

Crossing boundaries in cancer care

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Abstract Book



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Welcome to the UKONS Conference 2018

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

This year's conference, 'Crossing boundaries in cancer care', focuses on three important themes: cancer care across organisational boundaries; cancer care across the age spectrum and cancer care across specialties.

We are looking forward to hearing of the work you are involved in through your papers and poster presentations incorporating these themes and engaging in discussion with delegates about how cancer nurses develop and provide cancer services which cross all types of boundaries.

Given the current climate we are working in, the prospect of developing services which cross boundaries is often thought of as one to shy away from. Yet judging by the abstracts you have submitted, you evidently cherish the challenge to embrace working across the traditional boundaries to enhance the cancer care you provide on a daily basis.

You will see from reading this booklet that we received a large number of high-quality abstracts, demonstrating the excellent work that is currently 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. As with other years, prizes will be awarded during the conference proceedings for the best posters. Given the high standard and volume of the abstracts submitted, the judges know they will have their work cut out choosing the final prize winners, but look forward to reading your posters at the conference.

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

Category: Cancer care across organisations

Co-operation between the twinned cities of Glasgow and Bethlehem and the development of a Cancer Nursing Diploma at Bethlehem University Palestine

Gerry O Hare

Oncology CNS, Glasgow and Clyde Health Board

Co-author: Mariam Awad, Dean of Nursing, Bethlehem University

Cancer is a serious public health issue in Palestine. The impact of the conflict between Palestine and Israel has a negative effect on the diagnosis and treatment of people with cancer. In addition, the political situation has hindered the development of effective cancer nursing, reflective practice and education for Palestinian nurses. A meeting between Gerry O Hare (oncology CNS, Glasgow and Clyde Health Board) and Mariam Awad (dean of nursing, Bethlehem University) in 2011 led to an exploration of opportunities for cancer nursing educational initiatives between Glasgow, Scotland and Bethlehem, Palestine.

Support for cancer nurses' education was secured from Glasgow Health Board, the office of Lord Provost of Glasgow, Bethlehem University, Medical Aid for Palestine, European Oncology Nursing Society, Palestinian Department of Health, and supportive UK and Bethlehem nurse academics. This multi-agency commitment and support resulted in the launch of the first postgraduate high diploma in cancer/palliative nursing in Palestine by the nursing department at Bethlehem University Palestine in 2016.

This is an example of motivated nurses from geographically distant countries positively influencing agencies to develop a pioneering cancer/palliative care nurse educational high diploma programme at Bethlehem University, Palestine. This initiative sends a message to cancer nurses globally to encourage them to cross cultural, political and geographical boundaries to achieve positive outcomes for cancer nurse education.

Abstract 2

Type: Poster

Category: Cancer care across organisations

Early discharge pathway in febrile neutropenia

Lisa Barrott

Chemotherapy Nurse Consultant, Royal Marsden Hospital NHS Foundation Trust

Co-authors: Dr Sally Appleyard, Dr Samuel McInerney

Background: Patients receiving chemotherapy who feel unwell/are febrile, are advised to attend A&E due to the risk of neutropenic sepsis. Those confirmed as neutropenic are admitted even if clinically stable and treated with intravenous antibiotics until their neutropenia resolves. However, a subset will remain well, having 'febrile neutropenia' rather than 'neutropenic sepsis' and could be managed as outpatients. This is supported by NICE guidance (2012), but no pathway was proposed.

Service improvement: Implementation of a 'febrile neutropenia early discharge pathway' at Brighton and Sussex University Hospitals NHS Trust.

Aim: To introduce an early discharge pathway for inpatients identified with febrile neutropenia; to evaluate the safety and uptake of the pathway and review parameters.

Methodology: All patients admitted with suspected neutropenic sepsis meeting the eligibility criteria were suitable for inclusion:

- Afebrile \geq 24 hours.
 - NEWS remained \leq 2 after the first 24hrs.
 - Completed 24 hours of intravenous antibiotics.
 - Completed 12 hours oral antibiotics.
 - Deemed clinically fit for discharge by an oncology specialist registrar (SpR)/oncology consultant.
- Appropriate documentation including a patient information leaflet was developed. Oncology consultants, SpRs, the acute oncology team and ward nursing staff were all educated in the pathway and encouraged to identify eligible patients.

Results: Patient records were reviewed three months post pathway introduction: 6/19 were eligible and five were discharged with no readmissions/adverse events recorded.

Conclusion: Discharge of well patients who remain neutropenic is safe and has potential value in improving patient quality of life and reducing length of stay. The pathway was deliberately conservative initially to ensure buy-in from clinicians and to reduce the risk of adverse events.

The criteria for discharge have been adapted to become less conservative (removal of requirement for 12 hours oral antibiotics pre-discharge) following successful audit; the uptake and safety of the revised pathway are currently being measured.

Abstract 3

Type: Poster

Category: Cancer care across organisations

Having an IMPACT on clinical trials

Jane Nunnick

Senior Haematology Research Nurse, University Hospitals Birmingham NHS Foundation Trust

In 2016 less than 5% of stem cell transplant (SCT) patients entered clinical trials. At the same time recruitment was often slow, representing a major barrier to both trial delivery and the UK's ability to attract inward investment from the pharmaceutical sector.

The UK has launched an integrated transplant trials network which links a trials facilitatory hub and 22 regional transplant centres, 10 of which received upfront research nurse funding. The IMPACT network is one of only two integrated transplant trial networks in the world, and is funded by NHS Blood and Transplant, Anthony Nolan and Leuka.

IMPACT aims:

1. To save and improve lives of patients undergoing SCT by driving clinical, academic and scientific output and growing the UK biopharmaceutical sector.
2. Clinical trials will be led by clinicians endorsed by the British Society of Blood and Marrow Transplantation (BSBMT).
3. Trials will be discussed and selected for their greatest relevance to patient benefit.
4. To increase the capacity for both the design and delivery of prospective clinical trials in the UK, by creating a network of sufficient scale to permit rapid trial delivery.
5. Focus on the treatment of malignant and non-malignant bone marrow disorders amenable to treatment via SCT.
6. Partnership across organisational boundaries.
7. To open three new transplant trials per year.



The regulatory hub is based at the Cancer Research Clinical Trials Unit (CRCTU) at the University of Birmingham. The 22 regional transplant centres have been agreed upon and IMPACT-funded research nurses are being appointed, the first being at the University Hospitals Birmingham NHS Foundation Trust.

The first trial is open and actively recruiting, the second is currently being set up by the transplant centres and the final study for the first year is being finalised by the hub in conjunction with the chief investigator.

Abstract 4

Type: Poster

Category: Cancer care across organisations

The Fylde Coast Way

Jessica Jones

Macmillan Clinical Transformation Lead, Blackpool Teaching Hospitals

Co-authors: Jackie Brunton, Hannah McKearnen

The Fylde Coast's Macmillan living with and beyond cancer (LWBC) project involves the implementation of initiatives to transform care for cancer patients living in the area. The Fylde Coast presents a varied and challenging demographic and although in its early stages, the team are proud to promote and share its integrated ways of working across all sectors with its primary aim to increase access to sustainable information and support.

We have been fortunate to receive Macmillan funding to support projects, but have also been unfortunate that some projects have not been picked up locally after the funding ended. This has led to our teams working to always consider and improve sustainability and integrate into existing services and teams.

Along with the traditional LWBC project, which aims to implement the recovery package and risk stratified pathways, the three-year project aims to work with patients and carers to identify barriers to patients getting the right care and right services along their cancer pathway. Fundamental to this is partnership working across organisations and empowering service users to lead on co-productive events to ensure sustainability beyond the project.

Service users have already identified and developed service improvement areas to support people who are LWBC. While the project enables solutions that are always patient-centred and relevant, it allows local people to make a difference to the health economy and affect the services delivered to people in their local community. We will continue to work with other partners, services and voluntary sectors to integrate together to enhance what is already available in communities.

Our information and support services are expanding this year into the community across the Fylde Coast and it will be our 'Fylde Coast Way' to work with teams to continue and expand what we do.

Abstract 5

Type: Poster

Category: Cancer care across organisations

Non-medical prescribing (NMP) of systemic anti-cancer therapy (SACT) – developing a West of Scotland Cancer Network (WoSCAN) Competency Framework and Service Development Toolkit

Nicky Batty

Macmillan Practice Development Facilitator – Acute Cancer

Co-authors: Seonaid McLachlan, Iona Scott

Description: The West of Scotland Cancer Network (WoSCAN) Strategic Review of systematic anti-cancer therapy (SACT) services demonstrated a 31% a year increase in SACT prescribing from 2013 to 2016. The review concluded that non-medical prescribers (NMPs) should play a greater role in SACT prescribing to ensure cost-efficient roles and optimisation of NMP and medical workforce.

Currently NMPs prescribe 23% SACT across WoSCAN. It is anticipated that 50% of SACT could be prescribed by NMPs within current resource.

Aim: Ensure that 50% of SACT pre-assessment/prescribing is provided by NMPs in a safe, effective and consistent manner across WoSCAN by 2020.

Methodology: A regional multidisciplinary group of key stakeholders was convened to agree principles and content of the framework.

Actions:

- Develop SACT NMP best practice principles.
- Risk stratify tiers of NMP SACT prescribing.
- Develop SACT prescribing competencies – aligned with tiers.
- Develop a clinic service agreement.
- Develop a regional SACT audit tool.

Rationale:

- Review current NMP practice, literature, guidance and frameworks to develop key principles generating regional discussion and informing development of regional NMP SACT competency framework and service development toolkit.
- Develop tiers of NMP practice to ensure a safe and consistent approach considering future workforce.
- Ensure a consistent competency and governance structure with support from tumour specific medical leads using clinical evaluation exercise (mini-CEX) and case-based discussion (CBD).
- Ensure NMPs have clearly identified roles, parameters of practice and access to a clinical environment/clinic support similar to medical colleagues.
- Audit practice in a consistent manner across WoSCAN.

Results:

- Regional SACT NMP Competency Framework ratified and published.
- Regional funding secured to backfill nursing and pharmacy posts to increase NMP sessions.
- Group established to pilot and develop the framework, develop SACT NMP forum and training matrix.
- Assess NMP SACT prescribing levels against the regional aim of 50% by 2020.

References

The Royal Pharmaceutical Society competency framework for all prescribers.

The Medical Oncology Speciality Training Curriculum for systemic chemotherapy.

The British Oncology Pharmacy Association (BOPA) Oncology/Haematology Pharmacy Non-Medical Prescribing Guidelines.

CEL (30) 2012 Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy.



Abstract 6

Type: Poster

Category: Cancer care across organisations

Implementing a regional approach to improve systemic anti-cancer therapy (SACT) services at a local level

Wendy Short

Senior Charge Nurse, University Hospital Ayr

Co-author: Judith McKee

Background: In NHS Ayrshire and Arran, systemic anti-cancer therapy (SACT) is provided for the five main tumour groups. Given the increasing demand for SACT, the West of Scotland Cancer Network (WoSCAN) commissioned a group to identify a sustainable model for safe delivery of SACT services in the West of Scotland.

Historically, patients receiving SACT were assessed and treated on the same day leading to peaks in activity and significant delays for patients. Implementation of a two-step approach separating assessment and treatment by 24-48 hours was considered essential to service redesign.

Aims:

- Move to two-step SACT increasing efficiency/capacity.
- Effective scheduling of SACT.
- Improve patient experience.
- Improve staff satisfaction.
- SMART action plan to ensure change in model is measurable.

Results:

Two-step SACT compliance: pre-implementation 54% of SACT was delivered following a two-step model compared with 90% post implementation.

Patient feedback:

- 65 completed questionnaires.
- 94% reported satisfaction with two-step SACT as very good; 6% good.
- Patients reported that the scores were attributed primarily due to the service and care provided by staff.

Waiting time: 0-5minutes (20%); 6-10minutes (34%); 11-15minutes (7%); 16-30minutes (18%); other 21%.

When patients compared their experience with two-step SACT to one-step SACT, 96% felt that two-step SACT was better as waiting times were reduced and it was less tiring.

Staff feedback:

- 36 completed questionnaires.
- 29% very good; 61% good.
- Staff reported they found the process more streamlined and organised, improving patient flow, workload management, safety and stress levels.

Conclusion: The introduction of a two-step process has resulted in more efficient, effective and safer SACT delivery. The two-step process is acceptable to both patients and staff. Multidisciplinary working and monitoring of compliance have been essential in the success of this service change.

Abstract 7

Type: Oral and Poster

Category: Cancer care across organisations

Developing an innovative pharmacy-based injection clinic for cancer patients to reduce hospital visits

Natalie Bingham

Nursing Services Manager, LloydsPharmacy Clinical Homecare

Co-author: Joanne Upton

North Lincolnshire and Goole (NLaG) NHS Foundation Trust and LloydsPharmacy have formed a partnership to develop an innovative injection service that delivers trastuzumab treatment closer to patients' homes. Located in Scunthorpe, this project has enabled patients with breast cancer to receive their trastuzumab injections at their community pharmacy. This ground-breaking service was driven by the trust's need to address the quality, resources and financial pressures faced by the trust having been identified with significant performance and operational challenges coupled with a significant amount of unfilled nursing vacancies.

The injection service is led by a LloydsPharmacy Clinical Homecare nurse, who has been working in partnership with the trust to communicate with patients, nursing and medical teams. The reviewing of the trastuzumab treatment pathway has enabled several improvements within the patient journey. The reduction of the requirement of blood tests and frequency of medical reviews has improved pressures in the outpatient department, phlebotomy and on medical staff. Usually, these patients would have to attend hospital every three weeks, however this innovative service has decreased these visits significantly which has reduced out-of-pocket expenses and the length of appointment times for patients.

To date, patient experience has been extremely positive with qualitative feedback evidencing that patients' appointments for treatment are less stressful, less costly and less time consuming. Furthermore, patients perceive there to be improvements in the location and environment within the LloydsPharmacy injection clinic. The success of this clinic has led to further expansion of the injection service to include other anticancer therapies such as denosumab and, in the near future, intravenous molecules will also be introduced.

In summary, this innovative, nurse-delivered, community trastuzumab injection clinic has allowed nursing resources to be redistributed to where they were most needed while also improving patient outcomes, experience and quality of life.



Abstract 8

Type: Poster

Category: Cancer care across organisations

Breaking through...

Lesley Taylor

Advanced Specialist Nurse, NHS Tayside

Co-authors: Helen Dryden, Cara Taylor

Aim: To redesign follow-up care for cancer patients after treatment by delivering a well-being clinic in the heart of an urban community.

Introduction: Conventional follow-up for cancer patients tends to follow a medical model aimed at assessing whether side-effects of treatment are resolving and providing surveillance for recurrent disease (1). While this is reassuring for patients it does little to address the multiple, often complex short and long-term effects they, and those who care about them, experience after treatment (2).

In 2015 NHS Tayside, in conjunction with Macmillan Cancer Support, launched their Transforming Care after Treatment (TCAT) project which focused on recovery, shared care and self-management with early, rapid access to specialist services as required. The project aimed to:

- Raise awareness of the need for individualised care after treatment.
- Provide staff training in holistic needs assessment (HNA) and care planning.
- Enable and support self-management.
- Develop innovative and community-based services.
- Demonstrate partnership working and health and social care integration.

The advanced specialist nurse (ASN) for head and neck cancer and her allied health professional (AHP) colleagues were able to test a follow-up clinic for patients completing treatment which provides support and guidance for patients and carers and timely intervention to promote rehabilitation at a community hub facility in Dundee.

Results/discussion: The test demonstrated that the change was safe, effective and more person-centred for head and neck cancer patients, therefore the ASN is now piloting this model of rehabilitation with patients completing treatment for prostate and colorectal cancers. If this also proves successful, the intention is to include all patients after surgery/radiotherapy and systemic anti-cancer therapies. This will reduce the need for consultant review allowing time for them to see new patients and those with complex needs.

References

1. Simo R et al (2016) Follow up after treatment for head and neck cancer: United Kingdom National Multidisciplinary Guidelines. *The Journal of Laryngology and Otology*. 130 (Suppl 2), s208-s211.
2. Wells et al (2015) Distress, concerns and unmet needs in survivors of head and neck cancer: a cross-sectional survey. *European Journal of Cancer Care*. 24, 748-760.

Abstract 9

Type: Poster

Category: Cancer care across organisations

Neutropenic sepsis: improvement in SWBH door-to-needle time

Asia Bi

Acute Oncology CNS, Sandwell and West Birmingham Hospitals

Co-authors: Dr Sarah Williams, Sarah Wiltshire, Jenni Thomas

Neutropenic sepsis is a medical emergency that requires immediate hospital investigation and treatment. It is a potentially fatal complication of anti-cancer treatment (particularly chemotherapy). Delays in administration of intravenous (IV) antibiotics can increase the risk of mortality. Therefore, there is a national target of one-hour door-to-needle time in administration of IV antibiotics for suspected neutropenic sepsis.

In July 2016, Sandwell and West Birmingham Hospital (SWBH) compliance for neutropenic sepsis door-to-needle time was below acceptable standards at 18% for the month. This highlighted significant concerns about patient safety. Consequently, a new pathway was implemented with the aim to improve the one-hour door-to-needle target.

The new pathway included notifying the A&E alert phone of all patients who contacted the acute oncology service (AOS) with suspected neutropenic sepsis. The AOS team audit every potential neutropenic sepsis patient who presents to SWBH. Every breach is discussed with the person involved or a senior member of staff to aid reflection and make improvements. Door-to-needle compliance is circulated on a weekly basis. AOS also conduct regular neutropenic sepsis breach meetings where all breaches are discussed to identify the cause and how improvements can be made.

Implementation of the new pathway supported by the AOS and A&E teams has proven to be highly effective as reflected in our significant improvement in the door-to-needle time. Since the new pathway has been in place our monthly compliance in the last 12 months has averaged at 86% with a mean door-to-needle time of 42 minutes.

The AOS team are motivated to improve door-to-needle time, this involves regular neutropenic sepsis meetings, root cause analysis of all breaches, staff education, compliance figures sent weekly and implementation of neutropenic sepsis link nurses cross site.

References

National Institute for Health and Clinical Excellence (2012) Neutropenic sepsis: prevention and management in people with cancer. NICE, London

National Chemotherapy Advisory Group (2009) Chemotherapy Services in England: Ensuring quality and safety.

Kumar P, Jordan M, Caesar J et al (2015) Improving the management of sepsis in a district general hospital by implementing the 'Sepsis Six' recommendations. *BMJ Open Quality* 2015; 4:u207871.w4032.doi:10.1136/bmjquality.u207871.w4032.



Abstract 10

Type: Poster

Category: Cancer care across organisations

Systematic review of the implementation and impact of holistic needs assessments for people affected by cancer

Karen Campbell

Macmillan Associate Professor, Edinburgh Napier University

Co-authors: Lucy Johnston, Jenny Young

Purpose: International government and clinical policy recommends people affected by cancer should have all their needs assessed. Implementation of holistic needs assessments (HNA) is however heterogeneous, involving different assessors, assessment tools, location, stage and types of cancer. This systematic review is the first to answer 'Does the way in which HNAs are implemented affect outcomes?'

Method: MEDLINE, AMED, CINAHL, PsycINFO and the Psychological and Behavioural Sciences Collection were searched (2000-2017). Search strategy ensured inclusion of international HNA tools and synonyms for 'needs'.

Results: Three researchers reviewed 828 studies independently; 20 met the inclusion criteria and included randomised controlled trials ($n=4$), reported findings of local service evaluations ($n=8$) and feasibility studies on the use of HNA ($n=8$). Variability in tool, purpose, approach and assessor actions were found. Implementation approaches that affect outcomes are identified. Evidence on patient outcomes is diffuse and dominated by those of measurable interest to researchers.

Conclusion: This significant review of global studies identifies that critical process outcomes of HNA are under-researched.

It proposes that people investigating outcomes of HNA are looking in the wrong place for evidence. More fruitful areas of enquiry are those that re-establish the connection between actions and outcomes. Actions of assessors are classified as detecting, dealing and directing and a typology of assessment for people affected by cancer is proposed.

There is a need for researchers and practitioners to reconceptualise HNA as a means and not an end in itself. More realist evaluation and in-depth longitudinal research is recommended.

Abstract 11

Type: Poster

Category: Cancer care across organisations

The meaning and measurement of outcomes in survivorship care

Karen Campbell

Macmillan Associate Professor, Edinburgh Napier University

Co-authors: Lucy Johnston, Brooke Marron

Background: The Transforming Care after Treatment (TCAT) programme in Scotland, funded by Macmillan Cancer Support, oversees the implementation of different local approaches to achieving 'good survivorship' through enhancing follow up and assessment. A multidisciplinary team at Edinburgh Napier University is conducting the five-year national evaluation that includes exploring cost-effective solutions and changes in use of resources.

Methods: Tailored health economic evaluations for nine local projects. Quantitative and qualitative data collection was designed to inform cost-effectiveness, cost benefit and cost minimisation analysis as appropriate.

Results: Outcomes included patient-derived measures of increased self-reported quality of life; improved self-reported health and well-being; increased self-management and reduced self-reported unmet concerns. Service outcome measures included reduction in routine follow-up and changes in the use of resources.

Understanding both the benefits and the costs of newly developing local models of aftercare for the growing number of cancer survivors is of critical importance. However, we found that the transferability of findings is undermined by, for example, limited scale of local tests of change, evaluation activity focusing only on participants of the intervention with no control group, the short duration of many pilot studies resulting in dependence on short-term outcome measures, issues of attribution and the 'meaning' of various outcome measures.

Conclusions: Our work highlights the challenges in evaluating the health economic value of survivorship services. It evidences the need for further work to determine the meaning of outcomes for services and patients and to develop consensus as to how best to measure them. It makes an important and timely contribution to the development of a robust evidence base for cancer strategies that encompass the whole system and the holistic needs of people affected by cancer.



Abstract 12

Type: Poster

Category: Cancer care across organisations

Realistic and appreciative: developing a dual model of evaluation of 'Transforming Care after Treatment' programme in Scotland

Karen Campbell

Macmillan Associate Professor, Edinburgh Napier University

Co-authors: Lucy Johnston, Stephen Smith

Background: The Transforming Care after Treatment programme in Scotland (TCAT) aims to improve the aftercare for people living with and beyond cancer by focusing on improving patient experience/outcomes, enhancing service integration/coordination, increasing the patient voice and empowering practitioners with the skills, knowledge, attitudes and behaviours to support excellence in survivorship. Funded by Macmillan Cancer Support, TCAT established national and regional structures to support the implementation of 25 projects, each with different approaches.

The methodological approach applied to the programme evaluation is realistic evaluation combined with appreciative inquiry, to all fieldwork and analysis. Our findings to date illustrate the added value of evaluating change through these theoretical 'lenses'.

Methodological discussion: Combining evaluation models provides a focus for fieldwork and analysis aiming to enhance understanding regarding: context of the projects, the drivers of change and resulting outcomes. In addition, there is a deliberate focus on what works well and understanding why and how success can be generalised and deliberately replicated and transferred to other areas.

