

Let's get personal

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Harrogate Convention Centre

Abstract Book





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Welcome to the UKONS Conference 2017

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

The conference, on the theme of 'Let's get personal', focuses on three important aspects of person-centred treatment and care: 'Immunotherapy and novel treatments', 'Person-centred care including the older person' and 'Prevention and early diagnosis'. We are looking forward to hearing paper and poster presentations on these topics and engaging in discussion with delegates about how cancer nurses support personalised treatment and care in the often very challenging contexts of current service delivery.

You will see from reading this booklet that we received a large number of high-quality abstracts, demonstrating the excellent work that is being undertaken. Please take time to read about the range of innovative research and quality-improvement projects described in the abstracts herein, and also to visit the conference exhibition and speak to the authors of the posters.

The UKONS Board thank each of the authors for their submissions, which result from dedication and hard work in their professional role. Prizes will be awarded during the conference proceedings for the best posters. Given the standard of the abstracts submitted, the judges know they will not have an easy time reaching a decision, but look forward to reading your posters.

The UKONS Board sincerely hope that you will find the conference both beneficial and enjoyable and we look forward to meeting you.

Best wishes

The UKONS Board

Abstract 1

Type: Poster and oral

Category: Immunotherapy and novel treatments

A double blind, randomised placebo-controlled trial evaluating the effect of a polyphenolic-rich nail bed balm on the severity of chemotherapy-induced onycholysis

Robert Thomas

Consultant oncologist, Bedford and Addenbrooke's Hospitals

Co-authors: Madeleine Williams, Masoom Muttalib, Michael Cauchi, Saul Berkovitz, Sarah Smith

Background: Distressing nail damage is common among patients receiving chemotherapy, especially taxanes, causing disfigurement, secondary infection and interference with activities of daily living. Cooling the nails helps, but there is no published evidence for the effectiveness of nail balms despite their popular use. We investigated whether a topical balm containing bioactive polyphenolic-rich African *Salvia officinalis*, *Gaultheria procumbens* in a base of *Olea europaea*, *Butyrospermum parkii*, *Cera alba* and *Theobroma cacao* protected the nail beds via their reported anti-inflammatory, analgesic, anti-oxidant and anti-microbial properties.

Methods: 60 patients (23M, 37F) were randomised to apply to their nail beds the natural balm (NB) or a petroleum balm, scented for a placebo control (PC). Demographics, type and number of cycles did not differ between the two groups, recruited between Sept 2015-Sept 2016. At baseline and at the end of chemotherapy both patients and physicians recorded outcomes of nail health based on symptoms, clinical examination and photographs. Differences were analysed using an unpaired t-test.

Results: The mean fall in outcomes over the course of chemotherapy:

Patient reported

Dermatology Life Quality questionnaire: PC (-6.10); NB (-0.034); diff (6.062; CI 4.17 to 7.95; $p < 0.0001$);
Linear severity scale PC (-64.1); NB (2.63); diff (66.72; CI: 52.97 to 80.47; $p < 0.0001$).

Physician reported

Nail Psoriasis Index: PC (-5.71); NB (0.0); diff (5.71; CI 4.29 to 7.12; $p < 0.0001$)

Linear analogue scale: PC (-66.1); NB (-5.79); diff (60.30; CI 45.29 to 75.32; $p < 0.0001$).

Conclusion: The polyphenolic-rich essential oils and plant-based waxes in this nail bed balm profoundly reduced chemotherapy-related nail damage and improved nail-related quality of life, compared with a petroleum-based balm with no toxicity.

Abstract 2

Type: Poster and oral

Category: Immunotherapy and novel treatments

Assessing the impact of nurse-led telephone clinics for patients receiving immunotherapies

Helen Jackson

Lead melanoma CNS, St James's University Hospital

Co-authors: Dr Maria Marples, Beverley Ryder, Helen Nicholson

First six months of a nurse-led telephone clinic for melanoma immunotherapy

Background: Immunotherapy with checkpoint inhibitors is effective in advanced melanoma, with up to 70% disease control rates. When pembrolizumab was approved by NICE in 2015, we expected that patient assessments for immunotherapy treatments would rise, and estimated that this would be 13 patients per week within a year. Experience from the Early Access to Medicines Scheme for pembrolizumab and information from the literature suggested that treatment was likely to be well-tolerated by most patients. We therefore developed a nurse-led telephone clinic to assess patients on immunotherapy, and describe the first six months of its operation.

Methods: We analysed patient attendance in the nurse-led melanoma telephone clinic between 29 November 2016 and 31 May 2017 from the trust electronic patient record Patient Pathway Manager (PPM).

Results: In the first 6 months of the nurse-led telephone clinic, 42 patients have been assessed in 172 consultations over 24 clinics. This included 35 patients on pembrolizumab (131 consultations), 7 patients on nivolumab (11 consultations), and 3 patients being monitored for immunotherapy toxicity (30 consultations). 7 consultations (4%) resulted in a medical review later that week.

Conclusions: The nurse-led telephone clinic has alleviated the increasing pressure on outpatients from patients requiring immunotherapy assessments. Benefits include shorter waiting times in clinic for patients who need to see a doctor, consultations at convenient times and less travelling for appointments and blood tests. Patients are happy with the service, and are confident in the care provided. This clinic model is being extended to the lung and renal cancer services where immunotherapy is being established, with plans for cross-cover between the CNSs, providing for a robust service that is transferable to other settings.

Abstract 3

Type: Poster and oral

Category: Immunotherapy and novel treatments

QR codes to enable quick access to information for patients receiving immunotherapy treatment

Joanne Upton

Skin cancer advanced nurse practitioner, The Clatterbridge Cancer Centre

Co-authors: Ernie Marshall, Anna Olsson-Brown, Joe Sacco

Quick access to toxicity management information ensures timely access to steroids/immunosuppressive treatment for cancer patients experiencing immune-related adverse events, thus reducing length of hospital stays or avoiding hospital admission entirely.

This article discusses a project to add a QR (quick response) code to a patient-held immunotherapy alert card. As QR code generation is free and the immunotherapy clinical management algorithms were already publicly available through the trust's clinical network website, the costs of integrating a QR code into the alert card, after printing, were low, while the benefits are numerous.

Patient-held alert cards are widely used for patients receiving anti-cancer treatment (UK Oncology Nursing Society (UKONS) 2013), and this established standard of care has been modified to enable rapid access of information through the incorporation of a QR code.

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Abstract 4

Type: Poster and oral

Category: Immunotherapy and novel treatments

Understanding the needs of patients receiving targeted therapies: developing a nurse-led service

Andrea Sorsby

Lung cancer CNS, Weston Park Hospital

Co-author: Clare Warnock

Introduction: An increasing number of people are living longer with lung cancer. This is partly due to new targeted therapies such as tyrosine kinase inhibitors (TKIs) including gefitinib. Targeted therapies can be given over extended periods of time presenting a challenge to service delivery. They are also associated with side effects that require effective management to ensure patients benefit from treatment while maintaining a good quality of life (Califano et al 2015). Lung cancer clinical nurse specialists play a leading role in providing services that enhance the patient pathway and support symptom management in patients receiving anti-cancer therapy (Tod et al 2015).

Service improvement: The development of a new nurse-led clinic to provide pre-treatment assessment for lung cancer patients receiving biological and targeted therapies.

Aims/objectives: To gain insight into the adverse effects and outcomes for patients receiving targeted therapy to aid the development of protocols and guidance for the nurse-led clinic.

Methods: A case note review was carried out of 30 patients who commenced treatment with gefitinib between February 2015 and November 2016. Factors reviewed included symptom incidence, severity and interventions; number of cycles given and reasons for discontinuation of treatment; contacts with the cancer centre telephone advice line and unplanned hospital admissions.

Results: The number of treatment cycles received per patient ranged between 1 and 25; a total of 271 cycles of gefitinib had been given and were reviewed. A diverse range and frequency of side effects was documented and 19 patients contacted the cancer centre during one or more cycles for advice regarding symptoms.

Discussion/conclusion: The findings provide valuable insight into the needs of patients receiving targeted therapy that can influence service development and delivery. Ongoing evaluation will be built into the clinic to enable service review and design that meets patients' needs.

References

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Abstract 5

Type: Poster

Category: Immunotherapy and novel treatments

A multidisciplinary educational approach for nurses in the early recognition and management of immunotherapy adverse events

Saras Padachie

Clinical education/AOS train the trainer, Queen Elizabeth Hospital Birmingham

Background: Immunotherapy-related adverse events are unique and complex compared with other types of cancer treatments. It is important that oncology and haematology nurses have the skills, knowledge and education on symptom recognition and management to reduce the need for treatment interruption or delay, prevent the complications of treatment, reduce hospital stay and improve patient experience.

Aim: An Immunotherapy and Acute Oncology Workshop was introduced at the Queen Elizabeth Hospital Birmingham for all registered oncology nurses who deliver and manage patients receiving immunotherapy. The aim was to provide a high standard of education for oncology nurses thereby ensuring positive patient outcomes.

Method: The workshop is held monthly and attendance is mandatory and designed to:

- Give an overview of immunotherapy.
- Provide patient information and education around immunotherapy adverse events.
- Allow nurses to use the UKONS tool to assess and triage adverse events and initiate treatment as soon as.
- Use simulation to enhance theory, skill and practice.
- Introduce and use local policy and protocol to manage the adverse events relating to immunotherapy.
- Provide information on the use of the online referral tool for the Urgent Care Outreach Team, diabetes and supporting CNS teams.
- In addition, they are required to attend AIM (Acute Illness Management course), which uses theory and simulation on the management of patients with various adverse events.
- All nurses attending complete a competency document and are added to a register.

Conclusion: The multidisciplinary education approach is to enhance oncology nurse education and comprehension on immunotherapy, support patient education and demonstrate early identification, escalation and symptom management of adverse events by using evidence based practice.

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Abstract 6

Type: Poster

Category: Immunotherapy and novel treatments

Developing a nurse-led immunotherapy service

Joanne Upton

Skin cancer advanced nurse practitioner, The Clatterbridge Cancer Centre

Working in metastatic melanoma, Joanne has developed a multi-faceted management strategy which delivers safe and effective treatment delivery and patient support in immuno-oncology. This strategy includes nurse-led clinics which include telephone assessment with the development of patient assessment tools, electronic tools, delivery of education and training, protocol development, establishment of a working group and relationships with external specialists for expert advice. This work has been transferred to other disease areas as the use of immunotherapy agents has increased.

Understanding the mechanism of action and recognising the complications of treatment are the keys to effective management of patients in immunotherapy agents.

To achieve that regular contact with healthcare professionals is a necessity. Joanne's immuno-oncology service has been developed to address waiting times, improve patient experience, reduce inconsistencies in the management of toxicities and to improve access to guidance. This has been achieved through the development of pathways, services and tools.

References

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Abstract 7

Type: Poster

Category: Immunotherapy and novel treatments

Developing guidelines to standardise the management of immunotherapy toxicities

Joanne Upton

Skin cancer advanced nurse practitioner, The Clatterbridge Cancer Centre

Co-author: Anna Olsson-Brown

Although immune-checkpoint inhibitors have improved overall survival, they can cause immune-related adverse events (irAEs), with the most common being skin toxicities, diarrhoea, hepatitis, endocrinopathies and pneumonitis. Any of these side effects can be severe or life threatening. Despite this, irAEs are usually reversible with early recognition and prompt initiation of immunosuppressive therapy. Quick and easy access to information will alleviate some of the burden facing front-line staff dealing with the immune-mediated complications arising from these novel therapies and may reduce the costs incurred through unnecessary hospital admissions.

To combat this, the immuno-oncology (IO) working group at the Clatterbridge Cancer Centre in Merseyside has developed and published a bespoke toolkit of management algorithms for irAEs. The IO working group has collaborated with a number of local and national specialists to standardise the management of immune-mediated side effects. The algorithms provide guidance for eight of the most common toxicities: skin rashes, diarrhoea, hepatitis, thyroid dysfunction, adrenal crisis, pneumonitis, nephritis and neurological toxicities.

This set of guidelines is accessible to all and is not only located on the trust's clinical network website, but is also available on the intranet and internet sites. The guidelines are included in the UK Oncology Nursing Society (UKONS) Acute Oncology Initial Management Guidelines (UKONS 2013). The guidelines use the tried-and-tested red, amber, green (RAG) colour coding used in the UKONS guidelines (2013). This familiar colour coding means staff are able to quickly differentiate between the different grades of toxicity and management required.

References

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Abstract 8

Type: Poster

Category: Immunotherapy and novel treatments

Immunotherapy leaflet

Megan Dumphreys

Staff nurse, Oncology Day Unit, Cambridge University Hospital NHS

Co-author: Andrea Hunt

Patient information about treatments and their side effects and potential complications is an important aspect of the cancer nurse's role. It is the responsibility of the cancer nurse administering treatments to remain up to date with novel treatments and their side effects to provide holistic and safe care. Following a survey of knowledge in cancer nurses we are anticipating that there will be a gap in this knowledge and that we will need to create a tool to aid the delivery of this information to patients. Currently, most information available to patients in the chemotherapy unit is directed towards chemotherapy rather than immunotherapy treatments.

Our aim is to create a straightforward, detailed, evidence-based information leaflet that patients could receive when having their first treatment of immunotherapy and nurses can use as a guide for conducting their new patient information giving. It would be well described and easy to read, giving patients clear and useful information about how immunotherapy works, side effects and what to expect.

Research shows that educating patients has a positive effect on their overall experience when receiving treatment and empowers the patient to feel in control of their health. In conclusion, immunotherapy drugs are being used regularly and more frequently as treatment for oncology/haematology patients. It is therefore important that information is available which is accurate and clear to benefit the patient.

The leaflet could consist of the following:

- A brief introduction to immunotherapy.
- Information about the specific drug being administered.
- A clear head-to-toe diagram of side effects that could occur with each part of the body.
- Information about what to do if side effects aren't controlled.
- A diary format page of how the cycles work and how long each treatment should take.

Abstract 9

Type: Poster

Category: Immunotherapy and novel treatments

Immunotherapy-related adverse events at an Emergency Cancer Intervention Centre

Laura Collantes

Advanced nurse practitioner, Imperial College Healthcare NHS Trust

Co-authors: Catia da Costa Mendes, Anna Brown, Smitha Joseph, Ruth Perez, Jessina Turunen, Selina Banfield, Rebecca Johl

Background and service improvement: The Imperial Emergency Cancer Intervention Centre (ECIC) represents an integrated initiative that links multiple specialities to improve healthcare delivery for acutely unwell cancer patients. Patients on immunotherapy can present at the ECIC with immune-related adverse events (irAEs). These irAEs require urgent inpatient management when severe, particularly when immunotherapy agents have been given in combination.

Objectives:

- To improve patient care through early recognition of irAEs and the standardisation of protocols in the acute setting.
- To establish a proforma that enables healthcare professionals to gather appropriate data to be analysed.

Methodology: To improve personalised care for patients receiving immune-checkpoint inhibitors, we performed a retrospective analysis on patients treated with anti-PD1, anti-CTLA4 or a combination of these antibodies at Imperial College Healthcare NHS Trust. irAE grading and individual management strategies were carefully evaluated from electronic patient records.

Results: A wide range of immunotherapy agents are routinely used at the trust for specific cancer subtypes. Severe toxic complications are encountered at the ECIC. irAE grading and urgent treatment with corticosteroids require standardisation. A new immunotherapy toxicity proforma enables this.

Conclusion: Clinical outcomes for patients on immunotherapy are likely to improve with early recognition of toxicities and their prompt treatment in the outpatient setting. Imperial ECIC nurse practitioners and advanced nurse practitioners are specifically trained in the urgent management of severe irAEs that are likely to present in the emergency setting.

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Abstract 10

Type: Poster

Category: Immunotherapy and novel treatments

Supporting patients through immunotherapy: the role of the clinical nurse specialist

Nikki Hunter

Immunotherapy CNS, The Royal Marsden NHS Foundation Trust

Immunotherapy is a paradigm shift in cancer care. The introduction of Immune Checkpoint Inhibitors has changed the treatment trajectory and care pathway for an ever expanding number of tumour groups. However, these agents are associated with a significant risk of life-threatening/life altering immune-related adverse event (irAE). Creating a new clinical nurse specialist role, specifically for immunotherapy, enables an integrated and consistent approach towards educating and supporting patients, their carers, and fellow healthcare professionals.

Furthermore, the CNS provides an effective and responsive line of communication between the patient and the clinical team. Patient safety is improved through the ability of the CNS to reach out across the tumour groups, through supporting and enhancing the experience of patients, and through engaging with and assisting multiple clinical teams. Good practice is embedded through the creation, and implementation of algorithmic pathways for the management of irAEs.

Early identification, and careful management of irAEs facilitates continuity of therapy, thus improving patient outcomes. The primary role of the immunotherapy CNS is to ensure patient safety. They act as a safety net to ensure that all patients are cared for according to best practice and dedicated algorithmic pathways. This minimises risk of adverse outcomes and enhances not only the patient outcome, but also the patient experience throughout and beyond the treatment pathway.

Abstract 11

Type: Poster

Category: Immunotherapy and novel treatments

Systemic anti-cancer treatment for patients with advanced/metastatic melanoma: development and evaluation of a combined nurse/pharmacy-led clinic

Cathy Johnston

Macmillan melanoma clinical nurse specialist, Beatson West of Scotland Cancer Centre

Co-authors: Ashita Waterston, Roisin O'Donoghue

Historically, treatment options for metastatic melanoma have been limited with no evidence that systemic treatment offered any survival benefit. However, in recent years, the development and approval of both targeted therapy and immunotherapy drugs has altered the treatment landscape of melanoma.

Scottish Medicines Consortium (SMC) approval for dabrafenib and trametinib (2016), ipilimumab (2013), pembrolizumab (2015), nivolumab (2016) and ipilimumab and nivolumab in combination (2016) has increased the number of patients with advanced/metastatic melanoma who are now eligible to receive systemic anti-cancer treatments. While this is a positive step forward in the management of metastatic melanoma, the incorporation of these treatments into the clinical setting has provided challenges in relation to maintaining an excellent standard of service delivery within the existing traditional consultant-led clinic model.

To address these challenges, a combined nurse/pharmacy-led clinic was established in August 2016 with the support of the wider multidisciplinary team. A protocol was developed in which both the clinical nurse specialist and pharmacist are non-medical prescribers and addresses organisational issues, training and competency, inclusion/exclusion criteria, criteria for medical review, monitoring response to treatment, and audit/evaluation of the service.

Initially, the clinic was set up for patients receiving single agent immunotherapy, however early positive responses mean that the nurse/pharmacy-led service remit has now been expanded to include patients receiving BRAF and MEK inhibitors. The clinic has now been established for one year with an evaluation taking place during August 2017 focusing on patient satisfaction with the service. The results of this evaluation will be presented in the poster.

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Abstract 12

Type: Poster

Category: Immunotherapy and novel treatments

Training for care of prostate brachytherapy patients

Yun Wang

Prostate brachytherapy advanced nurse practitioner, Oxford University Hospital NHS Foundation Trust, Churchill Hospital

Introduction: Brachytherapy is a technique for treating localised prostate cancer using tiny radioactive seeds of Iodine-125 (I125) that are inserted permanently into the prostate gland. The procedure is carried out under general anaesthetic. Post-operatively the patient will be cared for on either the Oncology or Wytham ward before being discharged home on the following day. Staff training is crucial and must follow the local rules for radiation protection for care of brachytherapy patients.

