REDESIGNING FOLLOW-UP CARE FOR CANCER PATIENTS

Sarah Burton and colleagues describe how introducing nurse-led and telephone consultations has improved patient satisfaction and reduced referrals to consultants.

Abstract

The role of specialist oncology nurses has developed significantly in recent years with new ways of working. This article describes a partnership project between a large cancer centre and a pharmaceutical company that resulted in the establishment of specialist nurse-led survivorship clinics as part of a follow-up pathway for patients with ovarian cancer. The reduced need for consultant-led follow up and the favourable feedback from patients support the need for oncology nurses to increase their profile in clinics.

Keywords
Follow up, gynaecological cancer, nurse-led clinics, ovarian cancer, survivorship

VELINDRE CANCER Centre is the largest non-surgical cancer hospital in Wales and one of the largest cancer centres in the UK. It provides radiotherapy, chemotherapy and other specialised treatments to a population of more than 1.5 million in south east Wales (Velindre Cancer Centre 2013) and gynaecological brachytherapy services for all women across south Wales.

The gynaecological oncology team at Velindre Cancer Centre comprises two clinical oncology consultants, one medical oncology consultant and, since April 2011, two clinical nurse specialists (CNSs). The team received 3,158 new referrals for gynaecological cancer between 2001 and 2010.

The number of referrals has been increasing year on year, partly as a result of an ageing population, with a predicted increase from 383 in 2011 to 479 in 2015. Consequently, patients were experiencing waiting times of up to four hours, often having travelled long distances, to see consultants for follow up in overrunning clinics, and clinicians were restricted in the time they had to spend with patients with complex needs.

An audit in February 2011 found that 40 per cent (17) of patients attending gynaecological oncology follow-up appointments were well with no indication of recurrent cancer and no action required other than arranging the next follow-up appointment.

A further 21 per cent (nine) of patients had attended for the results of a scan or other investigation, while in 30 per cent (13) of cases patients were unwell or action was taken, such as arranging investigations or planning treatment (for further details, email lead author Sarah Burton, sarah.burton@wales.nhs.uk).

The team thought that using different methods to follow up patients who were well or who attended for test results would free up consultants’ time to deal more satisfactorily with patients who were unwell or for whom some action was necessary. Suggestions for alternative follow-up methods included nurse-led clinics and telephone appointments for appropriate patients, with direct access back to the consultant at any time.

The team undertook a survey of 42 patients with gynaecological cancer, which found that they were open to alternative methods of follow up. Patients were able to select multiple answers; 24 positive responses indicated that alternative follow up with rapid access back to the specialist when required...
would be acceptable. Similarly, 19 responses indicated that an outpatient appointment with a specialist nurse would be acceptable and nine response were favourable about the possibility of telephone follow-up consultation. Among patients with ovarian cancer, 16 responses indicated that they would accept follow up by a specialist nurse and 16 would accept telephone follow up (for further details, email lead author Sarah Burton, sarah.burton@wales.nhs.uk).

After careful consideration, the team agreed to design and implement a follow-up protocol for patients with ovarian cancer.

Clinical nurse specialists have the skills required to manage gynaecological oncology patients and are able to perform the examinations that are a vital part of the follow-up procedure. Nurse-led services are characterised by the delivery of evidence-based, patient-centred care and outcomes (Gates and Krishnasamy 2009).

Several studies have shown the positive effect of nurse-led follow-up care on patient outcomes in the period immediately after completion of treatment (Gates and Krishnasamy 2009).

For example, a study of lung cancer patients in south east England found that follow up by CNSs, compared with conventional medical follow up, was associated with greater patient satisfaction and more appropriate and timely interventions at the same or no greater cost, with no detriment to quality of life (Moore et al 2002).

Another study, in north west England, of women treated for breast cancer who were at low-to-moderate risk of recurrence, found that telephone follow up by specialist nurses was well received by participants, with no physical or psychological disadvantage (Beaver et al 2009).

The project also addressed the need for efficiency savings in the NHS. In England, the Quality, Innovation, Productivity and Prevention (QIPP) agenda aims to improve the quality and delivery of NHS care while reducing costs to make £20 billion efficiency savings by 2014/15 (NHS Improvement 2013). Trusts and local health boards need to become more efficient and innovative to maintain and protect services.

In the NHS Wales white paper, Accelerating Best Practice: Minimising Waste, Harm and Variation (Gray 2010), Sir Ian Carruthers stated: "The patient pathway is important. We need to manage pathways, as well as organisations. We need to manage the care journey to maximise the benefits for people."

Streamlining patient care pathways has the potential to realise efficiencies and allow clinical staff more time with patients.

