories; exploring issues which held pertinence. Such an approach can elicit nuanced meaning that may otherwise be unreachable (Reiger et al, 2018).

Results

The foundations of digital storytelling were embedded during this residential exercise. Macmillan facilitators continue to work actively alongside the professionals to bring their stories to fruition on the digital platform. Whilst not finalised, my ‘personal narration’ is nearing completion. The aspiration is, the Macmillan professionals will re-convene a forum to share learning / reflect upon their digital stories. It is acknowledged, using such stories to benefit Macmillan’s wider practice is at an embryonic stage (Macmillan Cancer Support, 2021).

Conclusion

Engagement with the ‘first’ Macmillan Professionals Digital Storytelling project has been wholly therapeutic. It afforded a protected, quiet space to focus on thoughts and feelings. The pursuit of developing personal stories, reinforces the importance of emotional wellbeing. Emotional intelligence is the ability to assess emotional awareness and to consider its impact on positively affecting behaviour (Kozub et al, 2016). This project has been highly reflective of ‘supportive care in the Digital Age’.

Type: Poster

Category: Supportive cancer care in the digital age

The Godrevy Project - Virtual Reality for Holistic Symptom Control and Wellbeing in Oncology and Palliative Care

Dr Niall Moon

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Co-authors: Dr John McGrane, Liz Thomas, Dr Jemima Henstridge-Blows, Todd Harris, Amy Byfield, Harriet Halfhead & Nicola Clapson

Abstract

Background

The Godrevy Project is a clinical trial aiming to establish the effectiveness of virtual reality for symptom control and wellbeing in oncology and palliative care patients. Virtual Reality has previously been used within medicine for a variety of indications including pain and anxiety. The use of Virtual reality is rapidly increasing within the oncology environment. We have worked with an established virtual reality technology company to utilise a tablet-controlled immersive headset to deliver distraction therapy to patients. A range of environments have been filmed locally to allow patients to 'escape' the hospital environment where they often feel isolated and trapped during their treatment. Utilising validated quality of life scoring, the effectiveness of an immersive virtual reality intervention on patients' symptoms and overall wellbeing will be evaluated.

Methods

We aim to recruit 60 oncology and palliative care patients either in hospital or receiving systemic anti-cancer therapy. Inpatients will be identified as per electronic patient system and known to the Oncology or Palliative care team. The revised Edmonton Symptom Assessment System (ESAS-r) will be used to collect details on patient symptoms and overall wellbeing prior to, and following, a Virtual Reality Intervention. Demographic information (Age, Gender, Cancer type, Treatment intent and choice of experience) will be collected, in addition to information regarding negative effects of the experience plus non-validated clinician and patients scores.

Results:

Analysis will be conducted via paired T-tests. Our Primary outcome will be difference in ESAS-r scores before and after intervention. Secondary outcomes include non-validated Quantitative clinician and patient scores.

Conclusion:

We report this trial as an example where digital tools are being investigated to support Oncology patients during their cancer journey. We hope that digital tools such as virtual reality can support both oncology and palliative care patients during their treatments and hospital experience.

Type: Poster

Category: Supportive cancer care in the digital age

Preference for change? The comparative evaluation of the implementation of new Large-Volume Infusion Pumps (LVP) during Covid-19 in the home-care setting

Lucy Boardman

Practice Development Nurse, Sciensus

Co-authors: Samantha Preston & Rebecca Roberts

Abstract

Background:

LVP's have been shown to be ubiquitous to IV therapy due to their ability to deliver fluids and medication, with the home-care segment being projected to register the highest growth by 2026¹. Variation in LVP features contribute to differing compliance, usability, and workflow which can contribute to user or patient safety risks and benefits. This study sought to identify comparative feedback between two LVP systems in the home-care setting.

A twelve-question 5-point likert-scale comparative user survey was administered to the nurses of Sciensus Pharma services. Questions included the comparative feedback on usability, reported patient side effects, workflow and efficiency. Two open text questions related to the benefits and features of the new system versus the previous were included.

The total mean, question mean, and occurrence of response by question were analysed. Open text responses were categorised, and a positive, neutral or negative response were assigned to each.

3,745 unique user survey responses were analysed with a completion rate of 98%. The pooled mean for all twelve questions was 3.76, with all question means greater than 3.0 (3.07-4.23), indicating an overall preference for the new system. The mean response, by category were highest for workflow (3.95) followed by usability (3.83), efficiency (3.49) and lastly reported patient side effects (3.10). Open text responses were favourable for the benefits and features of the new system by a 2.6 to 1 ratio.

Features of the new system including secondary administration with concurrent medication delivery, spinning closed system connection, and back-priming feature contributed to the positive comparative rating. These features were identified by nurses to increase patient safety while providing key benefits to the users, thereby making their care more efficient. The Open text responses also highlighted additional training and support required by the nurses which we could then put action plans into place

Type: Poster

Category: Supportive cancer care in the digital age

Triangulation of qualitative findings from patients and healthcare professionals to inform the design of an online resource for patients with head and neck cancer

Cherith Semple

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Co-authors: Dr Rosie Kelly, Mr Peter Gordon & Mrs Ruth Thompson

Abstract

Background

Transforming healthcare delivery means placing greater emphasis on shared care and decision-making, centred on patients' values, needs and preferences. The internet has acted as a likely catalyst and/or facilitator in this process, with proliferation during the global pandemic. A recent scoping review indicated a lack of high-quality evidence-based online resources for head and neck cancer patients (HNC), with a paucity of end-user involvement during development. To inform the co-design of an online resource for HNC patients, both patients' and healthcare professionals' perspectives were sought on content required and key design features.

Methods

Qualitative research design using semi-structured interviews was employed with patients (n=10) and three focus groups with healthcare professionals (n=21) to understand their perceptions and preferences on content, issues to be addressed and key design elements of an online resource to promote patient decision-making and coping with HNC and its treatment effects. Reflexive thematic analysis was used to analyse both data sets, which were then triangulated.

Results

Three key themes were identified: (1): Key objectives and constructs underpinning the online resource, (2): Important content to incorporate within the online resource, and (3): Design preferences for the online resource. Participants indicated a preference for online content to be mapped across the key landmarks of the cancer trajectory (at diagnosis, during and after treatment); with tailoring and layering of information; presented through a biopsychosocial lens, incorporating patient experience narratives, to aid contextualising of information.

Conclusion

This research highlights the need to co-produce online resources with key expert stakeholders, integrating factual information alongside patient experience narratives. Incorporating patients' narrative would appear to be a beneficial source of information to contextualise patient experience, whilst empowering and educating patients to become more proactive in decision-making, facilitate self-management and improve health outcomes.

Type: Poster

Category: Supportive cancer care in the digital age

The role of a virtual Multi-Disciplinary Team (MDT) meeting in ensuring a collaborative approach to Specialist Paediatric Palliative Care

Vicki Chennells

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Co-authors: Kirsty Lawrence & Laura Bengree

Abstract

Background

During COVID-19 there was an inability to travel to Paediatric Oncology Shared Care Units (POSCUs) across the region, this profoundly impacted communication and patient updates, emphasising need to improve, two-way communication in provision of Specialist Paediatric Palliative Care (SPPC). Including discussions around goals of care, symptom management and end of life.

POSCUs previously received verbal patient updates via telephone or face to face at monthly MDT meetings. In January 2020, the ability to hold virtual meetings on Microsoft Teams enabled weekly SPPC MDT meetings, to include POSCU, primary care and voluntary services.

Methods

Quantitative data was collected using survey-monkey sent to MDT members who provided SPPC between April 2020 and April 2022 within the PTC, POSCU, primary care and hospices. Responses were collated using survey-monkey and results analysed as below.

Results

Out of 107 surveys, the response rate was 12% with a range of MDT professionals. 50% of those had a caseload of 20 or more SPPC patients between April 2020 and April 2022.

90% of respondents were invited to attend MDT, although only 80% joined. 90% of respondents presented and participated during their patients' discussions and felt they had opportunities to make plans of care jointly with the MDT. 100% found attendance useful in enabling delivery of high-quality care to patients.

Conclusion:

Although response rate was poor, results show inclusion of MDT members virtually at weekly SPPC MDT meetings enables effective two-way communication and allows teams to be involved and participate in discussions about goals of care, treatment, and symptom management. As results indicate positivity, MDT meetings continue to be held virtually preventing unnecessary travel, promoting financial savings and time efficiency, whilst maintaining two-way communication.

We recognise this survey needs repeating to improve response rate and plan to include the trust's involvement and participation team.

Type: Poster

Category: Supportive cancer care in the digital age

Using a smartphone app to improve cancer medication adherence

Rayna Patel

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Co-authors: Serena Popat, Carolina Sportelli & Chris Fidyk

Abstract

Background

Compliance and adherence to prescribed cancer medication is essential for optimizing patient thriving and survival.¹ Non-adherence can lead to clinical deterioration and increased healthcare costs.² Studies show adherence rates for self-administered (e.g., oral) medications average 50% and range from 15% to 97%.³ Evidence suggests patients' use of smartphone apps to manage self-administered medications can complement nurse-led efforts and have a positive effect on adherence.⁴ This study examines medication adherence by cancer patients using a smartphone app to manage self-administered medications.

Methods

We performed a retrospective analysis of medication adherence for 209 patients undergoing cancer care between January and December 2021. Patients voluntarily used a smartphone app called Vinehealth Cancer Companion to manage their self-administered cancer medications at home. Patients inputted their medication(s) into the app using the NHS Digital SNOMED CT medication list and received push notification reminders to take their medications as prescribed. In this review, we undertook a descriptive analysis of medication adherence by comparing the number of medication doses taken versus scheduled during the period of analysis.

Results

209 patients reported using 272 different medications and scheduled 68,471 medication doses. A comparison of the number of doses taken versus scheduled demonstrated an average medication adherence rate of 70% across all self-administered medications, excluding pro re nata analgesics). Compared to an average adherence rate of 50% from the literature, patients using the app demonstrated a significantly higher average rate of adherence to their self-administered cancer medications.

Conclusion

This study demonstrates smartphone apps with reminder functionality have the potential to improve cancer medication adherence, which may lead to improved patient outcomes and reduced treatment monitoring demands on nurses. Further evaluation and research is needed to investigate the impact of smartphone applications on medication adherence as compared to a control group and across a larger population of cancer patients.

Type: Poster

Category: Supportive cancer care in the digital age

Co-designing a digital-health supportive care and physical activity intervention with men with prostate cancer – a quality improvement project

Catherine Sandsund

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Co-authors: Alistair Bearne, Aileen Curtis, Adrian Fautly, Nicola Holloway, Caroline Lovett, Sarah Dewhurst & Siobhan Cowan-Dickie

Abstract

Background

Prostate cancer and treatment often leaves men with unmet rehabilitation needs that cross physical and psychological domains(1). Lower levels of activity leaves men at higher risk of future long-term conditions(1).

Digital health platforms can deliver interventions alongside usual care, providing live or on-demand information(2), however, none was available specifically for this group.

Aim: For patients and clinicians to co-design bespoke digital content, supporting people treated for prostate cancer to be safely physically active using a digital-health platform.

Methods

Using funding from a digital-health company, this quality improvement project used a 'Plan Do Study Act(3)' approach with integrated co-design principles(4). It was approved by the hospital's Clinical Effectiveness and Audit Committee. Patients with early-stage prostate cancer known to the physiotherapy exercise service were recruited in Jan 2021.

Results

Eight men completed patient-reported outcome measures (PROMs) at baseline, four, eight and 12weeks (EQ5D-5L, Godin Leisure-time questionnaire, Sit-to-Stand 1 min), gave iterative feedback and took part in one focus group. Twenty-six co-designed educational and exercise on-demand videos were developed. Virtual, group exercise classes were delivered via the digital health platform. A review event was held at completion.

All participants gained clinically meaningful improvements in lower limb leg strength and increased their physical activity levels. Participants reported they unexpectedly benefited from group support. Importantly, co-design with patients guided the development of content (e.g. weight, mood, incontinence, sexual functioning). Digital exclusion was an issue for some participants. Ongoing feedback helped improve user experience, vital for recruitment and retention of patients to digital health platforms(2). Pre-screening was key to delivering safe exercise classes.

Conclusions

In this small, resourced project we co-designed bespoke digital content meeting the supportive and rehabilitative care needs of these previously active participants. Further work testing feasibility in clinical practice and design for harder-to-reach groups is warranted.

Type: Poster

Category: Supportive cancer care in the digital age

Moving on Programme: Integration of a self-management lifestyle programme for cancer survivors into clinical practice

Mary Grace Kelly

Clinical Research Nurse, Letterkenny University Hospital

Co-authors: Janice Richmond, Teraze Toby, Tommy Kerr & Emma Reilly

Abstract

Background

There are over 200,000 people living beyond cancer in Ireland¹. Healthy lifestyle behaviours like regular exercise and healthy eating can diminish risk of new and recurrent cancers². There is a need for clinical services to incorporate initiatives that provide support and education in this area as part of standardised cancer survivorship care³.

The Moving on Programme (MOP) was developed as a result of a gap in service provision. Designed to support cancer survivors after active treatment, this self-management programme provides education and support to promote physical activity and improve dietary habits. Based on the results of the pilot the MOP is offered to all cancer survivors who have completed active treatment in one regional general hospital in Ireland⁴.

Methods

MOP offers a half-day education session and 12 weeks of virtual support. Referrals are made following completion of adjuvant therapy. The half-day event is facilitated by a physiotherapist, dietitian, psychologist and oncology nurse. Education, behaviour change techniques and ongoing online support are used to help participants achieve positive lifestyle changes.

Results

In February 2022, 20 participants were invited to the inaugural programme which was online due to COVID19 restrictions; 75% enrolled. In July 2022, 54 participants were invited: 69% enrolled; 46% attended the event; 54% opted for the virtual option only. Lack of technology is a limiting factor in participation. Evaluation of the half day event was overwhelmingly positive. A further evaluation on completion of MOP will be performed in quarter 4 (2022) including a health economic evaluation.

Conclusion:

This programme was developed when a gap in service provision for cancer survivors was identified. Incremental roll-out to date demonstrates strong uptake and need for such a service especially with the virtual option available. This versatile programme could easily be adapted for use in other cancer services nationally and beyond.

Abstract 72

Type: Poster

Category: Supportive cancer care in the digital age

The design, delivery and evaluation of supportive care digital clinical placement for pre-registration nursing students in Greater Manchester

Jason Simons

Supportive Care Clinical Nurse Specialist, The Christie NHS Foundation Trust

Co-authors: Stephanie Meachin, Amanda Squire, Gabby Cohen & Alison Sanneh

Abstract

Cancer is socially re-constructed as a chronic disease, with future nurses playing a critical role in supporting patients living with cancer across the integrated care system. Currently, clinical placements in oncology are not mandated across nursing degrees, yet 1 in 2 in society are affected by cancer.

The program had 4 key aims.

- i) to increase nurse training clinical placement capacity
- ii) to educate future nurses in oncology, incorporating a day dedicated to supportive care
- iii) to reframe elements of supportive, palliative and end of life care and strengthen application to practice
- iv) to introduce early career opportunities in oncology, sub specialisation- supportive care
- The placement offer proved essential in line with Health Education England's reform in education ^(1, 2, 3).

Methods

Subject Matter Experts (SME's) in supportive care, in partnership with clinical educationalists, co-designed a supportive care day. SME's outlined the MUST; SHOULD and COULD of supportive care and its dichotomy between palliative and end of life. This enabled learners to re-lens and reframe their critical understanding and commit to knowledge transfer. The teams maximised potential of learner engagement through applying a coaching model in their delivery, built on an educational framework that promoted following learning interest and maximising wellbeing.

Evaluation The 5V's of data ⁽⁴⁾ across volume, velocity, value, variety and validity were considered. Methods included self-assessed learner growth, real time interactive feedback, reflexivity and critical deep reflection through learner led presentations.

Self-assessment included confidence levels in oncology pathways, complex care needs, knowledge of supportive and palliative care and communication needs.

Results

300 pre-registration nurses have accessed the program with initial data indicating significant learner growth across an otherwise challenging to access patient group. Qualitative and quantitative data is currently under independent validation for wider dissemination.

Abstract 73

Type: Poster

Category: Supportive cancer care in the digital age

Barriers to digital health in patients undergoing cancer treatment

Alice Cotton

Academic Nurse Fellow in Digital Health, Guy's & St Thomas' NHS Foundation Trust

Co-authors: Dr Verna Lavender & Dr Mary Lei

Abstract

Background

Digital health has potential to transform cancer support and empower self-management, yet those who cannot engage in digital health are at risk of exclusion. Lack of access to devices, low confidence or interest to use technology, and low digital health literacy may impact the uptake of digital health. Little is known about digital inequalities in people treated for cancer. This study aimed to identify risks of digital exclusion and barriers to digital inclusion in patients attending a UK Cancer Centre.

Methods

A cross-sectional survey of patients attending an oncology outpatient appointment in April 2022. The 23-item survey collected patient demographics (age, gender, ethnicity, level of education, and work status) and prerequisites for digital device and internet use: access, skills, confidence, motivation, engagement, and preferences for digital services (e.g. smartphone apps to support cancer treatment). Surveys were completed on paper or web-based platform.

Results

440 surveys were completed. Most respondents reported using a smartphone (87%), the internet (84%), and mobile health apps (60%). Smartphone use was associated with working age, higher level of education, and higher confidence using devices. A minority used a non-smart phone (15%) or no devices at all (3%). Barriers to internet use included lack of affordability and technology skills. 65% were interested in using mobile health apps to support their cancer care, yet 22% were uncertain about the benefits. Despite this, paper-based information regarding cancer and treatment was preferred over digital information.

Conclusion

Although patients had good access to mobile devices and the internet, there was evidence of a digital divide between certain groups. Training, equipment, and support is needed to help patients engage with an innovative way of receiving health information. Further work is planned to develop a new digital cancer support app and to undertake a process evaluation of its implementation.

Type: Poster

Category: Supportive cancer care in the digital age

Using virtual and digital cancer education to enhance supportive cancer care

Donna Munro

Professional Development and Knowledge Manager, Macmillan Cancer Support

Co-author: Chris Hall

Abstract

Background

Evolution of cancer care in the digital age must acknowledge the impact of the COVID-19 pandemic and how this has shaped healthcare education for the future. The pandemic initiated large scale adaptation to virtual learning (Wiljer, 2020). From initial conversion of face to face education to virtual classrooms, Macmillan Cancer Support's Professional Development and Knowledge Team has now expanded their education offer to adapt to the needs of the workforce, providing Communities of Practice, 'learn and share' events, webinars, cancer site specific information and e-learning modules, all with a focus on person-centred care, a 'best practice' concept (Santana et al, 2018). The education offer is mapped to the Macmillan Person Centred Care Framework, offering learning opportunities at essential, enhanced, and expert level enabling increased accessibility, straddling a range of roles. Learners can access this via the Macmillan Learning and Communications Hub (LCH).

Methods

Engagement and learner experience have been evaluated via 'Smart Survey' questionnaires to capture qualitative data and digital metrics to capture quantitative data.

Results

Year to date figures from the LCH:

Number of active users = 4576

Engagement has been achieved with the health and social care workforce in the roles of volunteers, support workers, nurses, allied health professionals and general practitioners.

51% of engagement with the LCH is from first-time visitors.

49% of engagement with the LCH is from repeat visitors.

Engagement with content figures

Article (217 available), 13603 overall views, 1975 unique views

External link (134 available), 5071 overall views. 882 unique views

Question (48 available), 888 overall views, 396 unique views

Scorm course/E-learning (263 available), 37397 overall views, 1802 unique views

Uploaded file (231 available), 9525 overall views, 1918 unique views

Video (116 available), 13546 overall views, 1917 unique views

Conclusion

Engagement figures, 80030 overall views of LCH content, reveal that current modes of delivery enable wider interaction with professionals than the pre-COVID-19 model of face to face delivery.