Aims and objectives: The need for the training had been highlighted by the occurrence of two near misses and one incident involving the post-operative care of prostate brachytherapy patients. The training is aiming to enable all registered nurses to feel confident and competent in caring for the prostate brachytherapy patient safely on the wards. It should also assess the nurses' competencies in the knowledge and skills for the effective management of brachytherapy patients post training sessions.

Training Process:

1. Initial plan.
2. Engage the ward managers and the professional development nurses.
3. Tailored training package (date, time, methods of training) suitable for the ward staff with written information.
4. Running the training, 1-4 persons each session and hold on the wards, involve physics.
5. Evaluation of the training.
6. Further development.

Outcomes: 19 registered nurses attended training from two wards. The competencies assessment pass rate was 75% at the first time. The training outcome was evaluated after three months. It was found that there had been no near misses or incidents on the wards relating to brachytherapy patients.

Further development: To revise the training content and format and negotiate with the ward managers to include the training in the new staff induction programme. Refresh training for all registered nurses will be every other year.

References

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Abstract 13

Type: Poster

Category: Person-centred care including the older person

Cancer and dementia: The information needs of people living with both conditions

Jill Yeomans

Cancer information development nurse, Macmillan Cancer Support

Background/aim: There are a growing number of people living with cancer and dementia, but there is a lack of cancer information designed to meet their needs.

Service improvement: In partnership with Dementia UK we aimed to produce a cancer information resource for people living with cancer and dementia that could help them make informed decisions about their care.

Method: We identified three groups with a potential interest in the resource:

- People living with cancer and dementia.
- Carers of people with dementia and cancer.
- Specialist health professionals working in dementia or cancer.

We used various methods to discover their views and preferences for the content and format of the new resource. These included a focus group for people with dementia, and phone interviews and questionnaires with health professionals and carers.

Results:

Content

People who had dementia wanted information on: cancer and cancer treatment; ways to cope with memory problems; sorting out their affairs; end of life.

Carers of people with dementia and cancer wanted information on: sources of support; symptoms or side effects; capacity and advance wishes; financial information.

Health professionals wanted the resource to include information on: symptoms and side effects; capacity and advance wishes.

Format

Almost all reviewers said that information should: be short; be easy to read; use infographics and photographs.

People living with dementia also wanted: tools they could use to help them to recall the information they were given; information in print or audio; information gathered in one place, such as a booklet.

Conclusions: We finally produced two information resources. One for people who have cancer and dementia and one for their carers. This reflected the different needs that emerged from our research with both groups.

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Dementia diagnosis and management (2015) NHS England.

Abstract 14

Type: Poster and oral

Category: Person-centred care including the older person

Exploring the patient-centred contributions of colorectal clinical nurse specialists to multidisciplinary meetings in cancer care: a mixed methods study

Dr Lallita Carballo

Clinical lead for supportive cancer care, University College London Hospitals NHS

Co-authors: Professor Glenn Robert, Dr Claire Taylor, Dr Cath Taylor

Background: Multidisciplinary teams (MDTs) are considered central to the delivery of high quality cancer care. Some evidence suggests that there is poor participation and limited contribution from the clinical nurse specialist (CNS) whose focus is on patient-centred issues.

Aims: The main aims were to:

- Explore the CNS contribution to the multidisciplinary team meeting (MDM).
- Identify the factors that enable and inhibit CNSs from contributing patient-centred information.

Methods: Using a sequential mixed methods design Phase 1 consisted of non-participant observation of 16 colorectal MDMs across four colorectal teams. Phase 2 consisted of semi-structured interviews with a purposive sample of 18 core colorectal MDT members from the four teams. For phase 3, the colorectal CNSs attended a focus group to explore and validate proposals to enhance their contributions. The quantitative data were analysed using descriptive statistics and framework analysis was undertaken for the interview data.

Findings: In phase 1 CNSs were observed contributing patient-centred information variably across the four teams with few patient-centred dimensions raised. Phase 2 findings showed variations between the CNS and other MDT members in their perceptions of the role and contribution of the CNS in the MDM. The integrated findings of phases 1 and 2 showed there was low participation and minimal contribution of the CNSs across all MDTs due to perceived low professional status of the CNSs, role conflict and ambiguity and a meeting culture focused on the 'tumour' rather than the 'person'. Phase 3 indicated support for three proposals:

- Agreed clarity on the role of the CNS.
- Systematising of the CNS opinion in the MDM.
- Team dynamics training.

Conclusion: There are problems with CNSs fulfilling their role within the context of the cancer MDT meeting. Potential strategies for enhancing their contribution on patient-centred issues should be tested and implemented.

References

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Abstract 15

Type: Poster and oral

Category: Person-centred care including the older person

Piloting a patient treatment summary and care plan in Ireland

Terry Hanan

Nursing project manager, National Cancer Control Programme

Co-authors: Louise Mullen, Hilary Murphy, Marie Laffoy

Background: The number of cancer survivors in Ireland is predicted to double in the next 25 years. Our recently published National Cancer Strategy 2017- 2026 has four recommendations in relation to cancer survivorship. Recommendation 40 states 'all hospitals will offer patients a patient treatment summary and care plan' detailing treatments they have received and follow up care required. In advance of the publication of the strategy, the National Cancer Control Programme established a steering group to develop and pilot a Patient Treatment Summary and Care Plan (PTSCP). An international literature review informed its content. The pilot aimed at identifying facilitators and barriers to national implementation.

Method: Qualitative research methodology and analysis was used to determine the patient and cancer staff experience with a PTSCP in two hospitals in Ireland. Telephone interviews were conducted with patients to ascertain experience, acceptability and usefulness of content. The impact on cancer centre staff was determined by interview.

Results: Patients indicated that the PTSCP provided information that they did not have in a summary form before. The PTSCP was useful in initiating conversations. Challenges identified included: patients seeing the hospital as 'looking after them' and not actively engaging with shared responsibility for self-management; difficulty with constructing the treatment summary for the cancer centre staff and overall responsibility for delivery.

Conclusions: The PTSCP is an aid to transition patients to follow-up care when active treatment is complete. The timing of introducing the concept should be from time of diagnosis as opposed to waiting until treatment is complete. Patients need to be actively prepared for living with and beyond cancer and be empowered to self-manage with support after active treatment is complete. There are implementation challenges as many cancer centres have to construct and deliver the PTSCP in the absence of integrated IT systems.

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Abstract 16

Type: Oral

Category: Person-centred care including the older person

Why do patients delay presenting with neutropenic sepsis? A grounded theory study

Dr Catherine Oakley

Chemotherapy nurse consultant, Guy's and St Thomas' NHS Foundation Trust

Background: Each year around 700 patients die in the United Kingdom from neutropenic sepsis (NS). Internationally, the mortality rate is 2-21% (in patients who develop NS). Clinicians are frustrated by and do not understand patient delays in reporting NS, which may increase health service costs, mortality and delay chemotherapy, which can affect prognosis.

Methods: Observations (n=13 hours) of women with breast cancer being provided with information about NS by clinicians and 31 in-depth interviews (with patients, carers and clinicians). Analysis (and development of categories and supporting properties) commenced with the earliest data gathered. A rich theoretical picture was built through comparing perspectives, pursuing areas of inquiry and recruiting participants who became of interest. Data were collected until saturation. The grounded theory was developed through application of a coding framework to examine and explain connections between categories.

Results: Participants (n=35) included 13 women with breast cancer, 9 carers (family or friends) and 13 clinicians (4 oncologists, 7 chemotherapy nurses and 2 emergency department clinicians). All patients who developed NS-type symptoms (n=12), delayed presenting to hospital (2.5 hours - 8 days), sometimes repeatedly. The final grounded theory suggests patient delays were due to an interplay of behaviours where clinicians, patients and carers subconsciously colluded to underplay the seriousness and possibility of NS occurring. Importantly, the clinicians avoided fully explaining NS to patients because they feared treatment refusal. They downplayed NS to an infection rather than explaining the risk of sepsis. Moderators of delay included metastatic disease, bereavement, fatalism, religious beliefs and the quality of relationships with clinicians.

Conclusions: Relationships with clinicians directly impacted on delayed patient reporting of NS. Findings have implications for health risk communication, development of holistic service models and the design of future research to develop interventions, to promote earlier recognition and treatment for this important chemotherapy complication.

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Abstract 17

Type: Poster

Category: Person-centred care including the older person

#Just Ask Campaign: a program to improve cancer care on hospital wards

Claire Goulding

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Co-authors: Maria Lawson, Sian Dennison

The National Cancer Survey 2015 and 2016 found only 46% of cancer inpatients were asked during their hospital stay what their concerns and worries were. As a result, a pilot #Just Ask Campaign to improve cancer experience on the surgical wards has been implemented in Derriford Hospital. The #Just Ask Campaign aims to increase awareness of the needs of cancer patients and to give nursing staff on the wards the confidence and tools to be able to address these needs. Patients and nursing staff were surveyed prior to the introduction of the campaign as a baseline.

The #Just Ask Campaign involves weekly ward teaching of nursing staff on issues surrounding cancer patient care; oncology CNSs being involved in consultant ward rounds; increased presence and pastoral support on the wards for patients and nurses and the development of a #Just Ask app for nurses to find the support required to provide holistic needs assessment.

It also involves the development of a cancer supportive care directory as a reference for practical, emotional and spiritual support for cancer patients; care plan leaflets for patients and family members to use to raise concerns and worries to staff; video clips for breaking bad news; CNS and ward manager team review meetings with staff to disseminate information and good practice; and the introduction of mini Swartz rounds on the wards.

Patients and staff will be surveyed again after 6 months to assess the impact of the #Just Ask Pilot Campaign on the wards. Results of the 2017 National Cancer survey will also be scrutinised for signs of improvement.

The pilot will be reviewed after 6 months of implementation and rolled out to the rest of the wards in Derriford Hospital with any changes in learning from the pilot. #Just Ask aims to enhance inpatient cancer care for everyone.

Abstract 18

Type: Poster

Category: Person-centred care including the older person

A new intervention to support patients with parental responsibilities

Dr Caroline Leek

Director, clinical arts, Fruit Fly Collective

Co-authors: Julie Baker, Clare Reeder

There is strong evidence that the holistic needs of a cancer patient, in the context of their family life, have not been fully addressed. Research reports that parents with cancer feel wholly unsupported when managing their family's needs, and that telling their children of their cancer diagnosis is one of the hardest challenges they face. Parental concern over their child's mental well-being is acknowledged by studies that report children with a parent diagnosed with cancer are at high risk of developing psychosocial problems. These symptoms are often heightened by both a lack of cancer education, and poor communication between the parent and child. Good family communication appears to be key as studies indicate a positive impact on the psychological well-being of both the children and the parent when a cancer diagnosis has been openly communicated.

The service introduced provides an early intervention, in the form of a multifaceted toolkit specific to the patient's family's needs, and administered at diagnosis by trained clinical nurse specialists. The aim of this project is to deliver a service with an intervention that supports patients and their children, enabling families to become more resilient to the challenges parental cancer generates.

This pilot has been delivered at Lewisham and Greenwich NHS Trust led by both the clinical nursing team and the psychological support team. Patients are given the toolkits to take home, a record of the patient's family dynamic and cancer pathway is documented. The patient completes an online questionnaire about the impact the tools have had on their family.

Data has yet to be analysed as not all data has been collected. Feedback from patients has been extremely positive. The toolkits have enabled family to understand and discuss cancer, alleviating many unfounded fears.

Type: Poster

Category: Person-centred care including the older person

A study into specific holistic needs of colorectal oncology patients following the development of a person centred service

Lindsay Richards

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Co-author: Michelle Lloyd

Introduction: The Macmillan colorectal oncology CNS wanted to develop a patient centred service, resulting in a holistic needs assessment tool (HNA) and care plan being developed.

Service improvement: Designing a person centred service that met the individual's holistic needs via the use of a HNA and co-produced care plan was a significant service improvement. The physical, psychological, emotional, social, spiritual, sexual and financial needs of patient/carers/family were identified and met via signposting/referrals. The re-design of the service included enough time for an HNA to be carried out and signposting information is now readily available in clinics.

Aims/objectives: To gain further knowledge into the specific individual holistic needs of patients diagnosed with colorectal cancer. The information gained would be used to inform service development and improve signposting.

Methodology: A audit was undertaken specifically looking at the number of HNAs and care plans undertaken for each patient and what their specific individual needs were. 29 sets of patients medical records were manually reviewed.

Results: Showed all patients had received a HNA and care plan; number of HNAs undertaken per patient depended on their stage of the pathway. A wide range of needs were identified and categorised under practical, physical, family, emotional, lifestyle and sexual domains, resulting in multiple referrals to a wide range of professionals, third sector organisations and or support services.

Discussion: The study highlighted the significance of patients receiving more than one HNA/care plan as patient's needs changed throughout their pathway. The large amount and variation of needs demonstrated the importance/value of holistic care. Patients can have needs not specifically related to their cancer causing a significant issue in their lives. Actions were developed as a result of the findings, which reinforced the need for the service itself and the need for holistic, person centred care.

References

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Type: Poster

Category: Person-centred care including the older person

After cancer treatment: a DVD for teenagers and young adults

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Co-authors: Caroline Wiltshire, C Pope, M Wilkinson, D Greenfield

A local service review identified that TYA patients felt unprepared for life after completion of cancer treatment. Concerns were raised about the timing and detail of current information provision particularly with regards to survivorship issues. Many also chose not to attend post-treatment workshops organised by the TYA team. In short, information provision and mode of delivery were not meeting patient need.

Aims: To develop a patient-led approach to information provision that met the initial needs of the young person after treatment, and could also be revisited by them as a future resource.

Methods: A multi-disciplinary working group of TYA professionals was convened and agreed to develop a series of short films. Funding was awarded from a charitable source. An independent film company was commissioned. 12 TYA cancer survivors were identified and invited to participate. All were 6 months or more post-completion of cancer treatment. A patient focus group was organised and facilitated by the TYA CNS and Youth Support Coordinator. All gave written consent to be filmed and share their experiences.

Findings: The films captured the varied experiences of TYA patients who had completed treatment. A range of post-treatment survivorship issues were addressed, such as: sex, fatigue, healthy life-style and body image. Some spoke about positive consequences of facing cancer, others described how cancer has left them feeling physically and emotionally scarred.

Conclusion: This candid collection of patient stories will provide future TYA patients information about pertinent issues beyond the end of treatment. The Sheffield team launched the 'Life After Cancer' films on JTV Cancer Support website and would like to share it with other cancer centres. Its hoped this film medium will provide and deliver appropriate information content at the right time and in an accessible format. Further work is required to evaluate the films.

Abstract 21

Type: Poster

Category: Person-centred care including the older person

An audit of door-to-needle times for suspected neutropenic sepsis in the emergency department

Joanne Woolley

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Co-authors: Laura FitzPatrick, Samuel Wade

Acute oncology teams are required by the National Cancer Action Team to do a One Hour to Antibiotic audit, analysing six months of data from the previous 12 months. All patients with suspected neutropenic sepsis should receive intravenous antibiotics within one hour, as per NICE guidance 2012.

The aim of the audit is to measure the time from presentation to receiving antibiotics of patients presenting to the emergency department with suspected neutropenic sepsis (the door-to-needle time). The objectives of the audit are to assess compliance with the 60-minute door-to-needle time for administration of IV antibiotics, to review where failures in the diagnostic process occur and examine any deviation to the Neutropenic Sepsis Pathway.

Data were collected over a six-month period and included all adult oncology patients who presented to the emergency department and were treated as suspected neutropenic sepsis. Data were completed using clerking and triage notes, drug prescription chart, acute oncology database and clinical coding lists for neutropenia and sepsis. There were 55 patients included in the audit.

The results of the 2016-2017 audit revealed a door-to-needle time of 42% of patients receiving antibiotics, which was a drop from 49% the previous year. Comparison data from 2015-2015 have been included and include data about length of hospital stay and mortality.

Pressures in the emergency department have impacted upon these figures. New staff without IV skills, patient numbers within the department and bed shortages within the hospital have all had a knock-on effect on delays in assessment and treatment.

The Acute Oncology Team are working to address training and education issues within the department and also increasing in reach and presence to improve the patients' experience.

References

www.nice.org.uk/guidance/cg15

Type: Poster

Category: Person-centred care including the older person

An innovative multi-professional approach to providing patient centred care for women with metastatic breast cancer receiving hormone therapy

Joanne Beaumont

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Co-author: Shona McKenzie

Introduction and background: Survival rates and treatments for metastatic breast cancer are improving leading some to suggest that it may be becoming a chronic condition (Reed and Corner 2013). Hormone and bisphosphonate therapy can provide disease control in oestrogen positive metastatic breast cancer. However, they are associated with side effects, including menopausal symptoms which need to be managed effectively (NICE 2017). Maintaining quality of life alongside on-going treatments is essential.

Service improvement: A joint nurse and pharmacist-led clinic was established in November 2016 to provide pre-treatment assessment for women with metastatic breast cancer receiving hormone and bisphosphonate therapy. This new service provides a holistic approach including specialist advice on managing menopausal symptoms and a focus on quality of life issues arising from treatment and illness.

Aims/objectives: To provide a multi-professional holistic approach to improve patient experience, reduce waiting times and enhance the patient pathway.

Methodology: Both professionals are non-medical prescribers. The clinic is structured by protocols, patient pathways and an assessment tool which were agreed by the breast consultant team. All tools have been designed to ensure audit and evaluation are embedded as a core part of the service. A patient satisfaction questionnaire was developed to review the service.

Results: A review of patient assessment tools provides insight into the incidence and severity of challenging menopausal symptoms along with a diverse range of additional patient concerns. 25 patients completed questionnaires which revealed that many had not had these symptoms addressed in the past. A high level of satisfaction was reported, particularly regarding advice on managing hot flushes and vaginal dryness.

Discussion/conclusion: The CNS and pharmacist joint working partnership enabled a range of patient needs to be met. Patients valued the time to discuss concerns and their menopausal symptoms. Improvements in patient flow were achieved including a reduction in waiting times.

References

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Type: Abstract only

Category: Person-centred care including the older person

Assessing the value of healthcare staff engaging and collaborating creatively with local art schools: Toward improving visual arts within radiotherapy departments

Ben Hartley

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Co-author: Dr Bryan Cliff

Engagement with visual arts is recognised as having the potential to support the healthcare experience (APPG 2017). However, evidence of the effectiveness and impact of specific interventions is limited (PHE 2016). To address this, the arts committee of a cancer treatment centre in London set objectives within two radiotherapy departments. This pilot project was designed to support staff to transform the visual environment from a receptive position to an active, engaged practice by working with local art schools.

Focusing on pre-treatment anxiety within department waiting areas (Bloemberg et al 2009), we developed a collaborative team among the radiotherapy department staff, service users and local art staff and students to focus on publicness, creative collaboration and the process of exhibiting as a 'live' method (Back and Puwar 2013). The agreed goal was to better understand and improve the radiotherapy department experience by developing a collective short programme of visual arts-based interventions.

