Improving patients’ experience of cancer care

A Transforming Care After Treatment (TCAT) project, which piloted a new approach to supporting people after cancer treatment in NHS Lothian, has led to significant improvements in patient experience and enabled people to be more involved in their care and proactive in their recovery.

Patients with breast, gynaecological, anal, rectal and lung cancer were offered a Holistic Needs Assessment (HNA) and the chance to attend a recovery clinic with an experienced cancer nurse at 6–12 weeks after their treatment, and again at six months. Their needs were captured in a care plan, which also recorded any advice and referrals made. A copy of the care plan was given to the patient and their General Practitioner.

The project saw a significant drop in the number of concerns reported by patients between their first and second assessment and positive feedback from patients as to the benefits of discussion and advice with a professional. This approach to care after treatment demonstrates the vision for person-centred cancer care set out in the Scottish Government’s cancer strategy, Beating Cancer: Ambition and Action, published in Spring 2016.

How did the NHS Lothian project work?

- The project ran from November 2014 – October 2015.
- 61 of the 82 patients invited to join the project agreed to take part (74%).
- 85% of patients were female.
- Patients were aged between 35–80, the median age was 58 years old.
- Patients were given Holistic Needs Assessment (HNA) 6–12 weeks after their treatment and again at six months after treatment to help inform the clinic consultation. Patients at the six month assessment were also invited to complete a rapid feedback evaluation form and attend a focus group.
- Patients’ needs were captured in a care plan, which also recorded any advice and referrals made. Following all clinic consultations, a summary of the meeting, including treatment and follow-up plans, along with a copy of the care plan were sent to patients GP in 93.4% of cases.

Patient reported benefits

- Many participants liked the fact the concern checklist helped them focus on their key issues. It helped ‘pull everything together’ and gave them the opportunity to talk about issues they felt they would not been able to otherwise.
- The majority of participants felt talking through their concerns was beneficial and that it was reassuring to have the opportunity to speak to a skilled member of staff.

Staff reported benefits

- HCP staff felt the clinics provided the opportunity to focus on individual issues and concerns and that the checklist was a useful framework to highlight their concerns.
- Health Care Professionals felt the clinics helped people move on and regain a sense of control.
Why is a new approach to care after treatment needed?

While many people with cancer feel supported during their hospital treatment, the current system isn’t always effective at helping people get the care and support they need after treatment ends. The Scottish Government, NHS Scotland and local authorities across Scotland know the cancer care system needs to change. Together with Macmillan Cancer Support, they have created the Transforming Care After Treatment programme. It tests and spreads new models of care and support built around cancer patients to help them recover as fully as possible.

Support given

The most frequent type of support offered to patients as a result of the needs assessments, were assessing their emotional wellbeing and assessing and advising on their symptoms.

- **56** onward referrals made to partner organisations, departments or other Healthcare professionals.
- **95** occasions where patients were signposted to other resources including Macmillan’s Move More physical activity programme, Macmillan’s Information Centre and Maggie’s Centres.

Conclusion

The Scottish Government cancer strategy is clear that care after cancer treatment should be based around an assessment of individual needs. NHS Lothian’s TCAT pilot joins a growing body of evidence from across the UK in demonstrating the effectiveness of this approach. By identifying issues that were important to a person’s health and wellbeing, and jointly working with them to manage their recovery through shared planning, patients reported a return of confidence and sense of control. Additionally, having a single point of staff contact was hugely beneficial to many participants, which helped them feel ‘less alone’.

There is recognition however, that there needs to be a review in the approach used when compiling HNA’s, identifying patient’s needs and responding to them, which is less time consuming. And, whilst findings from the pilot cannot categorically say that the overall reduction in the number of concerns reported was a result of the HNA, patient feedback has provided clear insights into how the assessment helped them to move on and adapt after their illness.

Reducing patient concerns

An average of **6.65** concerns were identified at the first HNA (out of 22 listed)…
…By the second HNA, this had dropped to an average of **3.38** per patient.

**Top three concerns for patients:**

<table>
<thead>
<tr>
<th>6–12 week assessment</th>
<th>Six–month assessment</th>
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</thead>
<tbody>
<tr>
<td>1. Tiredness/fatigue</td>
<td>1. Worry, fear and anxiety</td>
</tr>
<tr>
<td>2. Hot flushes, sweating</td>
<td>2. Tiredness/fatigue</td>
</tr>
<tr>
<td>3. Worry, fear and anxiety</td>
<td>3. Sleep problems</td>
</tr>
</tbody>
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The statistics in this report are from a self evaluation carried out by the project staff.

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February 2017