Whilst professional's sign-up for virtual classrooms, attendance is not always possible. Insight into non-attendance figures reveal that workforce challenges affect attendance. Therefore, Macmillan's digital education offer is advantageous for learners as it's available on demand.

Type: Poster

Category: Supportive cancer care in the digital age

Patient questionnaire assessing patient views on digital health tools in cancer care – a single institution experience

Dr John McGrane

Consultant Oncologist, Royal Cornwall Hospital

Co-authors: Lyndsey Phelps & Tamir Sirkis, Miranda Benney, Sarah-Jane Davies, Rosie Graham, Alastair Buick & George Brighton

Abstract

Background

Digital technology use has expanded during the Covid-19 pandemic, yet there remain barriers to cancer patients accessing these tools [1-2]. Patients have different attitudes to digital technology and understanding this is important to maximise where the benefit is.

We reviewed digital accessibility, opinions, and barriers towards digital technology at our cancer centre. We applied this to the cancer support app in use at our centre.

Methods

Anonymous paper questionnaires were given to patients in our oncology centre for a month. Demographics, current access to digital tools, opinions regarding technology and cancer care and barriers / opportunities relating to digital healthcare were reviewed. We analysed data looking at indices of social deprivation derived from post codes applying this to digital attitudes.

Results

122 returned questionnaires with 50% Male: 50% Female.

51% of responders were aged over 65.

84% responders had access to a smartphone and 91% had access to the internet. 53% agreed they find it easy to use apps on a phone or tablet.

Most patients across all age groups answered they would be willing to use a phone or tablet for accessing information or support. The main barriers were preferring human contact followed by lack of interest in digital health tools. Cost was the least reported digital barrier.

21 responders downloaded and used our cancer support app. 84% found it easy to install and use. 61% found it useful and 33% reported it helped their treatment.

No strong correlation between indices of social deprivation or education level and access to the internet or desire to use digital health tools were demonstrated.

Conclusion

This questionnaire shows that most patients would use digital health tools. The desire to have human contact remains a barrier but hopefully over time digital tools can support and improve this contact for patients.

Abstract 76

Type: Poster

Category: Supportive cancer care in the digital age

Multi-centre real word patient feedback on information and use of a cancer support app during COVID-19

Miranda Benney

Cancer Clinical Programme Manager, University Hospitals Plymouth

Co-authors: Holly Conway, Rhea Crighton, Julie Eason, Maria Bracey, Hayley McBain, Sarah Jane Davies, Dr George Brighton, Dr Al Buick & Dr John McGrane

Abstract

Background

COVID-19 has increased remote or virtual consultations [1-2]. Prior to COVID patients reported the need for more information and support [3]. A cancer support app was launched across five cancer centres in September 2020 to help meet this need for cancer patients.

Through surveys we hope to gain insight where this app might help patient demands, information gaps, and support digital ways of working.

Methods

Between December 2020 – July 2022 users who downloaded the app were invited to complete a survey. Cancer type, demographics and views on their cancer information reviewed. After 20 uses, they were directed to a follow-up survey focusing on experience of using the app and benefits gained.

Results

- 724 users completed the initial survey. 59% female: 41% male.
- 76% were patients, 14% family or friend and 8% healthcare workers.
- 60% of responders aged over 60 and 30% over 70. Breast, prostate, bowel, and lung were the four most common cancers.
- 89% reported being satisfied with the quality of the information received. 16.6% still reported questions about their treatment or diagnosis.
- 16% reported unsure who to contact and 19% anxiety without clarity who to contact.
- 63 users completed the follow-up survey.
- 91% of users would recommend the app. 64% reported improved ease of contacting their cancer team. Users found information they needed in the app and so 29% avoided contacting their clinical team and 12% avoided visiting their GP.

Improved ease contacting team (54%), reassurance (50%), increased familiarity with what to expect (48%) were the top three benefits reported.

Conclusion

High levels of satisfaction were reported with the content and quality of the information received despite COVID. App users felt reassured and knew who to contact for support. They felt that the App saved them time and needing to contact their team or GP.

Abstract 77

Type: Poster

Category: Supportive cancer care in the digital age

Wearable vital signs monitoring in patients undergoing cancer treatment: EMBRaCE-GM - a collaborative Greater Manchester study

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Abstract

Background

Cancer patients receive episodic monitoring of their health with most care delivered as outpatients. It is important to consider how digital technology could support patients during their journey. The NHS Long Term Plan (2019) identified a need for digitally enabled care to improve clinical decisions. The aim to improve cancer survival with a focus on giving patients 'more control over their health' through improved self-management [2]. It is unclear how wearable vital signs monitors can be best utilised to deliver these aims.

Methods

EMBRaCE-GM is a multi-cohort study designed to evaluate wearable vital signs monitors used to support patients during treatment. Planned sample of 80 participants from two participating sites. Cohorts are colorectal, lung, and patients receiving CAR-T therapy. Participants are fitted with a smart watch and ring. For the CAR-T cohort, participants will have further monitoring sensors and blood sampling to address additional questions. Data collected will be qualitative and quantitative to address both primary and secondary study outcomes. This analysis will assess whether artificial intelligence techniques can predict important patient centred outcomes using-the data.

Results

To date the EMBRaCE study has enrolled 16 CAR T, 19 lung and 15 colorectal patients. In this poster we will share the practical learning from the study including challenges in the set up and delivery of a wearable device trial in an elderly comorbid population. The themes to be addressed include: study enrolment, technical challenges, participant support, and will highlight a number of key learning points.

Conclusion

As the study is still on-going we do not have current data to present. There have been various challenges experienced by the different teams involved, both clinical and not. Overcoming expected challenges when combining technology and clinical care has allowed the EMBRaCE-GM team to continuously develop the study leading to more robust end data.

Abstract 78

Type: Poster

Category: Supportive cancer care in the digital age

Project QR - it's all in the code

Kirsten Jackson

Clinical Nurse Specialist, Leeds Teaching Hospital Trust

Co-author: Diane Hubber

Abstract

Background

Many of our young people complained about how the multiple leaflets and paper information was not always TYA friendly to work through and as result was left in info wallets / on top of fridges unread. They wanted information they could access in the moment they wanted it .Many found online info hard to navigate, often finding information lacking or incorrect and not relevant to their journey in their treating hospital. Additionally a Focus group on exercise whilst on treatment identified a desire to have quick links in one place that showed patient stories from that PCT. Team decided to look at developing a QR system that linked all TYA , disease and treatment information that would be more user friendly for young people and also be able to consume this information in a safe environment at time suitable for them that they can refer back to at any point.

Methods

Audit of Young people's opinions of current paper information compared to LINKTREE QR information tool.

Workshops with Young people to develop Podcasts for topics around experiences in the region.

Results

Currently still evolving with topic areas growing.

Discussion / Conclusion

Very positive feedback from young people in early stages of project - awaiting to review Need to ensure regularly updated and plan needs to be established on who does this.

Type: Poster

Category: Supportive cancer care in the digital age

Evaluation of an APP with an inbuilt cancer community pharmacist locator designed to support cancer patients undergoing treatment

Geraldine O’Gara

Nurse Researcher, Royal Marsden NHS Foundation Trust

Co-authors: Dr Emma Hainsworth, Ray Gardner, Della Ogunleye & Prof Susanne Cruickshank

Abstract

Background

Systemic anti-cancer therapy (SACT) has unpleasant side-effects (Pearce et al, 2017) which may require multiple-medication regimes; management can be overwhelming (Stenberg et al, 2009; Ullgren et al, 2018). Support may be provided by in-hospital or generic advice-lines. A mobile app, with inbuilt cancer-trained community pharmacist (CP) locator, may aid support. This project aimed to understand the workload of medication/side effect-management and gather patient/staff insight into app usage in this setting.

Methods

A 3-month snapshot of advice-line data was statistically described to ascertain medicines/side-effect support workload. Eight people with experience of cancer treatment, and 12 staff with experience in treatment delivery or support, were purposively asked to examine app features/functionality, and individually interviewed to gain insight into use to support medicines/side-effect management and potential supportive role of CPs. Interviews were recorded, transcribed, and thematically analysed.

Results

1212 calls were received and categorised; 35.1% (n=426) related to advice about medicines/side-effect management. Of these, 26.8% (n=114) related to advice for SACT related issues; 16.9% (n=72) to repeat prescriptions/medication stock, and 14.3% (n=61) to lack of understanding of medicines not SACT related.

Patients and staff described themes of complex medicines regimes and lack of a standard-management framework. Staff also described concern around management of acute vs chronic side-effects and ensuring safety. Unambiguous app language, familiar features and support with set-up was also suggested.

Both groups described engagement with the concept of CPs as a support mechanism, but existing trusted relationships and lack of organisational buy-in may impact uptake. Clarity of CP scope, process of engagement and clinical communication are required. Further burden to patients/staff is to be avoided.

Conclusion

Medicines/side-effect management represents significant workload to both patients and staff and CPs may be well-placed to support. Further evaluation is required to ascertain acceptability and feasibility of app use in a real-time clinical setting.

Type: Oral & Poster

Category: Supportive cancer care in the digital age

Implementation of electronic patient reported outcome measures (ePROMs) for remote monitoring of symptoms and quality of life in lung cancer

Janelle Yorke

Chief Nurse, The Christie NHS Foundation Trust

Co-authors: Cathryn Crocket, James Price, Sacha Howell & Corinne Faivre-Finn

Abstract

Background

There is high-level evidence for the benefits of real-time remote collection of cancer patients self-reported symptoms and quality of life (QoL) including improved overall survival, symptom management and quality of life. We introduced electronic-patient reported outcome measures (ePROM) at our trust for lung cancer patients.

Method

Patients received a text message with a link to complete the ePROM questionnaire (14 items based on CTCAE and EQ-5D) a few days before clinic attendance. ePROM response were reviewed by the nurse/doctor prior to or during the consultation. The ePROMs responses and clinical, pathological and treatment data were extracted from electronic medical records. The symptom and QoL scores of patients who completed pre-treatment ePROMs and those who completed ePROMs pre- and post-palliative lung systemic anticancer therapy or radical thoracic radiotherapy were evaluated. Pre-treatment ePROMs were analysed according to age (<70 vs. ≥70 years), ECOG Performance Status (PS) (0-1 vs. 2-3). Data analysis was performed using the statistical software JASP 0.13.1, and statistical significance set at <0.05.

Results

1480 lung cancer patients were included. Respondents were generally younger, fitter and healthier than the typical UK lung cancer patient. Both cough ($p=0.006$) and EQ-5D mobility scores ($p=0.006$) were significantly worse for patients with an ECOG PS of 0-1 vs. 2-3. There was no significant difference in ePROM reports and age. Palliative SACT was associated with a significant improvement in cough ($p<0.001$) and haemoptysis ($p=0.025$), but significantly negatively impacted mobility ($p=0.013$). Patients receiving radical thoracic radiotherapy also reported a significant improvement in haemoptysis ($p=0.042$) but worse pain ($p=0.002$) and fatigue ($p=0.01$).

Conclusion

Symptoms and QoL reported at baseline and pre- and post- both palliative SACT and radical thoracic radiotherapy are clinically relevant and meaningful. We have demonstrated that routine implementation of ePROMs into clinical practice is feasible and can inform clinical practice and future research.

Type: Poster

Category: Supportive cancer care in the digital age

Patient and clinician-reported experiences of using electronic Patient Reported Outcome Measures (ePROMs) as part of routine cancer care

Janelle Yorke

Chief Nurse, The Christie NHS Foundation Trust

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Abstract

Background

Electronic patient reported outcome measures (ePROMs) are used to gather information regarding health status, quality of life and functioning directly from patients using electronic platforms. However, to date much of their use has been limited to clinical trials. Our Trust implemented an initiative in 2019 to integrate ePROMs into routine cancer care. We explored patient and health care practitioner (HCP) experiences of using ePROMs as part of an evaluation of this service.

Methods

Patients seen between May and June 2019 in head and neck (H&N) or lung cancer clinics at a comprehensive cancer centre in England and had completed ePROMs were invited to complete a Patient Reported Experience Measure (PREM) questionnaire. HCPs who worked in these clinics were approached in person and via email to complete a HCP experience questionnaire.

Results

All patients (N=100) found the ePROM easy to understand and, nearly all (99%) found it timely to complete and easy to follow. Most found that using the ePROMs helped them feel more involved in their care (88%) and improved communication with their oncology team (82%).

Eleven HCP completed the experience questionnaire and 73% reported that ePROMs helped with communication and over half felt ePROMs led to patients being more engaged in the consultation (64%). Five of the eleven HCPs felt using the ePROMs altered their clinical decision making.

Conclusion

The use of regular ePROMs collection as part of routine cancer care is not only acceptable and feasible to both clinicians and patients but also results in patients feeling more involved with their care and can help make consultations more patient focused. Further work is required to explore the experiences of those patients not completing the ePROMs and continue to improve the service for both HCPs and patients.

Type: Poster

Category: Supportive cancer care in the digital age

Supportive Cancer care in the digital age: Utilising digital preassessment to standardise patient care

Nathan Shaw

Clinical Nurse Lead, Freeman Hospital

Co-author: Beth Taylor

Abstract

Background

SACT pre-assessment is integral to maintaining patient safety – “patients often lack basic knowledge about their cancer and its treatment, and for three out of four patients it will be their Nurse or Doctor who is the source of new information” (Berner et al, 1997). Exploring new ways of delivering safe, standardised SACT pre-assessments has been necessary, for a growing regional centre, delivering treatment to 1000+ new patients annually.

Method

In order to streamline the pre-assessment process we worked in partnership with Roche and the Northern Cancer Alliance to produce a scripted digital pre-assessment for Chemotherapy and Immunotherapy regimes. This ensures a thorough and standardised pre-assessment for all which is also available to watch at home, covering topics such as sex which is sometimes avoided as patients feel uncomfortable (CRUK, 2021). Pre-assessment sessions are carried out in groups of 6 for patients and their families in a relaxed non-clinical setting at a local cancer support centre. Patients also get time to individually discuss their regime with a nurse and ask any questions.

Results

Carrying out a digital pre-assessment in a group setting for the same number of patients is predicted to save 18 hours of nursing time per week. This increases our capacity to deliver SACT and we expect treatment waiting lists to reduce by several days. We will also carry out patient satisfaction surveys to measure success. Group pre-assessment in another Trust had a 96% satisfaction rate (Curtis, 2022).

Conclusion

Data is emerging that a digital, grouped SACT preassessment can be an effective way to improve patient safety, patient experience and increase capacity to deliver SACT treatments.

Type: Poster

Category: Supportive cancer care in the digital age

The Benefits of The Macmillan Electronic Macmillan Holistic Needs Assessment (eHNA) for Germ Cell Patients

Daniel Richardson

Uro Oncology CNS, St Bartholomew's Hospital

Co-authors: Emily Wilson

Abstract

Introduction

Patients referred to our centre are invited to complete Electronic Holistic Needs Assessment (eHNA) by our Macmillan Navigator. As a metastatic uro-oncology team, we cover germ cell tumour (GCT), prostate, kidney and bladder patients. This abstract focuses on GCT patients, they are young and express the most needs¹. Prior to gaining our Macmillan navigator we were unable to complete eHNA due to large caseloads and utilised PEPSI-COLA HNA in clinic. This abstract will highlight the benefit of a Macmillan navigator capturing eHNA, freeing clinical nurse specialists (CNS) for complex case management. eHNA supports cancer patients digitally sharing the care plan electronically to the GP. Trust data from 2020-2021 confirmed only 58 eHNAs were submitted via the Macmillan database.

Method

From 2021 to 2022, 337 patients were invited to complete the eHNA by our Macmillan navigator and were sent a personalised link to complete the assessment either via email or letter. Once the eHNA was completed by the patient and their concerns had been highlighted, our navigator would then work with the CNS to review the patients concerns and create a personalised care plan with recommendations and advice on how to address their needs. Based on the patient concerns we would contact them to discuss this further as occasionally some issues are not directly related to their cancer.

Results

Trust data from the Macmillan personalised cancer care metrics report show that the top 5 concerns within the trust include: money or finance, fatigue, questions about diagnosis, treatments or effects, worry, fear or anxiety, and thinking about the future.

Conclusion

We want to investigate this data further by exploring the top concerns for our GCT patients so that we can highlight the most common concerns/needs by these patients and adapt our service to ensure they are better supported.

Abstract 84

Type: Poster

Category: Supportive cancer care in the digital age

Improving patient experience by offering bloods closer to home

Rhona Johnson

Senior SACT Practice Educator, The Christie NHS Foundation Trust

Co-author: Rachel Rathbone

Abstract

Background

Our Trust strategic plan identified the steps we will need to take to move towards a vision within the context of an underlying growth of patient numbers, an increasing patient and commissioner expectation for more local service provision and the increasing complexity and cost of specialist care, all within the anticipated environment of growing pressures on funding.

Patients said they are prepared to travel to the main hospital site for specialist services but want some services to be provided locally where this is possible. Our pledge stated: - We will further expand our networked care model and the breadth of services available in the communities to ensure fewer patients have to travel to receive the best care

Methods

A variety of sites were identified from utilising Hospice space, a Macmillan unit and Health and Wellbeing Centres.

76% of patients now book their own appointments using Simplybook, an electronic system that patients can access to book their own appointment at a time and location of their convenience.

It was identified that each healthcare assistant could bleed 6 patients per hour (every 10 minutes). Patients are booked in from 9-3 pm, with samples being collected by couriers at 12.00 and 3.30pm. Samples are returned to the main site for processing.

Results

Results have been positive and show we are meeting our target to expand the model of services available in the community. Comments such as 'no travelling time, no queue, no waiting time, quick and efficient service. Patient A states 'It is much appreciated that I can go locally for bloods'

Conclusion

Bloods closer to home, with patients pre-booking electronically, has resulted in more patient satisfaction and better accessibility. Staff are also able to work closer to home with less commuting time.

Type: Poster

Category: Supportive cancer care in the digital age

SACT readiness: Challenges for education in the current workforce climate

Laura Elizabeth McNab

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Co-authors: Brewster, A., Clout, R., Johnson, R. & Rushton, Y.

Abstract

Background

The Christie is a world-renowned Cancer Specialist Centre administering approximately 137,000 Systemic Anti-Cancer Therapies (SACT) a year. The Trust strives to deliver safe administration of SACT, and handling of waste products, for the safety of its patients and staff incorporating the United Kingdom Oncology Nursing Society (UKONS) SACT Competency Passport as a robust education programme. Current staffing constraints and a busy workforce, whilst implementing biosecurity measures, has meant novel training methodologies have been vital in achieving these objectives.

Method

A bespoke education programme was developed to complement the already established SACT training programme. The face-to-face study days became hybrid, with MS Teams a crucial platform to full cohorts, or for when those who are restricted to attend by room capacity or isolation. Computer devices were sourced by the School of Oncology to ensure guaranteed access to learning, and teaching material was revised appropriately. The pre-recording of course material could be retrieved at time of convenience, and protected time for self-directed learning was initiated, including a mandated Safe handling of SACT eLearning. Measures ensured a comprehensive, yet adaptive training programme that could meet all learners needs in a variety of roles.

Results

Improvements to attendance was evidenced at 97% compliance. This was a 10% improvement in capacity targets from 2020/1. These innovative digital provisions also gave accessibility to SACT education for a further 800+ clinical staff, whose roles did not necessarily require administration of SACT certification, but their cancer care provisions would benefit as a direct result.