Fieldwork from May 2014 to October 2016 will be used as an exemplar of this dual model. The mixed methods include the demographics and concerns of over 2,000 people, in depth interviews with stakeholders ($n=21$); focus group discussions with local projects at the start and end of implementation ($n=14$) and an annual online survey of wider stakeholders ($n=95$ in 2015 and $n=220$ in 2016) with a 55% response rate.

Conclusion: This combination has been adopted to recognise and understand key findings in the real world from numerous local multi-component interventions within a complex regional and national programme structure.

This presentation will discuss the benefits and challenges of combining these theoretical approaches into our fieldwork and a more in-depth discussion regarding building CMOs (context, mechanism and outcome) for future research hypothesis.

Reference

Cooperrider D, Whitney D, Stavros J (2003) Appreciative Inquiry Handbook. Ohio. Lakeshore Communications Inc.

Type: Poster

Category: Cancer care across organisations

How can national evaluators enhance evidence from local transformational change to influence policy and decision making?

Karen Campbell

Macmillan Associate Professor, Edinburgh Napier University

Co-authors: Lucy Johnston, Brooke Marron

Background: A multidisciplinary team at Edinburgh Napier University are evaluating the Macmillan Cancer Support funded Transforming Care after Treatment programme (TCAT) in Scotland which established 25 local projects, each with different local approaches to improving the aftercare of people living with and beyond cancer.

A substantial component of the programme evaluation is to support individual projects and evaluate change by contributing to a programme of education and support to increase the capacity of local cancer nurses and professionals to conduct robust service evaluations, ensure consistent data collection across the programme and maximise impact on policy decisions.

Discussion: Researchers at Edinburgh Napier University are ensuring and enhancing local evidence from TCAT test sites which has included:

- Facilitation of four evaluation practice workshops.
- Establishment of a support/advice mechanism with a named point of contact in the evaluation team for each local project.
- Face-to-face meetings with project leaders to understand local evaluation methods and approaches.
- Specification of minimum data for all local evaluations.
- Provision of local reporting guidance and report template.
- Provision of patient/service user feedback survey tools and analysis of returns.
- Review of potential for health economic analysis of each local project.

By working to ensure and enhance local evidence of change and improvement, we are co-producing valuable data to inform evidence-based practice, developing research awareness and skills among cancer nurses and creating and disseminating a wide knowledge base that is influencing practice.

Conclusion: The production and dissemination of high-quality practice and service evaluations is key to influencing policy and political decision making. This presentation will discuss how the evaluation activities of local practitioners can be enhanced and sustained. The challenges and successes of smaller service evaluations influencing wider practice and decision making will be illustrated using case studies of two projects.



Abstract 14

Type: Oral and Poster

Category: Cancer care across organisations

Evaluation of the Scottish Transforming Care after Treatment Programme – implementing holistic needs assessment across organisations

Karen Campbell

Macmillan Associate Professor, Edinburgh Napier University

Co-authors: Lucy Johnston, Brooke Marron

Background: The development of viable and effective models of health and social care is critical for resource-efficient delivery and improved patient outcomes in the UK. The Transforming Care after Treatment (TCAT) programme in Scotland supported the implementation of holistic needs assessment (HNA) in 15 local projects to test new aftercare models for people affected by cancer.

Methods: TCAT tested HNA in different settings, locations and by different professions. Fieldwork to date has included baseline scoping of 25 projects, in-depth interviews with core stakeholders of the programme ($n=11$); pre- and post-project focus group discussions with local projects ($n=12$) assessors ($n=15$) and patient interviews ($n=30$). Comparative quantitative data on each intervention, including demographics, signposting/referral activity and concerns identified were gathered from primary, secondary and social care test sites.

Results: As a result of the evaluation work there are now case studies and local exemplars of how HNAs can be implemented. The evaluation revealed two different approaches: routine and/or recovery model of care. Therefore when and why the assessment takes place has implications for who carries out the assessment, who is assessed, what concerns are reported, where and what happens next for the patient. The decision about the timing of the assessment will have implications for who does the assessment and where.

Conclusion: TCAT has provided evidence that implementing HNA need not limit itself to one prescriptive delivery model. With the overarching lesson from the national evaluation being that it is critical to understand and consider the connectivity and interdependence of implementation decisions on processes that people affected by cancer experience and the subsequent short and longer term outcomes of carrying out an HNA.

Reference

Johnston J, Campbell K (2018) Implementing Holistic Needs Assessment: Learning and Evidence Bulletin. Macmillan Cancer Support Evaluation Report.

Abstract 15

Type: Poster

Category: Cancer care across organisations

A framework for developing a team of non-medical prescribers in SACT clinics

Kerry Guile

Consultant Lead Cancer Nurse, Royal Free London Hospital

Co-author: Dr Roopinder Gillmore

Introduction: The consultant lead cancer nurse (CN) role was established at the Royal Free London (RFL) in April 2017 as a new post. The post holder has initiated chemotherapy clinics at two sites, managing patients with colorectal, gastric, oesophageal and pancreatic cancer and cholangiocarcinoma. This has taken place in accord with the RFL cancer strategy of expanding the role of specialist nurses.

Service improvement: Clinics are designed to improve the patient experience through provision of a streamlined service, with standardised protocols that can be used by specialist nurses across the trust.

Aims/objectives: To provide a safe model of care which is acceptable to patients and clinicians and which can be replicated across the extended RFL trust. To establish template proformas and protocols that can be replicated for other tumour-specific clinics across the trust.

Methodology: All patients seen by the CN during a two-week period in April 2018 were invited to complete a survey encompassing their experience and their satisfaction with the service provided by the CN.

Results: No patient indicated that they would prefer to see a clinician; 95% of patients responded 'strongly agree', or 'agree' to each statement in the questionnaire.

Discussion/conclusion: 225 patients were reviewed in CN-delivered outpatient clinics across two sites over six months. This has generated an income of £29,000. The clinic has received positive evaluation by patients and clinicians and will serve as a model that can be extended across the RFL trust, enabling the CN to develop a team of non-medical nurse prescribers to cover a range of tumour types and to provide cross-site cover during annual leave and sickness.

Abstract 16

Type: Poster

Category: Cancer care across organisations

Improving patient information: the development of a collaborative systemic anti-cancer therapy (SACT) information class


Emma Trotter

Macmillan Cancer Lecturer, Edinburgh Napier University

Co-authors: Caroline McKinnel, Ali Clarke, Claire Dunbar

Introduction: Ensuring patients are given information before they start treatment is widely regarded as good practice and has been found to empower patients, reduce anxiety and improve compliance (Jivraj et al 2018).





Within the Edinburgh Cancer Centre (ECC) there were concerns that information giving was variable and inconsistent. The clinical environment was also not conducive (there was a lack of space, privacy and time constraints). A quality service improvement was sought to improve patient care with a standardised patient information package (PIP).

Objectives: Establish best practice in delivering PIP, explore patient and staff satisfaction.

Method: Literature review sought best practice in delivering consistent and supportive PIP. The outcome was a DVD delivered in a group session, facilitated by Maggie's. Maggie's offered a supportive environment and the team had experience in delivering group sessions. The PIP was evaluated using pre and post questionnaires.

Sample: 30 patients before the PIP and 25 after, 15 nurses and two people from Maggie's post-treatment.

Findings: Patients were satisfied before the PIP, in contrast, staff were less satisfied due to factors such as time constraints, fear of forgetting the information and perceived lack of patient support. Patients were also satisfied after the PIP but spoke of support in terms of psychological and social well-being. The staff reported reduced patient anxiety, increased patient awareness of what to expect, and a positive collaboration with Maggie's. Maggie's staff commented on enhanced working relationships and increased awareness.

Conclusion: The PIP has standardised the information provided to patients with no effect on patient satisfaction. There has been an improvement in social and psychological support for patients. There have also been notable improvements in collaborative working, efficiency of time and reduction in patient anxiety. However further evaluation is required to validate these findings.

Reference

Jivraj, Gallagher, Papadacos et al (2018) Empowering patients and caregivers with knowledge: The development of a nurse-led gynaecologic oncology chemotherapy education class. Canadian Oncology Nursing Journal 28, 1.

Abstract 17

Type: Poster

Category: Cancer care across organisations

Remodelling the service provided by the upper GI CNS to improve the patient experience

Amina Evans

GI and Thyroid Oncology CNS, Royal Free London NHS Trust

Introduction: Patients seen at the Royal Free London NHS Trust who have a diagnosis of an upper GI cancer often follow complex treatment pathways, shared across several hospitals. The CNS is able to provide consistent coordination of care for the patients. The CNS has established a clinic to review the patient's symptoms and well-being.

A common symptom of GI cancers is malignant dysphagia (Repici et al 2014). Monitoring patients in the nurse-led setting highlighted the variable timing of referral and treatment without a consistent pathway.

Service improvement: It was identified through the CNS clinic that there is a need for a standardised pathway for referral and management of malignant dysphagia.

Aims/objectives: Establish a malignant dysphagia pathway. Audit patient experience and effectiveness of the clinic.

Methodology: The pathway was written through consultation with the GI oncology team, it received approval from the consultant lead endoscopists at UCLH. The pathway is available to all staff on the trust's freenet. Patients who attended the clinic from October 2017 to January 2018 were asked to complete a survey to capture their experience.

Results and discussion: 13 patients responded to the survey and all indicated they were happy with

the service. The CNS is able to manage their information needs and concerns rapidly and refer to UCLH when indicated. The pathway, coupled with the nurse-led symptom review, has made the management of malignant dysphagia more efficient. Referral to treatment time has been reduced due to the swift recognition of symptoms; this has a positive impact on the patient experience.

Conclusion: The dysphagia pathway has demonstrated efficient management of malignant dysphagia. The service provided by the CNS is effective and well received by patients.

Reference

Repici et al (2014). Management of inoperable malignant oesophageal strictures with fully covered WallFlex stent: A multicentre study. *Digestive and Liver Disease* 46, 1093-1098.

Abstract 18

Type: Poster

Category: Cancer care across organisations

Nurse-led daytime triage service for Leaders in Oncology Care (LOC) patients

Jyreh Daniel Buenaventura

Triage Nurse, Leaders in Oncology Care (LOC)

Introduction: Patients receiving systemic anti-cancer treatment (SACT) are predisposed to side effects, some of which are life-threatening. It is essential that all toxicities are assessed and managed appropriately by trained staff. All LOC patients have access to the 24/7 helpline.

The UK Oncology Nursing Society (UKONS) triage tool provided the framework for training nurses in triaging patients allowing for comprehensive assessment, thus, improving patient safety and empowering nurses to make correct management decisions.

Service improvement and aims/objectives: LOC's triage service is managed by a UKONS-trained nurse with support from resident medical officers (RMOs) during the day (0800-2000, weekdays) and a UKONS-trained nurse and on-call consultant out of hours (2000-0800 on weekdays, 24 hours on weekends and holidays).

The main roles of the daytime triage nurse (DTN) are to triage patient calls, signposting accordingly, including arranging admissions and commencing management of the unwell or unscheduled patient in collaboration with the multidisciplinary team (MDT).

Methodology:

- Documented assessment (MOSAIQ) in triaging patient calls (both symptomatic and administrative).
- Data collection from daily patient lists.

Results:

- Increased usage of MOSAIQ assessment with appropriate UKONS score (red, amber, green).
- Patients needing further assessment, support, and follow up are recognised.
- Admission policy being strictly implemented.

Discussion/conclusion: The DTN is a significant addition to the LOC MDT. This is shown by the number of triage calls as well as the unscheduled and scheduled patients being managed accordingly. This enables nurses to complete pre-treatment assessments including holistic needs assessments (HNAs), routine patient reviews and ongoing care in the treatment suite. The RMOs are able to give additional time and medical attention to patients. This contributes to improved patient experience and staff satisfaction.

Further data collection is ongoing.



Abstract 19

Type: Poster

Category: Cancer care across organisations

The perception and operation of cancer rehabilitation services in South Wales from healthcare professionals' perspective: a qualitative study

Judit Csontos

PhD student, Cardiff University/Swansea University and Macmillan Cancer Support

Co-authors: Dr Tessa Watts, Professor Deborah Fitzsimmons, Dr Mari Jones, Wendy Wilkinson, Joanne Horton, Lisa Love-Gould, Anna Tee

Introduction: Cancer and its treatments can place a burden on patients' lives and the healthcare system. Cancer rehabilitation has been found to be a valuable way to improve quality of life (Scott et al 2013), although there are barriers which can impede access to and the provision of care. There is no consensus on what cancer rehabilitation means among clinicians, nurses and allied health professionals, which can influence the uptake of services (McEwen et al 2016). Moreover, in the UK, lack of time, skills and confidence in providing care have been reported as barriers to rehabilitation by cancer nurse specialists and other healthcare professionals working with head and neck cancer patients (Wells et al 2014). However, the perception of cancer rehabilitation and how it works in different circumstances has not been fully investigated.

Service improvement: This study can inform the improvement of cancer rehabilitation services.

Aims: The aim was to investigate what cancer rehabilitation means to healthcare professionals and how these services work in South Wales.

Methodology: Qualitative, semi-structured one-on-one interviews were conducted with a purposive sample of 20 healthcare professionals working in two specialist cancer rehabilitation services in South Wales. Thematic analysis was used to find common themes based on the guidelines developed by Braun and Clarke (2006).

Results: Preliminary findings show that healthcare professionals define cancer rehabilitation as goal-focused care based on patient need which should start from diagnosis. While differences were found in how the two rehabilitation services operated, common systemic and patient-related barriers and facilitators were identified. Professional boundaries were reported among certain health professional groups and the attitudes of management were recognised as vital to enhance effective cross-boundary working.

Conclusion: The investigation of the meaning of rehabilitation for healthcare professionals and the identification of barriers and facilitators can help improve the services and provide high quality, patient-centred care.

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Type: Poster

Category: Cancer care across organisations

Person-centred model of care for follow up of haemato-oncology patients

Lorna Welsh

Haematology CNS, Queen Elizabeth University Hospital

Co-author: Dr Mark Drummond

In 2016 the Scottish Government supported the Transforming Care After Treatment (TCAT) programme and The West of Scotland Cancer Network (WOSCAN) to pursue work in reviewing and redeveloping follow-up post treatment in haematology patients.

This transformational change promotes health education, health and well-being, empowers patients to self-manage and provides all parties (acute, community and patient) with individualised written information, providing a positive impact on the patient's experience. A steering group was established to govern the project. The project scope was limited to patients with curative lymphomas who achieve complete remission with initial therapy.

Based on the evidence available, a new risk stratified pathway of follow up was developed incorporating a treatment summary and a holistic needs assessment (HNA), reducing follow-up from five years to two years.

The project was presented to each local haematology unit in WOSCAN and piloted at two sites. Nurses were educated in HNA and the new pathway and their role in it.

Data collection included patient questionnaires and a patient focus group.

The aims of the project were to create a risk stratified pathway that supports the implementation of a new person-centred model of follow-up; provide individualised treatment summaries; introduce an HNA and care plan to help improve support for patients transitioning from acute to community/self-care; build strong links with existing support organisations.

Findings demonstrated that the new model of follow-up was feasible, acceptable (to patients and staff) and supported by published evidence. Patients felt better supported and the provision of written information serves as a reminder of what they can do to support their own health and well-being.

Outcomes showed a potential to reduce routine, planned follow-up appointments by at least 37%, thus demonstrating the potential for a significant positive impact on the system.

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Abstract 21

Type: Oral and Poster

Category: Cancer care across organisations

National systemic anti-cancer therapy (SACT) regimen-specific consent forms – uptake and challenges

Victoria Fashina

Oncology Pharmacist – CRUK Information Lead, Guys and St Thomas NHS Foundation Trust

Co-authors: Rena Chauhan, Janine Mansi, Nisha Shaunak, Helen Thompson

Background: The UK Chemotherapy Board issued guidance on consent for SACT1. National SACT regimen-specific consent forms were first published on the Cancer Research UK website in July 2016.

Objectives: To inform on uptake of the national forms in the UK and inform on project development and use of the forms.

Methods: Website analytics from inception to April 2018, were reviewed and results analysed.

Using SurveyMonkey®, 17 questions were emailed to lead chemotherapy clinicians at NHS hospitals UK in May 2018. Results were analysed and compared against the first survey of January 2017.

Results: From July 2016 to May 2018, 200 consent forms were published across 11 solid tumour groups.

From quarter four (Jul-Sep 2016) to quarter 10 (Jan-Mar 2018) of the project, the average number of webpage visits has increased from 978 (Q4) to 3,522 (Q10) and the average number of downloads from 653 (Q4) to 2,714 (Q10) per month.

The UK constitutes 97.4% of the total number of countries visiting the web page – England 94%; Northern Ireland 2.2%; Scotland 1.4%; Wales 1.27%.

Survey outcomes: There were fewer responses in the current survey (63; from 48 hospital/trusts), compared with the first (87; 63 hospital/trusts). Thirty hospitals/trusts are now using the national consent forms compared with 13 in 2017.

Some key themes from feedback included: need for forms from all tumour groups (especially haematology), paediatric forms, forms compatible with local use of electronic processes, and forms available in the Welsh language.

Conclusions: The results indicate an increased uptake of the forms over time as more forms are published. Positive comments were received, and constructive feedback gives an overview of challenges facing introduction and use. Project development is driven by survey outcomes.

Acknowledgements: Cancer Research UK, UK Chemotherapy Board

Reference

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Type: Poster

Category: Cancer care across organisations

Impact of chemotherapy e-learning modules as an educational tool in cancer services

Victoria Fashina

Oncology Pharmacist, CRUK National SACT consent form information lead, Guy's and St Thomas' NHS Foundation Trust

Background: Five chemotherapy e-learning modules on understanding and prescribing chemotherapy were developed in response to limited oncology training and exposure of undergraduate and postgraduate healthcare professionals before taking up dedicated specialist roles in cancer care.

Objectives: To assess value and impact of the chemotherapy modules based on Kirkpatrick's four-level training evaluation model. To understand if the modules provide translational learning to daily practice activities for doctors and pharmacists new to oncology, being accredited to a chemotherapy register within the first one to three months of training in specialist practice.

Method: A questionnaire was given to doctors and pharmacists being accredited to the trust's chemotherapy register. Semi-structured interviews were also conducted. The hosts' website report on the modules was analysed.

Results: 103 healthcare professionals accessed the modules from August 2015 to December 2016; 48 accessed the full version (all five modules) in January to December 2016. From August to December 2017, 15 people accessed the modules and 14 users responded to the questionnaire. More than 80% of respondents completed one or more modules and rated the modules as good or excellent and relevant to themselves and/or the trust. A positive knowledge shift was shown after module engagement.

Translational learning:

- Enabled an overview, understanding and engagement with chemotherapy protocols, guidelines and toxicity management.
- Helped with practical elements of prescribing and verification of chemotherapy prescriptions.
- Enabled a comprehensive introduction and appreciation of patient journey.
- Applicability to daily practice, facilitated sustained and consolidated learning.

Personal benefits: confidence building

Shared learning experience:

- Improved understanding and engagement with professional identity.
- Improved communications and team working.
- Awareness of own limitations.

Conclusions: Both doctors and pharmacists (with or without previous oncology experience) reported knowledge acquisition, stated relevance and applicability to various areas of clinical practice and reported personal and/or professional benefits.

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Abstract 23

Type: Oral and Poster

Category: Cancer care across organisations

Developing and implementing the Psychological Therapies and Support Framework for People Affected by Cancer in the West of Scotland

Debbie Provan

Regional Lead for Living With and Beyond Cancer, West of Scotland Cancer Network

Co-authors: Iona Scott, Nic White, Gillian Hailstones, Sandra White

Research suggests not everyone living with cancer is living well; many are left with long-term psychological consequences. In response the West of Scotland Psychological Therapies and Support Framework for People Affected by Cancer was developed.

Produced by a multidisciplinary collaborative from NHS, social care and third sector, the framework defines the services required by those affected by cancer and those identified as having specific psychological support needs.

Aim: To bring together existing services and thus provide equitable and efficient access to appropriate psychological support for people affected by cancer.

A two-stage framework was developed. The first outlines the general approach for all people with cancer, while the second details the approach for those with specific psychological needs who require additional support.

Three cross-sector expert subgroups were established to take forward specific objectives ensuring equitable implementation of the framework across the regional network. The collective output of the subgroups forms an implementation pack.

- Education and training matrix detailing for each level: the knowledge and competencies of service providers (staff or volunteers), the likely intervention, and the recommended core training.
- Improved access to training for third sector staff, reducing variation and improving quality.
- Referral guidance providing criteria for each level of support, method of assessment and range of potential interventions.
- Quality measures to inform and illustrate improvement, allowing for regional and organisational comparison.
- Baseline self-assessment by collaborative partners, comparative data analysis and actions supporting equitable implementation and quality improvement.

Outputs and the relationships formed during the collaborative process have created the environment for improved service provision across organisational, geographic and professional boundaries. The framework has also increased recognition of psychological need and services, with organisations recognising the framework's potential and building on this over time. As a result the framework demonstrates the power of integration.

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Abstract 24

Type: Poster

Category: Cancer care across organisations

Providing an equitable offer of the Recovery Package to those living with and beyond cancer in Bolton

Astrid Greenberry

Macmillan Transformation Project Manager, Bolton NHS Foundation Trust

Introduction: The aim of the Macmillan Living with and Beyond Cancer Project in Bolton is to ensure that all those diagnosed with and/or treated for cancer at Bolton are consistently offered all elements of the recovery package via a standardised approach, thus providing an equitable service to all.

Bolton has an ethnically diverse population. The latest population figures from the 2011 Census showed that the largest minority ethnic group in Bolton is Indian. At 8% of the population this is almost four times larger than the national average. There is also a significant Pakistani and Eastern European population.

Service improvement: To ensure that we meet our aim to offer an equitable service to all we want to make sure that we are reaching the whole population. We have therefore developed a model to deliver the message about the support available through the recovery package directly to an audience whose first language is not English.

Aims/objective: The aim is to make people aware of the support available and encourage, for example, attendance at the health and well-being event or acceptance of an offer of an HNA.

Methodology: The design of the event is being led by local community groups. The event incorporates CRUK's early diagnosis and prevention training, messages about the Recovery Package, a break-out yoga session and finishes with a healthier option lunch to enforce the messages about leading a healthy lifestyle.

Results: Once fully evaluated we will use this model, adjusting it if necessary, to deliver to other groups whose first language is not English.

Discussion: The first such event is due to take place on 29 August 2018 in the Asian Elders Resource Centre in Bolton. Full details will be available.



Abstract 25

Type: Poster

Category: Cancer care across organisations

Holistic touch therapeutic massage – supporting patients during peripherally inserted central catheter (PICC) placement in oncology

Sue Procter

Oncology & Haematology Unit Manager, University Hospitals of Morecambe Bay

Co-authors: Joanne Phizacklea, Lorraine Grisedale

Introduction: There is an increased requirement for PICC lines to be used to ensure safe and effective chemotherapy delivery. In our unit we routinely place between four and six lines per week. It is recognised that patients experience high levels of anxiety and apprehension before first treatments (Knight 2018). Therapeutic massage has been reported to decrease patients' levels of anxiety (Robison and Smith 2016).

Working in partnership with a therapist from local organisation Cancer Care, a pilot study to explore the effects of aromatherapy massage on patient experience during ultrasound guided PICC placement was undertaken between April 2017 and March 2018.