Objectives
The aim of the project was to develop a more efficient and effective follow-up service for patients with gynaecological cancer. The objectives were to:

- Prevent gynaecological oncology follow-up clinics from routinely overrunning.
- Stop the need for staff to work overtime to complete gynaecological oncology clinics.
- Ensure appropriate treatment/referral according to agreed pathways.
- Reduce the number of patient follow-up appointments appropriately carried out at the centre.
- Ensure that follow ups were carried out by the right clinician, in the right location and at the right time.
- Improve the patient experience and raise satisfaction levels.
- Illustrate how the redesign options release funding for reinvestment.

Pharmaceutical company Pfizer has in recent years been working on a number of collaborative initiatives with the NHS to help local sites improve aspects of their services. This is part of a company strategy aimed at supporting the QIPP (NHS Improvement 2013) agenda in England and the NHS Wales Accelerating Best Practice white paper (Gray 2010).

Pfizer Health Solutions provided project management and analytical support; the company did not have a commercial interest in the therapy area. A project manager was on site for up to two days a week and worked with clinical, managerial and patient representatives to develop ideas about how the service could be restructured. This included group meetings, face-to-face discussions and structured interviews. These aimed to identify bottlenecks in the existing system, consider options for change, and then reflect on how to implement the best alternatives to improve patients’ experiences while making the best use of available resources.

The project manager worked alongside NHS colleagues and made it possible to ask difficult questions, so that the team was encouraged to make the changes necessary to redesign the pathway.
Design and implementation
The clinical team agreed appropriate pathways for patients with endometrial, ovarian, cervical and vulval tumours. Patients with endometrial cancer who had been treated radically were referred back to the surgical team for follow up, and two standalone nurse-led clinics were put into operation in May 2011 to run alongside consultant clinics for ovarian cancer patients.

A protocol was developed for the follow up of patients with ovarian cancer. The patient pathway is shown in Figure 1. Information leaflets were written to inform people of the changes in the way follow-up care would be provided at the centre; these were given to patients at their last cycle of chemotherapy. The leaflet explained the purpose of follow-up appointments, the meaning of the CA125 test and the benefits of nurse-led follow up. It also included contact numbers and details of helplines and websites that patients may find useful.

Two extra consultation rooms had to be equipped for the nurse-led clinic to be implemented. During the weekly three-hour clinic, one of the two specialist nurses carried out a full clinical assessment of each patient; this included abdominal examination and relevant blood tests, if required, based on the eight domains of survivorship (Department of Health et al 2010):

- Physical symptoms.
- Financial.
- Psychological.
- Social.
- Emotional.
- Spiritual.
- Nutritional.
- Sexual function.

The nurses had been using these domains informally during joint clinics with consultants, but the redesigned structure formalised the approach, giving the nurses greater autonomy to make clinical decisions based on individual findings. Initially, each patient was allocated a 20-minute slot. However, after the first clinic, this was increased to 30 minutes to allow sufficient time for a full assessment.

A protocol for nurse-led telephone follow up was also developed. The specialist nurse telephones patients at an appointed time to provide any blood test results and ask questions in line with the local protocol, addressing the eight domains of survivorship and to answer questions patients may have. If there is a problem that cannot be dealt with over the telephone, a clinic appointment is arranged.

Three years after finishing treatment for ovarian cancer, patients are given the option of follow up by telephone rather than attending the consultant/nurse-led survivorship clinic each time, that is, the triangle of follow up is consultant face-to-face, nurse-led face-to-face and telephone. Patients are free to change their minds about which form of follow up they receive and can request a face-to-face appointment at any time.

A patient leaflet explains the benefits of telephone follow up and how it works. The main benefit of telephone follow up is that patients do not need to travel to the centre. In addition, telephone clinics allow more efficient use of resources, so that patients with problems can be seen more quickly, although this clinic has not been evaluated.

Finally, a late effects clinic was established to address specific toxicities resulting from the treatment of all gynaecological cancers, including psychosexual problems, in a relaxed environment. Patients are referred to this clinic from either consultant-led or nurse-led clinics when these specific toxicities have been identified, because often they can be complex and time consuming, thus necessitating a separate, dedicated, standalone clinic.

Evaluation
After a six-month pilot, the effectiveness of the face-to-face nurse-led survivorship clinic was assessed with a patient satisfaction questionnaire. A total of 50 patients were seen in the six-month
period and questionnaires were distributed by post to the last 30 patients who used the service, 25 of whom completed and returned them.

The results were collated manually in numerical order using an Excel spreadsheet by a member of Velindre's cancer services team, giving a response rate of 83 per cent. The breakdown by age of respondents was:

- 24 per cent (six) were aged between 35 and 54 years.
- 52 per cent (13) were aged between 55 and 74 years.
- 24 per cent (six) were aged 75 years and older.