Conclusion

Whilst adaptive methods for SACT education are constantly evolving to meet service needs, compliance monitoring and evaluation feedback reports training successes throughout the current climate without patient detriment. Assessment of training needs is ongoing, and results are shared through the Trusts SACT committee and Nurse Leaders Forum for shared learning.

Type: Poster

Category: Supportive cancer care in the digital age

A Global Partnership in the Foundations of Oncology for Nurses and a Local Investment in Cultural Intelligence

Clare Greenbaum

Advanced Clinical Practitioner (Nurse), The Christie NHS Foundation Trust

Abstract

Background

Cancer is a global health challenge. Low Middle Income Countries (LMICs) are committed to invest in cancer technologies and work force expansion to respond to population needs (1). A team of clinical educationalist and subject matter experts (SME's) in oncology and supportive care , UK, collaborated with two LMICs (Uganda and Kenya) to co-design a foundation in oncology module, incorporating supportive, compassionate and self-care as an integral feature. We worked closely with partner countries to consider digital learning through the lens of the nurse in their social context and were responsive to cultural sensitivities. Principles of global partnerships were applied (2).

Methods

This project was coordinated, designed using the Microsoft Teams (MST) digital. The LMIC partners were allocated an MST licence, a shared workspace developed. The Responsibility Accountability Consulted Informed (RACI) model for project management was applied. Monthly meetings over a 2- month period were set-up, enabled relationship building, implementation of RACI. A culturally sensitive Foundation of Oncology Module was designed across 8 units with input from SME's at the UK site in oncology, sub-specialisation in palliative and supportive care. Contextual, cultural sensitivities were applied integrating online coaching education. An electronic portfolio was used to capture, monitor learning and collaboratively designed as an assessment tool.

Results

The digital programme is planned to go-live in October in both countries. We will conduct robust learner evaluations as well as seeking feedback from the teachers/trainers. It is proposed that knowledge and behaviour will transfer into clinical practice through digital clinical supervision, by applying coaching conversations and will be evaluated contemporaneously.

Conclusion:

We have developed a global partnership, to design and implement a digital Foundations of Oncology Module for nurses in Uganda and Kenya. To enhance nurse development in cultural intelligence to maximise, strengthen the care experience in the local and diverse populations.

Type: Poster

Category: Supportive cancer care in the digital age

My Medical Record – a digital system to support Cancer Patient Initiated Follow Up

Claire Marsh

Cancer PIFU Project Lead, University Hospital Southampton NHS Foundation Trust

Abstract

Background

The NHS Long Term Plan (2019) focuses on person centred care and giving patients access to digital technology. Patient Initiated Follow Up (PIFU) allows patients to contact their cancer specialist team based on symptoms and individual circumstances. This empowers the patient to manage their follow-up remotely, undertaking cancer surveillance and accessing results through the digital system MyMedicalRecord.

Methods

A nurse with a clinical/digital role has been employed by the Cancer Centre to work with clinical teams to implement PIFU pathways utilising the digital system MyMedicalRecord (MyMR). The nurse works with clinical teams to redesign pathways, develop clinical management protocols for ongoing cancer surveillance and clear recall criteria. They support the clinical team to design condition specific digital information pages, holistic needs assessment and questionnaires. Teams are supported to establish workshops to introduce and educate supported self-management for people affected by cancer and provide health and wellbeing information after cancer treatment.

Results

MyMR is utilised in eight cancer PIFU pathways – breast, colorectal, prostate, endometrial, lymphoma, neuroendocrine, germ cell and bone marrow transplant. A further three are in development with more to follow. Patients enrolled on cancer PIFU pathways are registered on a cancer specific MyMR tracker and never lost to follow up. Cancer surveillance tests continue. Clinical Nurse Specialists (CNS) and cancer support workers run the service. Non-digital patients have equal access to PIFU with the clinical team using a paper process. Patients can re-access the specialist service when required by messaging or telephone. Quantifiable benefits of time saving for consultants and CNS; financial savings for patients and reduced environmental impact have been demonstrated.

Conclusion

This service model of PIFU and digital technology has enhanced cancer patient follow up with significant benefits to patients and healthcare organisation. An iterative approach by clinical and digital teams ensures continual improvements for patients and healthcare professionals.

Type: Poster

Category: Supportive cancer care in the digital age

Development of an electronic Needs Assessment Tool (NAT) for Young Adult survivors of a brain tumour

Kate Law

Research Fellow- Nurse, PhD candidate, The Christie Hospital NHS Foundation Trust and The University of Manchester

Co-authors: Dr M McCabe, Dr S Van der veer & Prof J Yorke

Abstract

Background

Adolescent and Young Adult (AYA; 15-39 years) survivors of a brain tumour experience ongoing emotional and physical issues impacting ability to achieve independence and often lower levels of employment and marriage. Despite initiatives to provide personalised follow-up and maximise quality of life (QoL) following treatment for a brain tumour, opportunities to support ongoing issues are often missed. The use of electronic Patient-reported outcome measures (ePROMs) have been shown to improve communication between healthcare professionals and patients; remote monitoring of symptoms and their management; and QoL1. There is a paucity of data reporting the psychometric validation of NATs for use with AYA survivors of a brain tumour2.

Aim: To develop and validate an electronic NAT for use with AYA survivors of a brain tumour aged 16-39 years.

Methods

A systematic review of available PROMs and application of the Consensus-based standards for the selection of health measurement instruments (COSMIN) guidance was used as a model for development. Patient representatives collaborated with the researcher throughout the study. Phase 1 included development of a conceptual framework and item generation. Cognitive interviews with brain tumours survivors were conducted in phase 2.

Results

Twenty seven papers were included and the devised conceptual framework underpins the development of the NAT. Potential NAT items (n=207) were identified from the included literature and cognitive interviews(n=8) resulted in 47 items for potential inclusion in the NAT.

Conclusion

Content validity of the draft NAT has been established by involving users and healthcare professionals during item generation. Further research is planned to establish:

- construct validity using the EQ-5D and Supportive Care Needs Survey as comparators,
- test-retest reliability,
- pilot test the eNAT in routine follow-up, capturing data to personalise care.

Type: Poster

Category: Supportive cancer care in the digital age

Empowering patients via digital innovations

Caroline Tweedie

Clinical Nurse Specialist- Breast, Gateshead Health Foundation Trust

Abstract

Background

The Cancer Clinical Nurse Specialists (CCNS), have produced a readily accessible digital portfolio of personalised information for patients during their cancer pathway.

Initially developed to support the clinically vulnerably during Covid, this project provides the experience of human connection during a time of little social interaction (1)

Methods

We now have recorded 40 podcasts/videos and offer a range of live and pre-recorded interactive virtual prehab/recovery workshops. The podcasts have been viewed 2500+ views and due to the popularity have now been transferred to Spotify (2)(3). The digital platform has provided the trust with a simple and low-cost medium to support patient and carers with their initial diagnosis, treatment, recovery and beyond.

Results

To maximise digital inclusion we were awarded a grant to provide an online IT helpline, to upskill and support patients accessing the new format.

The virtual workshops provided much needed peer support by allowing patients/carers to come face to face in a supportive and safe environment. 30 virtual sessions have been delivered; 420 patients have been referred to the sessions.

Conclusion

Auditing the service- CCNS workforce 97% found the interactive workshops has improved the patient experience. It has positively impacted clinic capacity as patients are receiving substantial information from the workshops allowing them to spend more time with patients with complex needs. Patients commented "I like that it's a familiar local voice. "It's all great credible advice available to use at my own convivence". 88% have continued to apply lifestyle modifications a year after the session. 95% patients felt better prepared about their impending treatments as a result of utilising the digital platform. The digital platform has offered an paralleled opportunity to engage with patients with a solution to "keeping them connected" at a time of great uncertainty

Type: Poster

Category: Supportive cancer care in the digital age

Concept to Creation: Lessons learnt from setting up a melanoma patient-led support group.

Delia Sworm

Trainee Advanced Clinical Practitioner (Melanoma/Oncology), St Luke's Cancer Centre, Royal Surrey NHS Foundation Trust

Abstract

Background

Advances in scientific knowledge have transformed treatment options for melanoma which only a few years ago, once metastatic, was uniformly fatal (1). Today the outlook is one of control if not cure. Survival statistics for melanoma have greatly improved. As a result of these changes, there is a growing population of melanoma survivors.

It is recognised that cancer survivors may endure psychosocial and physical issues associated with their cancer experience for many years(2). Online support groups can provide a vital source of information, support and empowerment (3). In collaboration with Macmillan Cancer Support, the multi-disciplinary skin cancer team hosts yearly well-being events for patients, families and carers affected by melanoma. The attendees were invited to give feedback in the form of a questionnaire. Analysis of this feedback established an emerging theme for improved support through peer support groups.

This poster presentation aims to share findings and best practices for setting up a patient-led support group.

Methods

A small cohort of patients and clinicians came together to set up an initiating project. A committee was established, and a group constitution was written. The group successfully secured a grant from Macmillan Cancer Support.

Results

The group established a website and Facebook page to facilitate communication and signpost members to helpful information and resources. At the start of the COVID pandemic, the group launched virtual cafes and invited guest speakers to talk on health and well-being topics.

Conclusion

Since its inception, the group has grown considerably and is mainly patient-led, offering peer support to patients, families and carers affected by melanoma. A buddy system that provides a one-to-one listening service has had over 500 contacts.

Type: Poster

Category: Supportive cancer care in the digital age

Colorectal cancer nurse led follow up – Development of an integrated personalised open access follow-up (OAFU) service

Nicky Dann

Macmillan Cancer CNS Team Lead, Royal Berkshire NHS Foundation Trust

Abstract

Background

Improved cancer survival = 3 million people living with cancer expected to rise to 4 million by 2030 (1) Bowel cancers also increasing with over 42,000 new cases per year and a 53% 10 year survival (2)

The CNS team at a large DGH have run a bowel cancer follow-up clinic since 2007. The team review all patients on curative pathways including after:

- polyp resection,
- primary surgery,
- adjuvant chemotherapy,
- mastectomy
- and on surveillance for deferred surgery and for mucinous neoplasms.

Since 2018 we have developed a stratified pathway as laid out in the NHS plan to provide safe, effective and personalised cancer follow-up (3)

Methods

- Review of pathways elsewhere
- Discussion with patients.
- Nursing establishment noted as inadequate.
- Funding sourced for Open Access Follow-up (OAFU) support worker and developmental CNS.
- Data from pre-existing follow-up service analysed.
- New safety-netting methods implemented.
- Pathways updated, reviewed by MDT leads and approved by Thames Valley Cancer Alliance.
- Patient information streamlined and agreed by patient partnership groups.
- Previously 'Ad-hoc' HNA completion now integrated into OAFU pathway.

Results

The new pathway commenced in March 2022, with patients from the pre-existing service moving across to OAFU.

- 48 new patients have been seen in the Stratification clinic.
- 38 face to face and 10 video calls
- 4 video calls included an interpreter and this has been very successful.
- 115 pre-existing patients transferred to OAFU virtual desktop clinic.
- Data will be increased by conference date.

Conclusion

Feedback from patients has been very positive. The structure allows for more needs assessments and a new HNA clinic has been created as a result. A patient experience survey is planned for 2023. The risk of patients becoming lost to follow up has been significantly reduced with the introduction of a database tool and this will also allow for data analysis around demographics.

Type: Poster

Category: Supportive cancer care in the digital age

The experiences of cancer patients receiving immunotherapy: A scoping review.

Fay Wheeler

Research sister, Sheffield teaching hospitals NHS trust

Abstract

Background

Immunotherapy in the form of checkpoint inhibitors is increasingly being used to treat cancer. It is important to understand the experiences of patients to provide a personalised approach and to improve safety (Doyle et al., 2013). Unlike established forms of treatment such as chemotherapy, there is little available evidence regarding patients' experience of immunotherapy. A scoping review to ascertain the levels of current knowledge in this area was performed.

Methods

A scoping review was conducted in line with the framework provided by the Joanna Briggs Institute (Peters et al., 2020). Searches were performed of identified databases (CINAHL, MEDLINE, AMED, EMBASE, HMIC, Emcare) using search terms informed by the PICO framework and an initial search (Lockwood et al., 2015). The articles were then screened and those reporting patient experiences retained. Data was extracted from the final selection of studies using a data extraction table adapted from Peters et al. (2020). Due to the nature of scoping reviews aiming to provide an overview of existing data, no formal quality assessment was performed. Data was analysed thematically as suggested by Braun and Clarke (2006).

Results

966 papers were initially identified, 19 retrieved for detailed screening and 5 selected for the review. Coding is ongoing at present with 3 initial overarching themes emerging from the data: Physical, mental and social experiences of immunotherapy. Through identifying these themes, the care needs of future patients can be identified and met more effectively in a holistic way.

Conclusion:

This review reveals insights into the initial reported experiences of patients receiving immunotherapy but given the small number of papers retrieved more research in this area is needed. As patients survive longer following immunotherapy treatment, research into their long- term experiences are needed to inform care.

Type: Poster

Category: Supportive cancer care in the digital age

What are the Experiences of Cancer Patients Using Telehealth?: A Scoping Review

Emma Matthews

Research Assistant and Staff Nurse, The University of Sheffield and St Luke's Hospice

Abstract

Background

The COVID-19 pandemic has emphasised the place for telehealth in meeting patients' needs without subjecting them to increased risk of viral transmission as well as reducing travel requirements and the associated physical, psychological and financial stressors (Gadzinski et al., 2020). Yet while telehealth may improve access to care, it may also perpetuate disparities through the 'digital divide': the gap in access to technology (van Dijk, 2006).

The aim of this scoping review is to identify and synthesise the best available evidence exploring the experience of cancer patients with remote monitoring technology. To the authors' knowledge this scoping review is the first to collate cancer patients' experiences using remote monitoring technology.

Methods

The scoping review was guided by the Joanna Briggs Institute framework (Peters et al., 2021). The research question was formed using the PICo framework and terms from an initial search, which informed the searches across the databases (CINAHL, MEDLINE, AMED, EMBASE, HMIC, Emcare).

Using Rayyan software, two researchers separately screened the identified articles against justified exclusion and inclusion criteria; disagreements were resolved through discussion and consulting a third researcher.

Data extraction is ongoing and is being analysed thematically as per Braun and Clarke (2006) using NVivo software.

Results

Four preliminary themes are emerging from the data:

- 1. A. perceived losses and
- 2. perceived gains of using telehealth
- 3. A. perceived barriers
- 4. and perceived facilitators to using telehealth

While analysis is ongoing, it is expected that these themes will be upheld.

Conclusion

As healthcare moves towards an increased reliance on technology it is important that we explore the patient experience thereof. In this way, healthcare professionals can seek to support patients in using telehealth and assess its appropriateness on a patient-centred basis.

Type: Poster

Category: Supportive cancer care in the digital age

Evaluating the effectiveness of mindfulness compared to exercise and mindfulness on fatigue in women with gynaecology cancer (GEMS): a randomised feasibility trial

Kairen McCloy

Haematology Nurse Specialist and PhD Researcher, Northern Health & Social care trust and Ulster University

Abstract

Background

Fatigue continues to be a distressing symptom for cancer patients. Current interventions for managing this include exercise and more recently mindfulness has shown a favourable response. However, there remains little evidence around the combining of these interventions and using a digital platform to deliver these through. This study aims to evaluate the feasibility and effectiveness of exercise and mindfulness in managing fatigue for women with a gynaecology cancer delivered through a mobile application.

Methods

This study is a randomised control trial with 1:1 allocation into either mindfulness or exercise and mindfulness groups. It will be delivered over 8 weeks, through a specifically designed app. The app will include audio, video and written materials of exercise demonstration, mindfulness practice, goal setting and the reporting of activities will take place through the app. Feasibility will be assessed through study recruitment, retention and attrition rates. Outcomes will be assessed at baseline and post interventions through patient reported outcome measures and will include demographics, fatigue, sleep, physical activity levels, mindfulness and quality of life. A total of 40 participants will be recruited. Recruitment will take place on line and has begun and will continue for 10 months. Following intervention participants will be invited to focus groups which will aim to assess participants satisfaction, experience and acceptability of taking part in this online study. Descriptive statistics will be performed to produce mean values and standard deviations. Repeated-measures ANOVAs will then be used to determine the effects of exercise and mindfulness and mindfulness intervention on changes in all outcomes of interest.

Conclusion

Mindfulness and exercise are expected to have a favourable response on all outcomes. Exploring the feasibility of online delivery for managing symptoms for cancer patients may open the door for scalability and inclusion of a wider community.

Type: Poster

Category: Supportive cancer care in the digital age

Stakeholder Engagement in Remote Monitoring of Immunotherapy

Fay Wheeler

Research sister, Sheffield Teaching Hospitals NHS Trust

Abstract

Background

The use of digital health monitoring technology in everyday life has increased rapidly in recent decades, however the use of technology is linked to age, socio-economic status and literacy level (Ernsting et al., 2017). COVID-19 pandemic has emphasised the place for remote monitoring in meeting patients' clinical needs. It is necessary to gauge patient and healthcare professional perspectives on using remote monitoring technology before implementing changes. This study aims to address this in the immunotherapy patient population and their healthcare providers.

Methods

Focus groups are being conducted with patients who have received immunotherapy treatment and their carers. Further focus groups are being conducted with clinical staff who work with these patients. Focus groups will be recorded and transcribed independently. Following this, the data will be coded with NVivo software and thematic analysis undertaken to identify themes using an inductive approach as per Braun and Clarke (2006).

Conclusion

This study explores patient and clinician experiences and perspectives of the use of remote monitoring technology in the context of patients receiving immunotherapy treatment. We hope to ascertain patient and clinician preferences regarding how technology can be used in practice to improve patient outcomes.

Type: Poster

Category: Supportive cancer care in the digital age

‘A real steep learning curve’: oncology health professionals’ experiences with immune checkpoint inhibitors.

Tessa Watts

Reader, Healthcare Sciences, Cardiff University

Abstract

Background

Immune checkpoint inhibitors (ICI's) are transforming the standard of care and long term survival outcomes for more people with some advanced cancers. [1,2] ICI's can be associated with diverse, unpredictable immune-related toxicities which can impact negatively on patients' health, wellbeing, quality-of-life and treatment continuation. [3] Oncology health professionals (HPs) are critical to safe, effective person-centered ICI care provision and improving survivorship outcomes. Yet few studies document oncology HP's experiences of ICI care in the UK or internationally. This knowledge is important to improve understanding, identify knowledge gaps, inform patient and health professionals' ICI education and ultimately optimise patients' health outcomes. Thus this study aimed to generate empirical evidence on the experiences of oncology HP providing ICI care.

Methods

A qualitative, exploratory approach was used. A purposive sample of oncology HP across England and Wales was recruited between May and October 2020 via social media. With consent, data were generated using semi-structured interviews. Interviews were fully transcribed and analysed using Braun and Clarke's [4] inductive, reflexive thematic approach to ensure key patterns and experiences were captured, relative to the study research questions.

Results

Eighteen NHS oncology HP employed in specialist cancer centres and acute oncology services participated. Against a dynamic ICI landscape characterised by benefit, risk, uncertainties and variable awareness and understandings of ICI, a complex, continuously evolving picture of ICI practice at the primary and secondary care intersection was reported. Optimising patient safety was at the core of ICI management, during treatment and beyond, with patients encouraged to engage in ICI self-management, notably self-monitoring and early reporting of symptoms.

Conclusion

Participants felt they were working and learning in an exciting, expanding, fast-moving field yet to optimise survivorship outcomes immunotherapy educational preparation and self-management support for patients, the public and HP in primary and secondary care settings must be prioritised and appropriate educational interventions co-developed.