Service improvement: The expansion of aromatherapy services to relieve anxiety and stress associated with PICC line placement.

Aim/objective: The aim of the pilot study was to gain patient feedback post-procedure to assess thoughts, feelings and perceived benefits.

Method: A questionnaire was given to patients ($n=49$) to gather feedback after PICC insertion.

Results: Narrative feedback was positive with many patients stating that the aromatherapy massage was relaxing and beneficial providing a distraction during the procedure.

Discussion/conclusion: The feedback supports the benefits to patients of having an aromatherapist available during PICC placement; however it is acknowledged that this study was limited. Further research is needed to obtain richer data to inform and support continuing patient satisfaction and service improvement.

The intention is to undertake a more structured evaluation to gain both qualitative and quantitative information. The proposal is to use 1:1 interviews and questionnaires supported by colleagues from Cancer Care, local universities and the research department from University Hospitals of Morecambe Bay.

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Type: Poster

Category: Cancer care across organisations

Measuring the impact of the Irish Cancer Society Daffodil Centres

Aileen McHale

Cancer Information Services Manager, Irish Cancer Society

Background: The Irish Cancer Society is committed to monitoring the impact of our services. We have created a collection of impact reports to evaluate our service users at four key stages (prevention, support, survivorship and palliative).

Introduction: Daffodil Centres are cancer information and support centres located in 13 hospitals nationwide with over 42,000 contacts to the service in 2017. They are staffed by cancer nurses and trained volunteers. The information provided is tailored to the needs of each individual with a query. This gives patients, family members and hospital visitors greater access to cancer support and information which complements the service provided by the clinical teams.

Methods: The impact monitoring project uses surveys to collect information from service users. Consent was obtained from participants across all services.

Enquirers to Daffodil Centres between June and August 2017 were asked to complete the survey. The enquirers' distress level was assessed by the nurse to determine if they were suitable to take part in the survey. Enquirers were asked to complete the survey before leaving the centre or they received a stamped-addressed envelope to send the survey back to the Society. The surveys were entered into a database and analysed. All respondents were anonymous.

Results: Many of the respondents felt that they were greatly supported by the cancer nurse in the Daffodil Centre. Many people appreciated the fact that they could have a face-to-face chat with the nurse and discuss what was bothering them. Some people noted that being able to call into a Daffodil Centre after their hospital appointments meant that they did not feel alone while going through a difficult situation. One of the greatest impacts the service had was that people felt they were receiving accurate and reliable information which put them at ease and left them feeling less anxious.

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Abstract 27

Type: Poster

Category: Cancer care across organisations

Measuring the impact of the Irish Cancer Society Cancer Nurseline

Aileen McHale

Cancer Information Services Manager, Irish Cancer Society

Background: The Irish Cancer Society is committed to monitoring the impact of our services. We have created a collection of impact reports to evaluate our service users at four key stages (prevention, support, survivorship and palliative). These reports will help us to identify the positive changes our services bring to the people we aim to support.

Introduction: The Cancer Nurseline is a free helpline staffed by specialist cancer nurses. It provides support, advice and information to patients, those who support them, the general public as well as healthcare professionals. Cancer Nurseline also deals with email and social media queries. Cancer Nurseline has undergone many evaluations to ensure a high standard of service that follows all policies and procedures. The service is accredited by the Helplines Partnership UK.

Methods: The Impact Monitoring project uses surveys to collect information from service users. Consent was obtained from participants across all services. The nurses recruited cancer support callers to take part in the survey over a two-month period between February and March 2017. A caller's distress level was assessed by the nurse to determine if they were suitable to take part in the survey. Returned surveys were entered into a database and analysed according to themes and patterns. All participants were anonymised.

Results: The Cancer Nurseline allowed people to ask a nurse any cancer-related questions. During analysis some of the main benefits of the service identified include:

- Increased knowledge of cancer and its symptoms.
- More supported.
- More in control.
- More hopeful about the future.
- Reduced anxiety.
- Informed about additional cancer support services.
- A great way of asking questions without feeling like they were burdening their own healthcare team.

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Type: Poster

Category: Cancer care across organisations

The Haematuria Biomarker Study (HaBio) – cancer clinical research nurses cross boundary pathways to success

Eileen Dillon

NICTN Manager/Lead Clinical Research Nurse, Belfast HSC Trust

Co-authors: Ruth Boyd, Emily Eadie, Laura Leahy, Janine Gill, Karen Parsons, Rachel Forster, Kairen McCloy, Leanne McCourt, Jennifer Foreman, Brain Duggan, Kate Williamson

Introduction: Haematuria is a frequent symptom in patients with cancer who present in primary care. Currently patients referred to urology services for unexplained haematuria will undergo investigation including cystoscopy. Some referred patients may be diagnosed with bladder cancer, however in a significant proportion of patients underlying pathology is not apparent, indicating a potential role for community-based biomarker-driven risk stratification to refine referral procedures.

Service improvement: The Haematuria Biomarker Study (HaBio) was conducted to identify a panel of blood/urine biomarkers for biochip development for cancer risk stratification in patients with haematuria. Potential service improvements are:

- Enhanced patient experience by reducing the need for cystoscopies for low-risk patients.
- Increase in available staff and theatre time due to reduced number of cystoscopy referrals.
- Reduced waiting times for cystoscopies.

Aims: HaBio aims to define an algorithm(s) for the diagnosis of bladder cancer in patients with haematuria.

Methodology: After referral of potential patients from relevant clinical teams, consent, screening and recruitment to the HaBio study across three HSC trusts was led by cancer clinical research nurses (CRNs) in the NI Cancer Trials Network. Consenting patients completed lifestyle questionnaires and blood and urine samples were collected and processed for analysis. Data collection included patient follow up.

Results: A total of 677 bladder cancer patients and non-cancer patients with haematuria (matched controls) were recruited from 2012-2016. HaBio study data are currently being analysed.

Discussion/conclusion: The HaBio study exemplifies effective nurse-led cross boundary working. The regional approach enhanced the pace of study recruitment. Study coordination involved vital liaison with day-procedure and surgical urology teams. More uniquely in this study, CRNs worked closely with the chief investigator and HaBio clinicians/researchers based at Queen's University Belfast. CRN learning and motivation were increased and there was valuable mutual insight into study conduct. This facilitated rapid response to issues as they arose, maximising successful study completion.



Abstract 29

Type: Poster

Category: Cancer care across organisations

The needs and concerns of adult haematology patients on completion of initial active chemotherapy treatment in West Wales: a qualitative investigation

Janet Bower

Senior Sister, Pembrokeshire Haematology and Oncology Day Unit

Co-authors: Tessa Watts, Heulwen Morgan Samuel

Introduction: In Wales, cancer incidence is rising at a rate of 1.5% a year (WCISU 2017). As cancer treatments have advanced, so has survival (Cancer Research UK 2016, Macmillan, 2015). The Welsh Government (2016) has set directives to ensure steps are taken to prevent people feeling unsupported when cancer treatments end.

Service improvement: Haematology patients face intense treatment pathways with real potential for long-term and late effects. As a chemotherapy nurse working in a rural setting I frequently observe people's struggles as they complete treatments. There is a lack of research exploring adult haematology patients' needs on completion of active treatment. Such research is needed to identify their unique needs and inform development of a sustainable model of supportive care.

Aim: The aim was to identify and explore adult haematology patients' needs and concerns on completion of active anti-cancer treatments and their thoughts on effective post-treatment support.

Methodology: A qualitative, inductive approach was selected using semi-structured interviews with a purposive sample of seven haematology patients in rural West Wales. Ethical approval was granted and data were analysed using thematic content analysis.

Results: Three themes emerged from the data analysis: the long-term side-effects of treatment; lifestyle changes; and moving forward. The findings revealed the lasting struggle as participants transitioned beyond active treatment. Life for participants who had undergone stem cell transplant was particularly challenging. Furthermore their experience of follow up failed to address their holistic needs.

Conclusions: Findings add to our understanding of life after cancer treatment, particularly for those treated with stem cell transplant and living in rural communities. This highlights the need to explore beyond the widely documented physical side-effects of this treatment approach. There is a need to strengthen collaborative working between cancer centres and local hospitals using a whole person approach.

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Type: Poster

Category: Cancer care across organisations

The experience of chronic pain in adult cancer survivors: a qualitative evidence synthesis

Julie Armoogum

Macmillan Senior Lecturer, University of the West of England

Co-authors: Professor Candy McCabe, Professor Diana Harcourt, Professor Claire Foster, Dr Alison Llewellyn

Introduction: There have been significant improvements in cancer survival in recent decades but not everyone is living well. Nearly 40% of cancer survivors have chronic pain, however, little is known about their experiences (1). Those with chronic pain may be cared for across specialties, including primary care, secondary care and specialist pain clinics (2). To enable continuity of care across specialties, and to improve services, it is important to understand the experiences of chronic pain in cancer survivors.

Aim: To identify, review and synthesise qualitative literature surrounding the experience of chronic pain in adult cancer survivors.

Method: A systematic qualitative evidence synthesis was conducted between October 2017 and February 2018. Studies were included if they explored cancer survivors' experience of chronic pain and adopted a qualitative methodology. Quality assessment of studies was undertaken using an adapted version of the critical appraisal skill programme (CASP) checklist for qualitative research (3). Data synthesis followed Thomas and Harden's (4) method of thematic synthesis of qualitative research.

Results: Four studies were identified that generated findings from 52 breast cancer survivors. Sample sizes ranged from eight to 21. The main themes that emerged included: the physical impact of pain, pain is not in isolation but related to the cancer experience, there are multimodal ways of coping, pain is unexpected and people are left to manage it alone, and pain is an emotional experience. Furthermore, there is a temporal nature to chronic pain and cancer survivors' experience of it.

Conclusions/implications: Chronic pain in cancer survivorship has physical and emotional consequences that are unique to this population. There is limited qualitative research into this area, and what is available is exclusively in the breast cancer population. More research is needed to understand the experience of survivors from different tumour types at various stages of survivorship.

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Abstract 31

Type: Poster

Category: Cancer care across organisations

Development of an all Wales chemotherapy patient information folder

Sian Poore

Chemotherapy Specialist Nurse, Royal Gwent Hospital

Co-authors: A Pugh, R Roberts, S Rowlands on behalf of the All-Wales Chemotherapy Nurse Forum

The All-Wales SACT nurses forum unites senior nurses from cancer services across Wales who are in a position to influence change locally. The forum empowers haematology and oncology nurses to share best practice through collaboration and collectively inform the development of both practice and workforce standards.

The forum undertakes projects that are of benefit to patients in each health board and trust throughout Wales. A review of information for chemotherapy patients identified inconsistencies in the quality and scope of information provided.

The aims of this project were to standardise information for patients receiving chemotherapy and to provide a patient-held record including a toxicity diary, which was easy to read, compact and allowed flexibility for local information to be added. An education grant was obtained from ABPI Wales to support this project.

Having established a working group we divided the workload between members, the information was adapted from information currently approved for use in Wales and a variety of specialist cancer information sources.

The drafts were submitted to the SACT forum members for review and approval before patient consultation. A total of 89 patients and carers throughout the principality reviewed the draft folders and completed questionnaires to provide feedback. The responses were positive with only minor alterations required. 88% of respondents agreed it was useful, 87% felt it was easy to understand and 87% felt it was easy to read. The chemotherapy folders were taken to each health board for ratification before being translated into Welsh and a launch date was agreed.

The experience of collaborative working across organisations has laid the foundations for other successful projects to be implemented.

Type: Poster

Category: Cancer care across organisations

Engaging men in professionally led psychosocial cancer support

Iain Wallace

Counselling Psychologist, Maggie's Centres

Co-authors: Paul Turnbull, Christian MacGregor, Peter Kravitz, Alison Allan, Andrew Anderson, Lesley Howells

Background: There is evidence to suggest men are less likely to access information services, health services and cancer screening. Men may be more reticent to express their emotions in relation to health and specifically in relation to cancer; and so it is important to ensure that services offer different routes to inclusion. Maggie's is an innovative, multidisciplinary, health professional-led model of holistic supportive cancer care.

In 2017 Maggie's received 249,247 visits across their network of 23 centres in the UK and abroad. One of the key challenges for Maggie's and others is to develop sustainable, innovative and equitable approaches to care.

Aim: To explore whether professionally facilitated male-specific support groups (MsFSGs) provide a constructive environment in which men can engage with holistic support.

Methods: Men ($n=39$) with curative and non-curative cancers, with varied sociodemographics, attending MsFSGs at eight UK Maggie's Centres gave questionnaire feedback. A subset of 12 men participated in focus group discussions to capture themes about why men attended the groups. Group facilitators (psychologists) were interviewed to provide observations about the effect of the groups on both the participants and themselves.

Results: Men reported high levels of satisfaction in relation to practical (94.8%), emotional (95.2%), social (90.47%) and informational support (92.5%). Thematic analysis of focus group data gave reasons for attending MsFSGs including: reducing isolation and developing a sense of belonging; creating shared experience and understanding; safely expressing emotion; protecting loved ones from distress; and use of male-specific language and humour.

Conclusion: The support needs of men are changing and the Maggie's model offers valuable lessons that can be generalised across settings to meet these emerging needs. Findings stress the importance of engaging men in groups discussing tailored themes and providing acceptable social support. Further controlled longitudinal research is required.



Abstract 33

Type: Poster

Category: Cancer care across organisations

Providing a community oncology service

Fidelma Connor

Community Oncology Liaison Nurse Specialist, Community Nursing and Cancer Centre

Co-authors: Adel Aughey, Maureen Begley, Maggie O'Reilly

Introduction: With new treatments and novel delivery systems, a proportion of treatment can be administered at home via infusor systems or oral medication (NCAG 2009). Services are also driven by policies to transform care with a view to providing care closer to home. (DH 2011, DHSSPS 2011). It was identified that to ensure a seamless service for patients on cancer treatment, community staff required education and clinical support.

Service improvement: To develop an oncology nursing liaison service between community and the centre.

Aim: To work across organisational and professional boundaries to provide a seamless service for patients receiving cancer treatments.

Objectives:

- Improve safety, quality, and continuity of care.
- Provide clinical support via joint visits and telephone discussion.
- Provide education on cancer treatments and central lines, including a competency programme.
- Act as a resource to trust staff.
- Enable service development.

Methodology:

- A district nursing training needs analysis was completed and an education programme developed.
- Numbers trained and skill mix collated via an online database.
- Clinical input of the service obtained via electronic data recording of referrals for advice, joint visits and complex cases.

Results:

In 2017:

- 186 calls for advice and 180 calls for support with patients via joint or solo visits.
- 366 hospital interventions were avoided.
- 27 community nurses trained in management of the patient receiving chemotherapy and removal of infusor.
- 30 community nurses trained in management of central lines.

Discussion/conclusion: From patient and community nursing feedback, the community oncology liaison service has proved successful. The service highlights the issues for patients in community and the need for a skilled workforce. It supports crossing all boundaries, including other specialities, liaising with statutory and non-statutory bodies, other trusts, and treatment centres in other countries. Further service developments have been implemented to promote a seamless pathway for the cancer patient on treatment.

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Type: Poster

Category: Cancer care across organisations

Optimising the treatment experience of patients with stage III or IV melanoma and their carers by identifying barriers and coping strategies: a qualitative approach (OPAC)

Janine Smedley

Clinical Data Manager, University of Sheffield

Co-authors: Joanne Bird, Professor Sarah Danson, Dr Donna Milne

Background: New treatments have demonstrated improved survival in melanoma patients (1). These treatments have toxicities requiring careful management, causing distress for patients and carers leading to dose reductions, treatment interruptions and omission (2).

There is little clinical evidence addressing the experience of this group of patients and carers. Carers may be closely involved in patient care including the identification, reporting and management of symptoms resulting in physical and emotional burden (3).

Aims: To optimise treatment experience, therefore outcome for patients with stage III or IV melanoma receiving, or due to receive treatment with ipilimumab, nivolumab, pembrolizumab, vemurafenib or dabrafenib by identifying barriers to treatment and coping strategies adopted by patients and carers.

Methodology: 18 patients and 15 carers were recruited using a cross-sectional, qualitative method with semi-structured interviews to gain an understanding of patient needs and coping strategies. A grounded theory approach was used to identify emerging themes in the data. Clinical data (ie toxicities, response) describe the sample.

Results: Patients reported preconceptions and expectations both relating to cancer diagnosis and treatment. Categories identified how these preconceptions affect patients' initial worry, how patients use services, reach out for support and manage symptoms. This affects lifestyle and treatment and therefore a pattern was seen of reframing expectations to lessen impact. This enables maintenance of treatment and lifestyle, which was identified as the core category.

Discussion and conclusions: Healthcare professionals need to be aware of the preconceptions patients may carry surrounding diagnosis and how this affects individual care. It is important to be sensitive to the fact this may bring misunderstanding and anxiety regarding diagnosis, treatment and side effects. Understanding how coping strategies and self-management are developed by the patient with these preconceptions in mind will allow adequate support to be delivered to the patient.

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Abstract 35

Type: Poster

Category: Cancer care across organisations

Moving Forward: Supporting people to live well with and beyond breast cancer

Angela Harris

Head of Scotland, Breast Cancer Care

Co-authors: Maxine McCoy, Jennifer Finnegan-John

Cancer strategies across the UK include a commitment to provide post-treatment support for cancer patients to enable proactive self-management. Moving Forward is a self-management intervention delivered in partnership with breast care nurses and other healthcare professionals, which supports breast cancer patients in survivorship.

Our research aimed to establish the impact Moving Forward has on participants, the NHS and society.

In 2016 we commissioned an economic evaluation of Moving Forward. Self-reported data were collected before and after attendance to ascertain expectations and the impact of the course. Economic proxies based on specific breast cancer concerns underpinned an analysis of Moving Forward's social return on investment (SROI) and 873 baseline surveys and 552 follow-up surveys were completed between November 2016 and March 2017.

Breast care nurses can refer patients to a Moving Forward course which helps to improve recovery and increase patient activation. This enables patients to take more control of their health after cancer treatment, which can lead to fewer episodes of emergency care and more effective use of breast care nurses' time. Moving Forward also offers patients' information about ongoing support and information they can access from Breast Cancer Care after they have completed the course.

Our research showed that Moving Forward:

- Significantly improves quality of life.
- Reduces the number and severity of concerns.
- Increases ability and confidence to self-manage health.
- Provides significant SROI as for every £1 spent by Breast Cancer Care the value to society is equal to £4.50.

Our research highlights that Moving Forward improves the quality of life of breast cancer patients and could provide economic value to the NHS. Therefore, we believe all breast cancer patients should have access to post-treatment support, such as Moving Forward, after their hospital-based treatment ends.

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Moving Forward: Supporting people to live well with and beyond breast cancer, Breast Cancer Care, 2017.

Type: Poster

Category: Cancer care across organisations

Understanding chemotherapy – a group education session for patients, families or friends prior to commencing chemotherapy

Aileen McHale

Cancer Information Service Manager, Irish Cancer Society

Background: Information about chemotherapy is often complex. It is well recognised that access to information prior to treatment enables patients to gain a better understanding of their condition, lessens their concerns and enables them to make informed choices about treatment. Traditionally, chemotherapy education was provided by oncology clinical nurse specialists (CNSs) on an individual basis to patients before they started chemotherapy. Increasing numbers of patients and reduced staff resources have led to problems maintaining service.

Introduction: The Irish Cancer Society's Daffodil Centres are committed to quality improvement across cancer services. Mater Misericordiae University Hospital (MMUH) and the Irish Cancer Society's Daffodil Centre collaborated on a group chemotherapy initiative in 2012 in response to a high demand for education services. After a successful pilot, the programme is now running in seven other hospitals across Ireland. In 2017, 277 group education sessions were held with 1,526 attendees.

Methods: The cancer nurse in the Daffodil Centre facilitates this programme using educational tools including a specially produced audio-visual support (DVD) and short oral and practical demonstrations to assist different learning styles. To conclude, the CNS meets with the patients to discuss their individual plan. All attendees are asked to complete an evaluation form.

Results: 1,216 completed the form out of 1,526 attendees. Overall satisfaction levels were very high in the programme including the information and content on the DVD and the information received and the way it was explained by the nurse. Those who left comments were very positive about the experience and the opportunity to attend. A number of themes emerged and included the following:

- Welcoming.
- Good information.
- Allayed concerns.
- Empowerment.
- Acknowledgement of the expertise of the nurse and other allied healthcare professionals present at the session – medical social workers and dietitians.

Reference

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Abstract 37

Type: Poster

Category: Cancer care across organisations

Developing and testing a theory-driven e-learning intervention to equip healthcare professionals to communicate with parents impacted by parental cancer

Dr Cherith Semple

Reader in Clinical Cancer Nursing, Ulster University/South Eastern Health & Social Care Trust

Co-author: Professor Eilis McCaughan

Background: Families affected by parental cancer have consistently reported a need for support from healthcare professionals on how best to communicate this devastating news to their children and support them while having treatment. Despite the evident need, this support is often inadequate, due to lack of confidence and training for healthcare professionals. To address this gap, a theory-based e-learning intervention has been developed using a 'person-based approach', aimed at enhancing healthcare professionals' self-efficacy when supporting parents who are newly diagnosed with cancer who have dependent children.

Methods: Using the person-based approach, two qualitative focus groups ($n=23$) were conducted at the planning phase, with frontline oncology professionals. During the development phase, an iterative approach was adopted incorporating 'think aloud' interviews ($n=14$) for usability testing, hence moving between data collection, analysis and modifications of the e-learning intervention. The data were analysed using thematic analysis.

Results: Drawing on existing evidence and data generated from the two focus groups at the planning phase, an e-learning prototype was developed. Three cycles of refinement followed with user retesting, using 14 think-aloud interviews. Key themes identified during think-aloud interviews which led to modifications included: 'navigational difficulties' and 'enhancement of content and visibility'. Four positive themes were also reported to include: appropriate use of children's drawings; superior look and feel; value of the 'Talking, Telling and Sharing framework'; and pedagogical methods to improve impact.

Conclusions: This study provides a detailed description of how the person-based approach was used to plan, develop and test an e-learning intervention, aimed at improving its acceptability, feasibility and effectiveness during implementation. Providing a detailed description of the foundations that underpinned the development of this e-learning intervention promotes transparency in the planning and design process and therefore aids methodological rigour.

References

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Type: Poster

Category: Cancer care across organisations

The impact of a joint surgical and oncology spinal MDT

Emily Keen

Lead Nurse for Acute Oncology and Cancer of Unknown Primary, Royal Free Hospital

Co-authors: Katherine Fordham, Dr Nicola Rosenfelder, Dr Roopinder Gillmore, Hanny Anwar, Farhaan Altaf, Mr Mark Patzcai, Mr Asef Al-Ani, Jane Martin, Dr Emma Burke, Charlotte Lister, Deborah Pitts, Yitzhar Goretsky

Background and service improvement: NICE (2008) recommends that care for all patients with metastatic spinal cord compression (MSCC) should be discussed in a multidisciplinary team (MDT). It is recognised that follow-up for patients diagnosed with spinal instability is often poorly documented and patients may languish with suboptimal management-plans.