Local arts schools were invited to co-design the project collaboratively. Baseline appetites and preferences for arts engagement were ascertained through focus groups with senior departmental staff resulting in a voluntary drawing class and an art appreciation workshop, which was co-facilitated by the arts organisations. Simultaneously, a voluntary group of staff and service users selected and helped to curate an exhibition of graduate art student paintings for the departments, replacing existing loaned artwork.

So far, a mixture of professions joined the voluntary drawing class following of which 100% of attendees felt they were quite or extremely likely to attend another workshop. Similarly the art appreciation sessions revealed a similar appetite for engagement with 100% of those attending wanting to be involved in similar future activities.

Further activities under way include cross-institutional visits to support commissioning, curating new work for specific areas of the department where pre-treatment anxiety may be higher, and a wider engagement and evaluation event for those not yet involved with the project. These will be evaluated using feedback questionnaires with completion scheduled for September 2017.

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Abstract 24

Type: Poster

Category: Person-centred care including the older person

Audit of a new nurse-led non-medical prescribing clinic for systemic anti-cancer therapy (SACTs)

Philippa Davies

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Co-authors: Elizabeth Quaglia, Aisling McSweeney, Prof Martyn Caplin, Dr Christina Thirlwell

The number of people diagnosed and living with cancer in the UK continues to rise and this also places increasing demand on specialist services (NHS England 2015). Neuroendocrine tumours (NETs) incidence and prevalence increases alongside this demand (PHE 2016). NETs still remain a rare cancer with specialist needs and the clinical nurse specialist (CNS) teams are ideally placed to support these patients. Oncology clinics are becoming increasingly pressured and the need to think of innovative ways of reducing pressure while maintaining and enhancing the patients experience is important. To address this, we set up a nurse-led NET NMP SACT clinic alongside the oncology clinic to improve patient experience and reduce oncologist clinic review.

Aim: To assess the impact of nurse-led NMP clinic on the patient and the NET service.

Methodology: Questionnaires were given to patients either by email or in clinic after 3 months of clinic commencement. A questionnaire was given to oncologists within the clinic and the oncology pharmacist.

Results: The NMP prescribed 29 SACTs for 15 patients, including targeted agents (sunitinib and everolimus) and chemotherapy regimens (carboplatin/etoposide, FCIST and FCarboSt). 14/15 completed patient experience questionnaires. Patient feedback included: quality of nurse review – excellent 84%, very good 16%; confidence in nurse knowledge 100%; patients felt involved in decision making 100%. Clinician feedback: 100% reported safe practice was observed, 100% reported decision making by NMP was appropriate and safe, 100% reported that they felt the medical team had more time to review other patients. No errors on prescriptions and all delays/changes appropriate.

Conclusion: The experience for this nurse-led clinic is very positive and benefiting both the patients and the consultants. This has paved the way for further clinics of this kind within the NET service and the trust. It offers a viable model for enhancing patient care.

References

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Incidence and survival in neuroendocrine tumours and neuroendocrine carcinomas (NETs/NECs) in England, 2013-2014. PHE, October 2016.

Abstract 25

Type: Poster

Category: Person-centred care including the older person

Audit of head and neck multidisciplinary on treatment clinic at Royal Marsden NHS Foundation Trust

Joanna Rydon

Clinical nurse specialist, head and neck, The Royal Marsden Hospital

Co-authors: Vanessa Franklin, Kate Ashforth

Introduction: This audit evaluated a weekly multidisciplinary on treat clinic for patients receiving radiotherapy to the head and neck. National guidance including the Head and Neck NICE IOG, the former LCA and BAHNO 2016 recommends regular input during patients' treatment. An MDT approach is beneficial to the patients as all their needs can be addressed in one session, in a holistic manner.

Methods: Retrospective patient survey of NHS head and neck cancer patients receiving radical radiotherapy treatment from August 2014 onwards. 50 patients who attended the clinic were sent a questionnaire. Qualitative data were also gathered.

Results: A 52% response rate was achieved and the results showed that overall patients were extremely pleased with their experience of the on treat clinic. The majority of patients met the members of the MDT, in a timely fashion. Patients expressed satisfaction with all the members of the MDT, gaining relevant information, advice and support. Most patients felt that their information needs were met but on occasion too little or too much information was provided. The qualitative data were insightful and beneficial for future practice.

Conclusions: This audit has shown that this weekly clinic is essential to provide information, support and clinical expertise to this group of patients as they undergo their radiotherapy treatment which has complex side effects. These side effects can include both physical and psychological issues that need to be managed ensuring patients can complete their course of treatment, achieving higher cure rates and better patient outcomes. By working as an MDT we can also ensure the approach is person focused and tailored to the person's specific needs. It has also identified areas of future research such as the needs of carers, the timeliness and extent of patient information.

References

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Abstract 26

Type: Poster

Category: Person-centred care including the older person

Blood Cancer Connect: a response to patient need

Kate Keightley

Patient experience manager, Patient Services, Bloodwise

Blood cancer is a complex disease area with a vast range of long-term physical and psychological effects. Our Patient Need Research shows blood cancer patients feel they are different to solid tumour patients, with a perceived lack of relevant information, support or signposting available in comparison. This, added to the complexity, rarity and lack of public understanding about blood cancer, makes those affected feel incredibly isolated.

Blood Cancer Connect (BCC) is a website built in response to the issues identified. It gathers up-to-date information from leading Information Standard Accredited blood cancer and pan-cancer organisations, and highlights relevant peer:peer or specialist services available locally and online. Information is filtered by individual condition type, relationship to condition, age, stage, and proximity to services, presenting a personalised library of wide ranging topic areas for users to explore independently or with their nursing team.

BCC aims to increase access to relevant information and support, increase confidence of patients, carers and healthcare professionals in the accuracy and reliability of information provided, and reduce levels of isolation felt.

Developing BCC has involved regular liaison with associated organisations, mapping all relevant resources available, structuring effective, intuitive information architecture and filtering systems, creating dynamic relevancy algorithms and importantly conducting regular testing sessions with patients, carers, CNSs and other stakeholders (n=76) ensuring the site provides a logical, supportive and positive user experience.

We are undertaking a six-week testing period for a much wider audience (estimated n=1000) where we will gather qualitative and quantitative evidence of success to measure against before disseminating to hospitals across the UK.

BCC has so far proved effective in consolidating high-quality resources to improve access to trusted and personalised information and support, and we feel confident nurses in particular will find it a valuable tool to promote person-centred care among patients and carers.

Abstract 27

Type: Poster

Category: Person-centred care including the older person

Can groups provide person centred care?

Emily Robson

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Co-authors: Lallita Carballo, Hilary Plant, Vikky Riley

Background: At University College Hospital Macmillan Support and Information Service, a wellbeing programme of groups and workshops has been designed to support patients living with and beyond a cancer diagnosis or red cell condition. The service also offers in-the-moment practical and emotional support by a specialist team of qualified health care professionals.

Aims/objectives: To evaluate the wellbeing programme of groups and workshops aimed at people affected by cancer or red cell condition.

Methodology: A mixed-methods approach was used to assess the impact of groups at a flagship Support and Information Service in London. Pre and post-evaluation measures that used confidence and motivation as the main outcomes were analysed. Qualitative feedback was also collected via comment cards that patients had completed about their experience of attending a group. Finally, the attendance data for both the drop-in service and individual groups were also analysed and incorporated into the evaluation.

Results: Patients that attended groups such as diet, sleep, physical activity and mindfulness all reported that their motivation and confidence levels had increased as a result of attending the group. The most popular groups identified were yoga and creative writing. In written feedback, patients reported positively on their experiences of attending a group. Recurring themes to emerge within the patient comments included the importance of kindness from staff/group facilitator and location/atmosphere of the group.

Discussion/conclusion: Groups are a cost-effective way of providing support to patients, while also encouraging self-management and social engagement with others. It is important to ensure that patients do not become dependent on in-house support services and/or that group interventions do not replace face-to-face supportive care. Further evaluation on the long-term impact of group interventions should be considered.

Type: Abstract only

Category: Person-centred care including the older person

Cancer prehabilitation: meeting and treating the unmet needs of cancer patients

Joan Sweeney

Patient support and review specialist radiographer, The Rutherford Cancer Centre

Introduction: Prehabilitation has been shown to have positive effects for patients undergoing surgery but has not been widely considered for patients starting out on cancer treatment. Sliver et al (2015) define cancer prehabilitation as 'a process on the cancer continuum of care that occurs between the time of cancer diagnosis and the beginning of acute treatment and includes physical and psychological assessments that establish a baseline functional level, identify impairments and provide interventions that promote physical and psychological health to reduce the incidence and/or severity of future impairments'. The Macmillan Recovery Package (2013) advocates that person-centred care must be at the heart of service delivery. The author believes that on-treatment review radiographers have the opportunity to significantly impact care through site-specific prehabilitation assessments and provision of interventions designed to improve psychological and physical health before the commencement of cancer treatment.

Method and materials: All patients referred for radiotherapy treatment attend a pre-assessment appointment providing access to prehabilitation as required. They complete a holistic needs assessment to establish baseline patient status and are offered a multidisciplinary team referral which includes physiotherapists, dietician, counselling, complimentary therapy before the start of treatment if the need is identified.

Results: The service evaluation using PROMS will be analysed when 25 patients have completed treatment in the centre.

Discussion/conclusion: It is common practice in oncology departments for chemotherapy patients to have pre-assessments to determine their fitness for treatment and head and neck patients attend MDT pre-assessments to prepare them for the rigorous treatment ahead (van der Molen et al 2012). Yet all other radiotherapy patients are assumed to be physically and emotionally fit for treatment without the need for pre-assessment. The prehabilitation assessment identifies any impairments the patient may have and provides the opportunity to limit or prevent future impairments by offering referral to appropriate supportive care.

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Abstract 29

Type: Poster

Category: Person-centred care including the older person

Cancer rehabilitation: A new paradigm

Kate Rawlings

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Co-author: Mark Foulkes

The increasing numbers of patients living with and beyond cancer has resulted in a number of major challenges for providers of cancer services, commissioning groups, public health and social care (Independent Cancer Taskforce 2015). These pivot around the degree to which this large number of patients can be cared for compassionately while promoting independence and self-care. In Berkshire, with the help of Macmillan, we have developed a cancer rehabilitation service (CRS) which acts as a hub, both providing specialist care and signposting services for patients with cancer, whatever the stage of their illness. This dovetails with the national strategy of delivering the Macmillan recovery plan (NHS England 2016).

The CRS allows patients to access a range of services including psychological support, physical exercise, self-care classes and health and wellbeing groups via a single referral.

We consider this the only project of its kind in the UK and we are eager to share it with others.

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Type: Poster

Category: Person-centred care including the older person

Cancer survivors' experience with telehealth: a systematic review and thematic synthesis

Dr Anna Cox

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Co-authors: Grace Lucas, Afrodita Marcu, Marianne Piano, Wendy Grosvenor, Freda Mold, Roma Maguire, Emma Ream

Background: There is a drive to transfer the care of cancer survivors to the community and encourage them to play an active role in their own care. Telehealth, the use of technology in remote exchange of data and communication between patients and health care professionals (HCPs), is an important contributor to this evolving model of care. Telehealth interventions are 'complex', and understanding patient experiences of them is important in evaluating their impact.

Objective: To systematically identify, appraise, and synthesise qualitative research evidence on the experiences of adult cancer survivors participating in telehealth interventions.

Methods: Medline (PubMed), PsychINFO, Cumulative Index for Nursing and Allied Health Professionals (CINAHL), Embase, and Cochrane Central Register of Controlled Trials were searched for relevant English-language papers published between 2006 and 2016 reporting qualitative data including verbatim quotes. An adapted Critical Appraisal Skill Programme (CASP) checklist for qualitative research was used to assess paper quality. The results section of each included article was coded line by line, and all papers underwent inductive analysis, involving comparison, re-examination, and grouping of codes to develop descriptive themes. Analytical themes were developed through an iterative process of reflection on, and interpretation of, the descriptive themes within and across studies.

Results: Across the 22 included papers, 3 analytical themes emerged, each with 3 descriptive subthemes:

- Influence of telehealth on the disrupted lives of cancer survivors (convenience, independence, and burden).
- Personalised care across physical distance (time, space, and the human factor).
- Remote reassurance - a safety net of health care professional connection (active connection, passive connection, and slipping through the net).

Conclusions: Telehealth interventions can facilitate an experience of personalised care and reassurance for those living with and beyond cancer; however, it is important to consider individual factors when tailoring interventions to ensure engagement promotes benefit rather than burden.

Abstract 31

Type: Poster

Category: Person-centred care including the older person

Chemotherapy-induced peripheral neuropathy: lived experiences and support needs of women following cancer treatment

Mary Anne Tanay

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Co-author: Dr Jo Armes

Purpose: This study explored the lived experiences and support needs of women who developed chemotherapy-induced peripheral neuropathy following cancer treatment.

Background and significance: Some chemotherapy drugs cause chemotherapy-induced peripheral neuropathy (CIPN) or damage to the nerves. CIPN affects the hands and feet, with patients reporting sensory (for example, numbness, tingling and pain) and motor symptoms (for example, muscle weakness). The nature of symptoms depends on the chemotherapy agents that patients receive. To minimise the impact of symptoms, chemotherapy doses may be reduced, delayed or permanently stopped.

Methods and analysis: The study was advertised through cancer charity websites and social media accounts. Using convenience sampling, 15 participants from different regions of the UK were recruited. All participants are female cancer survivors, who previously received neurotoxic chemotherapy for ovarian or breast cancer. At the time of data collection, all participants were still experiencing symptoms of CIPN. Semi-structured recorded telephone interviews were carried out. Data were analysed using interpretative phenomenological analysis (IPA).

Findings: Similar to previous studies, clinicians and patients sidelined and regarded CIPN as less important. Patients had difficulty in processing CIPN information during the stage of being just diagnosed and when acute chemotherapy side-effects are experienced. Adequate and useful information about CIPN provided by clinicians helped patients develop trust and confidence towards their team especially when doses had to be reduced, delayed or discontinued.

Discussion: To help patients recognise and report symptoms, they need information about CIPN and the potential risk of developing CIPN. The role of clinicians in addressing CIPN symptoms is vital to minimise the functional effects on patients' daily activities. Interventions are needed to inform patients about early recognition and reporting of symptoms as well as adopting strategies to improve their functional status and ultimately improve their QOL.

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Abstract 32

Type: Poster

Category: Person-centred care including the older person

Collaborative work between a cancer centre and regional trusts to develop single point of contact

Jason Nicholas Simons

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Co-authors: Paula Hall, Janice Hanley, Helen Higham

The Acute Oncology Management Service (AOMS) provides specialist advice, support and innovative care to cancer patients, supporting clinicians within acute and community settings who are managing this group of high risk patients. The service provides:

- A single point of contact for emergency advice.
- Network wide cover, inclusive of all non-surgical cancer modalities.
- Availability 24/7.
- Support by fully electronic notes and flagging systems.
- Access to consultant oncologist and fully trained acute oncology nurse advisers.

The Acute Oncology Management Service (AOMS) provides an invaluable service to over 1,800 patients a month who contact the hotline who are under the care of the Christie. We provide advice, guidance and signposting in addition to the application of self-management strategies.

The service supports clinicians in primary and secondary care to support patients with a cancer diagnosis and provides an education and training service to healthcare professionals. We incorporate a number of models to support the needs of patients: self-care, rapid access clinics, community care, Acute Oncology Assessment Unit. In partnership, we provide the MSCC coordination and radiotherapy management service.

The service supports the national Quality, Innovation, Productivity and Prevention (QIPP) agenda for reducing length of stay, reducing inappropriate admissions and supporting patients being treated in an appropriate setting. This framework provides governance and integration within the network-wide Acute Oncology Service and many other NHS trusts are adopting similar models of working.

References

UKONS Oncology/Haematology 24 Hour Triage Rapid Assessment and Access Toolkit.

WHO toxicity grading scale for determining the severity of adverse events.

Abstract 33

Type: Poster

Category: Person-centred care including the older person

Collaborative working between respiratory and surgery in the thoracic surgical pathway

Rachel Calvert

Specialist nurse thoracic surgery, The James Cook University Hospital

Co-author: Leanne Connelly

Referral times for thoracic surgical consultation from respiratory medicine historically have taken up to 14 days causing patient anxiety, potential breaches, patients being unprepared for surgery and inappropriate referrals.

The surgical team, working collaboratively with the respiratory team in the local trust, has reduced the surgical wait time by 7 days by piloting an innovative, patient centred approach that introduces the thoracic surgical nurse specialist earlier in the surgical pathway.

All patients suitable for surgical referral are now seen in the results clinic by the thoracic specialist nurse where surgical clinic and surgical date are given to the patient at the time of the respiratory consultation. The patients are pre-assessed for surgery, fully informed of all procedures and any problems highlighted are dealt with prior to the review by the surgeon. 15 patients to date have been through this pathway, the average wait for surgical clinic is now 5 days (compared with 14 originally). Patients were usually (in 8 cases) operated on the following day and 3 breaches were immediately saved. All other patients were operated on within 8 days.

Problems such as out of date imaging, outstanding tests, problems from clinical assessment such as murmurs where further tests needed to be ordered, and medication problems such as anticoagulation medication were identified and acted upon in the clinic. These would cause further delays in the surgical pathway had they not been identified until the surgical appointment date.

Patients were verbally consulted about the speed of the pathway and feedback was positive: from initially being informed that surgery was an option, patients had a surgical appointment when they left the results clinic and had been fully informed of the next steps in their treatment pathway. As a result, they felt fully prepared for surgery.

Abstract 34

Type: Poster

Category: Person-centred care including the older person

Creating and facilitating groups for people completing chemotherapy treatment for primary breast cancer

Angeline Macleod

Breast care nurse, Highland Breast Unit, NHS Highland

Co-authors: Karen Daltrey, Eilidh Wilson

Introduction: There is a 'moving on' programme for people having completed breast cancer treatment in NHS Highland, offered every 6 months by the breast care nurses (BCNs). However, feedback from patients suggested that support specifically regarding effects of chemotherapy would be beneficial.

Service improvement: BCNs explored ways in which support for people following completion of chemotherapy for primary breast cancer could be improved. Relevant evidence indicated that a group would be valuable as peer support as well as for information giving from the BCNs. Particular consideration was given to offering such groups to people within 2 months of completion of chemotherapy, thereby maximising the 'teachable moment'.

Aims/objectives: The aim of the service improvement was to address the immediate and long-term information and support needs for people completing chemotherapy for primary breast cancer in a timely manner.

Methodology: The BCNs took the following actions:

- Researched the benefits of group education and appropriated principles to planning the groups.
- Contacted Macmillan pharmacy regarding tracking chemotherapy endpoints. Subsequently, BCNs gained access to 'chemo care' and used this to identify when individuals' chemotherapy was completed or discontinued.
- Identified relevant patient information for group discussion and written information.

Results: All people who have completed chemotherapy for primary breast cancer in NHS Highland are now invited to a group within 8 weeks. From May 2015 to April 2017, 57 people were invited to groups, and 32 attended. Groups are offered monthly, for one hour. Topics covered are late effects of chemotherapy, psychological adjustment, follow up and ongoing support available. Ongoing evaluation is provided using a feedback form given after the group.

Conclusion: People are now offered a tailored group within 8 weeks of their chemotherapy completion. Feedback has shown that the content and timing of these groups enhances person centred care.