Type: Poster

Category: Supportive cancer care in the digital age

Do Telephone Consultations Work for Patients with Metastatic Cancer?

Daniel Richardson

Uro Oncology CNS, St Bartholomew's Hospital

Co-authors: Shievon Smith & Michelle Greenwood

Abstract

Background

Throughout the COVID-19 pandemic and beyond, our cancer and cardiac centre has always opted for a face-to-face (F2F) approach when reviewing metastatic cancer patients. We do this because patients can have their bloods, on occasion scans, be seen by the oncologist and/or clinical nurse specialist (CNS) and pick up treatment on the same day. Our hospital was a dedicated 'clean hospital' meaning exposure to COVID+ was at a minimal. We had a robust screening system and asked that all patients attending appointments were lateral flow negative. Our Trust expects patients and staff to wear personal protective equipment (PPE) and still provides face masks to decrease virus transmission. Some patients preferred a telephone consultation; however, the majority were seen F2F.

Methods

Seventy-five clinic appointments in our bladder and renal cancer clinics were reviewed during the month of December 2020 when COVID cases and pressures on the NHS were at a peak. We examined patient attendance, whether the appointment was a face-to-face or telephone consultation, and if the patient adhered to having bloods when requested. We also investigated what other investigations were required for the patient following their consultation.

Results

Most patients receiving telephone consultations did not have their bloods taken prior to their appointment. Others did not attend to have bloods taken despite the clinician requesting this test and the patient agreeing to attend. We also found that when patients attended their appointment F2F especially when accessing the support of the clinical nurse specialist for either for symptom management, advanced care planning or emotional support whilst waiting for bloods and further diagnostics or medication collection.

Conclusion:

Whilst telephone consultations are appropriate for some patients, we believe that F2F appointments offer the best support for patients and hold the best adherence. Patients can be safely monitored and gain support with ease.

Type: Poster

Category: Supportive cancer care in the digital age

A new standard of patient support: how Nuffield Health enhanced their patient experience with Careology's digital cancer care technology

Elisa Mills

Interim Quality Lead for Cancer Services, Nuffield Health

Co-author: Sophie Hossack

Abstract

Background

Introducing a patient-facing app with our nurse-led cancer service was a key objective for our organisation. Promoting patient self-management, providing remote clinical oversight, gathering insights and enhancing patient communication was the aim of this pilot.

Method

One hospital was chosen as the pilot site. Where Careology was introduced to the nursing and pharmacy teams and up to 50 patients in active treatment.

Ahead of deployment, service design and user acceptance testing phases were completed. Comprehensive training, troubleshooting sessions, feedback workshops and support materials were provided to staff. Patients were supported with co-branded leaflets, onboarding emails and proactive phone calls. A baseline survey was conducted with staff and patients.

The pilot aim was to improve patient communication, providing teams with greater access to information through digital holistic needs assessments, journal entries and wellbeing indicators. It ran for 5 months, with monthly usage reports and clinical and patient feedback shared to evaluate progress.

Results submission

76% of patients invited went on to engage with Careology, with 58% using it every month. Including logging moods, tracking symptoms and responding to questionnaires. Patients reported being more in control and able to self-manage their medication and feeling supported by the digital content and Macmillan Cancer Support information within the app.

100% of nurses who were invited went on to engage with Careology Professional. Nurses reported feeling informed and connected to their patients. They reported having greater insight into their male patients who were forthcoming with sharing information via Careology.

Conclusion

With Careology, Patients felt more in control of monitoring their symptoms and wellbeing. Nurses and pharmacists were more engaged in discussions about medication adherence and side effects. After this successful pilot, our organisation will make Careology a standard part of their cancer care services nationwide.

Abstract 99

Type: Poster

Category: Supportive cancer care in the digital age

Development of Virtual Support for patients on Endocrine treatment for Primary Breast Cancer

Catherine Bailey

Macmillan Nurse Consultant - Breast Cancer, Royal Berkshire Foundation Trust

Abstract

With the increasing number of patient transferring to self-supported follow up as part of the NHS drive for PIFU and the personalised care agenda, an increasing number of people on endocrine treatment, as part of their treatment for primary breast cancer are having to self-manage the side effects of this treatment.

Development of the virtual support was designed to assist with:

- Information and education about endocrine treatment
- Improvement of adherence and concordance
- Development of self-care behaviour for the
- Physical side effects of the treatment
- Psychological effects of the treatment

The poster will show the development over time of a range of support opportunities provided to help support patient having endocrine therapy.

I established a virtual workshop to support women receiving endocrine therapy for breast cancer. This virtual workshops included presentation from a Nurse Consultant in Breast cancer and a clinical psychologist. The workshop included education, advice regarding self-care behaviors and an overview of the psycho social and behavioural impact of the menopause.

This workshop focused on the evidence that menopausal symptoms can be mediated with CBT and high quality patient advice to maximise adherence.

This workshop have been well evaluated by participants. Data pertaining to this clinic and further developments in support of this group will be presented on this poster.

Type: Poster

Category: Supportive cancer care in the digital age

Development of a digital, nutrition self-screening tool in response to Covid-19; empowering people with cancer to self-manage

Sarah Sharp

Oncology Dietitian, Hampshire Hospitals NHS Foundation Trust

Co-author: Claire Gill

Abstract

Background

It is well recognised that cancer patients with a good nutritional status benefit from improved treatment tolerance, improved outcomes and better quality of life. During the Covid-19 pandemic, there were significantly fewer face-to-face appointments, meaning that nutritional problems were less likely to be identified and treated. People consequently relied more on internet searches and word-of-mouth nutritional advice, risking unsafe practices.

We wanted to create an engaging, easily accessible, digital, nutrition self-screening tool for people with cancer to access 24/7, signposting them towards sound, evidence-based, personalised resources and empowering them to know when to contact their CNS for further nutritional support.

Method

A focus group of six service users reported a desire to access nutritional support in their own time, not simply at appointments when already anxious and to be able to revisit the information as they desired. We decided that the Malnutrition Universal Screening Tool (MUST) would be the most appropriate foundation on which to base the tool due to its simplicity and frequency of use in the NHS. We linked the results and symptoms selected with evidence-based nutritional resources.

Results

The tool was piloted with 11 outpatients with cancer. 91% completed the tool, with self-stated computer literacy defined as 36% excellent, 55% good and 9% poor. Of those who were able to complete the tool, 80% correctly identified their risk of malnutrition, with ease of use scoring very highly. The 20% with incorrect scores were identified as having misunderstood the question relating to acute disease and therefore this will be removed before we launch.

Conclusion

This tool will allow cancer patients greater access to sound, evidence-based personalised nutritional advice at times convenient to them, empowering them and protecting them from unsound practices. Our next step will be to explore the use of this tool within primary care and prehabilitation.

Type: Oral & Poster

Category: The future of acute cancer care

Experiences of immune checkpoint inhibitors from the perspectives of people affected by cancer: a systematic review and qualitative evidence synthesis

Dr Tessa Watts

Reader, Cardiff University

Co-authors: Dr Dominic Roche, Dr Stephen Jennings & Dr Judit Csontos

Abstract

Background

Clinical trials of immune checkpoint inhibitors (ICIs) in people with advanced cancers have demonstrated consistent improvements in progression-free, treatment-free and overall survival compared to chemotherapy (Bhramer et al. 2015, Antonia et al. 2018). However, people receiving ICIs can experience mild to life-threatening immune-related adverse events (irAE) (Ramos-Casals et al. 2020), which require ongoing monitoring, support, and clear communication. Recently, there has been an increase in international research investigating patients' perspectives on ICIs and associated supportive care. The aim of this qualitative evidence synthesis (PROSPERO: CRD42021261634) was to summarise the existing evidence on people's experiences with ICIs.

Method

Five electronic databases (MEDLINE, CINAHL, PsycINFO, Embase, Web of Science) were searched from 2010 until January 2022 using MeSH and text-word terms for cancer, immunotherapy, ICIs and qualitative research filters on 28th January 2022. Retrieved records were screened by two reviewers independently, with conflicts resolved by a third researcher. Relevant data were extracted from full-text papers and the quality of included papers assessed with Critical Appraisal Skills Programme Checklist (CASP). Thematic synthesis methods were used to analyse included study findings (Thomas and Harden 2008).

Results

Searches identified 1022 unique records, out of which 34 full-text papers were screened. Finally, 16 qualitative (n=10) and mixed- methods (n=6) empirical papers met the eligibility criteria. Data were mainly collected via semi-structured interviews. Common themes included: hope for ICI as a medical innovation, impact of irAE on quality of life, uncertainty and anxiety due to cancer diagnosis and treatments, information and supportive care needs.

Conclusion

People perceived ICIs positively, as treatments provided hope and potential for prolonged survival. However, numerous unmet needs were identified, notably regarding information, psychological, and practical support. Oncology staff needs to ensure that information about irAE and cancer prognosis is clearly communicated, and support is available for people with unmet needs.

Type: Oral & Poster

Category: The future of acute cancer care

Addressing unmet patient needs through an immunotherapy late effects clinic

Dr Joanne Bird

Clinical Nurse Specialist, Sheffield Teaching Hospitals NHS Trust

Abstract

Background

Immunotherapies have changed treatment for melanoma patients with the success of checkpoint inhibitors. Early evidence suggests toxicities caused by these immunotherapies may persist in 15-43% of patients after treatment has stopped, be irreversible or have delayed onset months after treatment completion¹⁻³ that can lead to morbidity & mortality. However, this early evidence is limited to clinical trials and case studies. Real world data is needed. This work aimed to characterise the ongoing effects of immunotherapy via an immunotherapy late effects screening service.

Methods

In our large regional cancer centre, a screening service for the late effects of immunotherapy was established in April 2021 with data collection incorporated into the design of the service including:

- Patient self-identified needs using the Sheffield Profile for Assessment and Referral to Care⁴.
- Prevalence of persistent toxicity
- Prevalence of psychosocial needs
- Range and frequency of interventions required

Results

In the first 12 months of the service 54 new patients were seen (46 melanoma, 5 renal, 2 head & neck, 1 bladder). Most patients (44, 81%) reported ongoing side effects or symptoms. Most of these required supported self-care, but a number (16, 30%) required referrals to rehabilitation services and (7, 13%) required referral to specialist medical teams for further investigations and management. The most common problems reported by patients were fatigue (21, 39%), arthralgia (13, 24%) skin reactions (12, 22%) low mood (10, 19%) and dyspnoea (8, 15%).

Conclusion

Patients usually receive most support during the treatment period. We have found that toxicities are not routinely recognised post-treatment and this new service facilitates identification. Screening for ongoing and new toxicities can improve patient experience and quality-of-life, potentially reducing mortality from the sequelae of treatment. Research is needed to demonstrate whether this early identification translates into improved patient experience, quality of life and reduction of mortality.

Type: Oral & Poster

Category: The future of acute cancer care

Successful implementation of electronic patient reported outcome measures in a breast cancer adjuvant HER2 therapy telephone clinic

Kerry Chidlow

Advanced Practitioner, The Christie NHS Foundation Trust

Abstract

Background

Therapeutic pathways for patients with early HER2+ breast cancer (HER2+BC) have become more complex; Trastuzumab, Pertuzumab, Kadcyla and Neratinib are routinely used, increasing toxicities and the requirements for patient monitoring. The Christie hospital introduced a comprehensive ePROM service in 2019. In this project we evaluated ePROMs in patients with early HER2+BC.

Methods

Resource utilisation analysis (RUA) was undertaken April/May 2021 on patients undergoing treatment monitoring in the nurse led HER2 telephone clinic. Patients reviewed between 01/08/2021 - 30/09/2021 were offered the ePROM service and uptake measured. ePROMs were then offered to all patients undergoing Her2 therapy. An ePROM comprising 12 symptom questions and the EQ5D was completed by patients 1 week before a planned telephone consultation (TC) for echocardiography (echo) results. If no symptoms of concern were recorded, and the echo normal, a text was sent in place of a TC, reassuring that planned treatment would continue. RUA was repeated in ePROM clinics during November 2021 and a patient satisfaction survey conducted for all patients accessing the ePROM service from 01/08/2021–31/05/2022.

Results

60 patients were offered ePROMs August/September 2021. 41/60 (68.3%) accepted citing convenience of text communication as the main driver. Those that declined were older ($p=0.025$), citing difficulty with technology and desire for human contact. Initial RUA demonstrated average clinic review took 10.7 minutes, following the introduction of ePROMs this was reduced to 3.6 minutes. Approximately 10% of patients required a TC due to reported symptoms or abnormal echo, these TCs were felt to be more efficient due to ePROM completion. 79 patients completed the satisfaction survey and $\geq 95\%$ found the ePROM easy to understand, easy to complete and would recommend the service to other patients.

Conclusion:

ePROM offers a valuable tool in increasing efficiency and quality of out-patient treatment monitoring in patients with HER2+BC.

Type: Oral & Poster

Category: The future of acute cancer care

Transforming and supporting breast cancer care in the digital age: Patient acceptance and experiences of using a web-based intervention to enhance self-management following breast cancer surgery

Dr Sue Hartup

Nurse Research Fellow in breast oncology, Leeds Teaching Hospitals NHS Trust

Co-authors: Laura Ashley, Michelle Briggs, Galina Velikova & Mark I Johnson

Abstract

Background

Surgery for breast cancer confers comorbidities including high rates of persistent post-surgical pain (PPSP). A local audit revealed a 46% PPSP rate.

Rising survivorship has resulted in a significant increase in health burden requiring a need to consider alternative methods to support self-management. Web-based interventions (WBIs) have been shown to improve self-management in chronic conditions and improve communication in cancer care.

Methods

A WBI (ePainQ) was co-developed using a mixed-methods approach to electronically capture patient self-reported post-operative symptoms and provide individualised self-management advice. Development included; scoping review, systematic review, development study involving patient and HCP interviews. A feasibility study was conducted to assess acceptability, usability & perceived usefulness of ePainQ. Non-randomised study arms: usual care or intervention (ePainQ).

Participants completed usability questionnaires and were invited to be interviewed. A semi-structured interview schedule was used to explore the overall experiences of post-operative management and ePainQ.

Results

Feasibility study: 69 patients recruited. 40 intervention arm participants who used ePainQ completed the usability scale; 95% found ePainQ uncomplex, 97.5% highlighted the system as easy to use and 95% reported not requiring any technical support. 90% felt very confident using ePainQ, clearly demonstrating ePainQ was perceived to be simple and easy to use effectively.

67/69 (97.1%) consented to an interview invite. 14 interviews were conducted (12 intervention/2 cohort).

Themes identified included patient positivity of using ePainQ, leading to an improved understanding of pain and symptom management.

Patients did not identify any acceptability burdens relating to ePainQ compared to non-study patients. Feedback from 5 HCPs: impressed with layout of ePainQ, ease of viewing results within electronic records and used reports within consultations.

Conclusion

ePainQ was developed in response to patient identified needs. The feasibility study found that ePainQ was acceptable, usable and perceived to be useful by newly diagnosed breast cancer patients and HCPs.

Type: Poster

Category: The future of acute cancer care

The value of prehabilitation in neo adjuvant chemotherapy patients

Tessa Renouf

NIHR funded PCAF holder, The Royal Marsden Hospital

Abstract

Background

Prehabilitation studies in the past have predominantly focused of physical co-morbidities and the optimisation of physical activity, diet and psychological optimisation in surgical patients. Hence, a scoping review of the literature was undertaken aiming to review the literature in prehabilitation interventions delivered during neo adjuvant chemotherapy, describe how unimodal and multimodal prehabilitation benefits neoadjuvant chemotherapy patients and service providers and identify gaps in the evidence to support practice and indicate the need for further research.

Method

The author conducted a scoping review of primary research studies and relevant systematic reviews. Medline, Cinahl complete, Psychological and Behavioural Sciences Collection, Cochrane database and Embase were searched for publications between 2000 and August 2021 that reported on multimodal/unimodal prehabilitation interventions delivered during neo adjuvant chemotherapy in cancer patients who were >18.

Results

The search yielded 1,032 articles, of which 24 articles met inclusion criteria. Prehabilitation was safe in this group. Benefits were documented as secondary outcomes in pathological responses to treatment, reduction in post operative complications and reduction of unplanned admissions during neoadjuvant treatment. Some benefit was noted in patients' quality of life and depression scores.

Conclusion

The scoping review highlighted an increased number of feasibility and pilot studies accounting for single site studies and small sample sizes. There was a reliance on exercise in unimodal studies and a reduced number of research studies using multimodal interventions. Although benefits were seen further larger scale research patient benefit from the largely completed pilot and feasibility studies is warranted. Research gaps were identified in the effect of targeted multi modal prehabilitation interventions combining psychological elements and a qualitative research methodology in this patient group. However, the results of the review highlight patients stand to benefit from prehabilitation during neoadjuvant chemotherapy with substantial financial benefits for service providers therefore justifying further research in the area.

Type: Poster

Category: The future of acute cancer care

A Review of the Cancer Workforce in Merged Acute Trust

Vicki Havercroft Dixon

Macmillan lead Cancer Nurse, Hampshire Hospitals NHS Foundation Trust

Abstract

Background

Following the Macmillan report published in 2021 'Cancer nursing on the line: why we need urgent investment across the UK' As the new Macmillan Lead Cancer Nurse at a trust that merged 10years previously, I was asked to do a complete review of the nursing and AHP workforce particularly looking at where the gaps were, how they can work different, more effectively and more efficiently. I would also look at the cancer patient experience and improvement into the patient pathways by looking at different ways of working.

Methods

The review was started by interviewing all the CNS teams both individually and as a team, the day units, the inpatient haematology ward, and the Allied health Professionals (AHPs). The lead dietitian had already conducted a gap analysis for the AHP workforce in cancer, so this used and incorporated into the review. As part of this process contact was made with other DGHs of similar size and with our local cancer centre as a way of comparing. Wessex cancer alliance had already completed their own review a couple of year earlier of the cancer CNS workforce across Wessex and they shared some key findings to support the work.

Results

Teams were still working in silos between the two hospital sites. Only 2 teams worked cross site to help colleagues out in times of annual leave and sickness. One team although had merged their MDTs earlier in the year, were still not working together as a nursing workforce. Getting data was extremely difficult as the inhouse EPR system didn't talk to any other system.

Conclusion

To gain efficiencies, more cross working needs to happen, more standardisation of pathways, new roles and IT systems that talk to each other need to be implemented. Patients need to be given more self-management opportunities by expanding the patient portal application.

Type: Poster

Category: The future of acute cancer care

An evaluation of the SONN (Simulation for Oncology Novice Nurses)

Audrey O'Halloran

Clinical Cancer Lead Nurse, St. James's Hospital

Co-authors: Karen Mc Tague, Deirdre Byrne & Deirdre Neill

Abstract

Background

Simulation-based education (SBE) is an immersive educational methodology used in the education of healthcare practitioners. In replicating clinical encounter through the use of SBE, participants engage in holistic care delivery in a safe environment, without compromise to patient safety. While there is a wealth of literature describing the benefits of SBE in the undergraduate nursing population, less is discussed about its use in postgraduate specialist programs. The Foundation Course in Cancer Care and Haematology (FCCCH) was developed in a large teaching hospital in Ireland. In collaboration with the partner higher education institute (HEI), an initiative to incorporate SBE for teaching and assessment, was proposed for novice cancer nurses to support the development of their knowledge, skills and attitudes.

Methods

Participants who had completed the theoretical component of the FCCCH, came to the purpose-built simulation centre in the HEI. Simulated oncology/haematology case scenarios, underpinned by Jefferies simulation theory were designed, developed and implemented with the participants of the program. The case scenarios were reviewed by clinical oncology/haematology educators from the teaching hospital. Participants evaluated the SBE experience at the end of the program. The evaluation form had both closed questions, Likert scale responses, and opening ended questions for participants to evaluate their experience using free text responses.