A weekly joint oncology and spinal surgery MDT was set up in August 2016 between the Royal National Orthopaedic Hospital and the Royal Free Hospital to improve management of complex spine issues in oncology patients including MSCC, non-MSCC metastatic disease and non-metastatic back pain. The MDT also discusses spinal stability, the need for orthotics and follow-up post-treatment. It is attended by spinal surgeons, physiotherapists, occupational therapists, nurse specialists, clinical and medical oncologists and palliative care specialists.

Aims and outcomes: This audit assesses the workflow of the MDT, outcomes and the compliance with MDT recommendations by referring teams.

Methodology: Retrospective analysis of all MDT discussions from July-December 2017 was undertaken. MDT outcome proformas, patient clinical records and local databases were used to collect data.

Results: All 113 MDT discussions over the six-month period were included (86 patients, aged 32-98 years, 1-4 discussions/patient). Primary tumour sites were prostate (n=34), breast (n=18), renal (n=5), melanoma (n=3), GI/HCC (n=3), head and neck (n=1), lung (n=7), unknown primary (n=10) and neuroendocrine (n=4).

Surgical review was recommended in 30 discussions. Stability was recorded in 64/113 discussions (53/86 patients). In 17 patients spinal instability was managed successfully and orthotic intervention safely removed after repeat MDT discussion. In 102/113 discussions the recommendations were completed. Assessment of surgical review timing and outcome is ongoing.

Conclusions: The MDT has created a successful working partnership across organisations and specialties, resulting in prompt access to specialist services, timely decision-making and review for oncology patients with complex spinal problems. Future management discussions are helping improve adherence to follow-up plans.

Reference

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Abstract 39

Type: Poster

Category: Cancer care across organisations

Care co-ordination: The role of the cancer support worker

Fran Williams

Partnerships Manager, Wessex Cancer Alliance

Co-authors: Ms Hazel Brodie, Ms Ghazala Kazmi, Dr Jane Winter, Professor Alison Richardson, Professor Claire Foster, Dr Sam Sodergren, Ms Marion Rood

Many patients report limited access to clinical nurse specialists (1), despite evidence that this support has a positive impact on their experience of cancer care (2). The Improving Access to Nurse Specialists and Key Workers Project (3) aims to develop, introduce and evaluate a supportive needs-focused model of care that incorporates the introduction of band 4 support worker roles to the gastrointestinal cancer nursing teams. The initiative will re-profile the skill mix, activities and working practices in these teams. It is envisaged that support workers will support patients through diagnosis until the start of treatment, coordinating care across multiple settings, including primary and community care.

A mixed method evaluation will explore the impact of introducing these roles to the cancer nursing team. Telephone surveys and in-depth qualitative interviews will be used to compare the experiences of patients who entered the service before the introduction of the support worker role (April-June 2018) with patients who entered the service after these roles were introduced (October-December 2018). Interviews with staff members will explore the impact on staff experience and service provision and will capture many of the practical aspects of supporting the introduction of this role.

The project evaluation report will be finalised in April 2019. Interim findings will be released in November 2018.

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- 3 This project is funded by NHS England's Cancer Patient Experience team, and delivered in partnership with University Hospital Southampton NHSFT, Wessex Cancer Alliance and University of Southampton.

Type: Poster

Category: Cancer care across organisations

Chimeric antigen receptor T cell treatment for aggressive, refractory non-Hodgkin lymphomas: nursing implications of the ZUMA-1 trial of axicabtagene ciloleucel

Kathleen McDermott

Clinical Trial/Program Nurse, Dana-Farber Cancer Institute

Co-authors: Nicole Kahle, Alix Beaupierre, Maritza C Alencar

Significance: Chimeric antigen receptor (CAR) T-cells are developed by engineering a patient's own immune cells to attack tumour cells. In the pivotal ZUMA-1 trial (NCT02348216), axicabtagene ciloleucel (axi-cel; KTE-C19), an anti-CD19 CAR T cell therapy, was evaluated in adult patients with refractory, aggressive non-Hodgkin lymphomas (NHL). Axi-cel yielded an objective response rate of 82% including 54% complete responses (Locke, ASCO 2017). Cytokine release syndrome (CRS) and neurologic events (NE) are potentially life-threatening adverse events (AEs) associated with CAR T cells; grade ≥ 3 CRS and NE occurred in 13% and 28% of patients, respectively. Oncology nurses play a critical role in managing AEs, educating patients and caregivers, and mentoring novice nurses and the interdisciplinary team during CAR T-cell therapy.

Purpose: To describe the role of oncology nurses in managing AEs during ZUMA-1 and in educating patients, caregivers, and staff, during all stages of the CAR T cell treatment journey.

Interventions: Reference guides and treatment algorithms were developed to prepare the interdisciplinary team for monitoring, grading, and management of AEs, including patients requiring care escalations/transitions. Patient and caregiver education was developed for all stages of the CAR T-cell treatment journey from leukapheresis through discharge. Information was provided as fact sheets on CAR T-cells, CRS, and NE; AE treatment flowsheets; a personalised treatment calendar; 1:1 educational meetings; and group classes.

Evaluation: In ZUMA-1, most CRS and NE were reversible and generally manageable with tocilizumab and/or steroids. Additional data regarding outcomes and management of other key AEs from the ZUMA-1 trial will be presented.

Axi-cel provided significant clinical benefit, with serious but manageable AEs, for patients with refractory, aggressive NHL. A comprehensive education programme for patients, their families, novice staff, and the interdisciplinary CAR T treatment team can help to optimise the safe implementation of this new treatment paradigm.

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Abstract 41

Type: Poster

Category: Cancer care across organisations

Development of consistent data collection methods across NI to demonstrate improved outcomes in acute oncology services

Moyra Mills

Macmillan Service Improvement Manager, Northern Health and Social Care Trust

Co-authors: Colm Burns, Lisa McAuley, Jacque Warwick, Kerrie Sweeney, Kevin O’Kane, Claire Black

Introduction: Acute oncology (AO) services seek to optimise care for patients presenting as an emergency due to cancer diagnosis or treatment (1). They aim to reduce length of stay, improve patient experience and reduce neutropenic sepsis mortality (2). Teams were established in each of the five trusts in Northern Ireland. The teams work collaboratively to ensure equality of care and improved outcomes, which can be demonstrated through utilisation of a bespoke spreadsheet to allow accurate data collection and comparison across organisations.

Aims: To develop and implement a regional AO spreadsheet that ensures consistent data collection across organisations to determine if patient outcomes had been improved by the AOS.

Methodology: A Plan-Do-Study-Act approach was adopted and through a regional working group a minimum dataset was created and tested in each trust, to show the breadth and depth of AO activity. Over an 18-month period, this spreadsheet was repeatedly tested and refined at bi-monthly meetings. An automated summary sheet was also created to allow easy reporting.

Results: The final product allows each organisation to quantify the source of referrals and patient characteristics including reason for presentation and type of cancer. It also outlines a typical patient journey through AO, in terms of waiting times, procedures delivered, place of discharge, etc. AO activity is described through average patient contacts per episode, methods of contact (face-to-face/phone) and interventions delivered. Outcomes data includes admission avoidance, average length of stay and neutropenic sepsis mortality.

Discussion/conclusion: The unique contribution of this cross trust work is improved understanding of the types of patient presenting to AO services and how AO activities contribute to improved care. Insights in these areas will inform:

- Improvements to AO service delivery in NI.
- Planning and implementation of further AO services.
- Potential development of similar data collection methods across the UK.

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Type: Poster

Category: Cancer care across organisations

Chugai Service Evaluation Project for the use of netupitant 300mg/palonosetron 0.5mg (NEPA) (Akynzeo®) for the prevention of chemotherapy-induced nausea and vomiting (CINV)

Elaine Tomlins

Cancer Nurse, Southampton General Hospital

Co-authors: Simona Aganovic, Medical Manager, Chugai Pharma UK Ltd
Elisaveta Parry, Lead Oncology Pharmacist, Kent & Canterbury Hospital

Background: Chemotherapy-induced nausea and vomiting (CINV) is a distressing side effect of systemic anti-cancer therapy (SACT) (Vidall et al 2011). In modern SACT services this distressing side effect is often hidden, as it happens in the patient's home (Hickock et al 2003). For this reason, it is often underestimated and underreported (Grunberg et al 2013). CINV can delay treatment and prevent treatment altogether for fear of further experiencing CINV. However, significant advances have been made in the prevention of CINV with more recent antiemetic agents and the further development and awareness of international guidelines. NEPA is one such agent introduced to the UK in 2015. It is licensed for the prevention of acute and delayed CINV in cisplatin-based and moderately emetogenic chemotherapy and it is recommended in MASCC guidelines for use in moderately and highly emetogenic regimens (MASCC 2016). NEPA is a combination drug, containing the active substances netupitant (NK1 receptor antagonist) and palonosetron (5HT3 receptor antagonist) and has the added benefit of requiring only one dose per cycle to prevent CINV for five days (Hesketh et al 2014, Aapro et al 2014, Gralla et al 2014). While trial data involving NEPA has shown efficacy and tolerability (Hesketh et al 2014, Aapro et al 2014) it is important to gain real world data experience in the UK population.

Method: A small service evaluation involving two cancer centres was conducted to evaluate the effectiveness of NEPA and patient acceptability. Eligible patients completed a daily diary from the start of chemotherapy to day 5 for each chemotherapy cycle for a minimum of three cycles.

Data collection: Patients were asked to rate their symptoms on a numerical scale 0-10, for days 1-5, 24 hours post-chemotherapy treatment. Adverse events were also collected via the diary. Reminders to complete the diary were sent by text message. Patients' overall satisfaction was completed at the end of day 5.

Results: Findings will be presented at conference.

Conclusion: Early indications demonstrate the drug is acceptable to patients, preventing polypharmacy from alternative CINV prophylaxis and achieving efficacious antiemetic cover.

This service evaluation is initiated and sponsored by Chugai Pharmaceutical UK Ltd.

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Abstract 43

Type: Poster

Category: Cancer care across specialties

The first Radium 223 (Ra223) administration service in Wales – the benefits, the challenges and the future

Kate Honeybun

Nurse Practitioner, North Wales Cancer Treatment Centre

The North Wales Cancer Treatment Centre is the first Welsh hospital to offer Radium 223, an alpha-emitting radioactive isotope used as a palliative treatment for patients who have symptomatic secondary bone disease from metastatic castrate-resistant prostate cancer.

This poster demonstrates the overall benefits and challenges of delivering Ra223 via a nurse-led service within Betsi Cadwalader University Health Board (BCUHB).

Before 2016, patients requiring this treatment would be referred out of area. There were personal and cost implications for patients, families and their carers as they were required to travel long distances to receive treatment.

Radium 223 provides an increased survival benefit, reduced episodes of skeletal-related events and reduced bone pain with increased quality of life.

The challenges and benefits surrounding treatment given via a nurse-led Ra223 service include:

- Development of workforce to ensure resilience and succession planning.
- Education and training of referring doctors to ensure appropriate referral.
- Patient education.
- Good understanding of treatment aims as a palliative treatment.
- Empowering the patients to self-care/manage.
- Reduced emphasis on the PSA during treatment with Ra223.
- Raising awareness with all care sectors regarding necessary safety precautions when caring for patients receiving Ra223.
- Patients from North Wales receive treatment closer to home.

A nurse practitioner service leads to:

- Improved continuity of care.
- Patient-centred care.
- A central point of contact for patients, families, medical and nursing teams – ensuring open communication.
- Fewer hospital visits – telephone assessment before second and subsequent doses.
- Open access by phone/email.
- Holistic assessments of patient needs, liaising with and referring to other members of the multidisciplinary team as appropriate.

Setting up this service has opened a treatment option previously unavailable in Wales and is only likely to expand as other nuclear medicine therapies are introduced both in prostate cancer and in other disease sites.

Type: Poster

Category: Cancer care across specialties

Three girls, three specialties, unlimited skill set – the impact of the clinical nurse specialist in haematology

C Kerr

Service Manager, Haematology and Cancer Services, Belfast Health and Social Care Trust

Co-authors: L Croan, D Finnegan, L Houlihan, O Sheehy, J Quinn

Introduction: Increasing numbers of patients living with haematological diseases require intensive ongoing monitoring and treatment for life. The CNSs provide individually tailored care plans maintaining optimal disease stability, holistic support, education and advice to patients and their carers and act as a point of contact back into the service. In Belfast City Hospital there are three CNSs covering lymphoma, myeloma and myeloid diseases.

Method: A retrospective analysis of the service was conducted from April 2015–April 2017 totalling the number of patients reviewed by the CNS team including telephone response, referrals, health and well-being events, and service development.

Results: There were 16,470 inpatient and outpatient events, including 6,217 telephone queries. Every CNS ran nurse-led face-to-face and telephone review clinics.

Every member provides formal patient support as a role extension in their own time through support groups or online forums. Each CNS was pivotal in leading the MDT through the peer review process and the development of patient information pathways.

Every CNS is educated to degree level with a specialist practice qualification, nurse prescribing, health assessment, advanced communication, counselling training and one has gained a master's qualification.

Conclusions: The impact of the CNS on the patient experience is well documented¹. The impact on doctor workload is less clear. We have saved 2,745 medical hours leading to a release of consultants' time to provide direct medical care to more complex patients.

Nurse-led clinics decreased spending associated with ad hoc review clinics, less unscheduled admissions due to preventative measures and a reduction in length of stay. Such clinics have also had an impact on GP workload. The National Rheumatoid Arthritis Society (NRAS) (2007) demonstrated that, if 60% of patients did not have access to specialist nursing advice on the telephone, they would have requested either a GP or hospital appointment.²

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Abstract 45

Type: Poster

Category: Cancer care across specialties

Development of the haematology outreach nurse role in Belfast City Hospital

Laura Croan

*Clinical Nurse Specialist, Haematology and Cancer Services,
Belfast Health and Social Care Trust*

Co-authors: L Houlihan, D McKelvey, P Kettle

Background: I was appointed haematology outreach nurse in May 2013. It is a new role developed from the 'Transforming Your Care' NHS project aimed at reducing patient hospital stay, moving care into the community where appropriate, and improving patient experience. This post was designed to address the psychological and educational needs of patients on outlying wards and provide support, advice and education to the staff caring for them.

Methods: For this role I have established working relationships with staff on outlying wards, the multidisciplinary team and the community team, allowing me to, where possible, move care into the community. I have collected data on unscheduled haematology admissions, highlighting common reasons for admission. I found that some patients are being treated within the BHSCT when their treatments could potentially be local.

I have developed a training programme on neutropenic sepsis for staff and I am implementing estimated date of discharge to assist in reducing length of stay and prevent delayed discharges.

Conclusions: Patients and carers on outlying wards have better understanding of the illness and its prognosis, which can facilitate open and honest discussions about treatment decisions, improving patient experience. This role has facilitated early discharge from hospital and provided education and support for staff caring for haematology patients.

Results: I recently completed a training programme on performing bone marrow biopsies and will be doing these to assist in prompt diagnosis to prevent patients having to travel for this procedure. I will be commencing the nurse prescribing and health assessment course.

I aim to develop a nurse facilitated discharge system, further training in haematological conditions and I will develop 'Haematology Information Packs' for each ward.

On the back of the data collection on haematology unscheduled admissions I aim to collect further data on patient demographics and whether patients can be treated locally.

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Type: Poster

Category: Cancer care across specialties

The financial impact of cancer... every little helps. Informing cancer patients of their entitlement to free prescriptions

Ceri Martin

Colorectal Cancer Nurse Specialist, Royal Devon and Exeter NHS Foundation Trust

For many, the financial burden of cancer is as significant as the physical and emotional battles that have to be overcome with a cancer diagnosis and subsequent treatment. In 2014, 33,011 Macmillan grants were received, highlighting the huge numbers of people with a cancer diagnosis who require that extra financial support.

As a colorectal cancer nurse specialist (CNS) part of my role is to support patients with an array of concerns throughout their cancer journey. As part of my specialist oncology module that I have recently undertaken we were asked to look at an area of improvement within our site-specific cancer pathway that was rated low on the National Cancer Patient Experience Survey 2016. We were rated 5% under the national average for 'not informing patients that they are entitled to free prescriptions'. This is something that may appear minor to some but with the cost of prescriptions now being £8.80 as of the 1 April 2018 this could soon mount up if regular prescriptions are required. In turn this causes increased distress for somebody that is potentially unable to work during treatment and/or has increased costs from travelling to hospital daily/regularly for treatment and appointments.

I designed a simple yet effective poster that can be added to our established patient information folder that is given to patients to alert them to the fact that they are entitled to free prescriptions and signposting them to the correct place to complete the required paperwork. On designing the poster I knew it needed to be eye-catching to both prompt us as CNSs to inform the patient but to also grab the patient's attention. I made sure it was printed in colour so not to blend with all the other information provided. The effectiveness will be evaluated within the next survey.

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Abstract 47

Type: Poster

Category: Cancer care across specialties

Implementation of a new patient and integrated care (NPIC) multidisciplinary team meeting at Leaders in Oncology Care (LOC)

Reta Sowton

Clinical Nurse Specialist, Leaders in Oncology Care

Co-author: Lucy Davidson

Introduction and background: Implementation of holistic needs assessment (HNA) is still a new concept within private oncology day care. An LOC NPIC meeting was introduced to support the process and staff as well as to discuss the patients' identified needs, if appropriate interventions had been put in place and if further actions were required.

Service improvement: That every patient was holistically assessed (using an adapted HNA assessment tool), referrals were completed and any additional support needs were identified.

Key workers were allocated.

Method: Weekly meetings were initiated with representation from the four LOC sites.

Multidisciplinary attendance included representation from nurses, specialist oncology dieticians and physiotherapist, the Living Well team, complementary therapists, resident medical doctor (RMO), head of clinical services, clinical services manager, clinical nurse specialist, psychologist and supportive services administrative team. The meeting was chaired by a clinical nurse specialist and counselling psychologist. The meeting agenda included all new patients and those patients who had changed treatment due to relapsed, refractory or progressive disease.

HNA completion and action log were reviewed. A key worker was identified and assessment of appropriate referrals to MDT team made including community support, symptom management and palliative care services. Discussion took place regarding any other concerns, including need for further staff training and support.

Results: Referrals to key supportive services (psychologist, dietician, and physiotherapist) almost doubled since the introduction of the HNA and NPIC meeting compared to the same period the previous year.

HNA completion was 56.3%

HNA offered rates were significantly higher, reasons for non-completion/refusal were identified.

Attendance rate was consistently high with average attendance about 75-80% across all sites and MDT specialties.

Discussion/conclusion: Implementation of NPIC has resulted in improved patient care and increased staff motivation and satisfaction.

Analysis of patient reported outcome is ongoing.

Type: Poster

Category: Cancer care across specialties

A multi-faceted approach to engaging specialties can improve the door-to-needle time for neutropenic sepsis in a district general hospital

Jasima Latif

Oncology Specialty Doctor, East Lancashire NHS Trust

Co-authors: Hilary Corley, Claire Lord, Joanne Pascoe, Stella Robinson

Introduction: Neutropenic sepsis is a medical emergency with mortality ranging from 2-21% (1). In 2009, the National Chemotherapy Advisory group recommended antibiotic administration within one hour of presentation (2). Now, most NHS trusts have protocols in place to achieve this one hour 'door-to-needle' time. Despite such protocols, the one-hour target is often poorly met and continues to remain elusive (3).

Service improvement and aim: To improve the percentage of suspected neutropenic sepsis patients receiving antibiotics within one hour of admission to 80% by December 2017 at Royal Blackburn Hospital, a district general hospital.

Methodology: A prospective audit was carried out from 2013-2017 to measure the percentage of suspected neutropenic sepsis patients administered antibiotics within one hour of admission. We re-audited every year after implementing changes.

Results: Baseline audit in 2013 showed a compliance of 45%. In 2014 incident forms were completed for every missed target and this improved the compliance to 53% in 2014. The seven-day acute oncology service started in 2015 and the following re-audit showed an 80% door-to-needle time of within one hour. In 2016, due to staffing shortages, the seven-day service was stopped, and the compliance dropped to 75%. In 2017, patients were directed to the ambulatory care unit (ACU) through the chemotherapy helpline. With the seven-day service also restarting, this led to a compliance of 85% in 2017. Also, deaths from neutropenic sepsis reduced by more than 50% from 2013-2017.

Discussion: By implementing change and subsequent re-auditing annually, we have successfully increased the percentage of patients receiving antibiotics within one hour from 45% in 2013, to 85% in 2017. Education to specialties through the seven-day service, incident forms allowing for root cause analyses, and direct admissions to ACU have achieved such high compliance. This in turn has reduced the number of deaths from neutropenic sepsis.

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Abstract 49

Type: Poster

Category: Cancer care across specialties

Early identification of the side effects of SACT across the specialties

Lucy MacDonald

Senior Sister, Addenbrooke's Hospital

As the demand on our cancer services increases we need to ensure our patients are given the information they need to identify symptoms and side effects of the SACT as early as possible to prevent hospital admission and increase quality of life.

Having read a practice guideline article regarding promoting early identification of side effects in patients receiving SACT, I was inspired to produce a traffic light tool to give to patients at their first treatment.

On discussion with the AOS CNS it was decided I should start by developing the nursing assessment tool, audit its effectiveness and subsequently produce a patient-own tool. This decision was based on the sheer amount of information patients receive at the beginning of the treatment and the thought that one more piece of paper would not get used effectively.

My aim then was to produce a tool that was holistic, quick and easy to use in a busy work setting. The tool would be used for all patients receiving multiple days of SACT, at each visit: patients attending the day unit for blood monitoring post-SACT at each visit until count recovered and patients immediately post-discharge having undergone stem cell transplantation.

I developed the tool from the already very effective triage tool, adding a section to encompass the patient's emotional state. This tool would then be used across all specialities with the cancer division allowing joined-up working.

Having used the tool in one outpatient area for five months, the audit results were very encouraging. 80% of the 15 people completing the audit questionnaire said it helped them identify symptoms they would otherwise not have enquired about.

The plan now is to roll the tool out to the other specialities within the division, re audit then produce the patient-own tool

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Type: Poster

Category: Cancer care across specialties

This is me... But what about me? Living with cancer and dementia: recognition and support for caregivers

Sara Scarborough

Palliative Care Clinical Nurse Specialist, Chelsea and Westminster Hospital

Co-authors: Pam McKay, Pam Seenan, Kirsty Colquhoun, Mike Leach

In an ageing population living with both a cancer and dementia diagnosis, with other possible comorbidities, is becoming increasingly common worldwide. Working in an acute hospital setting our palliative care team (PCT) may often receive a referral to assess and review a person with dementia who may then receive a new cancer diagnosis during hospital admission.

During the person's inpatient stay, the PCT will seek to make contact with a next of kin (NOK), family member or someone close to the person either with the patient's consent or in best interest (if he or she is unable to consent due to cognitive impairment). The NOK or family member may already be a formal or informal caregiver for that person and in the hospital environment, interactions between caregivers and the PCT may be brief or on a short-term basis, with a referral being made for ongoing support for the patient, carer and family within a community palliative care referral.