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Type: Poster

Category: Person-centred care including the older person

Developing a service to address the psycho-social needs of young adults with cancer

Louise Soanes

Teenage Cancer Trust nurse consultant for adolescents and young adults, University College Hospital, London

Co-authors: Manju Jnagal, Katie Poll

Introduction: The years of the late teens and twenties are ones of foundational development when choices and events potentially influence future careers, health, wealth, education and relationships (1). Cancer at this time increases the challenge to development (2). Yet despite a number of NHS and voluntary sector initiatives (3), access to age appropriate cancer services for young adults varies in England (4). At our centre, the young adult cancer service was underused and user feedback suggested patient experience was less than optimal.

Aims/objectives: To improve the services in a large urban teaching hospital offered to young adults with cancer (20-24yrs).

Service improvement: Using existing NHS resources following initiatives were undertaken:

- Audits to review young adults' place of care.
- Patient engagement through social media, questionnaires and discussion group to understand young adults' experience of care and preferences for change.
- Establishment of a patient forum to facilitate on-going patient participation in service development.
- A weekly multi-professional meeting to assess and plan patients' psycho-social support.
- Collaboration with other internal providers to facilitate ambulatory care and care pathways.
- Meetings with clinicians and managers to discuss a proposed re-organization of young adult cancer services.
- Involvement of cancer charities and families to finance aspects of service improvement.

Results: Professionals working with young adults launched the 'Young Adult Cancer Service', advertising this to key-stakeholders through various mediums. Individualised patient support was structured through the multi-professional review meeting. Clearer patient care pathways and improved physical environment enabled greater access to age appropriate care.

Conclusion: This work describes collaborative work with providers, patients, carers and charities to improve service delivery at a time of financial restraint. Ongoing audits and qualitative feedback have shown an improvement in provider engagement, use of designated facilities and patient experience – the results of which will be presented in this poster.

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Type: Poster

Category: Person-centred care including the older person

Developing and embedding a holistic chemotherapy patient survey at a London cancer centre

Dr Catherine Oakley

Chemotherapy nurse consultant, Guy's and St Thomas' NHS Foundation Trust

Co-authors: Begum H, Allen S, Compton S, Garcia Calderon Mendoza Del Solar M, Armes J

Background: Patients often report feeling unsupported during chemotherapy. Chemotherapy nurses are ideally placed to empower patients to manage chemotherapy symptoms and provide psycho-social support. However, they are often technically focused and lack time, knowledge and skills to provide the required supportive care.

Aim: To use cross-sectional data from a patient-reported experience measure to identify educational/learning needs of chemotherapy nurses to improve the support they offer.

Methods: We adapted a patient-reported experience measure for chemotherapy nursing (Armes et al 2014) so it was locally appropriate. Patients completed the measure on a tablet while attending for chemotherapy administration. They could complete the measure during any cycle of chemotherapy between January and April 2017.

Results: 101 patients completed the survey. 94% (95/101) felt welcomed by the chemotherapy nurses, 71% felt treated as an individual and 90% felt able to ask about their symptoms. 47% (47/101) experienced a degree of nausea and/or mucositis and nearly 70% (67/101) were fatigued. 39% of patients (39/101) reported feeling depressed and 21% (21/101) complained of pain and irritation at the cannula site.

Conclusions: Integration of the survey into monthly and quality reporting has enabled nurses to understand and engage with chemotherapy patients experience and needs. Local training has developed nursing skills to conduct pre-treatment consultations, liaise with other clinicians and to review medications with patients (including adherence). Training has further enabled nurses to provide patients with advice on managing mouth care, nausea and fatigue. We are currently working to reduce distress caused by cannulation. Those considering a similar approach are advised to work on training, scheduling and nurse-to-patient ratios to ensure nurses have the skills, time and emotional energy to deliver holistic care.

Reference

Armes J, Wagland R, Finnegan-John J, Richardson A, Corner J, Griffiths P (2014) Development and testing of the patient-reported chemotherapy indicators of symptoms and experience: patient-reported outcome and process indicators sensitive to the quality of nursing care in ambulatory chemotherapy settings. *Cancer Nursing*. May-Jun; 37, 3:E52-60. doi: 10.1097/NCC.0b013e3182980420.

Abstract 37

Type: Poster

Category: Person-centred care including the older person

Developing and evaluating an e-learning resource for nurses in haemato-oncology

Lena Elkman

Research policy manager, Patient Experience, Bloodwise

Co-authors: Kate Keightley, Reta Brownlow

Haemato-oncology nursing is a complex area of clinical practice, and nurses supporting blood cancer patients must have a high level of knowledge and skill. It takes senior nurses significant time to upskill new starters in haemato-oncology, impacting their time available for clinical work. This problem is exacerbated in hospitals with high staff turnover, an issue common to haemato-oncology nursing throughout the UK.

Bloodwise's Patient Need Study (2015) identified access to a CNS as one of the most important factors in improving blood cancer patient experience. Therefore, we aimed to develop an online educational resource to release senior nurses from regularly having to teach basic haemato-oncology nursing concepts to junior nurses, consequently increasing time available for patients.

Suitable course content was identified and written by our senior nurse project group. An eLearning package was created using open access software. Existing principles of effective e-learning design were followed throughout its production. The RCN-accredited course was piloted at 3 different hospitals. 98 nurses enrolled and 42 (43%) nurses completed the course within 12 weeks.

Participants demonstrated significant improvement in self-reported learning outcomes compared with baseline, including: understanding basic haemato-oncological concepts (49% increase, $p < 0.05$), confidence in identifying common complications and haematological emergencies and knowing how to respond (39% increase, $p < 0.05$), and understanding the nurse's role in providing emotional support and signposting when caring for blood cancer patients (22% increase, $p < 0.05$). Participants rated the course highly (9/10) and qualitative evidence from senior nurses at pilot sites suggests the resource allowed their time to be released from teaching.

In conclusion, this resource is an effective tool for new nurses in haemato-oncology to increase confidence and knowledge to improve clinical practice and ultimately patient outcomes.

Abstract 38

Type: Poster Abstract accepted but author not able to present

Category: Person-centred care including the older person

Development of a robust nursing care pathway for patients newly diagnosed with secondary breast cancer

Bethan Daniel

Macmillan secondary breast cancer clinical nurse specialist, The Christie Hospital

Co-authors: Sharon Foy, Rosalyn Fox, Claire Gaskell, Julie Orford, Dr Carole Farrell

The Macmillan Christie breast cancer nursing (BCN) team traditionally supported primary and secondary breast cancer (SBC) patients, but recognised the disparity of care between these groups (BCC 2016). In July 2015, following an extensive scoping exercise and the results from service users participating in our SBC Pledge (BCC 2014), the BCN service became a designated Macmillan SBC nursing service.

A strategic plan was developed, creating a new robust support pathway for patients diagnosed with SBC. This led to the development of a designated nurse-led clinic for all newly diagnosed SBC patients. One month post initial diagnosis, patients have a 45-minute holistic needs assessment (HNA) using 2 psychologically focused tools away from a busy medical environment. Patients are then followed up via a telephone clinic. This has been developed to provide further HNA assessment and support, enabling stratification of further follow-up depending on identified individual needs. The BCN team has also developed and delivered bi-annual bespoke SBC health and well-being events for patients and relatives to access in their first year of diagnosis. Since 2014, an active, innovative SBC patient focus group (which meets bi-monthly with BCN team) has played a significant role throughout these service developments.

Careful thought and planning went into evaluating service improvements demonstrating in a measurable way added value in improving patient care. Data analysis for pre and post evaluation of the new patient nurse led clinic will be completed by October 2017. Preliminary data for the first 25 patients has shown:

- Patients had significantly less questions regarding their diagnosis.
- More patients understood their treatment plan.
- More information needs were met.
- Increased awareness of support at The Christie and the patients' local areas.
- More contact with community professionals.
- More patients felt supported and in control.

The team now works within a more efficient and structured service. It ensures equity of access and empowers patients to make contact as needs arise and allows proactive referral across multiprofessional teams.

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Abstract 39

Type: Abstract only

Category: Person-centred care including the older person

Development of the sexual health ambassador role to support patients undergoing cancer treatment

Gemma Hughes

Clinical educator, Heart of England Foundation Trust

The number of patients living with and beyond a cancer diagnosis is increasing. These patients often have unmet needs and are struggling with the consequences of treatment. Such consequences can become long-term issues, persisting for at least a decade, and include physical, psychological and social effects. Despite improved survival rates, those living with and beyond cancer have complex and varied needs that are not always addressed, which can result in reduced quality of life following treatment.

A growing body of evidence tell us that cancer treatment can lead to significant changes to sexuality, sexual identity and sexual function. Changes to sexual function are often seen to be one of the most difficult consequences of treatment. Regardless of patients' age, relationship status or disease type, treatment can lead to the disorientation of patients' sexual health. Sexual consequences of treatment are seen throughout cancer types.

Despite such widespread sexual consequences throughout the population of cancer survivors, the topic is often inadequately addressed or not raised at all by staff.

Project aim: To educate and develop staff within clinical haematology and oncology to meet the sexual health needs of patients undergoing treatment for cancer.

- Collect patient feedback forms to establish need and usage of the service relating to sex and sexuality.
- Select 3 staff and develop their roles in sexual health.
- Enable training in advanced communications, relationship counselling, and psychosexual consultation techniques.
- Develop a pathway for managing the consequences of treatment on sex and sexuality.
- Establish links with clinical nurse specialists and clinicians along with cancer charities and support groups.
- Deliver presentation to all staff to highlight the impact of treatment on sex and sexuality.
- Plan and organise a seminar for staff from other trusts.
- Collect patient feedback, staff feedback from study sessions and during appraisal and referral figures to establish success.

Abstract 40

Type: Poster

Category: Person-centred care including the older person

Education enhances nurses' ability to deliver person centred care

Hilary Murphy

Nurse specialist, community oncology, National Cancer Control Programme

Co-authors: Louise Mullen, Marie Laffoy, Terry Hanan

Background: A key objective of the 2006-2016 Ireland Cancer Strategy was to improve cancer patients' outcomes. Nurses, being at the front line of service delivery, have an important role in recognising the signs and symptoms of cancer and prompting early intervention and treatment (Shafter 1997). Nurses working in cancer specialist roles receive education appropriate to their roles; however, little focus has been given to the generalist nurse even though they also care for cancer patients in various settings.

Aim: A three day cancer education programme was developed for nurses working in inpatient settings in non-cancer specialist areas. This was in an effort to recognise their role in the delivery of high quality care and to provide them with the knowledge and skills to manage cancer patients in any inpatient setting (McAllister 2001). The programme was delivered 14 times in 2016 to a total of 345 nurses.

Method of evaluation: Evaluation was undertaken by all participants and this was followed by an emailed survey to ascertain the longer term impact of the education programme on person centred care. The survey consisted of open-ended questions looking at:

- Impact of the training on the nurses' lifestyle.
- Improvement in knowledge regarding their cancer care.
- Implementation of any change in practice in their daily work.
- The response rate was 45% (n=115) and nurses said they had:
- A better understanding the cancer journey.
- Increased knowledge of cancer and cancer treatments.
- Were more confident about providing information on person centred care and an increased responsive and efficient delivery of care.

Conclusion: Nurses working in generalist inpatient settings care for patients with cancer. They require an improved understanding of cancer to enable them to deliver competent care for their patients on their cancer journey.

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Abstract 41

Type: Poster

Category: Person-centred care including the older person

Evaluation of antiemetic practices for prevention of chemotherapy-induced nausea and vomiting (CINV): United Kingdom (UK) subset results of a European oncology nurse survey

Cheryl Vidall

Head of nursing and governance, Alcura UK Ltd

Co-authors: Pascale Dielenseger, Sussanne Börjeson, Patrick Jahn, Annie Young

Background: Oncology nurses play a critical role in risk assessment and management of CINV.

Service improvement: A survey of European oncology nurses was conducted to evaluate antiemetic practices, adherence to guideline recommendations, and barriers to adherence.

Aims/objectives: Herein we report the survey outcomes from the UK subset of nurses.

Methodology: 212 oncology nurses across 16 European countries completed a 20-question online survey, of which 81 were from the UK.

Results: UK respondents (n=81) had 15 years (median) oncology nursing experience. Most (84%) worked in public not-for-profit hospital settings, seeing both in- and outpatients (60%); 83% were able to suggest/prescribe antiemetics. While nurses had familiarity with ASCO (40%) and MASCC/ESMO (37%) antiemetic guidelines, they were most familiar with (48%) and using (56%) their own institution guidelines.

Patient-related risk factors considered most often when choosing antiemetics were previous CINV (95%), anxiety (77%), and history of morning/motion sickness (72%).

Key discrepancies between antiemetic use and guideline recommendations were in the highly emetogenic chemotherapy setting where NK1RAs were underutilised on Day 1 (67%) and 5-HT3RAs were frequently used (60%) during Days 2-5 when guidelines recommend a steroid. Metoclopramide use (not guideline-recommended) was also high, with 30% (Day 1) and 48% (Days 2-5) reporting usage.

Most commonly reported barriers to use of guideline-recommended agents were physician preference, product cost and formulary inclusion; increasing healthcare provider education was the primary recommendation for addressing barriers.

Only 15% of nurses reported the majority (>75%) of their patients had optimal CINV prevention with selected antiemetics. Most common challenges in managing CINV were 'controlling nausea and vomiting in the delayed phase' (53%) and 'reducing the impact of CINV on patients' quality-of-life' (44%).

Conclusions: UK outcomes were similar to overall findings and highlight opportunities to optimise CINV prevention and improve quality-of-life for patients by increasing utilisation of guideline-recommended antiemetics.

Abstract 42

Type: Poster

Category: Person-centred care including the older person

Exploring the perceptions and practice of holistic needs assessment (HNA) and care planning within a multi-professional cancer services team: how person-centred are we?

Sarah Henderson

Macmillan colorectal nurse, Northern Health and Social Care Trust, Northern Ireland

Co-author: Dr Donna Brown

Introduction: People with cancer have many complex and unmet needs (Armes et al 2009). One way of identifying and meeting these is through HNA. While healthcare policies stress the importance of providing person-centred holistic care, there appears to be an assumption that those undertaking HNA will do so in a person-centred manner.

Service improvement: Original qualitative research was undertaken to establish clinical nurse specialists (CNSs) perceptions and practice of HNA. Using the research findings, recommendations were implemented across the multi-professional Cancer Services team with staff involved in HNA.

Aim: To develop person-centred practice and improve the quality of service for people affected by cancer.

Objectives:

- Determine if, why and how CNSs currently undertake HNA and care planning, and their perceptions associated with such.
- Utilise practice development (PD) methodology to engage the wider Cancer Services team.
- Undertake a values clarification exercise (VCE) (Warfield and Manley 1990) to develop a shared vision regarding HNA and care planning.
- Identify areas for improvement in HNA practice.

Methodology: A single-centre, exploratory study was conducted. Purposive sampling was used and five CNSs were recruited who took part in tape-recorded, semi-structured interviews. Data were transcribed verbatim, analysed thematically, and connections made to the Person-Centred Nursing Framework (PCNF) (McCormack and McCance 2010). Recommendations from the research with the CNSs were implemented and extended to the wider cancer services team to ensure multi-professional engagement.

Results:

- The team had clarity regarding the purpose of HNA and care planning.
- 'Practicalities', 'engagement', 'knowledge and skills' were some of the factors identified which both enable and hinder HNA.
- There was a clear tension between what the team knew they should do and what in reality they could do.

Discussion/conclusion: This research and subsequent VCE has highlighted areas for development regarding HNA and care planning to further person-centred practice across the Cancer Services team.

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Abstract 43

Type: Poster

Category: Person-centred care including the older person

Glass half empty or full? Analysing and interpreting the concerns data of people at end of treatment

Karen Campbell

Associate Professor, Edinburgh Napier University

Co-authors: Lucy Johnston, Brooke Marron

Introduction: Transforming Care after Treatment in Scotland (TCAT) has funded the implementation of 25 local projects, each with different approaches to redesigning follow up. The overall programme seeks to improve the person centred care after treatment for people living with and beyond cancer.

Methods: This mixed method evaluation adopts a Realist Evaluation framework. Therefore, in addition to quantitatively gathering the concerns patients identify using the Concerns Checklist, we are analysing the context, mechanisms and outcomes of holistic needs assessment - to date, data for 536 individuals who completed a holistic needs assessment with a CNS or specialist nurse at their end of active treatment from 5 NHS Boards.

Results and discussion: The presentation will describe and compare follow up approaches for different cancers (breast, prostate, colorectal and melanoma) being tested via TCAT to illustrate how the context of the follow up (location, timing), the circumstances of the professional and the patient (gender, age, profession) and the concerns identified need to be appreciated all together to understand truly how person centred survivorship services and outcomes can be improved.

Conclusion: Our interim results raise the following questions, which require substantive research and evidence based answers to demonstrate efficiency and effectiveness of new person centred follow up models:

- What is the impact of the actual service design and means of delivery on outcomes and experiences?
- What is the role of the professional in assessments at end of treatment?

Reference

National Cancer Survivorship Initiative (2012) Living with and beyond cancer – identifying your concerns.

Abstract 44

Type: Poster

Category: Person-centred care including the older person

Grow your own

Marilyn Bolter

UGI cancer specialist nurse, Plymouth Hospitals NHS Trust

Co-author: Sian Dennison

Over the past 3 decades there has been a significant increase in number of cancer nurse specialists (CNS) posts due to NICE guidance and national cancer standards. Conversely there is a substantial number of older nurses who are retiring in the next 5 years resulting in a loss of expertise on the oncology wards and within the CNS teams. This has also meant difficulty in recruiting to specialist posts. This has led to a local initiative to grow our own specialist CNS to improve person centred cancer care on into the future.

The aim was to provide an opportunity for oncology nurses to develop their cancer knowledge and skills by working with CNS teams with set competencies to enable them to develop a more holistic understanding of cancer pathways to benefit patient care on wards or in specialist teams.

The trust worked with a local charity and attracted funding to pilot a 2-year development post for a band 5 cancer nurse 3 days a week. The programme included four 6-month placements in named clinical sites and was assessed through a locally designed competency framework (3-step novice-to-expert programme) underpinned with a postgraduate oncology module.

The first nurse successfully completed her training and was appointed into a breast cancer nurse specialist role. Her evaluation resulted in the placements being reduced to three, 6 monthly placements over 18 months following the success of this pilot. The charity have funded 2 more band 5 nurses for 18-month placements.

This has proved to be a positive initiative in developing skills and knowledge in cancer care and succession planning for the future. It has also provided a career structure for band 5 nurses to have expert input as they develop their skills and knowledge.

Type: Poster

Category: Person-centred care including the older person

Holistic needs assessment and care plans for women with gynaecological cancer – do they improve cancer specific health related quality of life? A mixed-methods study

Catherine Sandsund

AHP researcher, The Royal Marsden NHS Foundation Trust

Co-authors: Richard Towers, Karen Thomas, Ruth Tigue, Aryn Lajji, Natalie Doyle, Andreia Fernandes, Jake Jordan, Heather Gage, Clare Shaw

Cancer and its treatment have lasting consequences for some. Holistic needs assessment (HNA) and care planning are proposed to address unmet needs.