Results

There was a 90% (n47) response rate to closed questions. Participants satisfaction with SBE was positively viewed, as strongly agree, 80% (n38) or agreed (n9) 20%. Additional opened ended responses supported the positive quantitative findings 89% (n42). Those who provided feedback on the negatives of SBE, were limited to issues about sound and logistics of the site and not related to the simulation experience.

Conclusion

Simulation based education is positively evaluated as an educational methodology for a novice cancer care nurse. Further research into the benefits and limitation of SBE in specialist programs is warranted.

Type: Poster

Category: The future of acute cancer care

Acute Oncology Assessment in Emergency Ambulatory Care – Evaluation of the pilot phase

Ali Hodge

Advanced Clinical Practitioner Acute Oncology & Immunotherapy, University Hospitals Sussex

Co-authors: Kirsten Chaplin & Dr Sally Appleyard

Abstract

Background

Acute oncology (AO) is an emerging medical subspecialty involved in the management of cancer patients with new, concerning symptoms likely related to disease progression, treatment side effects, or previously undiagnosed cancer. In August 2021 a new pathway was established through which AO patients could be assessed by the AO Advanced Clinical Practitioner and Registrar, utilising the already established same day emergency care unit (SDEC) pathways. It was hoped the pathway would optimise patient care by ensuring early specialist involvement and therefore appropriate escalation, while reducing pressure on the emergency department and acute medics. The space provides a safe environment for early review, with investigations and treatment easily accessible. This study aims to evaluate the functionality of the new pathway through SDEC, determine its current usage and make data led decisions for service improvements moving forward.

Methods

Data was collected retrospectively for the first 100 attendances through the pathway using electronic patient records. Descriptive statistics were used to analyse patient demographics, service activity and outcomes.

Results

The service had a high uptake and a varied caseload, with an average of 13.85 AO patients reviewed in SDEC per week. Patients were complex, with 2/3 of patients suffering from metastatic disease, 79% of patients receiving treatment, and patients often presenting with symptoms which could be attributed to either progressive disease or treatment toxicity.

Conclusions

The results provide a more detailed understanding of common AO presentations, which can be used to target training and education of staff. Trends highlighted the need for cross-disciplinary working and informed future areas of development, including integrating the service with palliative care. Overall the pathway has successfully streamlined emergency care for oncology patients.

Type: Poster

Category: The future of acute cancer care

An audit of patients sent to ED after calling the telephone triage hotline

Ali Hodge

Advanced Clinical Practitioner Acute Oncology & Immunotherapy, University Hospitals Sussex

Co-authors: Mr DJ Thomas & Dr Ollie Minton

Abstract

Background

Patients with cancer have a higher probability of attending the Emergency Department (ED) because of treatment and disease. It is vital that these patients are provided with optimal care while attending ED alongside trying to reduce admissions and visits to ED.

Methods

This study aimed to assess the use of the UKONS triage tool by clinicians, for triaging cancer patients to ED within the tertiary cancer centre and to identify if there are any areas for improvement in the triaging service.

A dual-site cross-sectional audit was used. The triage of cancer patients, phoning the acute oncology helpline, to the ED was examined. The triage documents and outcome from ED attendance over a 6-month period was audited resulting in 100 encounters being reviewed.

Results

Patients frequently called the triage service on a weekday (n=67,67%). Most patients were on active treatment (n=99,99%) specifically chemotherapy (n=93,93%) with the most common cancer being breast cancer (n=23,23%). One of the most common reasons for patients contacting the triage service was pyrexia(n=33,33%). After being triaged to attend the hospital, they were then assessed by a clinician in ED. The most common working diagnosis was a lower respiratory tract infection (n=12,12%), half of the patients were then admitted to hospital (n=50,50%) with a considerable percentage also being discharged home for the GP to review them(n=41,41%).

Conclusion

Although 50% of patients triaged to ED were admitted, 41% were sent home to be reviewed by the GP. Although they may have required face to face assessment to ascertain this, it exposes the potential need to triage more readily to the GP or to a same day emergency care unit (SDEC). Due to the limitations in sample size, it was difficult to determine the significance that individual patient factors had on the outcome from the patient's assessment in ED.

Type: Poster

Category: The future of acute cancer care

Study of patient acuity in an acute oncology assessment unit using an innovative acuity tool to standardise acuity measurement according to the Welsh Levels of Care in a Cancer Centre.

Rachel James

Advanced Nurse Practitioner, Velindre Cancer Centre

Co-author: Lauren Sheppard

Abstract

Background

Welsh levels of care were implemented to standardise acuity measurement across hospital wards in Wales to ensure staffing levels were sufficient to provide the appropriate care for patients. An innovative acuity tool was developed to enable standardisation and remove the ambiguity of clinical judgement when allocating an acuity level on an acute oncology assessment unit.

Aim

To determine accurate patient acuity on an acute oncology assessment unit, investigate trends and variations in acuity on admission observe for correlation between acuity and admission source to inform safe staffing levels and future models of acute oncological care.

Methods

Retrospective analysis of patient acuity levels recorded in real time on an acute oncology assessment unit from 30th January 2022- 31st May 2022.

Results

There were 607 admissions to the acute oncology assessment unit between 8am and 8pm over 88 days. The majority of admissions are level 1 & Level 2, the most acutely unwell patients attended from 3pm -8pm and the busiest period is between 1pm – 4pm. The most acute level 4 & level 5 patients often present unwell onsite.

Conclusion

Although unscheduled care is described as unpredictable the trends noted can be used to predict required staffing levels and skill mix at particular times of the day. Further interpretation of data will be required to evaluate seasonal fluctuations in service demand and acuity.

Type: Poster

Category: The future of acute cancer care

Standardising the management and rechallenge of systemic anti-cancer treatment (SACT) following a hypersensitivity reaction

Lucy Johnston

Advanced Nurse Practitioner, Guy's & St Thomas

Co-author: Helen Guyatt

Abstract

Background

Hypersensitivity reactions frequently occur on the first or second SACT cycle. Some treatments increase the reaction risk with increased drug exposure. Reactions can vary in severity. Previous management of hypersensitivity reactions at GSTT was not standardised, rechallenge was decided by the assessing clinician unless there was protocol guidance which lead to variation in practice and patient management

Objectives

- To provide clear guidance on management of hypersensitivity reactions to SACT
- To provide the tools to grade reactions
- To provide guidance on how best to rechallenge the treatment following a hypersensitivity reaction and include options for specific SACT regimens that require an alternative approach

Methods

Worked alongside the SACT lead clinician, specialist pharmacists and consulted multiple other SACT centres to review their management and treatment policies. We agreed upon a titration method that was based on percentage of the rate which was a change to the previous method of 25ml/hr increments. We consulted different tumour groups and included different options for specific treatments.

Results

We audited SACT reactions over a 2 month period. There were 27 recorded SACT reactions, 6/27 (22%) were not re-challenged due to the grade of reaction/patients performance status. 4/21 (19%) of clinicians did not use the guidelines, 2/4 (50%) of those patients did not tolerate the chosen rechallenge rate.

11/21 (52%) of patients used the percentage based titration guidelines and tolerated the treatment, 6/21 patients (29%) followed the variable guidance (i.e. flat rate/volume rates) and tolerated the treatment, 4/21 (19%) of clinicians did not use the guidelines, 2/4 (50%) of those patients did not tolerate the chosen rechallenge rate.

Conclusion

A standardised approach to managing SACT reactions and re-challenging them is beneficial for patient safety, safe practice for staff and ensuring patients are managed in an efficient manner. The guidance will remain in use and continue to be reviewed and updated.

Type: Poster

Category: The future of acute cancer care

Cost-effectiveness of an ambulatory inpatient care unit for haematology oncology patients

Eva Gancheva

Junior Sister, The Royal Marsden NHS Foundation Trust

Co-authors: Jennifer Lavapiz & Aisling Grand

Abstract

Background

It has been a worldwide challenge for healthcare providers to adopt cost-effective strategies, leading to cost reductions without compromising quality of patient care. Ambulatory units have proven to be safe, efficient and cost-effective. Providing treatments to patients who are generally well, not requiring overnight stays, ambulatory settings make more beds available for patients with more complex care needs.

Methodology

This report will focus on the cost-effectiveness of an ambulatory inpatient unit providing comprehensive services to haemato-oncology patients. Adopting the retrospective cohort study method, the paper will report on the annual audit conducted between April 2021 and March 2022.

Results

Within one year, 795 haemato-oncology patients used this pathway and 1631 bed days were saved. Additionally, 56 patients with non-haematological malignancies attended the unit, totalling the number of bed days saved to 1687. A total of 35 autologous HSCT and 25 allogenic HSCT patients had treatment in the unit. The most common reasons for attendance were routine bloods, review, blood product transfusion and SACT administration. Most of the patients were assessed in working hours, ensuring patients needing intervention were seen in a timely manner.

Given that one hospital bed costs £1059.925 per night, it could be concluded the ambulatory inpatients unit has saved nearly 1.8 million pounds for one year. Moreover, the difference in medical staff cover between the unit and inpatient wards accumulated additional annual saving of £18, 156. This is a significant financial saving accumulated by a single hospital setting.

Conclusion

The ambulatory inpatient unit has proven to be a safe and cost-effective setting for the delivery of complex SACT regimens. The provision of nursing/medical care for patients with haematological malignancies in this way has accumulated significant financial savings found in saved bed days and staffing expenditure.

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Type: Poster

Category: The future of acute cancer care

Review of extravasations on a chemotherapy unit

Georgia Hornsby

Sister, Guy's and St Thomas' NHS Foundation Trust

Co-authors: Laura Dopson, Amy Mills, Catherine Oakley & Elizabeth Rowland

Abstract

Background

Extravasation of systemic anti-cancer therapy (SACT) refers to the inadvertent infiltration of SACT into the subcutaneous or sub-dermal tissue surrounding the intravenous compartment. Resulting tissue damage can cause pain, inflammation, erythema and potentially necrosis (Perez Figalgo et al. 2012). Vesicant and non-vesicant extravasations more than doubled from 3.9 per 10,000 patient attendances in 2017 to 11.1 per 10,000 in 2020.

Method

The investigation used six approaches, called DEVICE.

- Device: Dressings were changed to include plastic stabilisation devices and all SACT was delivered through 22 gauge cannulas.
- Education: Patient education posters were created to promote risk awareness.
- Venous access: Nursing cannulation technique was re-assessed.
- Involvement: Staff engagement throughout.
- Cannulation environment: Cannulation environment review and procedure re-location.
- Evaluation: Practice at other Trusts was reviewed and incidence benchmarked.

Results

Findings on addressing the six approaches:

- Cannula equipment did not reduce the number of incidents.
- Positive patient feedback from the poster.
- Nurse's cannulation techniques were considered safe.
- Patients declined PICC-line insertions despite having poor venous access.
- Positive nurse engagement was beneficial, though more work is required with doctors regarding PICC-line promotion.
- Patient experience improved with the separate cannulation room; however did not eliminate incidents and added to staffing pressures.
- Benchmarking with other Trusts identified inconsistent definitions of extravasation and infiltration. Removal of non-vesicant data makes our extravasation rate similar to other Trusts.

Conclusion

The nursing team were deemed competent in cannulation and additional nurse and patient education helped understanding and preventing extravasations. Equipment and environment changes did not reduce incidents. Other factors yet to be investigated, include doctor engagement and patient preference for peripheral cannulas.

Type: Poster

Category: The future of acute cancer care

Understanding the role and workload pressures of chemotherapy nurses: A qualitative interview study to inform a workforce modelling study

Zhuming Bao

PhD, University of Surrey

Co-authors: Professor Jo Armes & Dr Jenny Harris

Abstract

Background

Chemotherapy nurses are facing increasing workload challenges against the backdrop of rising patient numbers, innovations in systemic anti-cancer therapies and continued development of responsive outpatient chemotherapy systems. This raises concerns about the quality of patient care and has implications for workforce outcomes (e.g., wellbeing, staff retention). The Registered Nursing Forecasting (RN4CAST) survey was developed to model what happens to patient care quality and nursing outcomes when aspects of the workforce were changed in acute and geriatric inpatient wards. RN4CAST results suggest that increased workload and burnout among nurses was associated with lower patient safety and quality of care whereas higher nursing skill was related with better patient outcomes. However, the insights gleaned from RN4CAST are yet to be applied to the oncology setting. We aim to adapt RN4CAST for the chemotherapy day unit (CDU) but we first need to understand the role and responsibilities of contemporary chemotherapy nurses to ensure the revised RN4CAST tool is valid and reliable.

Aim

To understand the roles, responsibilities and working environment of CDU nurses from their perspective and use these findings to: 1) understand key concepts the CDU RN4CAST survey will need to measure; 2) inform the research methodology for the main study.

Methods

Approximately 15 qualitative, online, semi-structured interviews are being undertaken and Framework Analysis will be used.

Results

In depth findings about chemotherapy nurse's views about their role, responsibilities and experiences of the working environment will be presented. Implications for the CDU RN4CAST content and design will be discussed.

Conclusion

The CDU RN4CAST will provide data-driven insights into CDU workforce modelling in the UK and will add significantly to the dearth of research on the chemotherapy nurse role. Presenting results from this study will enable feedback from the chemotherapy nurse workforce on the design and future implementation of this important project.

Abstract 115

Type: Poster

Category: The future of acute cancer care

Safe and effective outpatient management for patients with suspected low risk MSCC.

Clare de Marco Masetti

Macmillan Acute Oncology/MUO Advanced Nurse Practitioner, Bolton NHS Foundation Trust

Co-authors: Vanya Walmsley, Jenny Corry & Dr Carmel Anandadas

Abstract

Background

Historically, patients with a low suspicion of MSCC (LS MSCC) - pain suggestive of spinal metastasis without neurological symptoms, as per NICE guidelines (CG 75 [2008]) - were managed as inpatients.

In June 2021, the Acute Oncology Service (AOS) started advocating this patient cohort be discharged from Accident & Emergency (A&E) with outpatient imaging and reporting within seven days; AOS safety-netting the patient and monitoring the investigation/reporting timeline. This pathway has been found to be safe, effective, avoids admissions and improves patient experience (verbal/written feedback).

Methods

The collaborative working from the acute medical team, A&E and radiology allows discharge from A&E and AO to safely manage the patient at home, returning only for imaging or for reassessment (with potential admission) if symptomology escalates.

If patients are not seen by AOS in A&E, the A&E staff email AOS with patient details, and AOS contacts the patient same/next day. The pathway is explained and where necessary a Macmillan 'MSCC Alert Card' is sent to the patient via email/post.

The AOS ensures the patient undergoes appropriate imaging and it is reported within six days. If there is any potential delay, the AOS contacts the MRI department and expedites.

To ascertain whether the pathway was safe and effective, as per normal practice AOS recorded patients on the Somerset Cancer Register (SCR) and utilised the specific MSCC section; we stipulated if LSMCC, thus ensuring ease of accurate data capture.

Results

Over a thirteen-month period, all 28 patients were scanned and treated (where appropriate) within recommended timeframe or slightly beyond with mitigating factors, but without any detriment to the patient. Seventy-one percent of this cohort had no MSCC.

Conclusion

The LS MSCC pathway is proving to be patient-centered, effective and crucially a safe pathway. Additionally, the results demonstrate appropriate patient selection for the pathway.

Type: Poster

Category: The future of acute cancer care

Immune-related adverse reactions - are we creating corticosteroid conundrums?

Rebecca McMinn

Advanced Nurse Practitioner, Sheffield Teaching Hospital NHS Trust, Weston Park Hospital

Co-authors: Sarah Field & Clare Warnock

Abstract

Background

The incidence of immune-related adverse events (irAE) is rising as immune checkpoint inhibitor treatment usage expands over multiple disease sites (Kennedy and Salama, 2020). High dose corticosteroids form part of the initial treatment of irAE (Schneider et al, 2021) but are associated with a range of significant side effects (Ericson-Neilson & Kaye, 2014). A local review of practice identified that monitoring corticosteroid side effects was not systematically recorded for irAE. This study explored the incidence of side effects and interventions used in their management.

Method

In 2021, a Nurse Practitioner led clinic was created to review melanoma patients who had experienced an irAE. Patients were referred from the melanoma consultant team once their irAE was stable (UKONS Grade 2 or less) and were being treated with reducing regimes of oral prednisolone.

A proforma was developed to capture irAE symptoms, prednisolone side effects and interventions. Data collection occurred between July 2021 and May 2022.

Results

14 patients were included in the review who had a total of 169 clinic attendances (range 5 to 35 per patient). Side effects associated with prednisolone were identified in 86% (12) of patients, with 43% (6) experiencing more than one. The most frequently occurring side effects were sleep disturbance (57%), hyperglycaemia (39%) and endocrine complications (21%). Interventions initiated to manage steroid side effects were identified and included treatment, prophylactic medications and ongoing monitoring of glucose, bloods and vital signs.

Conclusion

The study provides insight into the relatively high incidence of prednisolone side effects in patients experiencing irAE. In light of the increasing use of immune checkpoint inhibitor therapy in the adjuvant and metastatic setting, the management of the side effects of corticosteroids needs to be considered in treatment pathways to minimise the potential for harm from adverse reactions being overlooked.

Abstract 117

Type: Poster

Category: The future of acute cancer care

SACT Treatment in a Community Healthcare Centre

Natalie Bingham

Lead Cancer Nurse, Lloyds Pharmacy Clinical Homecare

Co-author: Rhiannon Skilton

Abstract

Background

Two community-based healthcare centres, staffed by oncology nurses were implemented by Newcastle Hospitals NHS Trust in partnership with LPCH to improve quality of life for patients and provide resource to tackle the backlog of Cancer patients caused by COVID-19. The Centres would reduce the NHS Day-Case Unit administration hours, increase available chair time and stratify care to prioritise hospital-based treatment for patients who cannot be managed in the community.

Methodology

A quantitative and qualitative analysis of patient perspective. This focused on a comparison of the service compared to the hospital. Data was collected using a Patient Feedback Questionnaire completed at the patient's first appointment in the community.

Qualitative feedback was also gathered from NHS nursing staff and administration activity data.

Results

91% (n=21) of patients surveyed prior to the opening of the Healthcare Centres stated they would benefit by community-based treatment.

Approximately 50% of patients reported that they had issues either getting to or from hospital.

174 patients received 992 treatments at the Healthcare Centres between April 2021 and March 2022

Patients travelled an average of 5 minutes less to the Healthcare Centres

Patients saved up to 14 visits to hospital over the year, with follow-up scans and appointments booked from the Healthcare Centre.

Treatments took 543:30(hhh:mm) of chair time, an average treatment time of 32:52 (mm:ss) per patient. At the hospital, 70% of patients waited more than 2 hours.

100% (n=151) patients surveyed had no wait for their treatment

100% (n=151) rated the Centre location as at least 'as convenient' , with 35% (n=35) rating it as 'significantly better'.

Conclusion

Introducing this service for those receiving regular SACT improves quality of life for patients and helps tackle extended treatment waiting times. The service is more convenient for patients, reduces travel time and length of appointments.

Type: Poster

Category: The future of acute cancer care

Cancer Care in the Digital Age: Utilising Technological Advances to Improve the Cancer Patient Experience

Katie McDougall

Senior Sister, Northern Centre for Cancer Care- Newcastle upon Tyne Hospitals

Abstract

Background

Ambulatory cancer treatment delivery facilitates an increase in treatment capacity and improves the patient experience (Comerford, Shah 2019). With an inability to extend existing space and a finite number of inpatient beds, exploring new ways of safely delivering systemic anti-cancer treatment and bone marrow transplantation has been a necessity for a growing service within a regional centre, seeing 496 patients per year for acute inpatient systemic anti-cancer treatment.