Therefore, a need was identified to explore the influence of supportive care networks for people living with comorbid cancer and dementia (CCD) on quality of care, with a specific focus on the role of the caregiver. Undertaking a limited systematic search to explore the role of caregivers for people living with both cancer and dementia using PubMed, CINAHL and AMED 2000-2017; research findings were limited. Few studies considered comorbid cancer and dementia but rather considered them as isolated conditions. The selected research identified the unaddressed needs of caregivers by healthcare professionals; consequently it is unknown what support is being offered and whether this is being accessed.

In conclusion, further research is required to examine the caregivers' perspectives on cancer care for people living with CCD to improve the quality of care and support that the patient but as significantly the caregiver themselves receives.

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Abstract 51

Type: Poster

Category: Cancer care across specialties

Nurse-led intervention to reduce extravasation incidence in a chemotherapy unit

Asswade Boodhoo

Chemotherapy Charge Nurse, University College Hospital London

Co-authors: Mariam Aziz, Tom Marler-Hausen, Shirley Carey

Background: Extravasation is the inadvertent infiltration or leakage of a vesicant agent into subcutaneous or subdermal tissues during intravenous chemotherapy administration, a common complication related to the reliability of venous access. Consequences for the patient are significant, potentially causing necrotic ulcers, infection, disfigurement, reflex sympathetic dystrophy syndrome, and loss of function.

Methods: Data was retrospectively collected from April 2012 to May 2018 through the hospital risk management reporting system, reviewing the agent involved, treatment regimen, and venous access.

Results: A total of 53 extravasation incidents have been recorded in chemotherapy day care since 2012; 44 females, and 9 males. All the cases reported were oncology/haematology patients treated with peripheral infusions. Approximately 60% ($n=32/53$) of the reported extravasations occurred in gynae-oncology patients, followed by 11% ($n=6/53$) in breast cancer patients, and 12% ($n=6/53$) in gastrointestinal cancer patients. In terms of the drugs involved, carboplatin is the most frequent at 36% ($n=19/53$), followed by paclitaxel at 21% ($n=11/53$), and docetaxel at 11% ($n=6/53$).

Conclusions: International extravasation guidelines have been published by ASCO, ONS, ESMO, and UK healthcare institutions reference these in their own extravasation policies and guidelines. However, there is a lack of evidence to support a definitive method for managing extravasation injuries due to the practical and ethical challenges of setting up clinical trials in this area. Although the percentage of extravasation incidence reviewed is low, the percentage would be lower if the patients affected had a central venous access device (CVAD). Despite regimen recommendations for intravenous access, and patient risk factors, the placement of a CVAD is often a patient-led decision. We aim to improve patient information and increase CVAD uptake in our pre-chemotherapy education session to reduce extravasation incidents, and improve safety.

Abstract 52

Type: Poster

Category: Cancer care across specialties

How an identified nurse each day improved the care of deteriorating patients

Jen Pennycook

Practice Development Nurse/National Clinical Lead Acute Care Portfolio HIS, Beatson West of Scotland Cancer Centre

Ward B2 in the Beatson West of Scotland Cancer Centre (BWoSsCC) began collecting data in relation to structured response of the deteriorating oncology patients in January 2016 and despite a number of interventions had been unable to achieve reliability. This work was part of the Scottish Patient Safety Programme (SPSP) Deteriorating Patient Work stream. This Scottish Quality and Safety Fellowship Project commenced in October 2016 with a team including a senior charge nurse, registered nurses, healthcare support workers and a number of junior doctors. Qualitative data were collected from both nursing and medical staff in the beginning to

identify problems in relation to the structured response bundle and a Pareto chart was used to identify barriers to success. Using the Model for Improvement, a number of tests of change were implemented with the team taking ownership for the project. The introduction of an identified nurse was been key to success. The data demonstrated a shift and an increased median from 53% to 82%. Patients are now having observations on time. Sepsis 6 is implemented within one hour and with a clear leader identified, nurses now feel empowered to ask medical staff to complete treatment escalation plans in a timely manner resulting in clear plans of care. Patients were noted to be referred to the critical care outreach team within an agreed time frame.

Hourly Introduction to QI sessions were hosted within the Maggie's Centre. As an unintended consequence, the centre saw an increase in referrals from ward nurses for activities and information.

This project has now spread to oncology wards within the BWoSCC. The project was nominated for both a Facing the Future Together Award and a chairman's award.

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Abstract 53

Type: Poster

Category: Cancer care across specialties

Innovating, leading and delivering cancer care across specialties

Nikki Dibley

Macmillan Cancer Matron, Western Sussex Hospitals NHS Foundation Trust

Co-author: Liz Wakefield

Introduction: In 2016 a Macmillan funded cancer matron service was set up at Western Sussex Hospitals Trust.

Service Improvement: The ambition was to develop a modern integrated cancer service that would demonstrate leadership, value and sustainability by working on existing models, incorporating clinical and non-clinical work, alongside service improvement project development.

Aims and objectives: The aim was to evaluate cross specialty Cancer CNS teams, to inform and plan direction of the service, aiming to strengthen and develop services, and empower teams to realise and release the potential for further development.

Methodology: The Cancer Matrons worked closely with site-specific CNSs, immersing themselves in day-to-day clinical practice to identify patient care pathways, skill mix, workload, sustainability issues and challenges. The metrics used to measure activity and impact of the service, were gathered using developed templates, databases, electronic surveys, audits and interviews.

Results: The Cancer Matrons had to develop a flexible approach due to emerging capacity issues, CNS vacancies and gaps in services. Stepping up to clinically cover services across specialties, ensuring continuity of care, provided a unique opportunity to have a true 'lived experience' of different services, specific issues, increase their skills and knowledge. Feedback analysis of the first year has been very positive from patients and staff alike. Results demonstrate the need for advanced skills and knowledge, high levels of resilience, adaptability and creative thinking. CNS teams have identified different and more effective ways of working, using transferable skills.

Conclusion: Developing this role has been challenging and stimulating. The Cancer Matrons are committed to the role, and its continuing progress and development. Their aim is to continue supporting and empowering teams to innovate and create sustainable patient-focused services, fit for the future as part of the trust's Cancer Nursing Strategy.



Abstract 54

Type: Poster

Category: Cancer care across specialties

Acute oncology – working across specialties to improve outcomes in cancer patients

Celia Diver-Hall

Macmillan Acute Oncology CNS, North West Cancer Centre, Altnagelvin Hospital Londonderry Northern Ireland

Co-authors: Dr Sonali Dasgupta, Bridget Tourish

The National Chemotherapy Advisory Group report (2009) recommended that an acute oncology service (AOS) should be established in every hospital with an emergency department. The aim of AOS is to enhance communication and support between different specialty teams delivering care for cancer patients. This ensures the most clinically appropriate care pathway for cancer patients as well as aiming to improve patient experience. In May 2017, the AOS at the North West Cancer Centre (NWCC), Altnagelvin Hospital, Londonderry went live. A novel service model was required to align with the existing service model and unique service needs of the NWCC. Promotional posters were developed and disseminated in all wards across all specialties. Multiple educational programs were held within the trust to raise the profile of AOS. Clear patient pathways and associated clinical management guidelines were adapted from national and regional guidelines. A novel e-referral system was established and a dedicated site on the trust intranet where all relevant documents can be accessed by all specialised teams was created. Service user feedback of specialised teams was conducted to evaluate the effectiveness of the AOS and convenience of the e-referral form, clinical pathways and AOS documents. The AOS is an adaptive model and sensitive to changes at the trust. Future direction of the service includes updating pathways available to specialised teams to include regional immunotherapy guidelines. A service user feedback questionnaire for patients and families is currently being designed.

Abstract 55

Type: Poster

Category: Cancer care across specialties

Specialist cancer nurses take cancer to the market place

Diane Dunn

Trust Lead Cancer Nurse, Imperial College NHS Healthcare Trust

Co-author: Claire Barry

Introduction: In May 2018, 45 cancer CNSs held a community market place event in west London to share expertise with the community. The event tested models of cancer care with a large-scale outreach programme.

Aims: The aims of the event were to:

- Raise awareness among the local community of early diagnosis and screening, managing treatment, and living with and beyond cancer.
- Raise awareness of the range and scope of cancer services available at Imperial College Healthcare NHS Trust and at charity partners.
- Mirror methods used elsewhere (1,2).

Methods: Over 45 CNSs shared their clinical expertise with members of the public in west London about early screening, signs and symptoms, dealing with treatment side effects, and living with the effects of cancer.

The event was held in the centre of the community on a Saturday to maximise footfall and ensure that people who might not be able to access this expertise and information could do so in an informal, non-intrusive manner.

Results: Over 500 people received information and advice from their local cancer CNS team. Comments from local residents included: 'this is a fantastic idea', 'I'm so happy to see this event – it would be lovely to see this more often'. Feedback from staff was positive, illustrated by 'the public were curious and interested in understanding prevention and symptoms to be aware of, in preventing bladder/testicular cancer'.

Discussion: As the health system moves towards increased self-management, the trust and partners must ensure that patients, their families and the public receive adequate and timely information in a variety of settings and formats. This is particularly true for the increasing number of people living with and beyond cancer.

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Abstract 56

Type: Poster

Category: Cancer care across specialties

Reducing the risk of anthracycline-induced phlebitis in breast cancer patients

Rosie Roberts

Chemotherapy Specialist Nurse and Acute Oncology Project Manager, Velindre NHS Trust and Wales Cancer Network

Co-authors: A Borley¹, L Hanna¹, G Dolan², M Williams²

1 Velindre Cancer Centre, 2 University of South Wales

Anthracycline chemotherapy including epirubicin is known to have the potential to cause phlebitis and venous sclerosis when administered via a peripheral cannula. Breast cancer patients are particularly at risk of chemical phlebitis as it has been widely accepted practice after breast surgery to only use the contralateral arm for intravenous treatments.

The breast cancer clinicians and intravenous access specialist nurse in consultation with the lymphoedema specialist nurse reviewed the evidence base for this practice, and a decision was made at Velindre Cancer Centre to recommend using alternate arms for chemotherapy administration in patients who had not had an axillary node clearance.

The aim of the study was to establish if there is a difference in the severity of epirubicin-related phlebitis depending on whether treatment is administered all in one arm or alternate arms.

The study was a prospective observational study using primarily quantitative methods to collect staff and patient assessments of phlebitis symptoms following each cycle of epirubicin. The participant questionnaires were designed to allow participants to self-report the severity of symptoms and the impact on their everyday activities. The chemotherapy phlebitis assessment tool used for the clinical assessment of symptoms was a tool developed by Velindre Cancer Centre (currently awaiting publication).

Data were collected from a total of 237 participants who received three cycles of epirubicin chemotherapy. The data were analysed using SPSS and demonstrated that the severity of phlebitis was significantly lower in patients receiving chemotherapy in alternating arms when compared to those who had received all cycles in



the same arm ($p=0.004$). Using alternating arms for epirubicin administration in breast cancer patients who have not had an axillary node clearance reduces the risk of severe phlebitis. If this practice is adopted it can reduce the need for PICC placement and significantly improve the patient's experience.

Abstract 57

Type: Poster

Category: Cancer care across specialties

Making the case for prehabilitation in cancer care – an evidence and insight review

June Davis

National Cancer Rehabilitation Lead, Macmillan Cancer Support

Co-authors: Ellie Bloom, Dr Karen Roberts, Dany Bell

Background: There is a growing interest in prehabilitation at Macmillan Cancer Support as part of the broader rehabilitation pathway in cancer care and a sense that it is a valuable aspect of cancer care.

Service improvement: Prehabilitation in oncology is poorly understood and inconsistently provided with limited centralised knowledge. The nine Macmillan teams that cover the UK along with other stakeholders were keen to better understand prehabilitation and how healthcare staff can support people living with cancer.

Aim: Develop a centralised synthesis of prehabilitation resources and evidence and an internal shared definition and understanding of prehabilitation.

Objectives:

- Understanding Macmillan's current provision and funding of prehabilitation service models.
- Understand the wider provision of prehabilitation across the UK.
- Embedding prehabilitation into Macmillan's strategic priorities.

Methodology:

- External and internal literature review.
- Interviews with key Macmillan advisors and key external experts.
- Workshop with key stakeholders to identify examples of good practice and develop a shared understanding of prehabilitation.

Results: A definition of prehabilitation was identified as a process in the continuum of care, tailored to the individual and is for anyone with cancer, not just those undergoing surgery. A case was made for prescribing prehabilitation. The prehabilitation model includes three stages: preassessment, prehabilitation interventions and follow-up post-treatment. Existing evidence suggests there is no defined group of healthcare professionals to deliver prehabilitation, however it is clear it can be provided by a multidisciplinary team. Prehabilitation links well to Macmillan's internal strategy.

Conclusion: A strong case has been made for:

- Networking between key stakeholders and influencing policy with the current evidence available.
- Developing UK-wide principles and guidance for prehabilitation in cancer care.
- Developing practical information for both patients and healthcare professionals.
- Building the health economic case.

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Abstract 58

Type: Oral and Poster

Category: Cancer care across specialties

SafeSpace – a unique virtual reality intervention using compassionate mind training to support people undergoing cancer treatment

Lisa Murray and Geraldine O’Gara

Researchers, The Royal Marsden NHS Foundation Trust

Co-authors: Lisa Murray, Geraldine O’Gara, Dr Tim Anstiss, Dr Andrew Macquarrie, Professor Anthony Steed, Professor Paul Gilbert, Shyama Persaud, Mrs Dolapo Ogunleye, Professor Theresa Wiseman

Each year, about 325,000 people are diagnosed with cancer in the UK (1). The majority will receive treatment with surgery, radiotherapy, chemotherapy or other treatments, either alone or in combination. Many cancer treatments and/or side effects can be unpleasant to experience, which may negatively impact health-related quality of life and affect treatment compliance or adherence.

The evolving use of technology in healthcare has led to new and innovative approaches, one of which is virtual reality (VR). There is a growing body of evidence to support the role of virtual reality as a distraction technique or as a treatment for psychological conditions (2), and how compassion-focused therapy can help people to develop strategies to enable them to cope with the effects of treatment (3). However, little is known about how these two treatment approaches might be combined to produce a synergistic effect.

The SafeSpace study aims to bring together VR with compassionate mind training (CMT) to provide people with cancer rapid access to a low cost, self-managed intervention, helping them to relax and de-stress, while experiencing improved psychological well-being and self-compassion. This is a two-phase project working with people living with cancer, using experience based co-design (4), to develop and test a flexible immersive virtual reality platform, incorporating acceptance and compassion focused exercises. In Phase 1, a team of experts will work alongside people living with cancer to develop the VR intervention and agree how to test. In Phase 2, we will test the intervention with people actively undergoing treatment for cancer.

We will be reporting on the first phase of the study, which includes the development of the virtual reality intervention.

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Abstract 59

Type: Poster

Category: Cancer care across specialties

The AKI nurse specialist role in acute oncology

Geraldine Campbell

AKI Clinical Nurse Specialist, The Christie NHS Foundation Trust

Co-authors: Dr Tamer Al-Sayed, Katerina Pearson, Aisling Wals

Introduction: There are emerging challenges of acutely unwell patients with cancer and this necessitates innovative strategies for the delivery of their care. Varying models of acute care are developing. There is a clear need for non-oncology physicians and acute oncology nurses to be at the heart of this work.

Service innovation: In June 2018, the Christie Cancer Centre broadened its approach to management of acute kidney injury by employing two oncology AKI nurses to provide specialist intervention with the aim of improving patient outcomes and complications of AKI.

Aims:

- Enhance patient and staff awareness around acute kidney injury in the oncology setting.
- Reduce and manage episodes of AKI in an oncology population, particularly re-admission and length of stay.
- Enhance patient outcomes and treatment options, such as chemotherapy regimens/clinical trials options.

Methods:

- Patient and staff-centred education.
- Trust-wide fluid balance audit and development of trust fluid balance tool/guidelines.
- Improving medicines optimisation eg. drug chart alerts and maintaining close relationship with pharmacy and GP follow-up.
- Reviewing patients with AKI in ward settings and on discharge, such as follow-up clinic, dashboard monitoring and AKI e-alerts.

Results:

To date this collaborative approach to oncology patient care has demonstrated many improvements including:

- Statistical evidence demonstrates a monthly downward trend in the number of AKI admissions to OAU.
- Patient flow data demonstrates increased bed optimising in particular, the number of direct patient discharges from wards.

Discussion: To date we have a variety of data based on patient outcomes which has mapped out our current aims. Achieving the above aims will allow us to build on our process data and develop a clearer picture of AKI management in an oncology setting. The role of the AKI nurse in oncology is particularly unique as it allows for optimal cancer care in a complex comorbid population.

References

Think Kidneys AKI <https://www.thinkkidneys.nhs.uk/>

Adding Insult to Injury 2009 <http://www.ncepod.org.uk/>

Abstract 60

Type: Poster

Category: Cancer care across specialties

Radium-223 – year one

Gail Buchanan

Clinical Nurse Specialist, Beatson West of Scotland Cancer Centre

Co-authors: Norma Sidek, Gerry Gillen, Caroline Findlay, Iain Kerr

Introduction and objectives: Radium-223 is a therapy for castration resistant prostate cancer with symptomatic bone metastases. The Alsympca trial (2013) identified a survival advantage of 3.4 months versus placebo in patients receiving this treatment.

However, there may be differences between trial data and real world outcomes. Therefore, we used the Alsympca trial to benchmark our own data. This poster presents outcome data collated one year following the introduction of a new multidisciplinary radium-223 service, reporting additional endpoints other than survival.

Methods: Outcome measures included pain inventory, toxicity grading, blood testing (PSA, alkaline phosphatase, haemoglobin, platelets etc), performance status, and patient evaluation of the nurse-led service.

Results: Forty eight per cent of our patients completed all six cycles of treatment. Many had been previously treated with chemotherapy. From start to completion of treatment, the main side-effects reported were diarrhoea, thrombocytopenia and neutropenia. Reductions in pain score and level of alkaline phosphatase were also demonstrated. Performance status remained unchanged.

Discussion: Our first use of radium was inevitably in a group of patients with more advanced disease than those in Alsympca which may explain lower median survival rates. Despite 86% showing a reduction of alkaline phosphatase levels, there were many patients who did not complete treatment. Its use as a marker is unproven here, however it may still be of potential use in monitoring other patient outcomes. Overall, radium treatment was well tolerated. The nurse-led clinic was evaluated positively by patients.

Conclusion: Our results have led to reconsideration of performance status at treatment entry, and at what stage radium is best introduced.

The operation of a radium service is highly dependent on the multidisciplinary team approach and developing strong inter-personal relations with nuclear medicine. Running as a nurse-led service has greatly enhanced patient contact and the ability to link with relevant supportive services and clinicians.

Reference

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Abstract 61

Type: Poster

Category: Cancer care across specialties

Improving outcomes for acute oncology: educating healthcare professionals across specialities at UHNM

Joanne Harris

Acute Oncology Clinical Nurse Specialist, University Hospitals of North Midlands

Background: Inequalities in the knowledge of healthcare professionals on the management of patients presenting with acute oncological emergencies were apparent at University Hospital of North Midlands. Clinical audit data from SCR identified poor compliance in meeting the one-hour antibiotic target for patients with suspected neutropenic sepsis. The acute oncology CNS team proposed educating clinical staff in emergency care on the recognition and management of acute oncological emergencies, then roll out the education programme across specialties. The educational approach was also expanded into primary care.

Aim: To improve the clinical knowledge of healthcare professionals across specialties by educating staff on the recognition and management of acute oncological emergency presentations in order to improve patient pathways, care and outcomes and improve compliance in achieving the one-hour antibiotic pathway in ED.

Method: The acute oncology CNS team provided educational sessions to healthcare professionals in emergency portals, then rolled this out across other specialties at the hospital trust which regularly care for patients admitted to hospital with or at risk from treatment-related toxicities or have cancer-related complications.

The CNS team forged relationships in primary care and created an education programme with Vocare Healthcare.

Results: Education audit data showed that 100% agreed or strongly agreed that the education will change and improve their clinical practice. One-hour antibiotic pathway compliance for suspected neutropenic sepsis improved by 47% (Comparable figures extracted from SCR data 2016-2017 and 2017-2018.)

Conclusion: The crossing boundaries approach to providing a robust educational programme has improved the knowledge of healthcare professionals, facilitated and enhanced working relationships and the provision of more timely, appropriate and efficient patient pathways, improving patient care, experience and outcomes.

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Type: Poster

Category: Cancer care across specialties

Specialist review of new patients undergoing head and neck radiotherapy – a multiprofessional approach

Claire Duffy

Head and Neck Clinical Nurse Specialist, Friends of the Cancer Centre, Northern Ireland Cancer Centre

Co-author: Kar-Lee Brown

Traditional models of cancer care often rely on a 'one size fits all' approach that does not account for the specific needs of the individual. New models of care that promote health and well-being throughout treatment should be sought (NCSI 2010). A key worker can provide supportive care, appropriate information and individualised care planning for patients and their carers/relatives while acting as an advocate. (Dempsey et al 2016).

This joint specialist-led clinic is a collaborative initiative involving both a clinical nurse specialist and a clinical specialist radiographer accepting joint key worker responsibility for new patients, which aims to facilitate a multiprofessional approach to patient-centred care for patients receiving treatment for head and neck cancer. The objective of this clinic is to provide an opportunity to identify ourselves as joint key workers to patients and carers. Our combined knowledge and expertise enables us to re-affirm consent for treatment through open discussion of agreed treatment plans and expected toxicities, coordinate an individualised care pathway that improves compliance, provides consistent information and advice in line with current protocols, promotes health and well-being with onward referrals to supportive services as required. In addition, all patients attending this clinic will have a pre-treatment baseline assessment from our speech and language therapist.

Quantitative and qualitative data will be collated for the clinic over a three-month period. This data will be sourced from 40 patient satisfaction questionnaires; number of referrals generated to supportive services before starting radiotherapy, and feedback from professionals linked to the clinic.

When collated, the results will show if a designated specialist-led clinic appointment holds efficacy for patients/carers and the head and neck multiprofessional team.

References

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National Cancer Survivorship Initiative (NCSI Vision) Jan 2010.



Abstract 63

Type: Poster

Category: Cancer care across specialties

What training and education are required by healthcare professionals to ensure patient sexuality issues are addressed in cancer and palliative care?

Mary Williams

Senior Lecturer in Cancer and Palliative Care, Buckinghamshire University

Background: The impact of cancer and subsequent treatments can have serious implications on patient sexuality, both physically and psychologically. Altered sexuality due to disease can have long-lasting effects on patient well-being, relationships and overall quality of life. In survivorship, patients continue to experience serious side effects, this includes sexual changes and relationship issues. Patients report inadequate communication and support from professionals in relation to sexual concerns.

Objective: The aim of the review was to ascertain the educational requirements of health professionals practising in oncology and palliative care, to enable effective patient assessment and support in this area of clinical practice.

Method: An extended literature review was undertaken. Five electronic databases were accessed, these combined with other sources yielded 20 primary research papers for analysis.

Findings: There are numerous barriers preventing professionals from addressing patient sexuality, lack of knowledge and poor confidence levels among the most common. Appropriate education is required to equip staff and it appears short training programmes are effective. The use of sexuality assessment tools can also assist in the assessment process. Additionally, sexuality information cards including information on organisational websites which are easily accessible may improve clinical practice.