Method: This study tested whether HNA and care planning by an allied health professional (AHP) improved cancer-specific quality of life for women following curative treatment for stage I-III gynaecological cancer. Secondary objectives compared changes in functioning, symptoms, self-efficacy and generic QOL, evaluated impact on health and social care provision, conducted cost-effectiveness analyses and explored the interventions' impact for women.

We conducted a randomised controlled study (HNA and care planning vs usual care). Data were collected by questionnaire at baseline, three and six months. The intervention group were offered consultations conducted using behavioural change principles with an AHP. Reviews were offered at three months. Outcomes were six-month change in EORTC-QLQ-C30 global score, EORTC sub-scales, generic quality of life (SF-36) and self-efficacy. Health service utilisation and Quality Adjusted Life Years (from SF-6) were gathered. Thematic analysis was used to interpret interview data. The study was blinded for data management and analysis. Differences in outcomes were compared between groups.

Results: 150 women took part and ten were interviewed. There were no statistically significant differences between groups in EORTC-QLQ-C30, 1.5(95%CI -5.7 – 8.7). The majority of those interviewed reported important personal gains they attributed to the intervention, which reflected in improvements in EORTC sub-scales. Interview themes were isolation, uncertainty and vulnerability at the end of treatment; space to be heard and understood by a 'trustworthy' independent professional and moving towards to self-supported management. Economic analysis suggests a 62% probability of cost-effectiveness with £30,000/QALY threshold.

Conclusion: Care plan development using behavioural change principles is cost-effective and useful for some women treated for stage I-III gynaecological cancer. This should be available for these women and a similar approach tested earlier in the pathway.

Abstract 46

Type: Poster

Category: Person-centred care including the older person

Implementation of health and wellbeing clinics

Diane Dearden

Lead cancer nurse, St Helens and Knowsley Teaching Hospitals NHS Trust

Co-authors: Deborah Johnson, Amanad Lomax, Gill Kitto, Julie McElhoney

Introduction: St Helens and Knowsley NHS diagnoses and treats over 2,500 new cancer patients each year across ten cancer MDTs. Living with and beyond cancer (LWBC) events have been part of the Macmillan information centre service for six years. It was recognised that these events were not fit for purpose as such in 2015. The LWBC event was redesigned to incorporate a health and wellbeing (HWB) event facilitated by a CNS. The event and HWB are managed by the cancer support workers.

Aims:

- Enhance the patient experience.
- Patient education.
- Provide access to support services.
- Embed LWBC agenda in patient pathway.
- Support the self-management programme.
- Provide evidence of patient feedback.
- Improve staff morale.

Methodology: Review previous service. CNS teams asked to identify patient cohort patients to attend clinics. There was coproduction with patient, local support groups and community teams. Patient evaluations completed pre and post-events, including awareness, signs, recurrence and treatment complications and whom to contact if any concerns.

Results: Data will illustrate that patients' understanding improved post education events. Referrals to supporting agencies and local groups increased and recruitment to events is greater in those teams that have a cancer support worker.

Discussion/conclusion: The event and HWB are pivotal in supporting teams in patient care and management. Following evaluation, the model has evolved and we are currently piloting an integrated model with health trainers, clinical psychology and breast patients.

Abstract 47

Type: Poster

Category: Person-centred care including the older person

Implementing a chemotherapy and supportive therapy in-reach service into North East regional cluster of prisons

Lucy Gash

Specialist chemotherapy nurse, City Hospitals Sunderland

Co-author: Melanie Robertson

City Hospitals Sunderland was approached to initiate a pilot on the feasibility of administering chemotherapy and supportive therapies, including blood transfusion in the high security prison HMP Frankland. Lucy Gash, junior sister at the Sunderland Phoenix Unit, was appointed to carry out the pilot. She worked closely with the healthcare team at HMP Frankland reviewing the potential barriers to delivering the treatment 'behind bars', something that had never been done in Britain or Europe before.

The role required pathways, protocols and documents to be developed to support a safe, streamlined service.

The aim of the pilot was to enable service improvement, improve patient experience, reduce cost and ensure patient and public safety. Prisoners who would have originally been sent out to local hospitals for treatment could now be escorted to the healthcare wing within the prison and the nurses attend to administer their treatment.

The pilot incorporated education to prison staff and 24-hour access to advice for staff caring for the patients in prison. The treatment administered within the prisons enabled prisoners to remain in the prison and effectively receive their treatment 'closer to home', meeting government targets. Once the service was developed and was reviewed in HMP Frankland, it was rolled out to the remaining four prisons in the region in a phase 2 pilot. Five patients have received treatment across four of the prisons and the initial fears and challenges have been ironed out and it is now a full service.

Type: Poster

Category: Person-centred care including the older person

Implementing aspects of the recovery package for patients with primary melanoma: our experience so far

Rachel Duncan

Macmillan skin CNS, St Helens and Knowsley Teaching Hospitals NHS Trust

Co-authors: Karen Pocock, Rachel Cassidy, Jane Searle

Why we did it: The number of patients living with skin cancer is increasing, yet many patients report having unmet needs. The Recovery Package, a combination of interventions, that is, holistic needs assessment (HNA), health and wellbeing events, end of treatment summaries and cancer care review, has been developed and tested by the National Cancer Survivorship Initiative (NCSI) to assist people living with cancer to prepare for their future. This poster describes two of these interventions, HNA and health and wellbeing events, implemented by a specialist skin cancer team at a hospital in the North West.

What we did: Over the past 3 years all patients diagnosed with melanoma have been offered an HNA to complete at home and return. In addition, since April 2016, patients have also been invited to attend a health and wellbeing event, held quarterly. Here patients can access information about general aspects of living with cancer at the 'market stall' and then skin cancer-specific information during the 'break off session' delivered by the skin CNSs.

What we found: The uptake of HNA is low without a telephone reminder from the CNS. A wide range of concerns are identified but many are unrelated to the cancer diagnosis. Of those related to cancer, practical, for example, travel insurance; emotional, for example, anger; and information needs, for example complimentary therapy, lifestyle and sun protection, are the commonest. Few patients request a care plan. Health and wellbeing events are well attended with positive patient feedback.

What it means: Embedding these interventions into the patient's pathway has been rewarding yet challenging since health and wellbeing events take time to organise.

Engagement of the wider team is poor. Most concerns reported during the HNA can usually be addressed by the skin support worker reducing the CNS workload.

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Type: Poster

Category: Person-centred care including the older person

Implementing the recovery package to improve patient centred care: a survey of workforce readiness

Rebecca Wyles

Staff nurse, Chemotherapy Day Case Unit, Weston Park Hospital (Sheffield Teaching Hospitals NHS Foundation Trust)

Co-authors: Jane Beveridge, Professor Diana Greenfield

Background: Developing patient centred care and improving quality of life for people living with and beyond cancer are key priorities in the new NHS England cancer strategy. Implementing 'risk stratified pathways' and the Recovery Package are considered part of the solution to achieve this improvement. However, implementing this agenda is entirely down to individual hospitals and regions. With over 20 cancer MDTs in our trust, no overall informatics were available to gauge our cancer tumour team's collective insight or progress in implementing this agenda.

Aims:

1. To identify levels of understanding, good practice and barriers to implementation of the Recovery Package.
2. To benchmark progress across cancer teams and make recommendations for an overall strategy.

Methods: The hospital trust's cancer executive approved a benchmarking exercise. A survey was developed and distributed electronically to the lead clinician and lead CNS for each cancer MDT (n=46). Two reminders were sent.

Results: There was a 74% uptake rate: 7 lead clinicians, 14 as lead nurse, 1 joint response declared and 12 undeclared responses. Implementation of the components of the Recovery Package was variable across cancer teams. HNA was the most routinely implemented component (79%), although detail of implementation across the pathway was not collected. Implementation of nationally agreed cancer rehabilitation pathways was poor (15%). Barriers for implementation focused on the need for more A&C and CNS support. The relevance of the Recovery Package to specialist palliative care services and those patients with limited prognoses was articulated in the comments boxes throughout.

Discussion: There was a modest awareness of the Recovery Package with a recognisable lack of engagement from medical staff. Adopted terminology leads to some misunderstanding, particularly with clinicians. Key solutions proposed included additional administrative and clinical nurse specialist resource. Recommendations to improve patient centred care have been made to the cancer executive team.

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Type: Poster

Category: Person-centred care including the older person

Incidence of pain and neuropathic symptoms in patients with cancer attending medical day units

Martin Galligan

Clinical nurse specialist, pain management, Royal Marsden Hospital

Co-author: Farzana Baksh

Cancer pain is arguably one of the most common and debilitating symptoms that can occur at any point during cancer treatment. The incidence of pain is estimated at 39.3% following curative treatment, 55% during treatment and 66.4% in advanced disease. The cause of pain is multifactorial and can be a combination of nociceptive and neuropathic pain with one third of people reporting neuropathic pain.

Based on review of literature standards where set: 55% of patients will report pain while undergoing treatment; 20% will report neuropathic or mixed neuropathic/nociceptive pain; 60% will have had a referral to specialist pain/palliative care service; 30% of patients will report anxiety and depression.

Patients attending medical day units were asked to complete a series of validated questionnaires using a tablet over one week. They were asked to complete brief pain inventory, Douleur Neuropathique 4 (DN4), patient neurotoxicity questionnaire (PNQ), FACT-GOG NTX and hospital anxiety and depression scale (HADS). 84 patients were approached to take part, 72 agreed to take part and 12 refused. 55% reported pain scores from mild to severe. 24% scored highly on DN4 scale which indicates neuropathic pain. 30% of patients scored highly on FACT-GOG NTX scale, which is another indicator of neuropathic symptoms and 7% reported moderate symptoms on the PNQ. 14% had been seen by specialist pain/palliative care service. 23% scored symptoms of anxiety and 30% reported depression.

The audit has given us an insight into the unmet needs of this patient population. Although we cannot draw firm conclusions surrounding these symptoms it has allowed us to build closer relationships with the medical day units, improved engagement in pain education, led to the appointment of a pain link nurse to champion pain awareness and education, increased awareness of pain and CIPN, and as a result increased referrals to pain clinics.

Abstract 51

Type: Poster

Category: Person-centred care including the older person

Introducing a model for cancer healthcare specialists to volunteer online, extending Macmillan's ability to support people affected by cancer

Kim Hardwick

Senior cancer information nurse specialist, Macmillan Cancer Support

Co-author: Benedict Vigers

Macmillan aims to reach and improve the lives of all people affected by cancer (PABC) in the UK. To achieve this, we must be available in spaces where people seek cancer information and support – increasingly this is online (IMS Institute for Healthcare Informatics 2014). Macmillan's Online Community platform provided safe peer-support for people affected by cancer, but had no direct access to cancer care experts.

We introduced Ask an Expert (AAE) on our Online Community website in January 2016. AAE allows PABC to ask questions directly to our Macmillan cancer information nurses. We wanted to test recruitment of volunteer healthcare professionals with expertise in cancer care to this service.

Our aims for Ask an Expert were:

- To develop a workable, scalable model for professional volunteers to answer questions posted online in a supported and timely way.
- To have robust governance processes that ensure professional accountability and safety of the service.
- To test the feasibility of this model for expert cancer healthcare professionals to volunteer with Macmillan.

Since January 2016, 26 cancer professionals have volunteered for AAE, 13 are currently active. 3,145 questions have been answered by our experts. The volume of questions they answered has doubled this year.

Data collection methods span Google analytics, online customer surveys, and phone interviews with professional volunteers.

Feedback is overwhelmingly positive: 92% of people find expert answers helpful, and 88% would ask another question. Professional volunteers say the experience has widened their communication skills and cancer knowledge, but also their understanding of the patient experience.

With a variety of cancer healthcare specialists applying to volunteer in this role, answering questions on a broad range of cancer topics, we are reaching and supporting more people affected by cancer. Ask an Expert as a model of cancer information and support has proved successful and is now set to grow.

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(Last accessed: 22 September 2017.)

Abstract 52

Type: Poster

Category: Person-centred care including the older person

Looking After Yourself: An online guide to help young cancer patients make informed choices about personal care and lifestyle habits: www.clicsargent.org.uk/content/looking-after-yourself

Cassie Davis

Information service manager, CLIC Sargent

Co-authors: Simon Morgan-Jones, Stephanie Jury-Dale

Cancer treatment often significantly impacts a young person's lifestyle and appearance. Through consultation with staff and young service users, CLIC Sargent knows that this is a major issue, but that there is a lack of guidance to help them make informed choices about their lifestyle habits and personal care.

Our Looking after yourself online guide fills this gap, providing evidence based, age-appropriate, accessible guidance.

The consultation indicated the need for advice that:

- Addresses key questions young cancer patients have around body care, haircare, appearance, confidence, wellbeing and health.
- Engages young people.

Engaging young cancer patients and survivors from the outset was vital to ensuring the guide met user need and was promoted well. We:

- Facilitated a workshop with CLIC Sargent's Young People's Reference Group (YPRG) to test ideas and approaches, encourage them to create user-generated content (video) and get their views on sharing their own content on social media.
- Involved them in reviewing the written advice.
- Set up a private Facebook group to keep them up-to-date, gather their input, insight and ideas, collect and share content.

Content was written by CLIC Sargent's information team and reviewed by experts. Young people were engaged throughout. Six provided video content which was edited to create 17 videos. Paired with our written advice, the videos provided balance to our practical guidance and provide viewers with a sense of authenticity, insight and shared experience.

Contributors felt a sense of ownership, resulting in them sharing posts about the guide on social media, thereby widening its reach. Launch week saw 155 visits to the resource – a good number for a week's worth of promotion, plus 57 new followers on CLIC Sargent's Instagram account. This project provided a new model for engaging young people in the development and promotion of guidance for themselves and their peers.

Abstract 53

Type: Abstract only

Category: Person-centred care including the older person

Managing the care of patients receiving oral chemotherapy: an integrative review

Michael Mawhinney

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Co-authors: Watson E, Schutz S, Lavender V

Background: The use of oral chemotherapy is increasing and presents challenges in safely caring for patients. Internationally, healthcare services have implemented a variety of interventions to care for patients receiving oral chemotherapy, but no single intervention has been recommended.

Aim: This integrative review aimed to identify what is currently known about caring for patients receiving oral chemotherapy to inform the role of the nurse.

Method: A systematic search was conducted using the following databases: MEDLINE (US National Library of Medicine), CINAHL (Cumulative Index to Nursing and Allied Health Literature), BNI (British Nursing Index), PsychINFO (produced by American Psychological Association) and Web of Science. No limits on date of publication were set and searches were updated in June 2017. 1,021 sources were screened against inclusion criteria based on relevance and quality. Twenty-three studies were reviewed. Extracted data were tabulated and key findings were thematically analysed using an inductive approach.

Results: Patient education about oral chemotherapy was systematic and patient-centred, but a lack of standardised policies was reported. Patient-centred education was mostly delivered by nurses and pharmacists in acute clinical care settings, which also provided future opportunities to assess treatment-related toxicity. Some reasons for treatment non-adherence were reported, but adherence was difficult to measure.

Conclusions: This integrative review identified that patient-centred models of oral chemotherapy care are needed for safe practice. Care of patients receiving oral chemotherapy should incorporate patient-centred education, telephone assessment and monitor treatment toxicity and adherence. Nurses need knowledge and skills to work in partnership with people prescribed oral chemotherapy to provide patient-centred education, assess individual care needs and support self-management. In addition, treatment adherence might be improved through nurse-administered telephone assessment. Further interventional studies are required to identify properties and characteristics of effective models of care to safely manage patients receiving oral chemotherapy.

Type: Poster

Category: Person-centred care including the older person

Multispecialty enhanced recovery clinic for patients undergoing radical cystectomy at University College London Hospitals

Hilary Baker

Lead CNS for Uro-oncology, University College London Hospitals

Co-authors: Jacqueline Duncan, Richard Western

Introduction: Bladder cancer is the seventh most common cause of cancer death in the UK with 10,062 people diagnosed each year (CRUK 2014). Invasive bladder cancer is a disease of the elderly who have multiple medical conditions. Radical cystectomy is the most complex urological operation with considerable morbidity and prolonged patient stay. UCLH is the centre for specialist pelvic surgery in north London and the tertiary referral centre for robotic-radical-cystectomy. Between the referring hospitals, delays to treatment and investigations pre-operatively occur. Patients travel long distances for appointments, which are costly, arduous and time consuming.

Service improvement: A multispecialty (MS) one-stop-clinic was developed to: streamline the referral pathway, fast track patients, optimise their care, and reduce time-to-treat.

Aims: Applying the principles of enhanced recovery (ER) to: reduce delays from diagnosis to definitive surgery, optimise patient's pre-operative support, postoperative recovery and improve patient experience.

Objectives: To assess whether MS clinics can reduce the time between referral to cystectomy using the ER pathway.

Methodology: MS stakeholders include members of: pre, peri and post-operative care. A collaborative comprehensive clinic schedule for patients to attend as a single, full day of appointments, using a modified BAUS cystectomy ER pathway with emphasis on setting pre-and-post-operative milestones, monitored through a patient diary.

Results: There have been no clinical cancellations on the day of surgery following the implementation of the MS clinic. Mean number of outpatient appointments reduced from 4.8 to 4.3 (10.4% reduction). Time taken from referral to treatment improved from 155 to 78 days (49.7% reduction). Median length of stay was reduced from 14 to 6.2 days. Patient experience was monitored through feedback questionnaires and a focus group.

Discussion/conclusion: One-stop-clinic model improves efficiency in: peri-operative surgical pathway, time to treatment, number of appointments, recovery from surgery and patient satisfaction.

Type: Poster

Category: Person-centred care including the older person

Navigating the tricky waters of multiple MDTs in multiple hospitals for a single patient with multi-site disease: a case study

Angela Fitzgerald-Smith

Lead colorectal cancer nurse specialist, St Helens and Knowsley Teaching Hospitals NHS Trust

Since the evolution of MDTs, the cancer MDT has become the gold standard for recommending the planning and implementation of cancer care and treatment. The nurse specialist is the navigator for the patient journey. However, this is not always plain sailing due to the complexities of the individual patient pathways. This is a case study describing the pathway of an individual patient with multi-site disease travelling through multiple MDTs in multiple hospitals, including colorectal MDT, lung, advanced colorectal, neurosurgery and acute oncology. This describes how the nurse specialist ensured a seamless service was provided by putting the patient central and ensuring co-ordination, communication and involvement of the patient and family.

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Type: Poster

Category: Person-centred care including the older person

Neuroendocrine tumour (NET) patients' experiences of support in the community setting across the cancer treatment trajectory

Lindsey Devlin

Patient support nurse, NET Patient Foundation

Co-authors: Catherine Bouvier, Nikie Jervis

Background: Neuroendocrine tumours (NETs) and carcinomas (NECs) are a heterogeneous group of malignancies, with no common clinical pathway, but previous study has highlighted a common need for effective, well-timed support (1). There is geographic variation in the availability and provision of specialist NET cancer services across the UK and this is reflected in the diverse patient experiences reported (2).

Service improvement: To improve the patients' journey, the NET Patient Foundation is developing the support nurse service, to provide the support patients have identified as being the most appropriate, at the times when it is most needed and signpost to available allied services.

Aim: The aim of the study is to explore the changing nature of support requirements throughout the patient journey and identify sources, with optimal timings, of effective patient support.