Method

In line with the NHS plan (2019) to move more treatment into the outpatient setting, a core group was established to develop Ambulatory care, improve service capacity and the patient experience. MDT of Doctors, Nurses, Pharmacists, medical representatives and IT support working together to expedite ambulatory cancer services and utilise available infusion technology thus allowing for acute cancer treatment to be administered outside of the traditional inpatient setting. Success is measured by facilitating patient satisfaction surveys and data analysis of service capacity

Service development is undoubtedly affected by the ongoing pandemic with recognition of impact on MDT availability and increased workload.

Results

100% of patient feedback stated that patients would recommend ambulatory care and they saw great benefit to general well-being during treatment, reporting better quality sleep and food choices. Remote monitoring has provided staff and patients with the reassurance that treatment is being delivered and managed safely.

15 months of data collection suggests, utilising ambulatory infusion technology has enabled 114 inpatient chemotherapy bed days to become free for use by other patients, with a total 368 bed days saved within the whole provision for chemotherapy, HSCT and supportive care.

Conclusion

There is clear data emerging that patients have an improved cancer treatment experience and directorate capacity increased by implementing ambulatory treatment delivery using smart technology to safely monitor and treat cancer in the acute setting.

Abstract 119

Type: Poster

Category: The future of acute cancer care

Evaluation of the research sister: a hybrid role to support patients receiving CAR T cell therapy in clinical trials

Laura Favero

Haematology Research Manager, UCLH

Co-authors: Mrs Clemency Every-Clayton, Mr Leigh Wood & Ms Amparo Domingo-Lacasa

Abstract

Introduction

In 2016, our institution was the first hospital to deliver adult CAR-T cell therapy in the UK. Subsequently, 16 clinical trials have been opened to treat 110 patients.

In 2021 we created a 'Research Sister' position because these patients have complex and holistic needs requiring specialist nursing skills and knowledge. It is a hybrid role between a research nurse and a clinical nurse specialist to bridge between delivery of research and expert nursing care. Central to the role was the creation of the virtual nurse-led clinic. This was important because patients are referred from all over the UK.

Aims

To evaluate the impact of the Research Sister role on the quality of care provided to patients on a CAR-T trials.

Methodology

Surveys were administered to patients, clinicians and the research team for feedback on the role. In addition, routinely collected data, such as number of patients referred to the service, were collected.

Results

A total of 17 surveys were received. The Research Sister role was viewed positively by stakeholders. Patients felt supported throughout their treatment and beyond. The role enhanced the patient's understanding of the commitments in participating on a trial. The research team reported the role allowed patients time to discuss treatment, concerns, symptom management and end-of-life support. Clinicians stated that the trial patients were better supported as they had a nurse advocate. Areas for development are; training staff, student nurse placements and the roll-out of a patient discharge care plan.

Discussion

The Research Sister role supports the needs of patients who receive CAR-T treatment on a clinical trial. This evaluation demonstrates that a hybrid position has had a positive impact on the cancer care.

Type: Poster

Category: The future of acute cancer care

The Future of Cancer Nursing; Junior Cancer Care Course established to educate “Young” cancer Nurses.

Gemma Lowry

Macmillan Practice Educator, Altnagelvin Area Hospital

Co-author: Lisa Magee

Abstract

Background

It is recognised that delivery of high quality Cancer care requires nurses to understand their role and have the skills and knowledge to manage the treatment related conditions, emergencies and acute cancer care (McAllister 2001).

As a service who had recruited increased number of newly qualified registered nurses it was identified that these nurses required educational support to enhance their knowledge and skills but also provide an opportunity to discuss their experiences in cancer services and reflect on their first 6 months as a Young Cancer Nurse (King-Okoye and Arber, 2013). It was envisaged that this would assist with retention of early career nurses within Cancer services.

Method

A bespoke two day Junior Cancer Care Course, was designed in 2019 for registered nurses who were within the first 6-8 months of working in a Cancer setting. This is delivered by the Macmillan Practice Education Team in the Cancer centre, alongside Specialist Nurses, Allied Health Professionals and Macmillan Information Services who provide an invaluable insight into their role and services.

Results

Nurses who took part on the course were provided with a post course questionnaire (n=15). The course evaluation questionnaire had a 100% response rate.

The feedback demonstrated that 100% of nurses who took part had a greater knowledge and understanding of the cancer journey. They reported an increased knowledge of cancer and cancer emergencies that enable them to feel more confident about providing person centred care as well as knowing how to signpost patients to cancer information services.

Conclusion:

Providing this young cancer nurse education programme empowers registered nurses with the skills, knowledge and confidence to provide safe, effective person centred care throughout the patient pathway. As we invest in our nurses, we continue professional development and nurture our own for the future of acute cancer nursing.

Type: Poster

Category: The future of acute cancer care

Implementation of a bespoke education programme “Senior Cancer Nurse Development Programme” to develop future nurses within cancer services

Danielle O’Connor

Macmillan Practice Educator, Altnagelvin Hospital

Co-author: Lisa Magee

Abstract

Background

The Northern Ireland Cancer Strategy (2021) identified the need to increase the number of specialist nurses to deliver patient centred cancer care. However a highly skilled nursing workforce is required across the patient pathway to achieve this vision.

There is a need to nurture the cancer nursing team to prepare them for specialist/leadership roles and future proof the service. Following consultation with the nursing team, a need for a bespoke programme to enhance the skills and knowledge of senior cancer nurses (three years or more qualified) was identified. This feedback utilised the design of a bespoke “Senior Cancer Nurse Development” educational programme

Method

A three day programme was developed for registered nurses working within cancer services. The programme aimed to facilitate learning in areas such as; leadership and management, interview skills, service improvement and health and wellbeing.

The programme is facilitated by the Macmillan Practice Educators with support of the multi-disciplinary team.

Since 2021, two programmes have been delivered, with 10 staff completing the programme.

Results

At the end of the programme, each participant receives a programme evaluation in the form of an anonymous questionnaire.

There was a 100% response rate. It was felt the programme was delivered at an appropriate time within their nursing career. Staff reported feeling more confident evolving within their role, building upon their leadership skills.

Feedback;

“I feel more confident applying for progressive roles.”

“All content delivered was beneficial”

100% of staff recommend to their colleagues.

Conclusion

The Senior Cancer Nurse Development Programme has already yielded results as three out of ten staff have gone on to roles as a Clinical Nurse Specialist and Deputy Ward sister.

Investing and valuing the nursing workforce has significantly improved recruitment and retention. Patients have also benefited, as they are cared for by highly skilled and knowledgeable staff.

Type: Poster

Category: The future of acute cancer care

Suspicious of Cancer (SOC's) pathway to improve acute cancer diagnosis

Pippa Solomon

Acute Oncology CNS, Northern Devon Healthcare Trust

Co-authors: Dr Kershaw & Catherine Nethacott

Abstract

Background

A service for patients for whom the GP has a gut feeling the patient has cancer but does not fit into a site specific 2 week wait pathway. Patients are likely to have a 43% chance of a cancer diagnosis within 3 months of review. Cancer patients with vague presenting symptoms have worse outcomes than those with site specific symptoms. Patients with a non-specific but concerning symptoms account for a significant proportion of cancer diagnoses in England

- Patients with NSCS were more likely to be diagnosed at a later stage (32% stage 4, 21% in non-NSCS)
- Diagnosed via emergency presentations (34% vs 16%)
- Multiple pre-referral GP consults (59% vs 43%)
- Primary care-led diagnostics (blds tests 57% vs 35%)

The purpose of SOCS is to diagnose cancer in these patients at an earlier stage with fewer GP attendances to ultimately improve both prognosis and patient experience.

Methods

- A 2WW pathway with no strict referral criteria for example a GP "gut feeling" characterized by a change in health seeking behaviour possibly in combination with weight loss/ fatigue.
- Baseline investigations consist of various blood tests
- Based in the oncology department with acute physicians and other specialties available
- Direct access to scans
- MDT discussion for all patients

Results

Results clearly show that detection of cancer from SOCS supersedes that of site-specific clinics. Patient and GP satisfaction surveys prove it is well received, with very few referred back to GP without a definitive diagnosis. SOCS has a broad diagnostic approach which sits outside the usual 2ww framework recognising the GPs' gut instincts as being the most important factor involved in cancer detection.

Conclusion

The future of acute cancer care is to diagnose cancer earlier in patients with non-site specific symptoms. Ensuring they get to treatment sooner and ultimately improving long term outcomes.

Type: Poster

Category: The future of acute cancer care

Succession Planning –Securing our future workforce through the implementation of a locally designed development programme for band 5 nurses to progress to a Clinical Nurse Specialist

Karen McKinnon

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Co-authors: Samantha Hobson & Veronica Lewis

Abstract

Background

Clinical Nurse Specialists (CNS) are crucial in supporting cancer patients. A recent Macmillan survey reported that an additional 2,500 CNS's need to be in post, highlighting 37% of current workforce is over 50 years old. This project demonstrates how our Trust designed an innovative development programme for band 5 nurses to progress to a CNS.

Method

A scoping exercise identified an aging CNS workforce in the NHS Trust with 50% being over 50 years old and a high number of experienced nurses likely to retire within 6 years. This, in conjunction with challenges in recruiting experienced CNS's emphasised the need for an innovative approach to succession planning in the Trust.

Acknowledging other contemporaneous initiatives including the ACCEnD programme and national tools such as the Macmillan Competency Framework an 18-month development programme was designed:

- Competency frameworks
- Foundations in Cancer Care module
- Advanced communications skills
- Psychological assessment skills
- Practice Placements within Medicine, Surgery and Palliative
- Reflection, evaluation and Progress meeting schedule.

Results

A successful business plan enabled the recruitment of two Band 5 nurses onto this programme in 2021.

Qualitative data was collected through placement and supervisor evaluation tools. A template was used to develop reflective practice skills and facilitated discussions with the development team throughout the programme. Evaluation data enabled the programme to be adapted to meet the needs of the development nurses and placement areas on a continued basis. Data has also enabled the programme to be modified to a 12-month programme for the next cohort.

At the time of submission, one nurse has successfully gained a band 6 CNS post.

Conclusion

This innovative programme has enabled the Trust to develop and recruit our own CNS workforce for the future, using a locally designed programme to meet the needs of the learner and placement areas.

Type: Poster

Category: The future of acute cancer care

Understanding the mental health and well-being impacts and interventions related to living with mesothelioma: a systematic review

Dr Virginia Sherborne

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Co-authors: Dr Stephanie Ejegi-Memeh, Professor Angela Tod, Dr Sarah Hargreaves & Professor Clare Gardiner

Abstract

Background

The UK has the world's highest incidence of mesothelioma, an incurable asbestos-linked cancer of the lung/abdominal lining. Mesothelioma's symptom burden is severe. Mortality rates at one year are 60%. The major psychological impacts of mesothelioma on patients and family carers have been reported (Girgis et al., 2019; Sherborne et al., 2020). However, little is known about broader aspects of mental health and well-being and interventions used to improve these.

This literature review aimed to:

- identify and synthesise current international evidence regarding mesothelioma's mental health and well-being impacts
- explore what interventions patients and carers living with mesothelioma use to support mental health and well-being.

Methods

We searched MEDLINE; CINAHL; PsycINFO; the Cochrane Library; and ASSIA for English-language peer-reviewed research articles (2002-2022) reporting mental health and well-being experience and interventions in mesothelioma. A team approach was taken to conducting critical appraisal and data extraction. We conducted narrative synthesis of qualitative and quantitative data.

Results

Thirty-eight articles met our criteria, the majority from the UK and Italy. Patients and carers experienced negative and positive psychological impacts, including trauma, isolation and meaning-making. Patients and carers used a wide variety of interventions to increase their sense of control, agency and meaning, including complementary/alternative medicine, diet and exercise regimes, physiotherapy, financial/practical management strategies, and creativity. Social support from friends/relatives, asbestos support groups, religious communities, and hospice professionals was valued highly. Some accessed tailored mental health services, e.g., psychologists. Differing support needs were identified for men/women, patients/carers, and military veterans/civilians.

Conclusion

Our review highlights the major impact of mesothelioma on the mental health and well-being of patients and family carers. We show how people living with mesothelioma use various interventions to support their mental health and well-being. There are, however, no published studies on the effectiveness of these interventions for mesothelioma. Such research is urgently needed.

Type: Poster

Category: The future of acute cancer care

National Acute Oncology Competency Passports: Initial project updates

Gina Madera (Williams)

Acute Oncology Education Project Manager, Greater Manchester Cancer Alliance

Co-authors: Dr Verna Lavender, Phillipa Jones, Louise Lawrence & Suzanne Lilley

Abstract

Background

National acute oncology online education that aligns to the UKONS Acute Oncology Knowledge & Skills Guidance (2018) exists; however standardised competence assessment documents are yet to be created. Building on the success of the UKONS SACT Competency Assessment Passport (UKONS, 2017), this project aims to design and develop Acute Oncology Competence Assessment Passports with a similar structure and underlying methodology. There will be four versions corresponding to specific levels of practice; basic, intermediate, advanced and expert (Benner, 1984), which will be piloted across the four nations.

The project aims to contribute to developing a knowledgeable and skilled workforce for all health professionals that treat and care for patients with an acute oncology indication to ensure that cancer services are fit for purpose and optimise outcomes for patients with cancer. Linking to the ACCEND framework goals (Potter & Taylor, 2022) to provide transformational reform within the cancer workforce, it is hoped that the successful completion of this project will:

- Deliver education across multiple healthcare professional teams
- Improve patient safety by raising awareness of cancer-related emergencies across multiple healthcare professional teams
- Enhance communication and collaboration throughout the patient pathway

Methods

Reiterative feedback from stakeholder workshops will guide the development of the passports. Pilot sites will be identified across a range of working environments involved in the care of acute oncology patients to gather a wide range of multidisciplinary feedback. Evaluation will be framed within the Kirkpatrick Model.

Results

Results will be reported following the pilot of these novel competence assessment documents.

Discussion

This project will provide cohesive and standardised competence assessment documents to evidence acute oncology skills and knowledge across four levels of multidisciplinary practice.

Type: Poster

Category: The future of acute cancer care

Exploring the needs of advanced clinical practitioners within a specialist cancer setting

Martin Galligan

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Co-authors: Professor Rebecca Verity & Catherine Bridge

Abstract

Background

Following the impact of the covid-19 pandemic there is a considerable strain on healthcare services and staff across all professional groups. The use of Advanced Clinical Practitioners (ACP) is a means for improving patient care and reducing the pressures on the workforce. However, these roles are highly variable and there is a growing body of evidence that suggests more support is needed for those after completion of ACP education. This survey aims to explore the impact of ACP education within a specialist cancer centre and identify any additional support needs.

Methods

A survey from a previous ACP education evaluation was revised and updated for use in this evaluation. The revised tool consisted of 24 questions that varied in open and closed question styles. This was distributed electronically across all healthcare professionals within a specialist cancer centre for a period of four weeks with a reminder sent at week two.

Results

Within two weeks of data collection 30 responses were completed, with 40% (n=12) from advanced clinical practitioners, 20% (n=6) from clinical nurse specialists and the remainder from nurse consultants, senior managers and pharmacists. The level of experience from the responses was significant with 40% (n=12) stating 21+ years of experience with the remainder falling into 6+ years' experience.

Interestingly 33% (n=10) reported never using their physical assessment skills with 50% (n=15) reporting low confidence in using these skills. 47% (n=14) felt unable to develop in four pillars of advanced practice, with weakness noted in research (43%).

Conclusion

These results indicate that more support is required to enable practitioners to develop under each of the four pillars of advanced practice. On-going support and development is needed to ensure ACP are able to work across all pillars of advanced practice and embed these skills within a specialist cancer setting.

Type: Poster

Category: The future of acute cancer care

Treatment-related adverse events (TRAEs) occurring during dostarlimab therapy in the GARNET study

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Co-authors: Thierry André, Dominique Berton, Ana Oaknin, Victor Moreno, Giuseppe Curigliano, José Trigo, Maria-Pilar Barretina-Ginesta, Susan Ellard, Anna Tinker, Melanie Johnson, Rowan Miller, Joanna Pikiel, Valentina Boni, Sara Cresta, Bhavana Pothuri, Desamparados Roda, Yvette Drew, Jennifer Veneris, Ellie Im & Susana Banerjee

Abstract

Background

Dostarlimab is a programmed death-1 (PD-1) antibody. GARNET is a Phase I, multicenter, open-label, single-arm study assessing antitumor activity and safety of dostarlimab monotherapy in patients with solid tumors. We report TRAEs across GARNET cohorts A1 (mismatch repair-deficient [dMMR] endometrial cancer [EC]), A2 (mismatch repair-proficient [MMRp] EC), E (non-small cell lung cancer [NSCLC]), and F (dMMR non-EC).

Methods

The study was conducted in two parts: dose escalation and expansion. Patients who progressed on/after systemic treatment received dostarlimab 500 mg IV every 3 weeks (Q3W) X4, then 1000 mg IV every 6 weeks (Q6W) for ≤ 2 years or until disease progression or discontinuation.

Results

Of 515 patients treated, 60 (11.7%) experienced TRAEs leading to treatment interruption, and 25 (4.9%) experienced TRAEs leading to discontinuation. The most common TRAEs leading to treatment interruption were diarrhea (1.2%), pneumonitis (1.2%), and fatigue (1.0%). The most common TRAEs leading to discontinuation were alanine aminotransferase increased (0.8%), aspartate aminotransferase increased (0.6%), and transaminase increased (0.6%). The most common TRAEs of any grade were fatigue (15.0%), diarrhea (12.8%), and asthenia (11.5%). Grade ≥ 3 TRAEs were uncommon (13.6%); the most common were anemia (1.7%), fatigue (1.6%), and increased lipase (1.4%). Most endocrine TRAEs were Grade ≤ 3 ; the most common were hypothyroidism (9.3%), hyperthyroidism (3.1%), and adrenal insufficiency (1.4%). AE profile was consistent across tumor types. AE rates did not increase when changing from 500-mg Q3W to 1000-mg Q6W dosing. No deaths have been attributed to the use of dostarlimab.

Conclusion

Dostarlimab safety was consistent with the anti-PD-1 drug class. Most TRAEs were low grade; few led to interruption or discontinuation. No increase was observed in TRAE rates after transitioning to 1000-mg Q6W dosing schedule.

Disclosure

NCT02715284. Previously presented at the 2021 ESMO Annual Meeting, "FPN (Final Publication Number): 991P", "Thierry André et al." – Reused with permission.

Type: Poster

Category: The future of acute cancer care

The nurse led collaborative development of Whole Genome Sequencing for Children and Young People with cancer

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Co-authors: Mandy Day, Philandra Costello & Laura Bengree

Abstract

Paediatric oncology at Southampton children's hospital are leading experts in some of the rarest forms of childhood cancer. The NHS long term plan (2019) set a commitment to offer children & young people (CYP) with cancer Whole Genome Sequencing (WGS) at point of diagnosis, enabling comprehensive and precise diagnosis, and access to personalised treatments.

A cross organisational multidisciplinary (MDT) working group developed pathways for implementation of WGS for CYP with Solid Tumours, Leukaemia and Central Nervous System (CNS) tumours.

A nurse led working group was formed with Genomic Medicine Service (GMS) and Wessex Cancer Alliance (WCA) to ensure the WGS process (sample collection and record of discussion) was implemented efficiently, with safeguards for additional demands on services including pathology and genetics. We developed WGS pathways for CYP within each tumour sub-group, alongside training and education for wider MDT.