Conclusion: Addressing patient sexuality concerns is the responsibility of each person in the multidisciplinary team. A key finding in the literature demonstrated that attitudes and beliefs of professionals, including ethnicity and cultural background clearly influences sexuality assessment. Sexuality training is required to ensure staff are aware of their beliefs and behaviours. Patients require open discussion and professionals must skilfully address sexuality in oncology and palliative care. Education must be accessible, effective and sustainable.

The specialties of cancer and palliative care have always prided themselves on holistic patient care. However, until this identified gap in clinical practice is addressed, true patient-centred holistic care may not be achievable.

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Type: Poster

Category: Cancer care across specialties

Evolution of carcinoma of unknown primary (CUP) service as an integral part of a new acute oncology service in Northern Ireland

Dr Sonali Dasgupta

Macmillan Acute Oncology CNS, North West Cancer Centre Altnagelvin Hospital

Co-authors: Celia Diver-Hall, Dr Adam Henry, Dr Noel Duddy, Dr Damien McMullan, Dr Ciara Lyons, Dr Conn Haughey, Dr Michael McKenna, Dr Michael Reilly

NICE guidelines recommend that all cancer centres/units in the UK should have a carcinoma of unknown primary (CUP) team. Setting up acute oncology service (AOS) for a new cancer centre in Northern Ireland (NI) simultaneously led to establishment of CUP service. Specialist advisory team was assembled with local representations from oncology, palliative care team (PCT), pathology and radiology.

Retrospective data analysis was done on a historical cohort of CUP patients prior to establishment of the new service. Prospective database was constructed from e-referrals made to CUP service. Adherence to national guidelines was analysed in managing these patients.

Retrospective data analysis (Jan 2016-Jan 2017) showed that out of $n=25$ patients coded as CUP, only $n=3$ (12%) were reviewed by oncologist and $n=2$ (8%) received active treatment. This was before the local AOS/ CUP service was set up.

Between May 2017 and June 2018, out of $n=135$ referrals to AOS, $n=32$ were CUP-referrals. Of these, 56.25% ($n=18$) were CUP patients; the rest either were unable to have tissue diagnosis, or had non-carcinoma pathology. National guidelines were largely met with oncology review of 100% in-patient referrals within 24 hours and 80% of out-patient referrals within two weeks. 100% referrals were discussed in CUP MDM. A significant proportion of these patients ($n=13$) received active treatment (39.4%). 100% of patients received input from the PCT. More than 50% of patients had a prognosis of less than six months.

This is the first CUP service in NI and has greatly enhanced the standard of AOS within the trust. Specialist input from multiple disciplines has enabled prompt diagnosis in facilitating accelerated decision-making, oncology treatment (where appropriate), and holistic support in this complex poor-outcome group of patients. Further work needs to be done to ensure accurate coding by site-specific MDMs, refining selection criteria for referrals, and designing patient/carer/family surveys as outcome measures.

References

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Abstract 65

Type: Poster

Category: Cancer care across specialties

Enhancing prostate cancer care through partnership working across primary and secondary care – a pilot project

Karen Parsons

Clinical Research Nurse, NICTN Belfast City Hospital

Co-authors: Ruth Boyd, Fidelma Connor, Maggie O'Reilly

Introduction: A novel new project post within the NI Cancer Trials Network was funded for two years by Prostate Cancer UK. This was a multifaceted position with a number of project elements. One element of the role was to explore partnership working between primary and secondary care in prostate cancer management.

Objectives:

- Build on existing partnerships to facilitate the integration of primary and secondary care services.
- Survey the learning needs of primary care staff, identify challenges and establish better links for patients with prostate cancer.
- To deliver education sessions in primary care on how prostate cancer is managed within secondary care.

Service improvement: It was hoped that meeting project objectives would allow current and future patients to receive the highest standards of individualised care, addressing side-effects and survivorship issues.

Methodology: Key facilitators were the specialist oncology nurse liaison team for the Belfast Trust who organised educational events and disseminated information to community multidisciplinary staff (GP/ community and palliative care nursing/AHPs). The project nurse delivered three outreach sessions. A survey was distributed to gather data on the learning needs of community staff caring for patients with prostate cancer. Education was provided with regard to the management of prostate cancer, treatments, treatment-related toxicities, side-effects, follow-up plans, PSA, and cancer clinical trials.

Results: 45 members of community multidisciplinary teams attended educational sessions and 26 completed the survey of learning needs. Results suggested staff would value further learning on:

- Management of urinary symptoms.
- Palliative care.
- Effective pain control.
- Care for patients with spinal cord compression.

Discussion: Establishing partnership working across secondary and primary care was challenging. Project outcomes indicate there is a role for increased partnership working and shared learning. This novel project role supported collaborative working for patient benefit and highlighted the importance of promoting a seamless service across these specialties.

Type: Poster

Category: Cancer care across specialties

Patient and public involvement in research – the Royal Marsden experience

Sarah Stapleton

Clinical Nursing Research Fellow, Royal Marsden Hospital

Co-authors: Janet Hanwell, Nela Simoes, Martin Lee, Monica Jefford, John Braun

Patient and public involvement (PPI) in research has expanded both nationally and globally over the last decade. Crossing boundaries between researchers, clinicians and patients PPI places the patient at the centre so that their perspective on a particular research project is used as a tool to influence design, ongoing management and presentation of information. It is mandated as part of research design and conduct by the NIHR and is a requirement of the national ethics service. The benefits of PPI in research include patient friendly research design, better recruitment to trials and empowerment for patients working in partnership with clinicians and researchers. It is challenging to define how best to implement PPI and measure its impact. The Royal Marsden (RM) has nine years' experience of a PPI service that provides a variety of functions and works in consultation or collaboratively with a high volume of research studies.

The RM PPI service is well established and offers consultative review from the patient's perspective of documents, protocols, grant applications and patient information sheets, ongoing PPI colleague support during the whole of the trial, co-production of research and set up of focus groups to lobby opinion about a certain trial. There is a database of over 25 PPI colleagues who all receive training and sit within a governance structure that is supported by a clinical link for PPI.

Metrics are collected regarding the PPI work and over 60 research studies a year have PPI input. Improvements are being made to measure the impact of the PPI with the introduction of the researcher feedback form.

The PPI movement changes boundaries from a traditionally passive patient role to being at the heart of research prioritisation and decisions. The experience at the RM has contributed to the embedding of PPI in research design and conduct.

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Abstract 67

Type: Poster

Category: Cancer care across specialties

A prospective cohort study of the incidence of permanent alopecia related to docetaxel therapy in breast and prostate cancer patients

Adee Brownlee

Lead Chemotherapy Nurse, GenesisCare Oxford

Co-author: Dr James Thaneson

Recent studies have reported incidents of permanent alopecia in patients being treated with docetaxel-based chemotherapy. There is limited evidence on its true incidence due to it being a relatively infrequent occurrence, limited studies and a tendency to overlook the complication in clinical trials and practice.

Recent literature has been unclear as to whether alopecia was related specifically to docetaxel, due to frequent use with other chemotherapeutic agents. However, studies have indicated a possible link between docetaxel and a reduction in total number of hair follicles, with multiple hypotheses suggested such as toxic damage to hair matrix stem cells, endocrine disturbance and interference with secondary germ signalling pathways.

As this is a significant potential adverse effect for patients, further study of its occurrence could provide more complete information regarding the use of this chemotherapeutic agent. We propose a prospective cohort study of the incidence of permanent alopecia related to docetaxel therapy in patients with breast and prostate cancer.

Research aims and objectives:

- Establish incidence of permanent alopecia following docetaxel-based chemotherapy regimens.
- Establish incidence and degree of nail damage following docetaxel-based chemotherapy regimens.

Outcome: Summarise incidence of permanent alopecia related to docetaxel chemotherapy within this cohort.

Methods of data collection:

- A questionnaire to determine eligibility at baseline.
- A modified Dermatology Life Quality Index (DLQI) questionnaire at six and 12 months after commencement of chemotherapy.
- Photographs will be taken at six and 12 months if patients report persisting alopecia on DLQI.

Study setting: Patients considered suitable for chemotherapy regimens containing docetaxel, including single agent docetaxel, FEC-T, docetaxel + prednisolone etc will be invited to join the trial.

The trial will be run at five GenesisCare UK Medical Centres: Oxford, Maidstone, Milton Keynes, Cambridge and Windsor.

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Abstract 68

Type: Poster

Category: Cancer care across specialties

Crossing boundaries in cancer care

Katie Waller

Acute Oncology Team Leader, The Christie Hospital

Co-author: Mandy Cunningham, Gina Williams

Introduction: This abstract outlines the change in our current practice by introducing the UKONS passport and a UKONS training and induction pack to our acute oncology service. We have implemented a new induction pack to our hotline service, using the UKONS version 2 triage tool. On our planned admissions suite we are implementing the UKONS passport to train staff to commence chemotherapy before transferring to the medical wards.

Service improvements:

- Improved patient flow throughout the trust, patient experience and our daily bed status.
- Integration with our planned admission unit and hotline via the use of the UKONS passport and UKONS triage tool.
- Improve staffing by introducing a solid induction process and improving staff morale.

Aims and objectives:

- Train every member of staff on the UKONS passport and UKONS triage tool.
- Starting chemotherapy regimens on the planned admissions unit thus improving the patient experience.
- Improving our capacity and demand bed status and SOS admission.
- Improve staff morale.

Methodology:

- Audits presenting quantitative data of patient waiting times between arriving on site and being admitted to the ward for chemotherapy pre and post implementation.
- Bed status pre and post-implantation.
- Quantitative data showing length of stay of patients pre and post-implementation.
- Patient satisfaction surveys showing qualitative data pre and post-implementation.
- Staff satisfaction surveys regarding the UKONS tools showing qualitative data.
- Quantitative data showing rise or fall in admissions via the planned admissions unit.

Results: in progress.

Conclusion: We feel that implementing the two UKONS tools in both areas will bridge the gap and provide continuity in advice. Starting in-patient chemotherapy will provide more beds and a better patient experience. In all we believe this will provide a better service and improve patient flow in the trust.



Abstract 69

Type: Oral and Poster

Category: Cancer care across specialties

The experience of patients receiving care at a joint nurse- and pharmacist-led oral SACT education clinic

Michael Mawhinney

Doctoral Research Student, Oxford Brookes University

Co-authors: Professor Eila Watson, Dr Sue Schutz, Dr Verna Lavender

Background: In response to the National Confidential Enquiry into Patient Outcome and Death (2008), National Cancer Action Group (2009) and the National Patient Safety Alert (2008) reports about the safe care of patients receiving oral systemic anti-cancer therapy (SACT), a local cancer centre implemented a joint nurse and pharmacist-led oral education clinic to educate patients on how to manage their oral SACT and care at home.

Service improvement: The overall aim of the study was to optimise the care of people receiving oral SACT.

Aims/objectives: To explore the experiences and views of patients receiving oral SACT to inform models of care.

Methodology: An applied health research study using a mixed-methods approach was conducted. The study included semi-structured interviews with 28 patients, which were analysed using Framework (Ritchie and Spencer 1994). Descriptive statistics were used to analyse results from questionnaires collected at two time points, baseline and six weeks, from 84 patient respondents. Analysis of integrated data will be reported.

Results: Patients preferred oral SACT to intravenous SACT, but were concerned about the uncertainty of treatment duration. Patients were satisfied with their care at the oral education clinic, with no preference to receive education from an experienced SACT nurse or cancer pharmacist, but would have liked a telephone review appointment. Participants highlighted the need for additional information and support to help manage treatment toxicity. Daily medicine-taking regimens enabled them to maintain high-levels of treatment adherence.

Discussion/conclusion: Patients receiving oral SACT benefit from individually tailored education about their treatment when delivered by an experienced SACT nurse or cancer pharmacist. Telephone monitoring, ideally in the first week of treatment, might improve patient experience and help prevent adverse outcomes.

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Abstract 70

Type: Poster

Category: Cancer care across specialties

Acute oncology and ambulatory care – introduction of virtual ward rounds

Kay McCallum

Advanced Nurse Practitioner and Acute Oncology Lead Nurse, John Radcliffe Hospital, Oxford

Co-author: Dr Mridula Rajwani

Background: The acute medicine/acute oncology interface is of critical importance in improving the healthcare experience for an increasing number of patients who are either diagnosed with cancer as an underlying cause of acute illness or who have an existing oncological diagnosis and present with an undifferentiated acute syndrome.

Service improvement: We used recommendations from the Royal College of Physicians (RCP) acute care toolkit for oncology patients to develop an interface between acute oncology services (AOS) and the ambulatory assessment unit at the John Radcliffe Hospital.

Aims:

- To develop a mechanism to follow up ambulatory patients to ensure the correct pathway is followed.
- To increase the knowledge of acute general medicine staff regarding acute oncology pathways.
- To develop an acute oncology online referral system to allow effective triage of patients and improve communication.

Methodology: An electronic list was created for all acute oncology patients presenting through AAU, and from this weekly virtual ward rounds were started. Patients are placed on this list following initial assessment in AAU and thus the list acts as a safety net for this group of patients on discharge. Regular communication with the patient takes place until they are transferred to the care of site-specific specialist teams.

Results: 123 individual patients were discussed over the six-month period January to July 2018.

100% satisfaction scores were obtained from ambulatory care doctors and acute oncology staff.

Conclusion: Virtual ward rounds with AAU staff have now become a routine part of the acute oncology service working week. We are planning to use this model within the acute oncology service to ensure no patient is lost to follow-up from any clinical area, including surgical wards and other specialties.

Reference

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Abstract 71

Type: Poster

Category: Cancer care across specialties

The development and validation of a chemotherapy-induced chemical phlebitis severity scale

Valerie Harris

Melanoma Specialist Nurse, Velindre Cancer Centre

Co-authors: Meinir Hughes, Rosie Roberts, Dr Gina Dolan, Professor Mark Williams

Purpose: Chemotherapy administered by peripheral intravenous cannulation can induce chemical phlebitis with symptoms affecting a patient's quality of life. While other chemotherapy toxicities are accurately graded it was identified that there is no suitable scale designed to assess and grade chemotherapy-induced phlebitis. A phlebitis severity scoring tool that is specific for chemotherapy-induced phlebitis was developed and validated with breast cancer patients receiving anthracycline chemotherapy.

Methods: A cross-sectional survey was conducted on breast cancer patients attending chemotherapy appointments. The patients answered questions on any pain associated with chemotherapy administration and their arms examined for signs of phlebitis (redness, swelling, tethering, a palpable venous cord, vein discoloration, and impaired arm function), which formed the chemotherapy induced phlebitis severity (CIPS) scale. Two nurse assessors made independent assessments 5 minutes apart.

Results: In total, 207 patients completed the two assessments while developing eight versions of the CIPS scale. A five-scale scoring tool was developed (CIPS-V8) and tested on 121 patients, agreement between each pair of assessors was very good, with 106/121, 86.9% the same ($k=0.82$, $SE \pm 0.042$, $95\%CI 0.74 - 0.90$). The CIPS scale took about 1.5 minutes to complete with patients with symptom grade two taking longest.

Conclusions: The CIPS scale provides a list of symptoms associated with chemotherapy phlebitis which can be scored quickly and accurately by an experienced nurse. Multicentre testing of CIPS is recommended.

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Type: Poster

Category: Cancer care across specialties

An audit of the management of metastatic spinal cord compression following definitive surgery or radiotherapy

Alicia Sou

Medical Student, University of Birmingham

Co-authors: Supervisor Dr Jennifer Pascoe

Background: Metastatic spinal cord compression (MSCC) is an oncological emergency whereby a delay in diagnosis can result in debilitating consequences, due to permanent neurological damage (1). Therefore, rapid referral pathways have been created to allow early diagnosis and prompt management alongside the emphasis of rehabilitation as per guidelines for the management of MSCC (2).

Previous audits conducted at Sandwell and West Birmingham Hospitals (SWBH) have not addressed adherence to post treatment guidelines.

Aims: This audit aims to measure adherence to SWBH MSCC post-definitive treatment guidelines. Five standards have been assessed: adherence to dexamethasone tapering, physiotherapy (PT) and occupational therapy (OT) referral within 24 hours, confirmation of PT and OT assessments, OT rehab plan and presence of a transfer sheet for discharge planning. The audit will also determine the impact of MSCC on patients in regards to mobility and continence.

Method: Data were collected retrospectively over six months and a total of 65 patients had been referred via the MSCC pathway. Of these, only 17 had a diagnosis of MSCC or impending MSCC.

Results: Of the five areas assessed we found that only 6% of patients followed the recommended steroid tapering regimen. 25% had a referral within 24 hours to the PT and OT. Only 53% of patients had a documented rehabilitation plan by the OT and finally 88% of patients had transfer sheets for discharge planning.

Mobility and continence also deteriorated, 53% and 24% respectively during admission.

Conclusions: The data show that only a minority of patients followed the recommended steroid tapering doses and the 24-hour referral window to OT and PT was missed frequently. The data also reflected a worsened state of mobility and incontinence for patients. We recommend every patient has official steroid tapering documentation, continence and mobility recorded and recommend a departmental meeting to highlight the 24-hour referral window.

References

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Abstract 73

Type: Oral and Poster

Category: Cancer care across specialties

The relationship between value-based living, psychological flexibility and emotional well-being in people affected by cancer

Eilidh Smith

Clinical Psychology Assistant (Honorary), Maggie's Centre, Manchester

Co-authors: Alan Gow, Lorrie Forsyth, Sarah Hughes, Lisa Punt, Andrew Anderson and Lesley Howells

Background: Receiving a cancer diagnosis can have detrimental effects on emotional well-being, the ability to live aligned with personal values and a person's psychological flexibility (ability to adapt constructively to reality). Value-based living, psychological flexibility and emotional well-being are key components addressed through acceptance and commitment therapy (ACT) and have all been shown to negatively correlate with health-related distress. Research exploring the relationship between value-based living and emotional well-being in people affected by cancer is limited. Maggie's Centres offer an innovative, multidisciplinary model of professional holistic cancer support, aspiring to best practice in ACT influenced cancer rehabilitation and supported self-management, including psychoeducational groups and courses, to help people find a quality of life that is meaningful to them. In 2017 Maggie's received 249,247 visits across the network of centres in the UK and abroad.

Aim: To explore the associations between value-based living, psychological flexibility and emotional well-being in people affected by cancer.

Methods: 65 people affected by a cancer diagnosis personally or in a family member, were recruited from six UK Maggie's Centres. Participants completed standardised questionnaires measuring psychological flexibility, valued-based living and emotional well-being.

Results: Moderate positive associations were found between emotional well-being and value-based living ($r_s=.37983$) as well as emotional well-being and psychological flexibility ($r_s=0.4750$). Multiple regression analysis revealed a significant model ($F(5.54)=9.35, p<0.001$), accounting for 41.4% of the variance in emotional well-being (adjusted $R^2=0.414$). Both psychological flexibility ($b=0.357, p=0.002$) and value-based living ($b=.337, p=0.004$) were predictors of emotional well-being across all ages, gender and time since diagnosis.

Conclusion: This study provides evidence supporting a positive relationship between value-based living and emotional well-being in people affected by cancer, opening a conversation about the importance of encouraging valued-based living as a therapeutic tool within cancer care. However, further longitudinal intervention studies are required.

Type: Oral and Poster

Category: Cancer care across specialties

Too anal to talk about gay sex? Developing UK guidance on how long men should abstain from receiving anal sex before, during, and after investigations and treatments for prostate cancer: a modified Delphi study

Sean Ralph

Therapeutic Radiographer/on Treatment Review Advanced Practitioner, The Clatterbridge Cancer Centre NHS Foundation Trust

Co-author: Dr Clifford Richardson

Introduction: Gay and bisexual men's sexual practices are different to that of heterosexual men. This group of patients therefore require targeted information and support in order to be appropriately prepared for the sexual side effects of prostate cancer treatments (1,2,3).

Aim: To develop UK guidance on how long men should abstain from receiving anal sex before, during, and after investigations and treatments for prostate cancer.

Method: A modified Delphi technique using two question rounds was employed to generate consensus opinion from a panel of 15 clinical oncologists and 11 urological surgeons who specialise in the diagnosis and treatment of prostate cancer.

Results: The overwhelming consensus from panel members was that men should abstain from receiving anal sex before, during, and after investigations and treatments for prostate cancer. The consensus and consensus level for how long should men abstain was: one week before a PSA test ($n=15/58\%$); two weeks after a transrectal ultrasound guided biopsy ($n=6/55\%$); one week after a transperineal biopsy ($n=6/60\%$); six weeks after a radical prostatectomy ($n=5/45\%$); during external beam radiotherapy ($n=11/73\%$) and for two months after ($n=4/40\%$); and two months after high-dose rate brachytherapy ($n=3/60\%$). Panel members failed to reach consensus on how long men should abstain from receiving anal sex after the insertion of fiducial marker and permanent seed brachytherapy.

Conclusion: Men should abstain from receiving anal sex before, during, and after investigations and treatment for prostate cancer to avoid receiving a false positive PSA test; manage their side effects appropriately; minimise radiation exposure to sexual partners; and to minimise the risk of developing post-intervention complications. The data from this study has been used by Prostate Cancer UK to update their patient information publications (4).

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Abstract 75

Type: Poster

Category: Cancer care across specialties

Demonstrating the impact of psychological support for people affected by cancer using a sustainable evaluation framework embedded within routine practice

Sari Harenwall

Clinical Psychologist, Maggie's Centres, Newcastle

Co-authors: David Gillanders, Karen Verrill, Lesley Howells

Advancements in diagnosis and cancer treatment mean survival rates have improved but as a consequence many people live with the enduring physical impact of complex treatments, financial hardship, work and relationship stress, loss of confidence and the emotional impact of an uncertain future. Maggie's Centres provide an innovative, multidisciplinary model of holistic supportive care designed to help people find and maintain a meaningful quality of life. The model includes access to ACT, a psychotherapeutic approach still in its infancy in oncology. However, early findings suggest that it is effective in group and individual therapy. Collecting outcome data to build the evidence base is important but embedding service evaluation within routine care, ethically, sustainably, and with methodological rigour is difficult.

Aims: Provide clinical outcomes for ACT delivered within the Maggie's model and design an embedded and sustainable approach to service evaluation.

Method: Outcome data ($n=112-123$) was collected as part of routine psychology therapy for a heterogeneous sample of people (including family members) affected by different cancer at various stages in the cancer trajectory. Number of therapy sessions ranged from 2 to 26 with $x= 5.49$ and median of 4.00. Outcomes were measured using the Distress Thermometer (DT); the Acceptance and Action Questionnaire-II (AAQ-II) which is a test of psychological flexibility (ability to adapt constructively to reality); and the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM). A smaller number of participants ($n=74$) provided written end-of-therapy feedback.

Results: Paired sample t-test for the DT, CORE-OM and AAQ-II for pre and post-treatment measures demonstrated significant results ($p=0.000$) with large effect sizes (Cohen's $d = 1.36-1.79$). End of therapy feedback was extremely positive.

Conclusion: ACT can lead to significant improvement in psychological flexibility and emotional well-being. Establishing an undergraduate psychologist internship programme provides a sustainable evaluation framework.