Methodology: A focus group approach has been chosen as it is particularly useful where it is important to highlight common experience, or identify different views (3). The data will be collected in July 2017 from 3-4 focus groups at different locations in England and Wales, consisting of 4-8 NET patients and using a pre-determined, structured sequence of questions in a focused discussion.

Results: The data will be analysed using an inductive qualitative content analysis process (4).

Discussion: The themes identified by the analysis of the focus group discussions will define further study and inform the discussion of an optimal support strategy that can be tailored for each individual patient.

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Type: Poster

Category: Person-centred care including the older person

Person-centred rehabilitation: 12 month outcomes from the Breast Radiotherapy Injury Rehabilitation Service (BRIRS)

Alison Llewellyn

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Co-authors: Lucy Cooper, Charlie Ewer-Smith, Keri Johnson, Emma Houlihan, Alice Trent, Peter Brook, Candy McCabe

Advances in radiotherapy techniques following breast cancer have led to reductions in treatment-related effects. However, severe consequences, such as radiation-induced brachial plexopathy (RIBP), persist for some. RIBP after breast cancer treatment is a progressive condition, associated with nerve pain, lymphoedema, motor weakness and functional impairment in the upper limb (Delanian et al 2012). Established as a highly specialist NHS service in 2012, the Breast Radiotherapy Injury Rehabilitation Service (BRIRS) at the Royal National Hospital for Rheumatic Diseases, Bath, provides multidisciplinary care to meet the complex healthcare needs of people with this chronic, disabling, condition.

BRIRS patients have access to specialists from pain management, rheumatology, lung/respiratory care, psychology, physiotherapy and occupational therapy. Focusing on individual rehabilitation goals, the service provides education and clinical support to improve the individual's ability to manage their pain, functional limitations, and psychological wellbeing. 99% of patients are female (average age 70, range 37-90).

We assessed long-term service outcomes for changes in function, pain and mood, analysing data from standardised self-reported outcome measures collected pre- (time 1) and post-service attendance (12 months later, time 2). Measures were: the Brief Pain Inventory (short form), the Upper Extremity Functional Index, and the PHQ9 (depression scale).

Our results demonstrated that, while reductions in pain severity were not detected, there was an average reduction of 28% in pain interference between time 1 and time 2 (n=63). Over the same period, depression reduced by 35% (n=62) and upper limb function improved by 7% (n=67).

Given the nature of RIBP we did not anticipate reductions in pain levels per se. However, our data showed attending BRIRS leads to sustained reductions in how much pain interferes with daily living and improvements in function and psychological wellbeing. These findings support our person-centred multidisciplinary rehabilitation approach that aims to enable individuals to lead more independent lives.

Reference

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Abstract 58

Type: Poster

Category: Person-centred care including the older person

Role of the advanced nurse practitioner within teenage and young adult oncology

Charlotte Weston

Lead nurse, teenage and young adults, The Royal Marsden NHS Foundation Trust

Co-authors: Charlotte Weston, Emma Masters, Joanna Stone, Dr Louise Soanes, Dr Julia Chisholm, Professor Theresa Wiseman

Introduction: Advanced practice is recognised by the Royal College of Nursing (2012) as a distinctive level with nurses educated to Master's level and assessed as competent in their field. This encompasses direct care provision, education, research and management.

Service improvement: Pressures on the National Health Service including decrease in funding and increase in need have led to increasing pressure to be efficient. Potential solutions include improving services and new ways of working (Robertson, 2016). A Teenage and Young Adult Unit Advanced Nurse Practitioner (TYAANP) was introduced at The Royal Marsden NHS Foundation Trust approximately 18 months ago, one of few within the United Kingdom. It is appropriate to evaluate the impact of the role on patient and staff experience, quality, safety and efficiency.

Aims/objectives: To evaluate the impact of TYAANP role on teenage and young adult oncology patient and multi-disciplinary team experience.

Methodology:

- Retrospective data collection using AUSPRAC (2009) Questionnaire to multidisciplinary team. Descriptive statistics used to analyse outcomes of the data collected.
- Log of TYAANP work for one month.

Results: 86% of patients and 90% of staff felt they understood the role of the TYAANP; 100% of patients felt the TYAANP service was a success, met their needs, prescribed correctly, offered holistic and safe care, had a positive impact on care; 86% of patients felt the TYAANP service was easy to use; 90% of staff felt the TYAANP service met the needs of the patients.

In a week, the majority of time was spent on clinical/direct patient care (74%); 5.5% on MDT prep/presentation; 15% on referrals/admin and 5.5% on education.

Conclusion: Overall, patients and staff reported a positive experience, particularly correct diagnosis, safe prescribing and having a positive impact on care. Areas for improvement include understanding of the role for staff and patients.

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Abstract 59

Type: Poster

Category: Person-centred care including the older person

Setting up a nurse-led satellite unit to treat patients closer to home

Rebecca Biltcliffe

Ward manager, Chemotherapy Unit and Oncology/Haematology Outpatient Department, Lancashire Teaching Hospitals NHS Foundation Trust

We have a 16 chair chemotherapy unit at Royal Preston Hospital. With the introduction of immunotherapy drugs, and many patients getting treated longer, we have reached maximum capacity on this site. In 2015, we extended our working day to 7pm to help spread our capacity into the evening. This worked well, however within a year our capacity was at a maximum and chair blocks were occurring on a regular basis. Our matron and the senior nursing team were very keen to treat patients closer to home, and felt this was a good time to drive this concept further to make this happen. This would be a huge service improvement which would benefit our patients greatly. A business case was drafted, and accepted in September 2016. The plan was to open a satellite nurse-led chemotherapy unit at Chorley District Hospital to treat patients closer to home.

Aims: To treat patients closer to home. This will improve the patients' experience, and decrease the amount of travel on day of treatment. Also, the patients will be treated in a less crowded environment which will have a positive impact on their health and wellbeing.

Methodology: We audited a number of patients in 2016, and they were all very keen to be treated nearer home, stating that delays should reduce and parking may be easier. We started a rigorous recruitment drive in September 2016. Our aim was to recruit nurses to have them trained by the time we opened our doors in Chorley Hospital. We had an oncology recruitment day, and made a recruitment film, which was shared on the trust website.

Results: We opened the unit on July 4, 2017. We are phasing in and are open 2 days a week, moving to 3 days a week at the end of July.

Abstract 60

Type: Poster

Category: Person-centred care including the older person

Setting up a renal cancer support group

Susanna Smith

Clinical research nurse, The Christie Hospital

Co-author: Lucy Willingale

Background: Kidney cancer is the seventh most common cancer in the UK accounting for 3% of all new cases. It is expected to be one of the fastest increasing cancers over the next 20 years. Half of the diagnosed kidney cancer patients in England and Wales survive their disease for ten years or more due to treatment advancements. However, a gap in the support for these long-term patients has been identified by clinical staff.

Aim: To set up a renal support group to provide extra holistic support and information to renal patients undergoing treatment including patients on clinical trials.

Methodology: A literature search in the Cochrane library using the terms renal cancer support group returned seven relevant articles and only one concerning renal. An electronic survey targeting renal/urology nurse was used to collect opinions on support groups. Input from local staff, and other partners such as Kidney Cancer UK and importantly, patients, was sought. The information was used to identify the basic requirements for a support group meeting. Feedback from patients was then collected via a pilot electronic survey after the first 2 sessions. Contribution of CRF: Patient and Public Involvement and Engagement.

Results and conclusions: The here described approach was useful to identified general issues when setting-up a support group. Overall, patients were keen to be involved demonstrating a benefit of such a group to establish a community for patients to meet and exchange knowledge and experience of their journey with kidney cancer.

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Abstract 61

Type: Poster

Category: Person-centred care including the older person

Successfully rolling out into practice: electronic HNAs

Lyndsey Bullock

CNS, University Hospital of Wales

Co-authors: Annette Beasley, Lynda Bond-Govier, Charlotte Bloodworth

Background: Cancer incidence is increasing and people are now living with and far beyond a cancer diagnosis, often with side effects of the treatments received. Assessment of holistic needs is a priority within the Welsh Cancer Plan. There is currently no standardised approach to assessing holistic needs within our UHB.

Aim: The aim of this study was to assess and develop a standardised approach to holistic needs assessment that could be rolled out throughout the whole of the Cardiff UHB.

Methods: Three clinical nurse specialists (CNS) from three separate specialist areas (upper GI, ENT and haematology) worked with the cancer lead nurse to carry out a pilot project that used an electronic version of a holistic needs assessment. 15 patients piloted the assessment tool, discussion, formation of a care plan and sharing of information with GPs and their MDT area. Feedback was gathered from the patients and the staff involved.

Results: There were challenges during the pilot that were mostly around resources, computers and wifi access within the hospital. Feedback from patients was positive and they felt that following the assessment and discussion the conversation was more patient focused. CNS feedback was also positive. They felt the tool was more patient orientated and structured.

Conclusion: To take the project forward IT will need to be approached regarding governance and other specialities will need to be recruited to develop a robust system that can be rolled out across the whole of Cardiff and Vale UHB.

Abstract 62

Type: Poster

Category: Person-centred care including the older person

Supporting newly diagnosed cancer patients with an information support session

Emma Sweeney

Macmillan Head of Cancer Nursing, Colchester Hospital University Trust

Co-author: Deborah Farthing

A bi-monthly information and support session was established at Colchester Hospital for patients newly diagnosed with prostate cancer prior to treatment in 2017. This session is aimed to support patients and their family members/carers to provide them with timely information about the support and services available to them while under the care of our hospital. Anecdotal evidence highlighted that patients and their families, when offered access to supportive services at the end of their treatment, highlighted they'd have benefited from earlier access to support them with their adjustment to their diagnosis.

Sessions include a virtual tour of radiotherapy, dietetics, information centre, counselling, the nurse specialist and the MDT co-ordinator as well as a Macmillan benefits adviser being available in the refreshment breaks.

An invitation was sent out in spring 2016 to invite previous cancer patients to a 'taster' of the proposed new session. This was an interactive event with formal feedback mechanisms whereby the agenda was altered to suit the needs of the patients. Following a period of months to ensure that patient confidentiality was protected a data programme was adapted so a monthly report could be provided to ensure we had captured all newly diagnosed patients.

Following this, a letter sent from the patient's multidisciplinary team was sent to the patient inviting them to attend the session. 4 sessions have run since January 2017 with a total of 80 attendees. Feedback from attendees has been positive and concerns raised have been dealt with during the session. The new patient information session has proved to be beneficial and has been welcomed by the trust as part of the patient's pathway prior to commencing anti-cancer treatment. We now aspire to open this session up to a larger cohort of patients over the course of 2018.

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Abstract 63

Type: Poster

Category: Person-centred care including the older person

Supportive Care and Acute Oncology joint working to deliver Enhanced Supportive Care rapid access clinics

Lisa La Mola

Clinical nurse specialist, The Christie Hospital

Co-authors: Richard Berman, Tim Cooksley, Tam Al-Sayed, Hannah Clare, Louise Hilton, Carole Mula, Anne-Marie Rafferty

The Enhanced Supportive Care (ESC) clinic provides patients with better access to supportive care services. It allows any Christie patient with problems relating to their cancer, or cancer treatment, to be seen without delay. This helps to reduce the escalation of symptoms and medical problems that could potentially lead to hospital admission. ESC clinic is a new joint service provided by Supportive Care and Acute Oncology teams.

A six-month pilot has demonstrated a reduction in emergency admissions to the Christie, a reduction in patients sent elsewhere within Greater Manchester (GM), a reduction in the need for GP follow-up appointments, reduced length of stay and has facilitated early discharges from the Oncology Assessment Unit (OAU), which improves patient flow.

Referrals into the ESC clinic are received from multiple areas, namely:

- Acute Oncology Management Service/Hotline.
- Oncology patients from outpatient areas.
- Radiotherapy treatment areas.
- Oak Road Treatment Centre.
- Community Macmillan direct referrals.

A bespoke proforma was completed after each consultation by the treating clinician. 413 ambulatory patient reviews took place over a 6-month period. An in-depth analysis has been conducted of 162 new patient referrals between January and April 2017. Overall, results show a significant impact on patient outcomes, with 24% admission avoidance, 26% facilitated early discharge and 40% avoided escalation of symptoms/GP review. Data analysis remains ongoing to assess readmission statistics, in particular, an analysis of early OAU discharges, facilitated by the ESC clinic review of low risk neutropenic patients.

The service currently operates two clinics a week on Monday and Thursday afternoons. A business case has been submitted proposing service expansion to operate daily clinics. As the first cancer centre to implement this service, we have welcomed oncology teams from other centres across the UK, sharing best practice and enhancing supportive care within oncology.

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Abstract 64

Type: Poster

Category: Person-centred care including the older person

Survivors Teaching Students in nurse education: a collaborative innovation in healthcare education

Kathy Whayman

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Co-author: Ruth Grigg

Service user involvement has long been an operational and political aspiration for healthcare education, recognising patients and carers as experts in their care, and to ensure that their voices are heard. Higher education's use of service user involvement can be problematic, but clear practical strategies can assist in fully engaging healthcare professionals with those whom their profession supports (1). Involving service users in education can inspire healthcare professionals to improve shared decision making and identify care failings (2), making a difference to the overall experience of person-centred healthcare.

The Survivors Teaching Students (STS) programme, run by a cancer charity, aims to increase knowledge of the signs, symptoms and risk factors of cancer by giving information through direct patient experience. The HEI and the charity facilitated a learning environment over a 2-year period bringing these two aims together for undergraduate and post-graduate nursing students. Each session involved up to three volunteer service users who shared their experience of having a diagnosis and treatment for cancer. Ten volunteers took part to share their experience.

Pre and post-session student evaluation forms were completed and feedback was sought from each volunteer. Overall, basic knowledge of the development, risk and treatment of ovarian cancer increased. Students had significantly increased their knowledge of patient experience of the disease from diagnosis onwards, and rated listening to service users' stories very highly. The volunteers felt the students were engaged and had listened intently. They also valued being with other speakers, and reported satisfaction at being part of NHS education.

Education providers must demonstrate how service users contribute to programme design and delivery (3). This facilitated STS programme has given these service users a voice to influence patient-centred care, and has represented their interests to clinical communities and nurse education providers at all levels.

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Type: Poster

Category: Person-centred care including the older person

The experience of mastectomy patients on the 23-hour pathway

Alison Woods

Macmillan breast cancer clinical nurse specialist, St George's Hospital, London

Co-authors: C McNamara, D Banerjee

Background: The 23-hour discharge pathway for women undergoing non-reconstructive surgery for breast cancer is standard of care across the NHS (DH 2007). Most patients on the pathway in our hospital are breast conservation patients and data suggests good levels of patient satisfaction for this group. However, a service evaluation revealed mastectomy patients were less satisfied and often had delayed discharge. This suggested the pathway may not be meeting mastectomy patients' individual needs and limited literature exists in this area.

This study aimed to:

- Explore the experience of women undergoing mastectomy on the 23-hour pathway at St George's.
- Assess if individual physical, social and psychological needs are being well met on the 23-hour pathway.

Methods: A qualitative phenomenological hermeneutic approach using semi-structured in-depth interviews. A purposive sample of 10 women were recruited over 5 months by the breast team.

Results: 6/10 patients discharged within 23 hours and had a positive experience on the pathway. However, 4/10 patients did not complete the pathway tending to have a negative experience.

Key themes:

- Patient willingness to take control of their healthcare influenced attitude towards the pathway (not all patients wanted to embrace a self-management model of care).
- Patients undergoing more extensive surgery (+/-drains) tended to have a delayed discharge and poorer experience feeling they had 'failed' if not discharged within 23 hours.
- The support network is critical.
- Wound care management was inconsistent and lacked clarity between healthcare professional teams.

Conclusion: In our centre, the 23-hour pathway, while safe and effective, may not meet the individual needs of all patients, and does not offer a person centred care approach. It may be possible to prospectively identify patients likely to have a negative experience with the 23-hour pathway and target support or amend the pathway to improve their experience.

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Type: Poster

Category: Person-centred care including the older person

The holistic needs assessment in cancer care: identifying barriers and facilitators to implementation

Susan Williamson

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Co-authors: Kinta Beaver, Anne Tomlinson, Sandra Murray, Deborah Sullivan, Deborah Loftus, Pauline Robinson

Background: More than two million people live with the effects of cancer in the UK (1). To ensure information and support is tailored to cancer survivors' individual needs, a structured approach using a holistic needs assessment (HNA) to assess physical, practical, emotional, spiritual and social needs is recommended (2). The information collated in the HNA should inform individual, person centred care pathways. However, completion of the HNA is not widely embedded into practice and clinical nurse specialists (CNSs) express concern about their ability to complete HNAs at key time points (3).

Method: This study aimed to assess the extent to which CNSs complete HNAs and identify barriers and facilitators to implementation using a national on-line survey. A snowball sampling technique recruited CNSs working in cancer care across the UK.

Results: 306 CNSs responded. CNSs complete HNAs primarily prior to and immediately after treatment, but not for all patients. CNSs were concerned that HNAs were becoming a 'tick box exercise' and were not suitable for all patients at the time points recommended. Barriers to completion were time, staff shortages, lack of confidence, privacy and information regarding signposting for patients. Facilitators were privacy for confidential discussions, training, confidence and signposting of resources.

Conclusion: That so many busy CNSs completed this survey demonstrates the importance they attach to HNAs and the person centred care they could inform. However, the challenges they face with introducing the HNA as part of everyday practice require investment in training, time, support services and environment. With the financial pressures facing the health service in the UK, it is vital that the HNA is conducted at optimum times for those patients who need it to make the best use of patient and CNS time.

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Type: Poster

Category: Person-centred care including the older person

The impact of advanced practice in a well-established RIG service

Filipe Carvalho

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The Royal Marsden Hospital*

Aims: To assess and quantify the rate of complications post Radiologically Inserted Gastrostomies (RIGs) procedures, and evaluate if implemented service improvement strategies affected the occurrence of these.

Methods: Using data extracted from case notes, patients who had a RIG procedure between April 2015 and May 2017 were considered and retrospectively audited.

Results: 82 RIG insertions were audited; 42 in 2015-16 and 40 in 2016-17. 70% (57/82) had head and neck (H&N) malignancy, 24% (20/82) GI cancer, and 6% (5/82) a variety of other malignancies, including sarcoma, breast, lung and gynaecology. Tube displacements were the most common type of complication and occurred in the first 30 days post insertion in 13 patients (16%) over a two year period, 6 of these as an inpatient. Immediate, immediate and late, and late complications rates were 0%, 2% and 24% in the first year versus 2%, 0% and 15% in the second year. Complications in H&N speciality were higher than in other tumour groups in both years. There was one reported incident in 2015-16 of misplacement of the tube in the peritoneal cavity and also one case, in the same year, of a GI haemorrhage due to blood vessel injury. The 30-day mortality rate was 5% (4/82), but none of the recorded deaths were attributed to the RIG procedure itself.

Conclusions: Following the implementation of service improvement strategies, the overall incidence of complications decreased, specifically late complications, as a fall from 24% to 15%, was recorded. Tube displacement was the most recorded type of complication and the reason for it is difficult to ascertain, but regardless, a drop from 8 to 5 cases was noted. This audit offers persuasive evidence that the service improvement strategies implemented, benefited the patient care as the overall 30-day free of complication rate post RIG insertion increased from 74% to 83%.