Implementation of WGS has been successful, uptake from CYP and their families in the last 12 months for patients with suitable somatic tissue sample has been close to 100%. We have undertaken WGS for a total of 61 CYP. 21 with a non-CNS solid tumour diagnosis, 5 of these tests failed quality control (QC) of the somatic sample. We had 40 CYP with Leukaemia, 5 of these failed at germline QC. Two CNS tumours have been sent for WGS since pathway finalised.

A proportion of CYP did not have suitable somatic samples so could not be offered WGS, we are exploring ways to address this. Germline collection has evolved for CYP with Leukaemia due to recurrent QC failure, skin biopsy is now offered.

Nurses are vital to the delivery of genomic medicine for the benefit of CYP. Embedding genomics within practice, will become a fundamental part of future direction within paediatric oncology, further stratifying treatment, interventions and increasing access to targeted medications.

Type: Poster

Category: The future of acute cancer care

Life saving, life changing surgery: Psychological Support in a Pelvic Exenteration Service

Nadine Fox

Trainee Clinical Psychologist, Southern Health NHS Foundation Trust

Co-author: Dr Beth George

Abstract

Background

A Hospital offers speciality Pelvic Exenteration surgery. This is major surgery and is usually a final attempt to save life, but it involves removing any pelvic organs that are involved in locally advanced cancer. This typically results in life changing side effects and psychological distress.

Objectives

This study aims to evaluate the psychological support offered by the Pelvic Exenteration Surgery team at A hospital between 2019 and 2022. A secondary aim was to explore patients experience of surgery to help inform future provisions of support.

Design

Using a cross-sectional design 12 participants completed an online mixed-methods survey. The survey was collaboratively developed by the Clinical Psychologist embedded in the pelvic exenteration team and patient and public involvement group. A trainee clinical psychologist then collected and analysed the data.

Results

The study found that there is a disparity in the provision of psychological support offered to patients between 2019 and 2022. This includes whether support was offered, when and by whom. Qualitative data highlights that undergoing surgery can be seen as lifesaving and curative. However, the decision to have surgery is far from simple. This study confirms that for patients one of the worst parts of surgery is the physical implications but also highlights the emotional impact including feelings of anxiety, feeling alone and helplessness.

Conclusions

Psychological support under the Southampton Pelvic Exenteration team is in need of standardisation. Not all patients are offered support and many who are were offered this by non-psychologically trained professional. This demonstrates the quality of care provided by MDT staff members but highlights the need for more psychological support. Including the need for psychologists to be further embedded within the team and provide multi-disciplinary support so that patient care is evidence based. Patients experiences of surgery highlight further the need for psychologically informed care.

Type: Poster

Category: The future of acute cancer care

A mixed methods evaluation of a multimodal cancer prehabilitation programme for colorectal, lung and head and neck cancer patients

Cherith Semple

Cancer Nurse Specialist, Ulster University / South Eastern Health and Social Care Trust

Co-authors: Dr Sharon Bingham & Dr Sarah Small

Abstract

Background

Growing evidence indicates patients' outcomes can be enhanced by cancer prehabilitation (CP)¹; although not uniformly embedded as a standard of care. CP aims to optimise patients physiological and psychological for cancer treatments,¹ shorten recovery time, reduce complications, promote healthier lifestyles and improve quality of life.² South-Eastern Health and Social Care Trust piloted and evaluated an adaptation of multimodal CP programme³ across three tumour groups, which included exercise, nutrition and emotional support, and encouraged behavioural alcohol and smoking change.

Methods

Following screening, patients were referred to appropriate CP pathways (T0). Baseline functional and patient-reported outcome measures were collected pre-CP (T1), end of CP (before definitive treatment) and 3 months later (T3). Data was analysed using SPSS v28.0. Qualitative evaluation comprised of semi-structured interviews with 24 professional stakeholders and eight patients; using Framework Analysis.

Result

Available screening data for 135 patients ($x = 68$ years) across 3 tumours groups colorectal ($n=90$), head and neck ($n=30$) and lung ($n=15$) was analysed, with the majority referred to universal pathways for exercise (73%), nutritional (71%) and emotional wellbeing (86%). All had a Rockwood Clinical Frailty Scale of <4 . Mean time in CP was 22 days. Given COVID-19 backdrop, virtual/telecommunication methods were employed; however, these participants had higher dropout rates. CP demonstrated no statistically significant improvement ($p=>0.5$) in QOL but improvement in exercise self-efficacy. Qualitative findings highlighted: 1) identifying key stakeholders at inception, promoting successful engagement; 2) shared vision essential to develop and tailor CP; 3) necessity to equip team to deliver CP, 4) and lessons learned to move forward.

Conclusions

Stakeholders and patients realised many benefits to CP, but short timeframe (<2 weeks) between diagnosis and treatment presented implementation challenges. Appropriate funding, addressing gaps in training and communication across multi-sectoral agencies, plus reviewing data collection processes could enhance effective delivery and robust data capture.

Type: Poster

Category: The future of acute cancer care

Managing side effects of tepotinib treatment to optimise outcomes for patients with non-small cell lung cancer (NSCLC) harbouring *please italicise MET*exon 14 (*please italicise MET*ex14) skipping: Expert guidance based on clinical experience and patient case studies from the UK

Bing Smith

Lung Clinical Nurse Specialist, Royal Surrey NHS Foundation Trust

Co-authors: Ramesh Bulusu, Linda Ahn, Terri Alexander, Liesbeth Lemmens, Karin Berghoff, Soetkin Vlassak & Tomi Ogunjimi

Abstract

Background:

*please italicise MET*ex14 skipping, an oncogenic driver, accounts for 3–4% of NSCLC cases, typically in elderly patients. Tepotinib, an oral once-daily and highly selective *MET* tyrosine kinase inhibitor, is recommended by NICE as an option for treating patients with *MET*ex14 skipping advanced NSCLC with/without prior treatment in Great Britain. Along with most cancer treatments comes the risk of adverse events (AEs), which can disrupt treatment duration and compromise clinical outcomes. As part of the multidisciplinary teams coordinating the management of patients with cancer, nurses are integral to the timely identification of AEs, initiation of preventative strategies and support management activities.

Here, we provide guidance for the effective management of AEs associated with tepotinib treatment in patients with *MET*ex14 skipping NSCLC, with the aim of optimising patient treatment experience and outcomes from a nurse's perspective.

Methods:

Nurse-specific guidance was developed by analysing the clinical features of common AEs associated with tepotinib treatment in the VISION study (NCT02864992; N=255). Case data of patients who received tepotinib for *MET*ex14 skipping NSCLC in the UK are also presented.

Results:

Based on real-world nursing experience, we present AE management approaches that can be discussed with the treating physician to mitigate the impact of AEs on quality of life and treatment intensity/duration.

Five cases of UK early-access patients treated with tepotinib for *MET*ex14 skipping NSCLC are also presented. Patients were aged 67–85 years at diagnosis, two were female, and four had smoking history. Peripheral oedema (Grades 1–2) occurred in all patients; it was managed with compression wraps, cotton gloves and lymphatic massage in one patient and with compression stockings and leg elevation in another patient.

Conclusion:

Nurse-specific recommendations for effectively managing tepotinib-related AEs can support therapeutic goals by improving quality of life for patients with *MET*ex14 skipping NSCLC, increasing time on treatment and, potentially, improving outcomes.

Type: Poster

Category: The future of acute cancer care

One hour door to needle time in suspected Neutropenic Sepsis patients: a quality improvement project by the Acute Oncology Service

Regina Wusha-Conteh

Acute Oncology Service, CNS, Hampshire Hospitals NHS Foundation Trust

Co-authors: Emma Paul, Emma Sansome, Emma Wyman, Diane Mitchell, Sarah Flavell & Ramanpreet Kaur

Abstract

Background

Neutropenic sepsis (NS) is a potentially fatal complication of Systemic Anti-Cancer Treatment (SACT). The gold standard is for intravenous (IV) antibiotics to be administered within one hour of arrival to a hospital setting (NICE, 2012.)

Both data collection and an increasing number of incident forms, showed an area for improvement within our Trust, as an average of only 52% (2021) of suspected NS patients were receiving IV antibiotics within 60 minutes of arrival to the Emergency Department (ED.)

The Covid-19 Pandemic was a contributing factor as patients were diverted to our Emergency Departments, rather than assessed and first line treatments given in Acute Oncology. The figures have improved since March 2022 when face to face assessments resumed within Acute Oncology, supported by our Amber Pathway. However, no improvement was demonstrated in Out of Hours (OOH) ED attendance.

Methodology

A joint project was started by ED and AOS to improve these figures, with the aim of achieving 90% of patients receiving antibiotics within 1 hour of arrival into ED by the end of July 2022.

Two changes were implemented in order to achieve this aim. Acute Oncology OOH started to use the 'Red Phone' to pre-alert ED that a suspected NS patient is expected. A new handover prompt sheet supported this to ensure the most important information was communicated efficiently and effectively.

Results

From March to June 2022 inclusive, an overall of 68 % of patients received IV antibiotics within 1 hour of arrival to hospital. Data for July is expected to show further improved figures.

Conclusion

In conclusion, it was highlighted through data collection that our Trust was not meeting NICE's door to needle targets. Therefore, a quality improvement project was implemented. There is evidence of improvement so far, however this will be concluded when final data is collected.

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Category: The future of acute cancer care

Introduction of an Oncology Nurse Practitioner to the North West Cancer Centre

Clare Kennedy

Oncology Nurse Practitioner, North West Cancer Centre

Abstract

Introduction

The role of the Oncology Nurse Practitioner (ONP) was introduced to the North West Cancer Centre in October 2021 in response to the Oncology Services Transformation Plan (2019). This report highlighted the need for consultant-led services to be delivered by advanced nurses and allied health professional in line with best practice internationally (Department of Health (DOH) 2019). These recommendations have been endorsed in the Northern Ireland Cancer Strategy 2022-2032 (DOH 2022).

The ONP role has been introduced into the Breast Team to meet capacity and demands of the service. It has enabled the implementation of a two-step process of Systemic Anti-Cancer Therapy (SACT) prescribing. This model comprises of an ONP led telephone and remote prescribing clinic for selected SACT regimens. The clinic aim is to improve the pathway for patients travelling long distances to the NWCC and enable the Breast service to utilise finite resources effectively.

Aim

To evaluate the introduction of the ONP led telephone and remote prescribing clinic, highlighting areas for improvement to guide service needs.

Methodology

A service user survey was carried out to determine opinions of the ONP prescribing model. All patients assessed via the ONP telephone clinic over a 6 week period were included in the survey. Each patient was provided with a survey to complete when they attended for treatment.

Results

The service user survey demonstrated 100% satisfaction with the telephone and remote prescribing clinic.

It also identified 100 % satisfaction with their interaction with the ONP role.

One patient surveyed recorded that treatment was not available on arrival, the reason for which will be investigated in a future study.

Conclusion

The ONP led telephone and remote prescribing clinic has been implemented successfully within the Breast Team.

Future model includes expanding the Breast SACT regimens the ONP is able to prescribe.

Type: Poster

Category: The future of acute cancer care

Scalp cooling: A study to compare 3 Scalp cooling systems in a specialist cancer centre

Lorraine Hyde

Matron, Royal Marsden Hospital

Co-authors: Dr Lisa Dougherty, Prof Theresa Wiseman, Lisa Murray, Maggie Uzzell, Kabir Mohamed & Lorraine Hyde

Abstract

Background

Chemotherapy-induced alopecia (CIA) is a common and distressing consequence for women undergoing treatment for breast cancer. It is one of the most feared complications which for some women, can present a greater threat to body image than mastectomy [1]. Scalp-cooling is a widely available, effective, safe, and well-tolerated method of reducing CIA [2-3] however, minimal evidence exists to compare the scalp cooling systems (SCS) available.

Aim

To evaluate perceived hair loss and acceptability of treatment in three SCS in use across a Specialist Cancer Centre.

Method

A prospective evaluation of chemotherapy-naïve breast cancer patients undergoing scalp-cooling treatment across four day units within one cancer centre. Participants completed locally developed questionnaires at baseline and every treatment. Treatment allocation was determined by the unit that the participant was referred to for chemotherapy. Three SCS were evaluated (ChemoCap, DigniCap and Paxman). Post-infusion cooling times (PIC) of one and two hours were explored.

Results

Forty six per cent (n=83) of participants recruited were included in the final analysis. Across all SCS 88% of participants (n= 73) reported experiencing some CIA. A third (33%, n=24) reported moderate CIA whilst 22% (n=16) reported minimal CIA. The percentage of participants reporting no and minimal CIA was highest in the DigniCap system with a 1-hour PIC. Scalp-cooling was considered worthwhile, and participants reported satisfaction with their treatment.

Conclusion

No CIA was reported in a higher percentage of those who received scalp-cooling using the DigniCap system with 1-hour PIC. Most participants considered scalp-cooling worthwhile regardless of outcome.

Type: Poster

Category: The future of acute cancer care

Cancer Nursing Across Boundaries: delivering integrated personalised care

Dr David Wright

Senior Research fellow, Centre for Psychosocial Research in Cancer

Co-authors: Dr Kate Lippiett, Dr Jane Winter, Prof Alison Richardson, Hazel Brodie, Dr Gilly Howard-Jones, Lara Roskelly, Rebecca Kirby, Dr Nicole Collaço & Prof Claire Foste

Abstract

Background

More people in the UK are diagnosed with and live beyond cancer (1). This places increasing demand for integrated and personalised care across acute and primary health settings. However, siloed cancer services are often reported (2, 3). Cancer Nursing Across Boundaries (CNAB) is a service development that sought to improve primary / acute cancer care integration.

Method

Innovation

Boundary-spanning cancer clinical nurse specialists (CNSs) worked across primary/acute care in two UK hospital trusts and 16 general practices to:

- promote integrated working
- identify and support training and development
- map cancer pathways across primary/secondary care

Evaluation

The qualitative evaluation aimed to:

- identify barriers / facilitators to integrated care for people with cancer
- assess whether support, knowledge, skills, confidence and communication improved in primary / acute care as a result of CNAB

Data collection involved

11 semi-structured interviews with primary healthcare professionals, four focus groups with acute healthcare professionals (n = 16), seven longitudinal interviews with CNSs delivering CNAB (n=2), and training needs analysis.

Results

Four barriers / facilitators to integrated care were identified:

- Relational (e.g. lack of communication)
- Cultural (e.g. resistance of CNSs to 'relinquish' patients)
- Technical (e.g. lack of training)
- Structural (e.g. incompatibility of electronic systems)

CNAB increased primary care knowledge, skills and confidence to manage cancer, and acute care knowledge, skills and confidence to manage long-term conditions alongside cancer. Practice nurses felt better supported by acute care. Practice nurses were well-placed to support people with cancer through the relational continuity established with patients.

Conclusion

Primary and acute health systems should be integrated if care is to be tailored to patient-identified need. To achieve this, relational, cultural, technical and structural barriers need to be removed (e.g. ensuring digital integration of health information). Boundary-spanning CNSs are effective in supporting integrated, personalised care for people with cancer.

Type: Poster

Category: The future of acute cancer care

Initiating a Personalised Follow-Up (PFU) programme for patients with Head and Neck Cancer (HNC)

Laura Dean

Clinical Academic Nurse Fellow, Guys and St. Thomas NHS Foundation Trust

Co-authors: Dr. Mary Lei, Dr. Catherine Oakley & Dr. Teresa Guerrero-Urbano

Abstract

Background

A change in risks factors and developments in treatments has led to an increase in survival rates following treatment for HNC (Cancer Research UK, 2019). The majority of patients with HNC who recur do so within the first 2 years (Grønhoj et al, 2018). The NHS Long Term Plan for Cancer states that patients should move to a follow-up pathway that suits individual needs through Personalised Stratified Follow-Up programmes (NHS England, 2019). In 2022, our institution initiated a PFU programme for patients with HNC.

Methods

For 2 years following treatment all patients were followed-up according to institutional protocol in line with international recommendations. At 2 years following completion, patients who met the inclusion criteria for the PFU programme were referred and discharged from routine oncology FU. These patients were reviewed in a nurse led HNC PFU clinic where they received personalised survivorship and health promotion support and education in identifying signs of disease recurrence and of the infrastructure to re-present. To ensure outcomes were addressed systematically, the programme was introduced using an Active Implementation Framework (NIRN, 2008).

Results

Since January 2022, 40 patients have been transferred to PFU of whom 27 (68%) were treated for oropharyngeal carcinoma, 23 (85%) of which were associated with Human Papilloma Virus. According to TNM7 classification, 13 patients had a staging of I-III with 27 patients (65%) having being staged at IVa. One patient self-referred with red flag symptoms, 3 months post introduction to the programme. He was reviewed appropriately and found not to have disease recurrence. No PFU patient has presented with recurrence disease.

Conclusions

PFU provides a potential alternative to the standardised frequent follow-up programme that is used for HNC patients. Evaluation into the implementation and effectiveness outcomes is being undertaken prospectively to ensure the continued safety, well-being and experience of patients.

Type: Poster

Category: The future of acute cancer care

Early Cancer Symptom Recognition and Referral - The Role of Community Pharmacy Teams

Andrew Walker

The Community Pharmacy Committee, The British Oncology Pharmacy Association (BOPA)

Co-authors: Lisa MacLeod, Dr Jackie Lewis - Community Pharmacy Committee & The British Oncology Pharmacy Association (BOPA)

Abstract

Background

Early identification of cancer is a recognised priority in healthcare policy. The current model of centralised, GP-led referral of potential cancer-patients is outdated and contributes to increases in the workload on GP services (1). Community pharmacies are a free-to-access, widely accessible health resource available to patients throughout the UK (2). NHSE has identified community pharmacy as having a key role in addressing this issue, and plan to introduce direct referral pathways (3). Previous research identified a lack of knowledge amongst community pharmacy teams as a barrier to this development (4). To support this novel service development, BOPA have produced Let's Communicate Cancer (LCC), an on-line educational programme to designed for community pharmacy teams.

Methods

This survey aims to investigate the impact of LCC on participants confidence in holding conversations with patients regarding cancer, their confidence to recognise signs/symptoms suggestive of cancer and to refer patients appropriately.

The impact of this programme was assessed using students self-reported feedback data via an anonymised, embedded survey. A total of 82 completed responses covering March 2021-June 2022 were included within the dataset. Incomplete responses were excluded. Data was analysed using Microsoft Excel ®.

Results

Following completion of the programme, 84.15% of participants reported improved confidence holding conversations with patients regarding cancer, 70.73% reported improved confidence recognising potential cancer symptoms and 80.5% reported improved confidence in referring patients into appropriate pathways.

These results provide evidence to demonstrate the impact of LCC on community pharmacy staff. They illustrate a significant improvement in self-reported confidence in discussing cancer with patients, recognising the signs and symptoms of potential cancers and referring patients into appropriate pathways.

Conclusion

While these results limited by a small sample size, BOPA have collaborated with HEE to run a follow-up, qualitative research study of selected community to provide greater clarity.

Type: Poster

Category: The future of acute cancer care

Exploring service models for patients to receive Systemic Anti-Cancer Therapy Closer to Home – A Cancer Alliance solution

Claire Marsh

SACT Project Lead, Wessex Cancer Alliance

Abstract

Background

The NHS Long Term Plan (2019) sets a significant challenge to those who provide cancer services. As a large cancer alliance covering urban and rural settings; Patients travel significant distances for treatment. The Achieving World Class Cancer Outcome strategy (2015) encouraged delivery of chemotherapy in the community. Our aim was to explore current Systemic Anti-Cancer Therapy (SACT) closer to home service provision in our region and to identify alternative options that could provide person centred solutions.