Abstract 76

Type: Poster

Category: Cancer care across specialties

Vague symptoms pathway

Helen Rogerson

Vague Symptoms/Acute Oncology CNS, St Helens and Knowsley NHS Trust and Warrington and Halton NHS Trust

Co-authors: Dr Ernie Marshall, Christine Rhall

Introduction: The Accelerate, Co-ordinate, Evaluate (ACE) programme, was initiated to improve early diagnosis of cancer focused on identifying an individual's high risk of cancer by streamlining diagnostic pathways (1). This in turn improves survival and quality of life and reduces mortality. St Helens and Knowsley NHS were part of the initial pilot in 2015/2016, where 60 projects were split into clusters to facilitate a more evidence-based project (2).

Aims: To initiate clinical pathways between primary and secondary care. Agree minimal dataset for patients referred via the vague symptom pathway covering Cheshire and Merseyside, promoting consistency in clinical service delivery, data collection, leading to better outcomes and improved patient experience. Patients presenting with vague symptoms ranged from severe weight loss, abnormal bloods and severe constitutional symptoms that do not fit in to any current clinical pathway.

Methodology: Intervention-based studies in which a new service/pathway was introduced. Quantitative data are collected by means of excel database and monthly reports to identify trends.

Results: Vague symptoms referral numbers were about 1 per 2,000 population. Median age of patients referred is 74, weight loss was 91% of the symptoms patients presented with and 61% had abnormal bloods. Five lung cancers were identified due to the pathway, but the project showed only 8.3% of the patients referred had cancer. The majority of patients were identified as having conditions needing referral to other specialties (2).

Recommendations: To evaluate the pathway through patient and GP experience. Evaluate delivery of the pathway in different areas using different methods: virtual intervention, clinics, direct CT access from GP. Data collection to evaluate what process is most effective.

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Abstract 77

Type: Poster

Category: Cancer care across specialties

Patient experiences of attending an enhanced supportive care service

Katherine Goller

Clinical Nurse Specialist, Addenbrookes Hospital

Co-authors: Dr Rosemary Wade, Jen Dalton

Background:

- Enhanced supportive care (ESC) is an initiative at Cambridge University Hospital (CUH). It aims to increase access to the skills and services that palliative care teams offer patients with incurable cancer.
- Re-branding palliative care as ESC within outpatients to encourage early access to services which have been shown to improve quality of life and potentially increase survival.
- ESC aims to encourage joint working between oncology and palliative care.

Method: Patients are referred to ESC by their oncologist. ESC clinics can be with specialist nurse, consultant, psychology or AHP. Patients who attend clinics are given or sent a confidential patient experience survey.

Results: Between May 2017 and March 2018, 62 patient surveys were returned for analysis. The results suggest a high level of satisfaction with how informed patients felt about their illness and treatment options and decision making around treatment. Only 40% of patients felt that care was very well coordinated between CUH and community and 35% of patients would have liked greater access to specialist and community services. Referrals to ESC were felt to be timely with 75% of patients reporting that referral had definitely felt to be at the right time. One patient commented 'wish it was sooner'. Overall comments were favourable with ESC being commended for its 'holistic approach' and emphasis on 'giving information and questioning thinking in a positive way that could not be found elsewhere'.

Discussion: There was positive feedback from patients, but they seemed to feel less confident about their care outside of the hospital.

Conclusion:

- Better integration between hospital and community services is needed to improve the patient experience.
- This is a more palatable approach to patients who are transitioning from oncology to palliative care.
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Abstract 78

Type: Poster

Category: Cancer care across specialties

Carers' experiences of attending an enhanced supportive care service

Katherine Goller

Clinical Nurse Specialist, Addenbrookes Hospital

Co-authors: Dr Rosemary Wade, Jen Dalton

Background: Enhanced supportive care (ESC) is new to Cambridge University Hospital (CUH). Rebranding palliative care as ESC within the outpatient setting for early access to services which have been shown to improve quality of life and survival.

Method: Patients with incurable disease are referred to ESC by their oncologist. Patients and carers are seen by clinical specialist nurse, consultant, psychologist or AHP. Carers of patients that attend ESC clinics are given or sent a confidential survey to complete and return.

Results: Between May 2017 and March 2018, 24 carer surveys were returned for analysis.

- 95% carers were family members.
- The results suggest a high-level of satisfaction with support offered from hospital and non-hospital services, information given to patient, confidence in doctors and nurses and patients involvement in decisions around their care.
- 40% of carers thought communication between the hospital and non-hospital services was poor or okay.
- Carers generally thought they were treated with dignity and respect by hospital and non-hospital services but responses showed less satisfaction when asked if emotional support was easily available by hospital and non-hospital services.
- Comments suggested miscommunication and/or poor communication with community services and were less favourable than the patient survey.
- General frustrations with services ie pharmacy waits and delays in referrals to community services.

Discussion: There was a small number of responses and therefore caution was needed when interpreting results. Carers were important for supporting patients and positive outcomes, but seemed to be less confident about coordination of care.

Conclusion: In palliative care we know carers will often have different information and communication needs to the patient. Services may wish to review carers' needs and specifically where carers can receive emotional support to signpost these. Co-ordination between services continues to be an issue.



Abstract 79

Type: Poster

Category: Cancer care across specialties

A service evaluation of the waiting experience of patients attending a cancer and haematology outpatient appointment

Colette O'Brien

Lead Stoma Care Nurse, Luton and Dunstable University Hospital

Co-authors: Dr Verna Lavender, Dr Peter Lugosi

Background: Attending outpatient appointments has been reported as a treatment burden (Demain et al 2015). This is particularly the case for people with a cancer diagnosis who need to attend multiple appointments throughout their treatment and care experience (Thames Valley and Milton Keynes Strategic Clinical Network 2016) and potentially have a life-threatening diagnosis (Given and Sherwood 2005). Patients' experiences of attending hospital appointments can be evaluated using criteria from well-established 'servicescape' models (Rosenbaum and Massiah 2011).

Service improvement: To improve patients' experience of waiting for an appointment at an outpatient department in a cancer and haematology centre.

Aims and objectives: To evaluate patients' expectations and experiences of waiting for an appointment at an outpatient department in a cancer and haematology centre.

Design/methodology: A multidisciplinary team comprising of cancer nurses, cancer nurse-researchers, hospitality management academics, architects, operational managers, a charitable art manager, administrative staff and patient representatives was formed to design this service evaluation. A questionnaire was distributed to 250 patients attending appointments at a single study site. Descriptive statistics were used to analyse quantitative findings and content analysis was used to analyse free-text comments.

Conclusions: This study highlighted the importance of keeping patients informed about how they would be called for appointments, any delay to their appointment time, and providing privacy when they are waiting for outpatient appointments. It also highlights the importance of patient and public involvement in designing outpatient services for people with cancer.

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Abstract 80

Type: Poster

Category: Cancer care across specialties

Supporting melanoma patients and their carers: a qualitative exploration of social interaction between patients, carers and healthcare professionals

Joanne Bird

Research Nurse and NIHR Doctoral Research Fellow, University of Sheffield

Co-authors: Sarah Danson, Mike Nolan

Background: Melanoma incidence continues to rise with mortality rates remaining relatively stable, meaning more patients undergoing surveillance. Treatments may include multiple surgeries, BRAF/MEK inhibitors and immune therapies. Clinical nurse specialists (CNS) support melanoma patients and their carers in the UK.

Aims: To explore the changing experiences and support needs of melanoma patients and their carers throughout the disease pathway and the specific interactions between healthcare professionals and patients.

Methods: A qualitative methodology with a constructivist grounded theory approach was used. Theoretical sampling was used to recruit 17 melanoma patients from outpatient clinics at a UK teaching hospital. 11 carers and 11 healthcare professionals (HCPs) participated. Patients and carers were interviewed up to six times over two years and HCPs were interviewed twice. Initial topics were modified as interviews took on an emergent design. Focus groups were conducted at the end of data collection: one with patients and one with CNSs.

Results: Patients and carers needed to build a trusting relationship with nurses to use them for support with nurse-led clinics providing continuity. Patients, carers and CNSs agreed on important points in the pathway resulting in four key phases: diagnosis and initial treatment, surveillance, metastatic disease and bereavement. Patients and carers did not appear to use the service more for knowing it was there, but provided reassurance. Stage IV disease had the greatest input, with access to community services.

Conclusions: Developing a trusting relationship with a nurse enabled patients to feel supported. This was facilitated by the continuity provided in nurse-led clinics although differing job titles could create a barrier to patients understanding that there was someone they could contact with concerns. CNSs recognised the key time points where support was most needed.

Abstract 81

Type: Poster

Category: Cancer care across specialties

An audit of administration of a biosimilar rituximab antibody

Karl Watt

Charge Nurse, University Hospital Southampton NHS Foundation Trust

Co-authors: Di Ross, Elaine Tomlins

The introduction of biosimilars into the NHS is seen as a major financial saving but offers some challenges in terms of education and confidence building with staff. The first biosimilar antibody introduced was Truxima. Truxima has replaced rituximab in treating lymphoma. Concerns were expressed by staff regarding the



unknown adverse events in relation to Truxima and in particular regarding the established practice of rapid infusion. A small audit was conducted to establish concerns about infusion.

The first cycle was given in the usual titrating way and those where no reaction were noted were entered into our audit for cycle 2. Twenty patients at cycle 2 were given Truxima as a rapid infusion. Patients were observed for infusion-related reactions and none were seen across any disease group or dose banding.

This small audit demonstrated safe practice and facilitated staff gaining confidence in rapid infusion of a biosimilar drug. This small audit may be useful for other nurses given further biosimilars are being introduced.

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Abstract 82

Type: Poster

Category: Cancer care across specialties

Using telehealth to support people with cancer-related lymphoedema

Louise Shakespeare

Advanced Nurse, NHS Highland

Co-author: Joanna Gilliatt

Self-management is important for the long-term control of lymphoedema¹. Supporting this across a sparsely populated, large geographical area presents challenges.

Aim: The aim of the pilot was to evaluate the acceptability and usefulness of texts as a means of providing information and self-management tips to enhance information provided to patients at their first appointment.

Description: Florence is a simple, automated interactive NHS telehealth service using text messages to support people with a wide range of long-term conditions. It is used to monitor symptoms and provide information, advice and support to help patients manage their condition. The lymphoedema protocol, including its length, content of the messages and their frequency was developed with patient input. Links to video clips covering garment application, simple lymphatic massage and exercise were included. Monitoring questions regarding the size of the affected limb and frequency of garment use were also included.

Evaluation: 80% of respondents thought the messages helped them to understand and manage their health.

Informal feedback from patients was positive and led to changes to the protocol. The monitoring questions were thought to be unhelpful and were reduced and the facility to ask questions via text has been included.

Conclusion: In our trial, this simple text messaging system enhanced patients' knowledge and offered a cost-effective means of supporting people newly diagnosed with lymphoedema across our large geographical area. Following this successful pilot, it was decided to continue providing ongoing support and information to people newly diagnosed with cancer-related lymphoedema in this way. The development of an effective tool for monitoring longer term benefits is the priority for our service but we are hoping to work with the oncology team to consider how Florence could be used to offer support and information for other treatment side effects.

Reference

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Type: Poster

Category: Cancer care across specialties

Moving forward with the promotion of physical activity at the Beatson West of Scotland Cancer Centre

Dr Cathy Hutchison

Cancer Nurse Consultant, The Beatson West of Scotland Cancer Centre

Co-authors: Dr Rebecca Marshall-McKenna, Paul Williams, Chris Kelly, Sarah Humphris

Background: The Beatson West of Scotland Cancer Centre (BWoSCC) is the second largest in the UK. Despite the increasing amount of evidence on the benefits of physical activity (PA), it is still not integrated into routine cancer treatment. One of the barriers identified has been the communication between oncology care professionals (OCPs) and patients.

In the UK, oncology nurses were the largest respondents to a study exploring the provision of lifestyle advice (1). Previously, nurses have reported that they are unsure what PA to recommend to patients (2). A wide range of specialties interact with patients during their cancer treatment and it has been recommended that all OCPs should encourage and remind patients to participate in PA (3).

Objectives: Staff perspectives were sought on:

- Confidence in initiating conversations regarding PA with patients.
- Methods for promotion of PA in the BWoSCC.

Methods: The questionnaire was designed and approved by staff from different specialities. An email and link to the survey was sent to all clinical staff in February 2018.

Results: The email was opened by 171 staff, of which 135 staff responded and included nurses ($n=37$), consultants ($n=19$), radiographers ($n=17$), pharmacists ($n=10$) and therapists ($n=8$). Out of 130 responses, 36% of clinicians thought it was 'very important' to provide PA advice to oncology patients in their current role.

Out of 132 staff, 56% felt they could initiate very brief interventions (30-60 seconds) with patients. Out of 130 responses, 31% of staff identified that they required support to have PA conversations with patients. Clinicians (74%) felt there should be more visual prompts about PA for patients during their treatment. Clinicians made several recommendations to encourage PA with patients, for example, intermittent short videos promoting exercise and key staff wearing badges saying 'ask me about staying active'.

Conclusion: HCPs who responded are receptive to PA promotion with patients but will require support to integrate PA conversations with patients and refer them to appropriate services.

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Abstract 84

Type: Poster

Category: Cancer care across specialties

CAR-T cells: increasing nursing knowledge of the early recognition and management of toxicities

Rose Ellard

Specialist Haematology Research Nurse, King's College Hospital NHS Foundation Trust

Co-author: Orla Stewart

Introduction: CAR-T cells are a novel therapy, of which nurses at ward level have limited experience. Patients receiving treatment with CAR-T cells are at risk of cytokine release syndrome and neurological toxicity in the days following cell infusion. Both can be fatal if not managed correctly. Due to the novel nature of this treatment modality there is limited training available on the care of these patients and the management of toxicities.

Service improvement: We implemented a weekly ward teaching strategy. Teaching sessions on acute lymphoblastic leukaemia and the management of the toxicities of CAR-T cells were commenced to improve ward nursing knowledge of the management of these patients. The emphasis was on the nature of the CAR-T cells and diagnosis and management of side effects, including the importance of early escalation to the intensive care team.

Aims/objectives: To improve the nursing knowledge of the nature of CAR-T cells and their toxicities. To increase the confidence of our ward nurses in caring for this group of patients.

Methodology: Following four months of teaching we conducted a survey of 20 ward nurses at band 5 and 6 to ascertain their perceptions of their knowledge in this area.

Results: 70% of nurses reported a better understanding of the ward based management of these patients.

Discussion/conclusion: CAR-T cells are a novel therapy with some promising results in early phase clinical trials, but with considerable toxicity. Adequate training of the ward team is essential to ensure that these patients are managed safely. Evaluation of our teaching programme demonstrated increased knowledge and confidence in this area. Future developments include a patient information video, national nursing study day and EBMT nursing guidelines.

Reference

Neelapu et al (2017) Chimeric antigen receptor T-cell therapy — assessment and management of toxicities. *Nature Reviews Clinical Oncology*. 15, 47-62.

Type: Poster

Category: Cancer care across specialties

Oncology/palliative care nurse review for acute admissions in NHS Forth Valley

Jennifer Wilson

Lead Macmillan Lung Cancer Nurse Specialist, Forth Valley Royal Hospital

Co-authors: Susan Davidson, Fiona Galbraith, Zoe Blain, Theresa Thomson

In Forth Valley Royal Hospital there are no dedicated oncology beds therefore liaison with oncology services is of vital importance. Our local cancer centre is the Beatson West of Scotland Cancer Centre and consultant oncologists visit on a daily basis to facilitate clinics in NHS Forth Valley. Liaison between acute admission unit and oncology is mainly undertaken by oncology/palliative care nurse specialists (OPCNS). A quality improvement project with AAU was undertaken with the aim of increasing the referral rate to oncology/palliative care teams (Beckett et al 2013).

A Failure Modes Effects Analysis was undertaken in AAU which determined that the mode of referral was unclear. A whiteboard was introduced in the multidisciplinary room in AAU and all members of the team were encouraged to add patients with an oncology diagnosis. This augmented rather than replaced the normal referral process. The normal referral process would be to page individual oncology nurse teams when patients are admitted. Every morning (Monday to Friday) after 08.30 the oncology nurse team pick up the names from the board and pass on to the relevant CNS. In the first six months of use, 144 patients were identified and this increased to 282 patients over the subsequent six months.

The aim of this project was to increase the number of referrals and review by the nurse specialist team by >95%. The referral rate increased from 76% to 93%. A further audit in 2017 confirmed that 87% of patients were seen by the OPCNS team.

The future aims are to measure nursing input and outcomes and the impact on patient journey within our current acute oncology service (Putt and Jones 2014).

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Abstract 86

Type: Poster

Category: Cancer care across specialties

Development, integration, and evaluation of nurse-led follow-up across five tumour sites, at a cancer unit in Northern Ireland

Dr Cherith Semple

Reader in Clinical Cancer Nursing, Ulster University/South Eastern Health and Social Care Trust

Co-author: Caroline Lynas

Background: The traditional model of medical oncology follow-up clinics has been challenged in recent years, partly because it cannot meet the individual needs of the growing cancer survivor population. Greater personalisation of follow-up care is required to manage cancer survivors' clinical, psychosocial, and practical care, and many organisations are attempting to achieve this through nurse-led follow-up services.

Aim: To develop, implement, and evaluate nurse-led cancer follow up, as part of a service redesign programme across five tumour sites in a cancer unit in Northern Ireland.

The objectives were to:

- Develop and implement pathways for nurse-led cancer follow up across five tumour groups: head and neck; colorectal; prostate; haematology; and gynaecological.
- Explore clinical nurse specialists' (CNSs') views of developing and delivering nurse-led follow-up clinics.
- Explore patients' views and experience of nurse-led cancer follow-up clinics.
- Explore consultants' views of CNSs undertaking follow-up clinics, in their tumour-specific cancer teams.

Methods: Data were generated for the evaluation phase of the service-development project using a focus group with the CNS ($n=4$), postal survey sent to patients ($n=114$) and an online survey with consultants ($n=10$). Data collection took place between October 2016 and March 2017.

Results: Findings from the focus group with the CNSs highlighted that successful integration of nurse-led clinics requires comprehensive planning and preparation, including professional development, and risk stratification of patients, and that nurse-led clinics enhance continuity of care, and promote patient empowerment and self-management strategies. 94% of the patients had a desire to continue with nurse-led follow-up. The most frequent concerns addressed during these consultations were fear of the cancer returning ($n=33$, 38%), fatigue ($n=27$, 32%), and ability to manage day-to-day activities ($n=22$, 26%).

Conclusion: Nurses can deliver cancer follow-up services effectively and are well placed to provide comprehensive survivorship care for patients.

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Type: Poster

Category: Cancer care across specialties

Cancer of unknown primary diagnosed as part of an emergency admission: a qualitative study

Alice Andrews

CNS Team Leader and Acute Oncology CNS, Royal Berkshire NHS Foundation Trust

This qualitative study examined the experience of patients who were diagnosed with cancer of unknown primary (CUP) as part of an emergency admission. Open question interviews were carried out and thematic analysis of the data revealed insight into some of the challenges that patients with CUP can face. This is the first primary study of this type specifically looking at this cohort of patients and was chosen to research as there is limited existing research on this patient group. The poor prognosis of CUP patients diagnosed as an emergency was highlighted during the time of the study making recruitment of patients problematic. The findings gleaned were insightful and for example the impact of effective communication on patient experience while patients are 'in limbo' was particularly significant in this complex patient group. Findings about being seen by numerous professionals and collaborative working were also emphasised. Recommendations from the study were given with key focus on earlier input from CNSs potentially benefiting these patients. Further findings and recommendations will be given.

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Abstract 88

Type: Poster

Category: Cancer care across the age spectrum

Improving cure rates in elderly patients with haematological cancers – development of a haematooncology-geriatric liaison service

Donna Kelly

Elderly Care Liaison for Haemato-Oncology, Beatson WOSCC

Co-authors: Pam McKay, Pam Seenan, Kirsty Colquhoun, Mike Leach

The incidence of most blood cancers increases with age. More than 50% of patients with diffuse large B cell lymphoma, the commonest subtype of lymphoma, are over 70 years of age at diagnosis. Although aggressive, this is a curable cancer with appropriate immuno-chemotherapy. There are significant challenges, however, in delivering this treatment to older patients. They are more likely to have pre-existing comorbidities, for example diabetes, hypertension, cardiac failure, which can be affected by chemotherapy and be on multiple medications with potential for drug interactions. Being older and having less organ reserve, they are more likely to develop treatment-related toxicities and more frequently develop functional decline during treatment. The Macmillan Cancer Services Coming of Age Report identified the need to improve cancer care for older patients. In line with this, we identified the need for a pro-active haemato-oncology/geriatric liaison service.

Methodology: Being novel and the first of its kind in Scotland, the service was initiated in 2016. The team consists of a clinical nurse specialist (CNS) supported by two consultant geriatricians with identified sessions. All patients >65 years of age are assessed by the team at the time of diagnosis and critical issues relevant to the treatment of their neoplasm are identified. They are regularly reassessed during treatment in a newly established onco-geriatric clinic.

Aims/objectives: The objective is to increase the likelihood that we will be able to deliver the required chemotherapy through management of comorbidities, reducing polypharmacy, improving mobility, addressing any nutritional or psychological issues and reducing hospital admissions.

Results/outcomes: This innovative, patient-centred service has been received with unanimous approval from clinical staff and patients alike. Much interest has been generated among colleagues (haematologists, oncologists and geriatricians) in the UK who are looking to use this model for their own service development.

Reference

Cancer Services Coming of Age (2012) Learning from the Improving Cancer Treatment and Support for Older People Project. MacMillan.

Abstract 89

Type: Poster

Category: Cancer care across the age spectrum

Telephone triage: standardised practice in paediatric oncology

Louise Ollett

Clinical Nurse Educator, Newcastle NHS Trust

Background: Paediatric oncology nurses are often the first point of contact for overwhelmed parents. Patients are often assessed over the telephone with regards to acute oncology emergencies and advice/symptom management. Nurses are expected to make clinical decisions regarding patient care without visually assessing the patient or using a systematic uniformed approach.

A principal treatment centre (PTC) has adopted the use of the United Kingdom Oncology Nursing Society (UKONS) Telephone Triage Kit since the original pilot in 2013. A timely review was conducted with regards to the introduction of the telephone triage kit.

Methods: A retrospective review of telephone triage calls were evaluated including diagnosis, time of call, duration of call, main complaint and patient journey over a four-month period from January 2016. Peer review of triage assessments was conducted. This acknowledged nurses perceptions and challenges of using the tool in the clinical environment.

Results: A large proportion of telephone calls were submitted in the four-month period. In one month, more than 90 calls were made to the PTC, this having a significant impact on service provision as the average call lasted ten minutes. Data indicated nursing staff gave concise advice and symptom management using a valid tool. Nurses reported that using a standardised tool gave them confidence, reliability and assurance when tasked with a telephone triage. Highlighted areas for improvement identified documentation regarding patient contact details and responding to telephone calls with 24-hour call back.