The results were presented locally, nationally in Bath and London (Burton et al 2012) and internationally in Vancouver, Canada.

In addition, preliminary data on the number of appointments at consultant-led clinics and number of patients referred back to consultants are available (for further details, email lead author Sarah Burton, sarah.burton@wales.nhs.uk).

Outcomes

Patient satisfaction

The results were encouraging, with respondents reporting 100 per cent satisfaction with the nurse-led service.

When asked ‘Do you feel confident with the specialist nurse who saw you in the clinic?’ on a scale of 1 (not confident at all) to 5 (extremely confident), 28 per cent (seven) of respondents scored 4 and 72 per cent (18) scored 5.

When asked ‘How pleased were you that you were seen in the nurse-led follow-up clinic?’ on a scale of 1 (not pleased at all) to 5 (extremely pleased), 60 per cent (15) of patients scored 4 and 40 per cent (ten) scored 5.

When asked ‘Were you satisfied that the specialist nurse’s explanations were adequate for your needs?’ on a scale of 1 (not satisfied at all) to 5 (extremely satisfied), 20 per cent (five) of patients scored 4 and 80 per cent (20) scored 5.

Box 1 shows some of the comments made by patients in the questionnaire about the face-to-face nurse-led clinic. Anecdotally, although some patients were initially sceptical about telephone follow up, most found the system helpful.

The positive feedback from patients was valued and reflected the commitment by nurses and the rest of the team to making the system work for everyone involved.

Consultant appointments and referrals

The implementation of the protocol and nurse-led clinics led to a total reduction in consultant-led follow up of 11 per cent between March 2010 and March 2012; and to a further reduction of 276 patients between March 2011 and March 2012, representing a reduction of 276 patients (27 per cent). The clinical team observed the largest reductions in the following subclasses of cancer:

- Ovarian, 18.25 per cent (173) fall.
- Cervix uteri, 10 per cent (54) fall.
- Uterus, 6.26 per cent (54) fall.
- Vulva, 21.15 per cent (11) fall.

The remaining seven subclasses were very rare and had small numbers of patients, with the exception of cancer of the fallopian tube and vagina, which requires further investigation.

In addition, of the 30 patients seen in the nurse-led clinic between November 2011 and February 2012, only six were referred back to the consultants earlier than the three-month follow up. The referrals were due to relapse and not due to patients being unhappy with the service. Further evidence will be required to support this assertion, but it offers excellent early demonstration of a positive impact of the changes made through the project.

Working with a drug manufacturer

The cancer centre has benefited from working with a drug company on this initiative: the support enabled the team to deliver a project that might not have happened otherwise. The company’s range of skills helped bring the entire team together to discuss problems and how they could be overcome.
The open and frank discussion that took place in the regular board meetings benefited the clinical team in terms of working together and developing a shared understanding of each other’s working patterns and preferences. The experience has been positive for the team members involved.

The company’s external perspective was important. In addition, the project manager’s practical suggestions and goal-focused approach, coupled with negotiation of deadlines, meant that implementation was rapid.

Conclusions and further development

The project has been successful in delivering an alternative approach to follow-up appointments. In doing so, it has contributed to ensuring appropriate referral and suggests that the cancer centre is improving its ability to provide treatment for the right patient, by the right clinician, in the right location and at the right time.

An important factor in its success was gaining the necessary support of all managers and clinicians. The reduction in consultant-led follow up for patients, coupled with favourable patient feedback, suggest that oncology nurses should develop their role in nurse-led clinics.

Future evaluation of the project will include a survey of staff members’ opinions and assessing the financial impact of the service change. More time and data are required to be able to collate sufficient evidence to demonstrate efficiency savings. In further evaluation of patient satisfaction, the intention is to give questionnaires to patients for completion after their clinic appointment rather than sending them by post.

The success of the protocol for follow up of patients with ovarian cancer means that the team intends to continue the survivorship clinic and telephone follow up for ovarian cancer, and expand the nurse-led clinics to include patients with other gynaecological malignancies. Currently, consultants and nurses run joint follow-up clinics for other gynaecological cancers, with patients alternating between the two professionals. The cancer centre is also considering how the success of the nurse-led clinics might be replicated in other clinical areas.

The improvement methods used in this project have wide application, and could be used as a model for other cancer centres. The restructuring of follow-up practices described has the potential to be replicated elsewhere, with an agreement of a follow-up protocol between clinicians and establishment of follow-up survivorship clinics led by gynaecological oncology CNSs.

Conflict of interest

Mark Bray is employed by Pfizer; Geoff Rollason and Rowena Cornell are employed by Pfizer Health Solutions. Pfizer provided funding for the employment of a medical writer for the first draft of the article.

References


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