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Type: Poster

Category: Person-centred care including the older person

The importance of holistic nursing assessment on a day chemotherapy unit in the private sector: How to completely care for patients

Edit Galambos

Specialist oncology sister, BMI Sarum Road Hospital

Background: Being diagnosed with cancer can affect many areas of the patient's life. Patients can be left with lots of questions and concerns – whether it's about clinical care or treatment options, or how other aspects of their lives might be affected (Macmillan 2015). Holistic care means seeing the patient as a physical-spiritual-psychological whole. The caring process starts with the assessment, challenges/needs, outcomes, therapeutic care-plans, implementation and evaluation (Dossey et al 2016).

Aims: Develop services for patients receiving anti-cancer treatment. Tailored support to the needs/preferences of the individual and families. Provide improved person-centred care with ongoing collection of objective and subjective data.

Methodology: The information was gathered from questionnaires. 100% of patients felt they were given enough information about their treatment and had appropriate time to ask questions. 70% of them were nervous before the treatment but 65% had better experience, 25% same and only 10% answered it was worse. 75% of patients struggled with side effects but 100% were confident to ask for help/advice. 60% of patients said they would benefit from access to specialists, such as complementary therapies, counselling, dietitian, exercise. 65% of patient suggested different services to be available.

Service improvement: The following supports are now available: counselling, complementary massage, aromatherapy, pilates, nutrition advice, port-a-cath insertion, look good feel better (LGFB) sessions, wig support, starter/discharge packs.

Results: 100% of patients enjoyed the LGFB sessions, 100% of patients found the massage a 'positive experience'. All other feedback about the new services is being evaluated.

Conclusion: The patient-nurse relationship is vital on many levels. The nurse combines comprehensive care with physical, psychological and social care. Our aim will remain: understanding the patient's experience, developing and maintaining the caring relationship, communicating effectively within the care-settings, maintaining patient safety and positive patient outcomes.

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Abstract 69

Type: Poster

Category: Person-centred care including the older person

The Patient's Journey, a radiotherapy information video

Lindsey Anderson

Information and support therapeutic radiographer, Belfast City Hospital, Belfast Health and Social Care Trust

This project describes a collaborative partnership between the receptionist, clinical director, porter, clinical scientist, engineer, radiotherapy services manager, therapeutic radiographer, Macmillan information manager and office manager, which was funded by Friends of the Cancer Centre.

Objectives:

- Capture key aspects of the patient's journey.
- Increase accessibility of the radiotherapy department.
- Reduce anxiety.
- Improve information recall and experience.
- Raise awareness of support services.
- Increase understanding and public perception of radiotherapy.

Rationale: Studies carried out across the United Kingdom showed much of people's anxiety was related to 'trivial' things such as location of appointment, car parking and size of the equipment used to deliver radiotherapy. They suggested that addressing such areas, and removing some of the fear of the unknown, would enable patients to focus on more specific treatment-related information. In addition, it would help us, as a team, ensure information about radiotherapy was consistent and focused. Within the health service today there is much emphasis on supporting carers as they support those they care for and we strongly believe our radiotherapy patient journey video facilitates the empowerment of both patients and carers. As a teaching centre we are able to use the video as a valuable learning resource for our student radiographers as well as our colleagues from other disciplines.

The video complements our monthly patient information evenings, which birthed the idea of the video, through service user feedback.

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Abstract 70

Type: Poster

Category: Person-centred care including the older person

The value of an advanced nurse practitioner (ANP) on a haematology/oncology day unit

Maureen Scotton

Advanced nurse practitioner, St Helens and Knowsley Teaching Hospitals NHS Trust

Co-authors: Jeanette Ribton, Pat Gillis

Introduction: The Lilac Centre is a chemotherapy day unit that treats oncology and haematology patients within St Helens and Knowsley Hospitals NHS Trust. The unit cares for approximately 250 patients/week and is nurse led with no onsite oncologist/haematologist. This poster will analyse the value of the ANP role specifically in relation to the management of unwell patients receiving systemic anti-cancer treatments.

Service improvement: We are currently redesigning the ambulatory service to improve the experience for patients. We have appointed an advanced nurse practitioner to oversee patients with complex needs who are unwell to help avoid A&E/GP attendance.

Aims:

- Provide a patient review urgently.
- Enhance the patient experience.
- Reduce emergency presentation to A&E/GP.
- Reduce delays in chemotherapy administration and wastage.
- Provide evidence of case studies.

Methodology: A database has been developed to enable on-going analysis of the service. The interventions have been classified as: minor, moderate and major. Patient reviews are categorised into planned or unplanned. Planned refers to patients who are reviewed on the day of treatment due to toxicity or cancer complications. Unplanned refers to patients who have contacted the triage help line and require assessment. Results: Data will illustrate the number of ANP reviews over a six-month period, the intervention, treatment advised and the outcome (that is, admitted/discharged).

Discussion/conclusion: The ANP role has been pivotal in developing ambulatory care on the chemotherapy unit. Early results undoubtedly show the need for such a role and enormous benefit to patients. The majority of assessments have required either a moderate or major intervention, illustrating appropriate referral to the ANP. Further analysis will help to shape and develop the role of the ANP and development of the Lilac Centre.

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Abstract 71

Type: Poster

Category: Person-centred care including the older person

Training the whole workforce how to listen: evidence of impact

Michael Connolly

Macmillan consultant nurse, University Hospital of South Manchester

Co-author: Dr Joanne Thomas

Communication is regarded as a core skill for nurses and is highlighted in The Code. Effective communication skills between staff and patients improve patient adherence to treatment, recovery and psychology, and increase patient satisfaction and quality of life. The 'SAGE & THYME Foundation Level workshop' was developed by cancer nurse specialists and a cancer patient to teach core communication skills to 30 nurses and other professionals, in three hours, allowing a whole workforce to be trained.

The workshop consists of small group work sessions, a presentation and conversation rehearsals. SAGE & THYME is a mnemonic (Setting – Ask – Gather – Empathy – Talk – Help – You – Me – End) and the evidence behind it is published in the Royal Marsden Manual of Clinical Nursing Procedures (2015) and the Oxford Textbook of Communication in Oncology and Palliative Care (2017). Its use allows nurses to notice distress, listen carefully and respond appropriately: they can provide patient-centred care, by allowing the patient to suggest solutions, before giving their advice.

Research has been carried out in both acute and community settings. It has demonstrated that from pre to post workshop there is a significant increase in: knowledge; participant rated competence, confidence, and willingness to talk to patients about concerns; self-efficacy and outcome expectancy (required to transfer skills into practice); and use of appropriate communication behaviours when talking to a simulated patient. In addition, knowledge in helpful communication behaviours was sustained two months after the workshop, as was motivation to use the SAGE & THYME model.

Organisations can have their staff trained to become facilitators of the SAGE & THYME Foundation Level workshop to cascade the training to their own workforce. It has been adopted by more than 60 NHS and hospice organisations and two schools of nursing.

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Abstract 72

Type: Poster

Category: Person-centred care including the older person

Using a Skype clinic to personalise care

Gillian Al-Kadhimi

HCC CNS, King's College Hospital

As a tertiary referral centre for patients with hepatocellular carcinoma it is inevitable that patients come from a wide geographical area. For the patient this may lead to logistical, physical and financial difficulties. The increasing volume of patients is also causing difficulties for the team with regard to clinic capacity and follow up. Patient surveys have demonstrated dissatisfaction regarding outpatient experience, particularly for elderly patients and those who are unwell.

To try and address patient concerns and also service needs I set up a nurse-led clinic closely followed by a telephone clinic. The latter was helpful in reducing the number of clinic visits required for patients and increasing hospital clinic capacity for the more complex patients. However, there are certainly limits to the usefulness of telephone clinics and I found this to be a particular issue with patients on an oral TKI (sorafenib). This is a drug with significant potential side effects and close monitoring of patients is essential.

I discussed the possibility of SKYPE clinics with some of my patients and medical colleagues. There was general support and great interest from the patients. Setting the clinic up was not without its challenges – drawing up a business case, addressing issues of confidentiality, selecting suitable patients etc. Interestingly, the age of the patient was not an issue – younger family members were keen to set SKYPE up for their relatives.

Feedback has been good. Patients are satisfied with the consultation, potential adverse incidents have been averted, clinic visits have been reduced, hospital clinic capacity has been increased. Every patient deserves to have the care that they need delivered in a way that is most appropriate to them; my SKYPE clinic has facilitated this in a very positive way.

Type: Poster

Category: Person-centred care including the older person

What are the challenges faced by carers of patients diagnosed with head and neck cancer before, during and after treatment? A literature review

Charlotte Johnston

Staff nurse, King's College London, Guy's and St Thomas' Hospital

Introduction and background: Caring for individuals with cancer has been identified as a rewarding task for carers to undertake. However, it has also been identified as a stressful burden, often negatively impacting carers' physical and psychosocial health and wellbeing. Head and neck cancer patients may experience a range of complex care needs such as the inability to swallow safely, communication difficulties or poor psychological health following treatment. These side effects consequently impact those looking after the patient at home.

Aim: The purpose of this review is to examine the current evidence on the specific challenges faced by carers of patients diagnosed with head and neck cancer before, during and after treatment and review the implications for current and future nursing practice.

Methodology: Four electronic databases, CINAHL, Medline, PsycINFO and ASSIA, were systematically searched to identify relevant literature addressing the proposed research question. A manual hand search was then conducted so that further relevant papers could be retrieved. Eight qualitative research papers and one mixed methods paper were selected that met the eligibility criteria. These papers were then critically appraised using validated critical appraisal tools and analysed using thematic analysis.

Findings: From the thematic analysis four themes emerged from the data set identifying the specific challenges head and neck cancer carers faced: challenges due to new roles and responsibilities, information challenges, support challenges and relationship challenges.

Conclusion: This review identified a multitude of challenges carers faced caring for someone with head and neck cancer. Healthcare professionals should be aware of the extensive challenges head and neck cancer carers face to identify and provide adequate and appropriate information, support and additional interventions to address these needs.

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Abstract 74

Type: Poster

Category: Person-centred care including the older person

What assurance can we give that each nurse is providing the same information to patients receiving SACT and pre-treatment consultation, and during treatment? A single centre experience

Debbie Cave

Clinical practice facilitator, Leaders in Oncology Care

Co-authors: Rachel Ingham, Jane Dean

Introduction: Our centre has four sites spread across London. We wanted to be sure each nurse at each site was providing the same information to patients at their pre-treatment consultations, their first cycle of treatment and then consecutive treatments.

Method: An audit was conducted across the sites looking at the written assessment nurses used and additional notes added at pre-treatment consultation, then first cycle of chemotherapy.

Results: Inconsistencies were found around written and oral information given to patients.

Conclusion: A number of changes have been made. Written information was formalised for pre-treatment consultations across sites, competency and a template for pre-treatment consultations was created and retraining given. Criteria and guidelines were written for first cycle treatment patients. Note writing was introduced using the SOAP acronym so nurses can guide their symptom control advice using UKONS guidelines and document under plan so we are not repeating advice already tried by patients.

Hopefully, this will lead to a much more patient-centred approach and improve patient experience.

Type: Poster

Category: Person-centred care including the older person

What do women want from lymphoedema treatment? Views of women with breast cancer-related arm lymphoedema

Eunice Jeffs

Clinical Doctoral Research Fellow, King's College London

Co-authors: Dr Cath Taylor, Professor Emma Ream, Professor Debra Bick

Background: Breast cancer-related lymphoedema of the arm (BCRL) affects around 20% of women treated for breast cancer (DiSipio et al 2013). Little is known about women's hopes or aspirations regarding their lymphoedema treatment goals or perceptions of treatment outcomes. Evidence for optimal lymphoedema treatment outcomes is also lacking.

Aim: Explore views of women receiving treatment for BCRL regarding their hopes and aspirations for BCRL treatment and perception of treatment outcome/s.

Method:

Stage 1: Focus groups. Thirteen women with BCRL, treated by NHS lymphoedema clinics, were interviewed in three focus groups in 2015.

Stage 2: Questionnaires and individual interviews. Forty-five women attending a London-based lymphoedema service were recruited to an observational study of BCRL treatment (2016/17). Questionnaires were completed at recruitment and 3-month study follow-up, with women asked each time to identify up to three personal treatment goals, their satisfaction with current treatment, and perceptions of treatment outcomes. A subgroup of 6 women were individually interviewed. NRES/HRA ethical approval was obtained.

Preliminary findings: Women in both studies reported similar treatment goals: reduce and control swelling; prevent recurrence of swelling; improve/retain ability to undertake desired activities; avoid injury to/cellulitis of the affected arm. Some women expressed a complete lack of treatment goals or ignorance of what they might realistically hope treatment would achieve. Most women expressed satisfaction with their current BCRL treatment outcome. Positive points included: improved or stable swelling; being able to access treatment and monitoring of their lymphoedema. Negative points focused on challenges related to wearing and obtaining compression garments, accessing follow-up appointments, and not knowing what could reasonably be expected from treatment.

Conclusions: Preliminary results suggest many women do not know what they can expect from BCRL treatment. Treatment success may be viewed as improvement to lymphoedema symptoms but, for some women, success means being able to access treatment and ongoing monitoring of symptoms.

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Type: Poster

Category: Person-centred care including the older person

What is person centred care from a haemato-oncology patient perspective in their last year of life? A grounded theory approach

Karen Campbell

Associate Professor, Edinburgh Napier University

Haemato-oncology (HO) patients comprise 8.5% of the overall adult cancers within the United Kingdom (Cancer Research UK 2012). Even though there have been advances in treatment, eventually the majority of these will enter into a palliative care phase and perceived last year of life (Howell et al 2010 a). The literature suggests that in the last year of life transition to palliative care is late or non-existent for HO patients, potentially resulting in their care being compromised (Alt-Epping et al 2011); with many dying in hospital (Howell et al 2010 b). In contrast, national guidance states that the HO patient should receive an early integration to palliative care services (National Institute for Health and Clinical Excellence 2003, 2004). Various reasons have been cited as affecting the integration of palliative care services (Manitta et al 2010). However, to date there have been no studies of the patient's perspective of patient centred care in last year of life.

Methodology: The data includes initial theoretical sampling and conducting 20 patient interviews. Constant comparison analysis supported an in-depth view of HO patient's perspective of person centred care in the last year of their lives.

Interim analysis: The sub categories identified include:

- Treatment including emergency and routine admissions.
- Death and dying, leaving a legacy, connections.
- Life transitions and loss.
- Advocacy, dependency.

Conclusion: This presentation will conclude that the above subcategories are interlinked and all need to be assessed giving an understanding of the whole patient, which will inform the development and implementation of future clinical pathways and interventions to ensure the quality of person centred care for the HO patient in the last year of their lives.

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Abstract 77

Type: Poster

Category: Person-centred care including the older person

Working towards a holistic long term effects clinic

Emma Chaplin

Lead cancer nurse, Basildon and Thurrock University Hospital

Introduction: Currently people treated for cancer who have long term bowel effects are able to attend the pelvic radiation clinic to assess and aim to manage these symptoms. Our aim is to extend this clinic to cover managing a wide range of long term effects, including bowel, urinary, psycho-sexual, fatigue, chemo effects with an opportunity to promote health and wellbeing.

Running the clinic presently is a colorectal surgeon or gastroenterologist, a specialist dietician and lead cancer nurse with specialist interest in long term effects.

The clinic was set up after starting to recognise the number of people being affected by long term effects following cancer treatment.

Aims and objectives: An audit was carried out across three hospital trusts across Essex to assess the level of toxicity post pelvic radiotherapy.

Methodology: Questionnaires were sent to 100 people who had been treated with pelvic radiotherapy a year previously.

Results: The figures confirmed similar findings to those published by the Royal Marsden.

These were presented locally and further interest was raised on how we need to identify, investigate and manage those affected.

Discussion: Working closely with the Royal Marsden as a team we managed to gain experience by attending the pelvic radiation clinic and adopting the use of their algorithm and guidelines. Following a successful business case application we formed the pelvic radiation clinic at Southend University Hospital.

Service Improvement: Urology oncology CNS supports the clinic now, with managing urinary symptoms and erectile dysfunction. A volunteer psycho-sexual counsellor is due to start, as a number of sexual issues are identified through patient questionnaires. With having a truly holistic approach we want to be able to identify and meet the needs of those affected by cancer.

Type: Poster

Category: Person-centred care including the older person

A screening tool to identify patients 65+ who require additional social support to ensure safe effective and appropriate lymphoma treatment can be administered

Rebecca Hallam

Haematology clinical nurse specialist, Weston General Hospital

Co-author: Gemma Wham

Introduction: The NCIN (2015) suggests by 2020 there will be 2 million people aged 65+ living with a cancer diagnosis and 14,000 diagnoses of lymphoma each year (Lymphoma Association 2016). Macmillan cancer Support (2012) suggests that assessment methods such as the comprehensive geriatric assessment or frailty tools can be used to determine how well a patient may tolerate cancer treatment. This project supports recommendations made by numerous bodies including Macmillan Cancer Support, Lymphoma Association, NCIN, BSG, Age UK and NHS Five Year Forward View (2014) who have all called for the NHS to work more closely and collaboratively with the voluntary sectors to deliver supportive social care to patients.

Service Improvement aims and objectives: To research or develop a screening tool to identify patients aged 65+ who require additional social support to ensure safe effective and appropriate lymphoma treatment can be administered.

Material and method: A frailty tool was identified through a literature review and discussions with community teams, haematologists and geriatricians. The Rockwood Clinical Frailty Cumulative Deficit Model was the chosen tool. In addition, community services were researched for social/ practical support.

Results and discussion: The frailty tool screening was implemented at University Hospitals Bristol in February 2016 and Weston General Hospital in September 2016. Additional patient needs have been identified from the screening tool and support has been implemented for approximately 50 patients. This has enhanced patient recovery, enabled independence to continue treatment, maintained psychological wellbeing and prevented delayed discharge.

Conclusion: The clinical frailty scale is a robust tool with which to begin the frailty identification process. It allows the clinician to suspect frailty, refer to the primary care team for on-going support and trigger a referral to Macmillan Support Team for a review in social care needs.

Type: Poster

Category: Person-centred care including the older person

Improving early detection and outcomes of infection and sepsis in older people with neutropenia: an observational cohort study

Rachel Mead

Practice development nurse, Weston Park Hospital

Co-authors: Martina Page, Divinia Smith, Angela Tod, Clare Warnock

Introduction: Infection in neutropenic patients is associated with diverse outcomes ranging from uncomplicated infection to sepsis (Klatersky and Paesmans 2013). Older adults who are treated with chemotherapy are at increased risk of neutropenic infection and those who develop sepsis have a higher rate of adverse outcomes (Chan et al 2013). Early recognition of infection and sepsis by patients, relatives and healthcare staff is essential to enable effective treatment in neutropenic patients. To date, the presenting symptoms among this age group have not been explored.

Service improvement: Developing guidance to support the early detection of infection and sepsis in older adults with chemotherapy-induced neutropenia.

Aims/objectives: To describe the presenting symptoms and outcomes associated with neutropenic infection and sepsis in older adults with solid tumours in comparison with those among younger patients.

Methods: Data was collected from the records of 202 patients with neutropenia who were admitted consecutively to a cancer centre for the treatment of infection between October 2013 and June 2015. Data were analysed using SPSS 21.0. Chi-squared, Pearson's correlations and t-tests were used to examine the relationships between variables within age groups and to compare the findings between them.