Conclusion: In terms of service provision, results of the audit will be presented to the wider multidisciplinary team (MDT). The financial implications of this service were also explored with senior management teams, this included coding the telephone consultations to reflect patient's activity on current service provision.

Further educational and peer review sessions will highlight the importance of documentation and telephone call back, using the tool.

Abstract 90

Type: Poster

Category: Cancer care across the age spectrum

Ensuring adolescents and young adults have access to holistic support


Simon Morgan-Jones

Services Manager, CLIC Sargent

Co-authors: Tracy Cosgrave, Jeanette Hawkins, Sonia Malik

Introduction: 2,600 adolescents and young adults (AYAs) are diagnosed with cancer annually in the UK. They face age-specific challenges. AYA cancer care is complex and crosses organisational, age and specialty boundaries. There is strong evidence that being able to access holistic care enhances patient experience. About a third of AYAs diagnosed are not introduced to common routes of support. We need to change that.





Service improvement: CLIC Sargent has the gold Hear by Right award for Participation (3,000 individual young lives and families in 7,800 projects). Through listening to service users we know that more has to be done to enable access to age-appropriate support to AYAs in hard to reach locations.

Aims/objectives: It isn't right that one in three young lives face cancer without knowing what age-appropriate support is available. This is a call to action to the NHS and partner organisations to ensure that every young person with cancer knows what services are available to them.

Methodology: CRUK data, charity data, and research reports were analysed to identify patterns of where young lives may be missing out on holistic age-appropriate care. Service user feedback was analysed to understand the impact on those who were late to discover age-appropriate support services. The project aims to improve patient experience.

Results: Evidence from CLIC Sargent, Teenage Cancer Trust and Brightlights, demonstrates the difference age-appropriate holistic care makes. Thirteen years after the publication of the NICE Improving Outcomes Guidance for Children and Young People with Cancer it is no longer acceptable that around a third of young lives complete treatment without experiencing the additional support enjoyed by the remaining two thirds.

Discussion/conclusion: Working across organisations we can achieve more. We will outline what CLIC Sargent, in partnership with others, is doing to improve access to support services and how you can help.

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Abstract 91

Type: Poster

Category: Cancer care across the age spectrum

A retrospective audit of patients seen jointly by the cancer of unknown primary service and palliative care team at the Royal Free Hospital

Emily Keen

Lead Nurse for AOS and CUP, Royal Free Hospital

Co-author: Jose del Rosario Perez

Background: The Royal Free Hospital (RFH) provides a dedicated multidisciplinary cancer of unknown primary (CUP) service to optimise the care of patients found to have metastatic disease on imaging. A proportion of patients referred will not be investigated further because they are usually incredibly unwell or would not want to receive anticancer treatment. This group is referred to as having a malignancy of unknown origin (MUO).

Aim: This audit is to determine if the CUP service is used effectively within the hospital and whether the service improves access to early specialist palliative care (PC).

Objectives:

- Determine whether all MUO patients are referred to the CUP service.
- Assess whether referral to CUP facilitates onward referral to PC.
- Assess whether CUP/PC input has an impact on discharge planning to preferred place of care (PPC) and readmission rates.

Methodology: A retrospective audit was performed on all patients admitted acutely to RFH from April 2016 to March 2017 who went on to have a new diagnosis of MUO. Clinical notes and electronic records/databases were reviewed.

Results: 28 patients fulfilled the criteria for analysis and 25 of the 28 MUO patients were referred to the CUP service.

Of these 25 patients, the CUP service referred 24 to PC – 20 during their inpatient stay and four to the community team. In terms of PPC, this was not achieved in only five patients. Of all 20 patients successfully discharged from hospital there was only one readmission. By comparison, of the three patients not referred to CUP only one was referred to PC and none had their PPC documented.

Discussion/conclusion: The majority of MUO patients are referred to the CUP service. The CUP team refers the majority of patients to palliative care. Joint CUP and PC input facilitates successful discharges to PPC and prevents readmissions.

Abstract 92

Type: Poster

Category: Cancer care across the age spectrum

Young women's well-being

Rachel Wood

Breast Oncology CNS, Derriford Hospital

Service improvement: Experience and reflection has highlighted that the group of young women aged 25-45 had a wider range of challenging issues not addressed within the normal outpatient consultations. This gap in support was the initial driver in setting up a bi-annual young women's well-being event.

Aims:

- Ensure young women have the opportunity to talk about more sensitive issues outside of the general treatment-related subjects.
- Help facilitate patients to feel holistically supported and informed.
- Encourage self-management and peer support.
- An environment to enable women to feel comfortable talking about sensitive issues, such as relationships, body image, and sexuality.

Methodology: Whole day event, collaboration between a nurse specialist, care support worker and wellness therapists from the spa where it is hosted. Women are identified by age and contacted by special invitation. Hosted at a local spa resort, providing relaxed atmosphere, de-medicalisation of the event, encouraging open conversations and reducing barriers.

Up to 20 women were invited. There is an educational element to the day, delivered in an emergent themed approach, primarily patient-led. Women have the opportunity to listen to advice on a wider variety of subjects, afternoon tea, a wellness treatment from a specially trained therapist, as well as open access to spa facilities.

Benefits/results identified from young women's well-being event:



- Meeting others in a similar situation.
- Opportunity to really explore psychological impact of diagnosis with professionals and their peers.
- Reducing anxiety.
- Opportunity to ask 'uncomfortable' questions which they may not feel able to discuss with doctors.

Conclusion: The collaborative approach and relaxed atmosphere enable women to feel less isolated and confidently talk about their worries and fears without judgement. It strengthens relationships and trust between patient and healthcare professionals. By addressing these more sensitive issues it empowers women to take back control, move forward and live well in the future.

Abstract 93

Type: Oral and Poster

Category: Cancer care across the age spectrum

Establishing research priorities for teenage and young adult cancer: partnership between young people, carers and professionals

Sue Morgan

Teenage Cancer Trust Nurse Consultant, Leeds Teaching Hospitals NHS Trust

Co-authors: S Aldiss, LA Fern, RS Phillips, F Gibson

Introduction: The research agenda is frequently set by healthcare professionals and researchers. Young people with cancer, aged 13-24, have unique physical, psychological and social responses to their diagnoses, with distinct outcomes. Research priorities identified by young people may not be the same as those identified by professionals.

Aim: We aimed to engage young people, carers and professionals across the UK in a systematic process to identify and prioritise research questions about cancer in young people reaching a joint consensus.

Methodology: We followed the James Lind Alliance process. A multidisciplinary steering group was established which included young people. Research questions were gathered from young people, carers and professionals via an online survey. A rigorous evidence checking process was employed to ensure submitted questions remained unanswered. Interim prioritisation was undertaken through a second national survey to identify the highest priority questions. Agreement on the top 10 priorities was reached at a consensus workshop.

Results: Two hundred and ninety-two respondents submitted 855 potential questions; refined into 208 unique questions. Seven were already answered and 16 were reflected in ongoing studies, therefore removed. One hundred and seventy-four respondents completed the interim survey prioritising 30 questions: prioritisation of these questions was debated at a workshop attended by 25 young people, carers, and professionals from a broad range of roles.

The top 10 questions reflect the breadth of young people's experiences and indicate future research should focus on holistic and psychosocial care delivery as well as traditional treatment intervention research.

Discussion: We have identified shared research priorities using a rigorous, person-centred approach involving stakeholders typically not involved in setting the research agenda. The top 10 research questions will be presented along with the remaining 20; highlighting decision making that influenced the final prioritisation. These priorities will inform the funding of future research.

Type: Poster

Category: Cancer care across the age spectrum

Chemotherapy-induced alopecia: different age groups of patients' experience on information received in a private hospital

Regina Wusha-Conteh

Specialist Cancer Nurse, BMI Sarum Road Hospital

This piece of work is looking at how much information is given and how the patients interpret the information across the age spectrum on a chemotherapy day unit. The age groups are: below 65 and over 65.

CIA is a common and distressing side effect of some chemotherapy agents, and is ranked as one of the top three most distressing side effects. Up to 8% of patients reject chemotherapy outright as a result of CIA. Scalp cooling has been considered to be the optimal management to reduce hair loss. The nurse has an important role in giving and providing information to alleviate patients' anxiety and aid them in making an informed decision.

Aims: To investigate patients concerns about information given in different age groups and whether the support given during treatment is adequate.

Method: The information was collected from questionnaires. Up until the day of the abstract submission, the feedback is: 58% of patients were concerned about treatment causing hair-loss, 33% not and 9% already aware. 91% of patients said the information given was adequate, 9% said it wasn't. 83% of patients felt the nurses prepared them for hair-loss, 9% didn't and 9% felt very positive. However, 100% felt supported by the nurses during treatment. The data analysis is still in progress.

Service improvement: To change the ways information is provided to patients of different age groups. Staff training by scalp cooling company and dissemination of information.

Results: The data analysis is still in progress.

Conclusion: The data so far show that patients are concerned regardless of their age. 100% are confident about discussing issues relating to hair loss and 100% of patients said there were not any barriers experienced. A patient suggested perhaps patients could help passing on information about their own experience.

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Abstract 95

Type: Poster

Category: Cancer care across the age spectrum

Improving dementia care in a gynae-oncology ward

Hannah Scouller

Staff Nurse, Beatson West of Scotland Cancer Centre

I am currently implementing an action plan to improve the care of patients with dementia who are on an gynae-oncology ward as part of the Dementia Champions Programme I.

I gained insight into levels of staff knowledge and areas of improvement in the ward using a questionnaire with a section asking how the staff feel they could be supported. The questionnaire uses a rating system to rate their level of knowledge in different aspects of care for a person with dementia.

I have collected appropriate resources for nurses and HCAs who are supporting patients who have dementia. The resource folder gives an outline of what dementia is, resources to grow knowledge in the area and some useful contacts/websites.

The aim of the study is to improve staff knowledge and patient care. This is a resource for staff to use when caring for a person with dementia. When the folder is rolled out in the ward, I aim to gain feedback using the same questionnaire with the rating system to compare before and after implementation.

Abstract 96

Type: Oral and Poster

Category: Cancer care across the age spectrum

Assessing the risk of lenalidomide toxicity in older patients with relapsed myeloma

Faouzi Djebbari

Cancer Pharmacist, Oxford University Hospitals NHS Foundation Trust

Co-authors: Fotios Panitsas, Nicola Stoner, Karthik Ramasamy and Verna Lavender

Introduction: Continuous lenalidomide therapy is a key treatment strategy in multiple myeloma (MM), but it can cause dose-limiting toxicities, particularly in older patients. Hurria and colleagues (2016) developed a validated prediction model and scoring algorithm for chemotherapy toxicity (PMSACT), which showed the possibility of predicting systemic anti-cancer therapy toxicity in older people with solid tumours.

Service improvement: Predicting chemotherapy toxicity in older MM patients can inform prescribing decisions of lenalidomide, improve toxicity/quality of life outcomes, and maintain patients for a longer duration on therapy.

Aims/objectives: The study aimed to retrospectively assess patients with relapsed MM for: G3 and G4 toxicities; lenalidomide dosing and scheduling; and PMSACT scores. A secondary aim was to evaluate the validity of the PMSACT tool in this patient cohort.

Methodology: Data were collected between March 2016 and March 2017 on incidence of G3 and G4 toxicities and lenalidomide dosing; for four treatment cycles; and to score and compare individual patient parameters using the PMSACT tool at two time points (cycle 1 and cycle 4).

Results: Of 48 patients with a median age of 71 years, most common G3 or G3 toxicities were neutropenia (29.2%), infections (16.7%), thrombocytopenia (14.6%), anaemia (6.3%), and sepsis (6.2%). 50% of patients required at least one dose reduction. The mean (SD) PMSACT scores were 3.25 (1.84) and 3.41 (2.06) at

cycles 1 and 4, respectively, which showed no statistically significant difference (Wilcoxon matched-pairs signed-ranks test, $p=0.52$); the modal score was 2.

Discussion/conclusion: High-grade haematological malignancies were common, which correlated with lenalidomide dose reductions. In this small-scale retrospective study, the PMSACT tool had modest ability to predict SACT toxicity in older patients with relapsed myeloma who were treated with lenalidomide; however applicability of the tool for predicting SACT toxicity might be demonstrated in a larger-scale prospective study.

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Abstract 97

Type: Poster

Category: Cancer care across the age spectrum

An evaluation of interventions to prevent or limit Nail toxicity in women with breast cancer receiving taxane chemotherapy

Audrey Morrison

Research Practitioner, Beatson West of Scotland Cancer Centre

Co-authors: Cathy Hutchison, Rebecca Marshall-McKenna, Ann Marie Rice, Iain MacPherson, Angus K McFadyen

Introduction: Nail problems arising from chemotherapy-induced toxicity can vary in appearance, severity, and may have a significant impact on quality of life (QoL) (1,2). However, nail problems are often under-reported in studies (3) and there are inadequate descriptors of these problems. Evidence regarding effective interventions to manage or treat nail problems is often anecdotal. This randomised trial aimed to provide initial evidence by exploring potentially beneficial interventions in women with breast cancer about to receive taxane chemotherapy.

Service development: Before this trial, nurses were frequently being asked about nail problems and could offer no evidence base for advising on safe, effective interventions.

Primary aim: To assess the extent and severity of nail problems over time in real-life settings using objective measures and compare different interventions.

Secondary aim: To investigate inter-relationship between nail grade severity and QoL.

Method: 105 women across the age spectrum (≥ 18 yrs) were randomised to receive either standard care ($n=35$), or standard care with dark nail polish ($n=35$) or specialist nail drops ($n=35$). Over three study visits (baseline to post-chemotherapy) fingernails were assessed, scored and photographed. Participants self-reported quality of life and compliance.

Results: Nail problems in the nail polish arm increased in severity, 7.7% of those in the standard care arm exhibited a 3.8% improvement, while 10% of the OnicoLife® drops arm exhibited the highest improvement (6.6%). Although not all tests demonstrated statistical significance, results are suggested to have clinical significance. Nail polish demonstrated inferiority to both specialist nail drops and standard care and no



significant QoL issues were found.

Conclusions: Results suggest dark nail polish provides no additional benefit nor is it superior to standard care. Clinicians can use our evidence-based information about intervention options, and help the patient decide on the most suitable alternative.

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Abstract 98

Type: Poster

Category: Cancer care across the age spectrum

Taking a partnership approach to consulting with young people with cancer

Liz Watt

Managed Service Network for Children and Young People with Cancer and Teenage Cancer Trust National Lead Nurse for Teenage and Young Adult Cancers, Beatson West of Scotland Cancer Centre

Introduction: To realise its ambition of developing excellence in teenage and young adult (TYA) cancer services in Scotland, the Managed Service Network for Children and Young People (MSN CYPC) recognised it was imperative to engage with young people with cancer to gain their expertise and knowledge when developing age-appropriate services.

Consulting with young people brings valuable and unique perspectives which helps ensure services and decisions are more relevant and appropriate, while enabling young people to influence policy and practice, develop new skills and increase confidence and self-esteem. If young people are to be involved effectively, healthcare organisations should adopt a partnership approach, treating young people as equal stakeholders.

Aim: To develop a partnership model of consultation through establishing a MSN CYPC National Youth Advisory Forum (NYAF).

Service improvement: After collaboration and co-consultation between an expert group of young people who had a cancer diagnosis and health professionals with expertise in teenage and young adult cancer care and who also support and facilitate the forum, the NYAF was established in 2017. It has since become an established funded workstream in the MSN CYPC, involved in shaping care and influencing strategic change in teenage and young adult cancer services.

Results: Through identifying key priorities the MSN CYPC NYAF are:

- Establishing a Scotland-wide peer-to-peer support system for young people with cancer.
- Developing a film resource to increase the media and digital footprint of TYA cancer in Scotland.
- Organising and hosting an event to raise awareness of cancer young people.
- Collaborating with third sector partners and the Scottish Government to increase the reach of a cancer education programme in secondary schools.

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Abstract 99

Type: Poster

Category: Cancer care across the age spectrum

'I just hate my face. It's so different, and because it doesn't work properly' – experiences of patients with head and neck sarcoma

Ana Martins

Research Associate, University College London Hospitals NHS Foundation Trust

Co-authors: Lesley Storey, Mary Wells, Lorna A Fern, Lindsey Bennister, Craig Gerrand, Maria Onasanya, Julie Woodford, Rachael Windsor, Jeremy S Whelan, Rachel M Taylor

Introduction: Treatment of sarcoma often involves long-term hospitalisation, extensive surgery, complex rehabilitation programmes, and in many cases is accompanied by low expectations of survival. Subsequently, poorer patient-reported outcomes are recorded in comparison to patients with other cancer types. Patients with head and neck sarcoma (HNS) have additional challenges due to the visibility of the bodily changes it entails. Studies examining psychosocial functioning of those affected by HNS are needed to improve well-being (Wells et al 2015). This study's aim is to explore the experiences of patients with head and neck sarcoma.

Method: A total of 14 patients diagnosed with soft-tissue/bone HNS (10 female) aged 15-66 years (M=44.6; SD= 14.0) participated in semi-structured telephone/face-to-face interviews (seven diagnosed within the previous four years). Interviews were recorded and transcribed verbatim and analysed using Framework analysis.

Results: The quality of life domains of physical, emotional and social well-being were the overarching themes of analysis. In addition to descriptions of the impact of sarcoma in these domains, results showed three influencing factors of patients with HNS experience: healthcare professionals' role; social support and coping. HNS diagnosis and treatments caused substantial physical and functional body changes, including facial disfigurement and functional alterations in speech and swallowing even years after treatment, pain and fatigue. These were disruptive of patients' employment, lifestyle and social interactions. Conversely patients also described how they managed to find a sense of normalcy and acceptance. Access/time to reconstructive surgery was described as challenging. This had an impact on patients' recovery.

Conclusion: An HNS diagnosis disrupts normality and initiates a process of re-examining expectations for self, daily life, and future hopes and plans. This study shows the impact of HNS on patients' well-being, in particular how impairment's visibility brought body image and functionality to the forefront of adjustment concerns. Protective/risk factors identified could guide supportive interventions.

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Abstract 100

Type: Poster

Category: Cancer care across the age spectrum

From closed-ness to openness: a supportive-expressive group for young women with cancer

Catarina Baptista

Clinical Psychologist, Maggie's Centres, Edinburgh

Co-authors: Katie McInnes, Seonaid Green, Lesley Howells

Background: This is an observational and reflective paper about a weekly, one-hour, drop-in, open-ended, supportive-expressive psychotherapeutic group for women aged 25-45 years old with cancer (including breast and gynaecological) facilitated by Maggie's. The fluctuations of the group process required everyone to develop deep levels of social connection and attunement evoking the question 'Are we skilled and strong enough to enable the psychotherapeutic process to happen?'; the group displayed a quality of emotional closed-ness characterised by a need to be present enabling participants to be open and trusting enough to confide.

Service improvement: The specific design of the professionally facilitated group aims to support the needs of young women not met by other general support groups due to specific age and cycle of life demands.

Aim: To understand participants' perspectives of the structure, process and outcome of the young women's group.

Method: Participants completed questionnaires relating to their therapeutic experiences ($n=6$; M (age)=37) over a six-month period; practitioners kept reflective notes on group process. The data were compiled and analysed for major themes.

Results: Results showed the group was transformative and participants moved from a process of emotional closed-ness to one of emotional openness that gave their 'life back', brought clarity to their thinking – 'at the time was waiting for the cancer to come back' - and helped build long-lasting personal relationships. It was also reported that the drop-in, open-ended structure provided a constant place with a sense of control by 'having an open space to share' with the 'option to drop in and out'. They identified three processes: emotional identification, diminishment of undesirable emotions (fear, shame and anger) and the development of desirable emotions (love, kindness and compassion).

Discussion: Further studies may examine contribution of each element of the group structure and process to the results.

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Type: Oral and Poster

Category: Cancer care across the age spectrum

Implantation and expansion of the GOLD Service across specialties

Sarah Compton

Advance Nurse Practitioner, GOLD, Guy's and St Thomas' NHS Trust

Co-authors: P Treasure, G Babic-Illman, S Martin, E Krasteva, D Harari

Background: Cancer survival in the UK is improving but not for older people. Older people receive less curative or adjuvant treatments. The need for specific cancer assessments for older people has been recognised as a priority by NHS England.

Objectives: Optimise overall medical health of patients aged 65 years and above before, during, or after cancer treatment.

Methods: The service offers in-depth comprehensive geriatric assessment (CGA) to optimise care by assessing comorbidities, polypharmacy issues, geriatric syndromes, cognition, function, social and practical issues, together with embedding specialist knowledge across disciplines and specialties with education and training.

The following pathways were established in the Chemotherapy Village (May 2018) and Radiotherapy Village (July 2018). New patients 70 years and older receive a CRANE TOOL (Comprehensive Risk Assessment and Needs Evaluation) before their pre-treatment consultation. The CRANE TOOL is a patient-completed form derived from the validated CGA assessing age-related issues and patient concerns.

Results: Chemotherapy Village Pilot scoping 2018 at two months: 35 patients completed the CRANE, 8/35 patients referred by chemo nurses, 5/35 patients not referred but needs identified.

Radiotherapy Village Pilot scoping 2018 – first week: 14 patients completed the CRANE, 8/14 patients referred by radiotherapy team, 1/14 patients not referred but needs identified.

Review of the chemotherapy CRANE process: nurses uncertain about the purpose and when to implement a GOLD referral and the pathway required clarification.

Actions:

- Discuss every missed GOLD referral with the nurse.
- Patient letter developed to explain about GOLD Service.
- Visual pathway designed.

Conclusion: Local training and the integration of the CRANE Tool has increased health professionals' awareness of the GOLD service thus increasing patient access. We are working to embed this pathway into other areas including research teams. We are aware there are many more patients who need to be reviewed by the service who are currently not.

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Abstract 102

Type: Poster

Category: Cancer care across the age spectrum

Holistic needs assessment in a teenage and young adult (TYA) setting

Chelsea Brothwood

Senior Staff Nurse, Royal Marsden Hospital

Co-authors: Laura Turney, Charlotte Western, Dr Fernando Carcellar, Natalie Doyle

Introduction and aims: The purpose of this audit is to evaluate the use of the holistic needs assessment (HNA) in the teenage young adult (TYA) inpatient service and evaluate the uptake of HNAs when introduced as part of the inpatient admission pack on an inpatient Teenage Cancer Trust Unit (TCTU).

The aim of this audit is to evaluate the current level of HNA uptake in inpatient TYA patients and whether implementing this change will improve the use of HNAs among TYA inpatients for overall improved holistic care. This audit was initiated by Chelsea Brothwood, staff nurse, TCTU and supported by the TYA senior nursing team, TCT lead nurse and ward sister, as well as the wider hospital, nurse consultant for living with a beyond cancer and clinical audit committee.

Methods: Retrospective audit was conducted to measure of the number of TYA patients admitted to TCTU who have a completed HNA scanned to electronic patient record (EPR) prior to the change; data will then be collected over a two-month audit process. Sample size was selected based on new diagnosis figures in the TYA service, on average approximately 130 new cases per year and 10 per month. All patients admitted to TCTU will be eligible. Retrospective data collection – estimated 60 patients.

Prospective data collection: estimation 30 patients

Results to follow.