Methods

A SACT clinical expert at the cancer alliance scoped the existing closer to home service provision provided by six hospital trusts in the alliance footprint. Stakeholder discussions with each hospital trust were undertaken. Collated data on service provision was presented for shared learning through cancer alliance site specific groups. Providers with service models offering opportunities for treatment closer to home across the United Kingdom were identified. A stakeholder event was delivered, showcasing alternate service models for chemotherapy closer to home.

Results

There are numerous options available to support SACT administration closer to home for patients. Feedback from stakeholders attending the event was positive, one attendee commenting “We will re-evaluate our service. . . quite an eye-opener what is out there”. The event was well attended by nurses, pharmacists but less so by operational managers. Alternative service models may offer more person-centred care, with benefits for patients physical, emotional, psychological, and financial well-being. It is important, however, to ensure that solutions are coproduced with, rather than imposed on patients, therefore further co-production work is a requirement going forward.

Conclusion:

The cancer alliance and local hospitals have made the decision to work collaboratively to explore different service models, working towards planning and service implementation to provide SACT closer to home for cancer patients.

Type: Poster

Category: The future of acute cancer care

Systemic Anti-Cancer Therapy Self-Administration – a collaborative project between a Cancer Unit and a Cancer Alliance

Sylke Ulbricht

SACT CNS, Hampshire Hospitals NHS Foundation Trust

Abstract

Background

The NHS Long term (2019) plan includes “out-of-hospital care” encouraging delivery of chemotherapy in the community setting to increase patient satisfaction and personalised care. The Cancer Unit, working with the Cancer Alliance aim to develop a service for systemic anti-cancer therapy (SACT) home delivery and self-administration for prospective patients.

The aim of the project -

1. Alleviate pressure on the Cancer Unit in terms of staffing levels
2. Relieve the stress of repeated hospital visits for patients by developing a service that gives the patient more control over their treatment location
3. Improve patient satisfaction by giving patients more autonomy

Methods

The Cancer Alliance funded a SACT clinical champion (Band 7 Clinical Nurse Specialist (CNS) for one day a week for six months) to lead the project. Key stakeholders (pharmacy, consultants, SACT CNS, cancer lead nurse, operational service manager, pharmacy homecare service) were identified and have met regularly to discuss progress. Supported by the Cancer Alliance SACT clinical expert, the SACT clinical champion has scoped current practice, worked with the multidisciplinary team to process map and redesign systems to develop a new operational policy. Using information from other Alliance Trusts, the SACT clinical champion has identified SACT suitable for self-administration. The Cancer Unit has a well-established patient support group and patients' opinion has been sought.

Results

The project has been well supported by engaged stakeholder. Patients are enthusiastic about the project and willing to undertake self-administration. Barriers to service provision are lack of staffing and consequent workload pressures in the Cancer Unit pharmacy department. Oncology pharmacy pressures have been recognised as a cross-Alliance issue. The Alliance is working with Health Education England to develop innovative solutions to address this.

Conclusion:

Self-administration of SACT is acceptable both to patients and to the multidisciplinary team. Current barriers to self-administration are lack of pharmacy capacity.

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Type: Poster

Category: The future of acute cancer care

Clinical Trials are shaping the future of cancer treatment – how is trial patient experience shaping up?

Ruth Boyd

Cancer Research UK Senior Research Nurse, University Hospitals Plymouth

Abstract

Background

Clinical research is recognised as ‘the single most important way in which we improve our healthcare’.¹ Cancer research nurses have highlighted the changes experienced in research and care during the COVID-19 pandemic.² Many adaptations speedily introduced to sustain research conduct and maximise patient safety during the pandemic remain on-going. Assessing patient perspectives at a time of change is an important dimension of evaluation and planning for the future.

Methods

Postal patient satisfaction surveys were undertaken in August/September 2021 in a regional cancer centre across patients who participated in haematology and early phase cancer clinical trials after March 2020. Survey questions were adapted to include exploration of satisfaction with features of research and care impacted by COVID-19.

Results

The survey response rates were 74% (n= 17) and 43% (n= 6) in haematology and early phase respectively.

Patients were satisfied with research nursing. Overall:

- 96% of patients ‘felt safe’ during hospital visits and 4% (n=1) responded ‘don’t know’
- 39% received a telephone/video consultation as part of their care, of these 100% were satisfied
- face-to-face consultation or a mixture of face-to-face and video/telephone calls were preferred methods of assessment
- 44% had received home delivery of clinical trial medication, of these 100% were satisfied
- 52% had attended the GP for blood tests during the trial, of these 100% were satisfied

Feedback tended to be very positive. The impact of COVID-19 was mentioned in one comment, stating ‘everything, everybody were so curtailed/restricted’ but ‘everything good, comforting’. Lasting impressions frequently referred to the ‘wonderful caring staff’. Full survey results will be described.

Data will be gathered in the coming weeks. I plan to summarise and paraphrase qualitative data collected.

Quantitative data e.g. confidence intervals will be produced by inputting data into an excel spreadsheet. All findings from the survey will be included, including negative findings.

Conclusion

This small single-centre survey suggests patients are satisfied with participation in cancer clinical trials, including the adaptations introduced as a consequence of the pandemic. The patient perspective is an important guide to shaping patient-centred clinical trial delivery of the future.

Type: Poster

Category: The future of acute cancer care

Developing an efficient nurse led service to optimise supportive care in Day treatment unit

Imogen Nomura

ANP, Oxford University Hospitals

Abstract

Background

McDonnell et al (2014) identified increasing demand and a reduction in junior doctors hours which have contributed to the implementation of Advanced Nurse Practitioners (ANPs). Htay and Whitehead (2021) have established the positive impact of advanced nurse practitioners (ANPs) in reducing waiting times and patient satisfaction.

Until March 2021, medical cover for Oncology Day Treatment Unit (DTU) was provided by specialist registrar of week (not available until 11am), the patient's medical team and/or Staff Grade.

Since April 2021 we have established a nurse led service of ANPs to provide non-medical cover, in lieu of staff grade in DTU. ANPs provide supportive care for patients to keep them well on treatment; through assessment, prescribing and managing toxicities.

Aim

An audit was performed to gain evidence in workload, reason for review, time spent, common drugs prescribed, preventing triage admissions and to evaluate the service.

Methods

Data collected for 5 weeks from June 2021 compared to February 2022. ANPs recorded tumour site, reason for request, face to face assessment required, prescription required, time for review, liaise with other health care professionals, outcome; treatment given and discharged, deferred, prevented triage admission or admitted.

Results

72 face to face reviews (26%)- average 4 face to face reviews a day. ANPs only liaised with oncall SpR 6% and 4% with consultants. Treatment deferred in only 2 % of patients and 1% were admitted to triage. ANP workload has increased by 80 minutes a week compared with June 2021. 89% of patients proceeded with treatment whilst preventing 8% of admissions to triage.

Conclusion

Workload has increased, through timely assessment, treatment and early identification ANPs are reducing chair time and prevented 8% triage admissions. Next step patient survey questionnaire.

Type: Poster

Category: The future of acute cancer care

The future of acute cancer care- a project focused on recruitment and retention in the cancer nursing workforce within a medium-sized district general hospital

Caren Attree

Operational Lead Nurse, Beacon Centre, Somerset NHS Foundation Trust

Abstract

Background

The National Cancer Patient Experience Survey repeatedly demonstrates integration and coordination of care between health professionals is highly associated with patient satisfaction. The cancer nursing workforce is pivotal yet there is no nationally agreed Cancer CNS capability framework with standardised pay banding or defined CNS progression pathway.

The challenges to a robust cancer nursing workforce- vacancies, recruitment, retention- are well documented (Macmillan 2017, Challiner et al 2020) against rising cancer rates and increasing complexity of anti-cancer treatments.

This paper describes a project that addressed recruitment and retention in the cancer nursing workforce within a medium-sized DGH in the SW of England.

Methods

- Workforce analysis- poor retention within the SACT day unit- low staff morale- 20% aged over 55
- Review of all continuous professional development and barriers to access
- Face-face meetings with site-specific specialist nursing teams
- Assured buy-in from clinical service managers and Trust board
- Team building days

Results

- Introduction of practice facilitator role to support CPD of all staff on the day unit and oncology/haematology wards- improved staff morale; average turnover reduced from 21.8% to 14.3% June 2021-22
- Clearly defined competency framework developed and embedded in practice providing progression opportunities from band 5- band 6 (within 1 year on the day unit), from 6-7 (2 years within the CNS teams) and from 7-8a (introduction of advanced nurse practitioner roles within haematology, immunotherapy and acute haemato-oncology)- improved staff satisfaction- no vacancy factor in CNS roles
- Appraisal documentation changed- clear progression pathways linked to salary
- Protected monthly clinical supervision for all
- Proactive annual review of site-specific services including job plans and fully funded CPD

Conclusion

It is essential that the cancer nursing resource is valued. Clear frameworks of competence with protected professional development provide opportunities to progress, recruit and retain staff. Our work lends support for the ACCEND programme

Type: Poster

Category: The future of acute cancer care

Educating cancer care staff in the digital age: Evaluating an online Advanced Non-Medical Practitioner in Prostate Cancer Care course

Louisa Fleure

Lead Uro-oncology CNS, Guys and St Thomas NHS Trust

Abstract

Background

Prostate cancer is the most common cancer in UK men¹, with care increasingly delivered by practitioners at advanced clinical practice (ACP) level. This is characterised by autonomy and decision making, encompassing four pillars of practice, with positive effects on clinical and service-related outcomes²; however educational and role standardisation is needed³. A joint working partnership between an NHS partner, pharmaceutical company and higher-education institution enabled the development of a nationally accessible, online, postgraduate-accredited Advanced Practice in Prostate Cancer module for nurses and allied health professionals.

Methods

Learners were invited to complete a 10 question online evaluation at the end of each block and a final 10 question end of course evaluation. This was to ensure that the course content met the learning needs and objectives and were relevant to practice, and material and activities were engaging. This will enable refinement of the course structure, content and learning activities in a dynamic way.

Results

The course was piloted with eleven learners (7 nurses; 4 pharmacists). 25 responses were received: ten Block 1, seven Block 2, four Block 3a and 3b, and four after completion of the course.

The course was well evaluated with average scores out of ten:

- Achieving learning objectives 9.8
- Teaching quality 9.5
- Online learning engagement 8.25
- Module team responsiveness 9.5
- Practice relevance 9.5
- Commitment to online learning 9.25

Free text comments were invited for qualitative feedback and suggestions for improvement.

Conclusion

Conducting a comprehensive evaluation enabled the teaching team to refine the programme following the pilot. Learners enjoyed interactive elements and found the course comprehensive and challenging. Suggestions for improvement included offering the course without higher education credit and expanding the non-nursing content. We have developed a novel way of delivering a collaborative, specialist educational project which has been well received and is transferable to other tumour groups.

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Category: The future of acute cancer care

Assessing the impact of a newly developed Network Immunotherapy Group

Ali Hodge

Advanced Clinical Practitioner Acute Oncology & immunotherapies, University Hospitals Sussex

Co-authors: Jo Bird & Trudy Guinan

Abstract

Background

Immune checkpoint inhibitors have transformed the treatment and care of patients with cancer. They have improved survival but are associated with significant toxicity that can be life threatening. Recognising and managing Immunotherapy associated toxicity has become embedded within oncology nursing 1-3, so access education and support is essential to safe and effective management.

A national Immuno-Oncology (IO) Nurse Network was set-up to meet the need for education and peer support. After six virtual meetings a face-to-face meeting was held with sessions designed to address the toxicities of most concern to members: Cardiology, rheumatology, gastroenterology & when steroids fail. The educational content of the day was evaluated by attendees.

Methods

The evaluation of the day consisted of Likert type rating scales of 1-5 followed by an open question to evaluate the content of each session asking for. A further open question asked about other topics that IO nurses would like in the future.

Results

All sessions were unanimously given a maximum rating of 5. Comments for all sessions related to

- Where steroids are not appropriate and the selection of alternatives.
- Adjunct treatments for use with steroids.
- Differential diagnoses and alternatives to consider.
- Long-term management of patients with immune toxicities.
- Areas for future education and support included:
- Having evidence available regarding best management of long term or steroid refractory toxicity.
- More research around the characterisation and management of long-term toxicity.
- The psychological needs of patients experiencing ongoing immune related toxicity.

Conclusion

Following the increased use of immunotherapies, oncology nurses have become adept at diagnosing and managing toxicities. There is now an indication for education to move beyond initial diagnosis to the long-term management of patients, particularly where steroids do not improve toxicity. Living with ongoing toxicity also raises questions around the best way to provide psychological support for patients and their carers.

Type: Poster

Category: The future of acute cancer care

Development of a Bespoke Advance Nurse Practitioner (ANP) development programme within Acute oncology.

Rhoswen McKnight

Trainee Advanced Nurse Practitioner, Velindre Cancer Centre

Abstract

Background

The acute oncology ANP Team at a regional cancer centre are considered a critical part of the acute oncology service workforce, the ANP roles have proved pivotal to ensure sustained clinical expertise is available to meet patient and service needs.

Aim

In order to meet the growing complex needs of the acute oncology service and enhance the ANP workforce a bespoke training programme was established to enable nurses to reach their full potential (Whitehead 2016, Whitehead et al 2022), by recognising, developing and retaining experienced internal oncology nurses who are interested in pursuing a career as an ANP.

On completion it is expected they will have an expert knowledge base, complex advanced decision-making skills and clinical competencies with an autonomous scope of practice within the field of acute oncology.

Methods

The programme will provide the opportunity to:

- Develop history taking, clinical patient assessment, independent prescribing, diagnostic reasoning skills
- Evidence development aligned to the four pillars of advanced practice Clinical, Education, Research, Leadership (NLIAH 2010)
- Undertake the MSc in ACP
- Enable further supernumerary time within clinical practice to enable personal development and achievement of objectives and clinical competencies.
- Innovate practice by undertaking Quality improvement projects.

Results

There are 3 trainee ANPs on the programme supervised by the Lead ANP and Lead Consultant for acute oncology.

Expectations and milestones are set and reviewed every 6 months. Feedback from patients, all staff groups regarding the progress of the trainees is excellent. so far there is a great sense of satisfaction from all 3 trainee ANPs'.

“Being part of the Trainee ANP team means having the dedicated time to progress my knowledge and skills which is priceless. It allows me to focus on growth and development and will be key to both the development and the future retention of our workforce”

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Type: Poster

Category: The future of acute cancer care

Developing the future of SACT trained staff

Kate Edridge

Systemic Anti-Cancer Therapy Clinical Nurse Specialist, University Hospital Southampton

Abstract

Background

Systemic anti-cancer treatment (SACT) is multifaceted and carries risks of substantial toxicities for patients, as well as potential risk of occupational exposure for those involved in its delivery (HSE 2017). Thorough and timely SACT education is therefore essential (Farrington 2021).

Prior to Covid-19, four SACT study days took place annually for staff training. In March 2020 the scheduled study day was cancelled, thus leaving a deficit of acute trained SACT staff. Many changes of staff occurred including redeployment and relocation. The need to train/upskill staff in SACT administration, and an alternative way to deliver SACT education was required. A few of the SACT CNS' in the hospital came together to host a virtual 'inhouse' teaching session in October/November 2020, marking of the workbooks and providing summative assessments, all alongside their day-to-day role of nurse led clinics. Although the study day was a success and more staff were added to the SACT trained register this was unsustainable, with no official practice educator in place to develop and drive SACT education.

Methods

A SACT educator role was trialled February– March 2021. It was hoped this would reduce the time taken for trainees to pass their SACT training, and lead to the development of more confident practitioners. From the trial five recommendations were suggested, including the implementation of a SACT educator role.

Results

Two SACT education secondment posts were recruited into. These have been extended until January 2023 due to the success of meeting the objectives of maintaining and increasing the number of qualified SACT nurses.

Conclusion

SACT education prior to the pandemic worked but this highlighted the holes for a more robust education provision. By trialling the practice educator role, we have bridged the gap – greater access and support for nurses undertaking their SACT training, which has released pressures from the SACT CNS team.

Type: Poster

Category: The future of acute cancer care

Chronic Low Platelet Alert Card: A project that aims to increase awareness and improve future care for patients with haematological malignancies

Natasha Bysouth

Haematology Nurse Practitioner, Somerset Foundation Trust

Abstract

Background

Patients with a haematological malignancy have an increased risk of intracranial haemorrhage and need prioritisation for a CT scan in the event of a head injury, even in the absence of loss of consciousness or focal neurology. This particularly applies to the group of haematological patients with chronic low platelets (platelet count $< 100 \times 10^9$).

Methods

This initiative was initiated on the background of two patient incidents. These incidents involved patients with a known haematological malignancy presenting to the emergency department (ED) after a head injury. Both had no focal neurology or concerning symptoms. Current local, national guidance and best practice was used at the time of providing their care. Both patients were discharged and later returned having had intracranial haemorrhages which then resulted in their death.

Results

As a result of the above we have put together a chronic low platelet alert card for haematology patients and widened education for this patient group in key clinical areas.

Probst et al., (2020) and NICE guidance (2014) recommend a low threshold for imaging when treating patients on anticoagulants in the event of a head injury. However, it does not consider patients with haematological malignancies who have chronic low platelet counts. Even though, Elalfy et al., (2021) study looks at paediatric haematology patients and not adults, it highlights having a chronic low platelet count is a significant risk factor for having an intracranial haemorrhage.

Conclusion

The aim of the alert card is to inform and empower patients to seek prompt review in ED in the event of a head injury. This alert card will provide education and awareness to those providing care and treatment, highlighting the risk of intracranial haemorrhage and to undertake a CT scan as part of the treatment delivered. We aim to work towards a change in local and national guidance.

Type: Poster

Category: The future of acute cancer care

Retrospective review of intraoperative pressure ulcer incidents – surgical theatres perspective

Ana Maria Maestre Ania

Clinical Nurse Specialist, The Christie NHS Foundation Trust

Co-author: Pamela Kennedy

Abstract

Background

To understand how, despite the combination of pre-operative risk assessment tools utilised in practice and care delivered during surgery, incidents of Intraoperative Pressure Ulcers (IOPUs) still occurred.

Aim to Identify any correlation between intrinsic and extrinsic factors and thereby be able to implement further strategies to reduce risk of IOPUs within the department, potentially developing a Prevention & Management tool specific to Surgical cancer Patients.

Methods

12 month retrospective review of 22 IOPUs that developed following 801 surgeries where combined anaesthetic and surgical time exceeded 4 hours.

Collation of data from internal audit and trust clinical applications – Datix, Clinical Web Portal, Theatreman.

Excel was used to input and compare data.

Results

A review of internal data from 2021 established:

2.4% risk of IOPUs (45% sacrum, 18% arm, 13% buttocks)

50% of sacral injuries were identified post-operatively following Cytoreductive surgery and Hyperthermic Intraperitoneal Chemotherapy (CRS+HIPEC) with no apparent correlation to ASA, age or gender

Existing predictive Pressure Ulcer Tools are not specific in targeting individual patient and physiological factors involved in major surgical interventions

Conclusions

An overall incidence of pressure ulcers that compares favourably against international benchmark (Gao et al, 2018) of non-cancer patients versus the increased risk and rate of incidences involving surgical cancer patients (Lumbley, 2014). This could have been achieved already through an EBP internal training programme focused on prevention and management of pressure injuries intraoperatively.

However, it also raised the question regarding correlation of data, specifically number of incidences involving CRS+HIPEC. HIPEC involves peritoneal circulation of chemotherapy drugs heated to temperatures of 42°C. As a direct result, core body temperature can increase by $2^{\circ}\text{C} \pm 0.5^{\circ}\text{C}$. Research discussed by Filingeri et al (2021) and Zeevi et al (2018) reviews the interaction between increased core temperature and increased risk of pressure injuries which merits further investigation.



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