Results: Similarities and differences were identified between older and younger patients regarding presenting symptoms including temperature values. Many symptoms were non-specific and temperature values were not predictive of outcomes, including sepsis incidence. A greater number of older adults had high early warning scores on arrival at hospital and during admission compared with younger patients.

Discussion/conclusion: The findings provide new insight into the presenting symptoms and outcomes among older people with chemotherapy-induced neutropenia admitted to hospital with infection. Important content for inclusion in patient information and staff education is identified that contributes to the development of care that meets the particular needs of this age group.

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Abstract 80

Type: Poster

Category: Person-centred care including the older person

Joint working between haematology/oncology and care of the elderly services for chemotherapy patients at Surrey and Sussex Healthcare NHS Trust

Alison Costain

Lead Macmillan haematology clinical nurse specialist, Surrey and Sussex Healthcare NHS Trust

Co-author: Nicola Vanner

Over the past 5 years, it has been observed that more elderly patients, over the age of 80, are being offered and treated with chemotherapy. At Surrey and Sussex NHS Trust the numbers have risen from one patient treated aged 80 in 2011-12, to ten patients over 80 in 2016-17 specifically receiving R-CHOP chemotherapy for high grade lymphoma. In

September, 2016, the way in which deaths within 30 days of chemotherapy was reviewed and the format for our Morbidity and Mortality meetings was standardised following a publication by the National Chemotherapy Board that looked at the current practice.

On reviewing the 30 day deaths, a small scale audit was carried out and, it was noticed that a higher percentage of patients receiving RCHOP over the age of 80 were more at risk of morbidity and mortality following chemotherapy. This highlighted the need for these patients to be more thoroughly assessed prior to their chemotherapy and prompted us to look at our consent process.

A meeting was arranged in April 2017 with the lead haematology CNS, haematology consultant, care of the elderly consultant and service managers to establish a joint clinic assessing elderly patients, newly diagnosed with high grade lymphoma, prior to chemotherapy. This clinic will involve the key stakeholders (as mentioned above) as well as the therapies team and dieticians.

A further audit is planned to monitor the impact of this clinic on how many elderly lymphoma patients we continue to treat intensively and what their outcomes are. The plan is to establish the potential number of people who would benefit from this service with a view to rolling this programme out to other elderly oncology/haematology patients due to undergo chemotherapy.

Reference

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Type: Poster and oral

Category: Person-centred care including the older person

The impact of chemotherapy on people >65 years: A longitudinal cohort study

Carole Farrell

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Co-authors: Bernadette Rose, Cathy Heaven

Introduction: Chemotherapy poses challenges for older patients, given potential comorbidities, mobility and functional problems. Many patients may struggle with side-effects but fail to report problems to health professionals, leading to late identification and management. Comprehensive assessments are not routinely undertaken; therefore independence/functional decline is seldom detected.

Aims/objectives: This is a longitudinal study to understand the impact of chemotherapy on patients >65 years.

Methods: A consecutive series of patients >65 years were recruited from one cancer centre in England. Patients were seen pre-chemotherapy, post cycle 3 and post cycle 6 (end of treatment) and completed five questionnaires at each time-point: SPARC, PG-SGA, AMTS, Concerns Checklist, Geriatric Depression Scale. SPSS was used for data entry/analysis to compare differences within/between groups and changes over time.

Results: 146 patients were recruited age 65-87 (mean 71). This was a heterogeneous cancer group; 90 (62%) had comorbidities, including 30 (21%) with multiple comorbidities. 92 had neo-adjuvant and 53 adjuvant chemotherapy, 11 had concurrent chemotherapy/radiotherapy and 38 different chemotherapy regimens were used. 119 (82%) completed the planned course; dose reductions were common, including 11% from cycle 1. 29 (20%) patients died during the study; 48 (33%) had unplanned hospital admissions (total 299 days); admissions ranged from 1-28 days. Nutrition significantly decreased ($p < .0001$); 25 (17%) were malnourished at T1, 33 (30%) at T3. The number/severity of patients' concerns increased, indicating greater risk of affective disorders, but no significant difference in depression. Patients' independence and mobility significantly decreased with a 50% reduction in their activities, placing greater reliance on friends/family. 16-22% of patients felt helpless, 46% preferred to stay at home.

Conclusions: This study demonstrated chemotherapy has a significant impact on older people with potentially curative cancer, including unplanned admissions, toxicities and treatment-related deaths. This has implications for clinical decision-making, highlighting a need for comprehensive assessments and proactive monitoring during treatment.

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Abstract 82

Type: Abstract only

Category: Prevention and early diagnosis

A nurse-led rapid access haematuria screening service: analysis of healthcare provision

Richard Weston

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Co-authors: Jacqueline Duncan, Hilary Baker

Background: Bladder cancer is the eleventh most commonly diagnosed cancer worldwide. Most patients will initially present with blood in their urine (haematuria) and be referred by their GP for investigations. The national cancer waiting time (CWT) standards were implemented to ensure that patients wait no longer than 14 days from GP referral to being seen for investigations, 31 days from diagnosis to cancer treatment, with an overall target of 62 days from initial referral to treatment. Dedicated (one stop) screening clinics can reduce the delay in the diagnosis and treatment of cancers and improve the patient experience.

Aims: To analyse the performance of a nurse-led (one stop) haematuria screening service, the rapid access clinic (RAC), in terms of clinical outcomes and patient experience; measured in part against the national CWT standards.

Methods: The analysis comprised four sub-studies over June/July 2016. Each sub-study examined an aspect of service delivery: clinical outcomes, the follow up process, the commitment for patients attending, and patient satisfaction.

Results: Patients seen in the RAC (N=74) had a median wait of 13 days to be seen (within the 14 day CWT), 23 days from decision to treat to treatment (within the 31 day CWT), and 37 days overall from referral to treatment (within the 62 day CWT). The screening service offered structured patient follow up, incurred less social and financial cost than for patients not seen as part of this service, and provided a positive patient experience.

Conclusion: The RAC provides rapid bladder cancer diagnosis and a reduction in patient waiting time on the haematuria screening pathway. It also offers a positive overall patient experience.

Abstract 83

Type: Poster and oral

Category: Prevention and early diagnosis

Proud2Bsmokefree

Ben Heyworth

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Co-authors: Lawrence Roberts, Peter Mackereth, Melody Holt, LGBT Cancer Support Alliance

A significant amount of research evidence suggests that members of the LGBT (lesbian, gay, bisexual or transgender) community are likely to experience a range of health inequalities (1). A notable contributing factor is the higher prevalence of smoking (2). The latest data from the Integrated Household Survey (3) show that 25.3% of people who describe themselves as either gay or lesbian are smokers, compared with 18.4% of individuals who describe themselves as heterosexual.

Smoking is a significant risk factor for many different cancer types and two in three smokers will die from smoking-related diseases. Due to the lack of mandatory sexual orientation and trans status monitoring in cancer services, the consequences of increased rates of smoking and the effectiveness of treatments and therapies for this community remain largely hidden.

Against this backdrop, anecdotal evidence suggests that the LGBT community continues to be the subject of targeted marketing by tobacco companies, and with a few exceptions, traditional smoking cessation services are being curtailed or cut.

This poster/presentation will discuss the 'Proud2Bsmokefree' project (2015/16). Our programme of work included a literature review, a survey and conversations on social media, and was conducted in Greater Manchester by the LGBT Cancer Support Alliance.

We will discuss the prevalence of smoking within the LGBT community, the social and cultural context (including the role of targeted marketing from tobacco companies), investigate the role of vaping and its relationship to smoking for LGBT people, and highlight a set of recommendations for commissioners, cancer services, community-based services and LGBT organisations who need to work together to address this problem.

We will discuss the concept of minority stress (both pre and post diagnosis), the effectiveness of a harm reduction approach in an LGBT and cancer context (4), and what has already been achieved.

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Abstract 84

Type: Abstract only

Category: Prevention and early diagnosis

Suspected carcinoma of unknown primary (CUP) management pathway: nurse-led Initiative

Christine Rhall

Acute oncology CNS, St Helens and Knowsley Teaching Hospitals NHS Trust

Co-authors: Jeanette Ribton, Laura Hives, Ernie Marshall, Helen Innes, Zahed Khan

Introduction: Patients presenting with metastatic malignant disease, without an identifiable site, often present with problems and delays with their diagnosis and management. The emphasis of care at St Helens and Knowsley encourages outpatient referral with the aim of promoting earlier diagnosis and avoiding emergency care. This service is evolving innovative nurse-led services to support patients through the diagnostic pathway before the need for a consultant oncologist appointment.

Service Improvement: A CUP management pathway was developed to support both in-patient and out-patient management. Out-patient management is predominantly managed by the acute oncology (AO) CNSs. An AO helpline/email has also been developed for GPs.

Aims:

- Provide a nurse-led patient review urgently.
- Request necessary diagnostic investigations.
- Enhance the patient experience and communication.
- Reduce emergency presentation to A&E/GP.

Patient management: The majority of patients are reviewed in a nurse-led oncology clinic within 2 weeks of referral. Telephone contact is made with the patient as soon as possible after receipt of referral to assess performance status, general health and well-being so that appropriate follow up/key worker support can be arranged.

Methodology: A database utilised since 2013 allows for detailed analysis including referral, final diagnosis, treatment and survival outcome of patients presenting as in-patient or out-patient.

Results: Approximately one third of patients presenting with suspected CUP are reviewed in the out-patient setting primarily. The team has collected data since 2013 demonstrating an increase in the number of OPD referrals leading to earlier diagnosis, improved patient management, reduction in emergency presentation and an increase in treatment uptake.

Discussion: This service innovation is supported by the MDT and links with existing musculoskeletal pathway and vague symptom pathways linked to primary care. The poster will display the impact of the management pathways and value of a nurse led service.

References

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- Statement of intent: Cancer Strategy for England: 2015-2020 NHS England

Type: Poster and oral

Category: Prevention and early diagnosis

What can the UK learn from Australia on skin cancer prevention?

Hong Ma

Macmillan senior specialist nurse for skin cancer, Oxford University Hospitals

Worldwide, Australia has the most cases of skin cancer due to a high UV radiation level and a majority fair skinned population. By 70, two out of three Australians will be diagnosed with skin cancer and yearly over 1,800 Australians die from it. Melanoma is the most common cancer for people aged 15 to 44 and the third most common in Australia. In the UK since the mid 1970s, incidence of melanoma cases has increased more than 5 times and melanoma is the fifth most common cancer and one of the most common cancers in adults aged 15 to 34. Although skin cancer incidence in Australia is three times that in the UK, each year in the UK more than 2,000 people die from it and skin cancer mortality rates in the UK are taking over those in Australia.

To try to answer the question, what can the UK learn from Australia about skin cancer prevention, the study provides a comparison between primary prevention of skin cancer awareness campaigns in Australia and the UK. The author conducted a critical review of 31 peer and non-peer reviewed literatures. The study concluded that the over 30 years investment in skin cancer awareness campaigns in Australia has shown positive effects with increased awareness and improvements in Australians' behaviour towards sun exposure. In comparison, since 2003, when the SunSmart UK Campaign launched, evidence demonstrates there have been no significant improvements in individuals' behaviour towards sun exposure, especially in teenagers.

Evidence from Australia shows that multicomponent campaign programmes, combining information with other interventions, activities and resources are most effective; a key element for campaign success is to continue integrating evaluation to monitor the progress and to assess the effectiveness of the programmes and to advance the future research in developing the programmes.

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Type: Poster

Category: Prevention and early diagnosis

Breast cancer awareness, risk factors and early screening among Pakistani women

Maj Najma Miskeen Khan

Senior oncology nurse and oncology faculty, Army Cancer Hospital Pakistan

Background: Breast cancer is prevalent in females all over the world and the second leading cause of death in females. There are many effective aspects, including genetics, use of ejaculatory hormonal birth control method, extended hormonal substitution treatment and environmental threats. In Asian countries such as Pakistan, the growing ratio of breast cancer is alarming for healthcare departments. Moreover, in Pakistan, every eighth woman is affected by breast cancer.

Objective: The purpose of this study is to appraise perception and knowledge of breast cancer in Pakistani women to distinguish the origin of information on breast cancer and ascertain the aspects associated with knowledge and awareness of the disease, source of early discernment and investigation and application of knowledge of breast self-examination.

Desired criteria for participants: aged older than 18 years and able to provide informed consent.

Method: Quantitative, descriptive approach was undertaken. The preliminary questionnaire with modification, available in English and Urdu, was used to collect the information.

Outcomes: Participants (n = 955, 100% female) completed a multi-part questionnaire. Most (81%) had seen or heard something about breast cancer in the recent past and knowledge of symptoms was good overall. The result showed that, 36% of participants with higher education (1.5; 1.2–1.7) and those who received information of breast self-examination know about breast self-examination, however, most (85%) did not know how to do the examination correctly. Demonstrations were given to all 85% participants who did not know how to do breast self-examination.

Conclusion: Awareness of breast cancer with the help of community programmes is the most effective and preventable approach to reducing the ratio of breast cancer among females of developing countries like Pakistan.

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Abstract 87

Type: Poster

Category: Prevention and early diagnosis

Cancer Care Conference

Karen Phillips

Lead cancer nurse, Whittington Health

The Cancer Care Conference was our second annual health and wellbeing event held on World Cancer Day. Working in partnership with Macmillan it aims to provide expert advice on promoting health and wellbeing for patients, relatives and staff. The whole day is programmed to focus on health promotion and living well with and beyond cancer.

Key commitments of the Cancer Reform Strategy (DH 2007) and Improving Outcomes Strategy for Cancer (DH 2011), were to establish a National Cancer Survivorship Initiative (NCSI). The NCSI (2010) aims to understand the needs of those living with cancer and develop models of care that meet these to support cancer survivors to live as healthy and active a life as possible.

The aim of the event is to give people access to the information, support and tools required to make healthier life style choices:

- Health promotion. The overall aim is promoting health and wellbeing. Providing expert advice on health promotion to minimise risk of recurrence and support healthy living, that is, being physically active, good nutrition, healthy weight management, smoking cessation. Including information/support to effect behavioural change. Providing information about complementary therapies and actively demonstrating how these may help to facilitate wellbeing.
- Building confidence. To ensure that individuals have the confidence and skills to manage their condition themselves, that is, referral onward to rehabilitation and psychological support services as appropriate and signposting to local support groups or buddying services. Offering advice on adjusting to life after treatment – addressing fears of cancer recurrence.
- Rebuilding self. Providing information and access to financial and benefits advice including vocational rehabilitation that patients and carers can share with their employers.

Feedback from patients and professionals who attended was overwhelmingly positive, it was uplifting, not only for our patients and their families, but all our staff too.

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Abstract 88

Type: Poster and oral

Category: Prevention and early diagnosis

Wessex evaluation of emergency presentation of cancer

Fran Williams

Partnerships manager, Wessex Cancer Alliance

Co-authors: David Matthews, Laura Watson, Rob Redford, Matt Hayes, Sally Rickard

Introduction: Around 25% of cancer patients in the UK are diagnosed following an A&E attendance or acute hospital admission with associated poor outcomes.

Aims/objectives: The Wessex SCN for cancer commissioned a project to provide insight into factors behind emergency presentations of cancer locally to inform recommendations for their reduction.

Methodology: 7 acute hospital trusts in Wessex identified 10 consecutive patients diagnosed with cancer following an emergency presentation. Macmillan GPs reviewed both their primary and secondary care notes for the preceding 2 years, were invited to indicate whether there had been any potential opportunities for earlier diagnosis and recorded any contributing factors.

Results: 66 patients reviewed. Possible opportunities for earlier diagnosis suggested in 19 cases. 15 of these patients had been referred or investigations requested by primary care for related symptoms prior to their emergency presentation. Most common tumour sites: lung 33%, colorectal 22%, pancreas 9%, CUP 8%.

Most comments presenting symptoms: abdominal pain 31%, shortness of breath 27% and weight loss 19%. Generally an elderly cohort (median age female 79, male 72), 83% had comorbidities with 53% having more than 3. Average of 8.2 presentations to primary care and 3.85 hospital attendances in previous 2 years. 28 patients had primary care presentations and 19 had prior A&E attendances, with symptoms related to their eventual cancer diagnosis.

Discussion: Patient, primary and secondary care factors were all shown to contribute to emergency presentations of cancer, often at a system level. The potential benefits of applying existing national guidelines and other relevant projects locally were reinforced. It also highlighted that patients with undiagnosed cancer present to primary care nurses, often for chronic disease management, and the need for training of all clinical staff in recognising and diagnosing cancer.











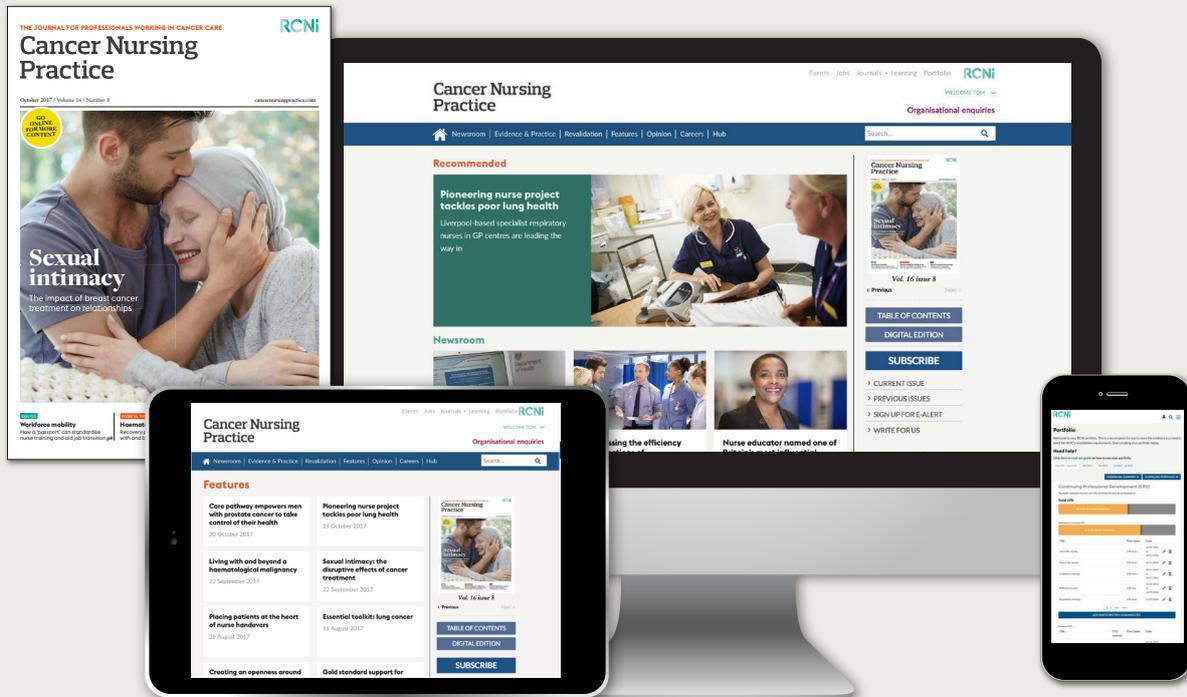






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