Evidence for new approach to cancer care at Stobhill

Improving cancer care and support

A new approach to supporting people after cancer treatment has led to significant improvements in patient experience, as well as a 50% reduction in demand for consultant appointments.

The Transforming Care After Treatment pilot project, at Stobhill Hospital in Glasgow, offered women who’d finished treatment for breast cancer, medical follow-ups and emotional and practical support. This was captured in a care plan, based on a detailed assessment of their individual needs.

This approach to care after treatment exemplifies the vision for cancer care set out in the Scottish Government’s cancer strategy, Beating Cancer: Ambition and Action, published in Spring 2016.

Decision-makers across the NHS are being urged to look at the project and consider how its lessons can be used to improve care after treatment across Scotland.

How the Stobhill pilot project worked

Traditional aftercare involves women attending hospital for a yearly mammogram and a short appointment with a consultant. Women in the pilot still attended their annual mammogram, but also completed a Holistic Needs Assessment (HNA), a questionnaire which asked about their physical, emotional and practical concerns.

A clinical nurse specialist (CNS) reviewed every completed HNA and then called each woman to discuss their responses and the kind of support they might need. Women were then referred onto the most appropriate support services, to help with a range of concerns from emotional support to money advice. If required they were referred on to NHS Clinics for help managing treatment side effects or to see a consultant.

How did the new approach improve cancer care for patients?

Support

Women were happier with the care and support they received after treatment.

There was a 44% increase in the number of people giving their overall care after treatment the top score. 15% (5) gave it the top score of 10 before the pilot compared with 59% (27) after the pilot.

Consultant appointments

600 hours of consultant appointment hours are estimated to be freed each year. These will be used to see new patients or give more time to those with complex needs.

The number of consultant appointments needed by the women was reduced by 50%. Appointments were given based on an assessment of each woman’s individual needs and preferences, rather than automatically.
Meeting needs and increasing confidence

More women reported feeling more confident in managing their condition by themselves.

Where did the responses come from?

The responses come from two surveys of women who’d finished breast cancer treatment at Stobhill. 46 women who received aftercare as part of the TCAT pilot completed the survey along with 34 who received aftercare before the pilot began.

Referral

80% of patients were referred to additional support services. There was a 33% increase in referrals to the Breast Cancer Care Moving Forward course, which helps women adjust to life after treatment.

66% (29/44) of patients said their needs were completely met when managing the side effects/consequences of treatment, compared to 24% (8/34) before the pilot began.

65% (31/48) of patients said their needs were completely met in knowing where to seek help if they needed it, compared to 32% (11/34) before the pilot began.

Why is a new approach to care after treatment needed?

While many people feel very supported during their hospital treatment, there is growing evidence the current system isn’t 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 what a cancer patient needs to help them recover as fully as possible.

What next?

Offering people aftercare built around an individual assessment of what they need results in both a better patient experience and better use of NHS resources.

This model of care is now being rolled out to all those who’ve finished treatment for breast cancer in Stobhill and embedded into everyday practice.

The statistics in this report are from a self evaluation carried out by the project staff.

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