

CANCER SUPPORT

Innovations in lung cancer follow up: the experience and outcomes of lung cancer patients using electronic assessments in post treatment follow up

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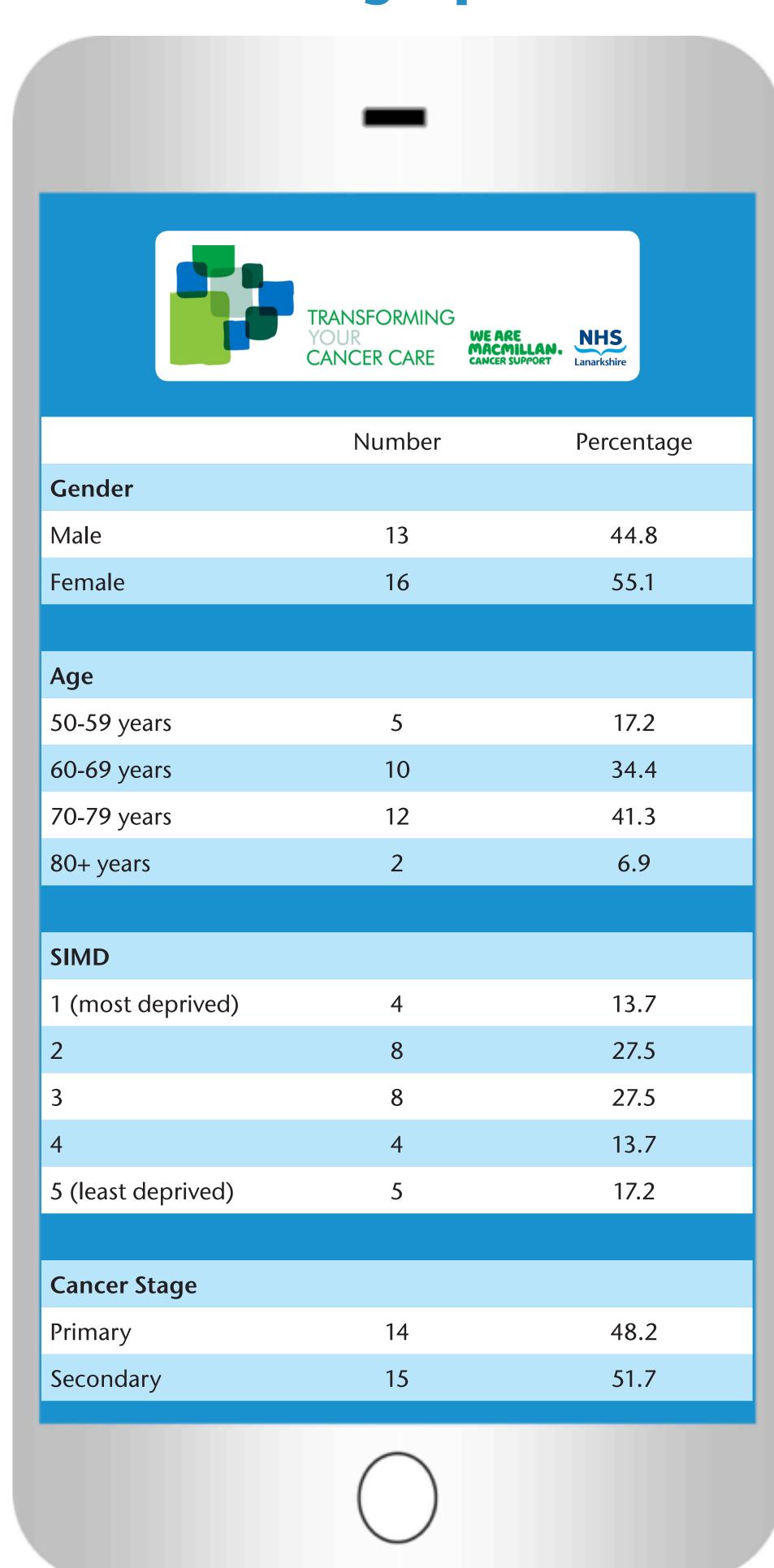
Background

SCOTLAND

More people affected by lung cancer are living beyond first treatment, but despite these improvements, the lung cancer population still continue to have one of the lowest survival rates of any cancer. Follow up care is therefore concentrated in the first two years following treatment and it is paramount that all needs, not just medical, are addressed appropriately.

These findings resulted in the development of a two year project which aims to influence changes in the way lung cancer patients are followed up through the testing of digital health technology. The Sheffield Profile Assessment and Referral for Care (SPARC) questionnaire was considered by patients and the lung cancer CNS team to be easy to complete and piloting of the tool in the WoS lung cancer population showed that the use of the tool resulted in patients disclosing needs that they would not previously have raised in a consultation. As part of the project patients complete an electronic SPARC which is reviewed by a lung cancer nurse specialist and allows for the provision of self management information, signposting and onward referral ensuring that patients receive the right care at the right time in the right place for them.

Demographics



Material and Method

One hundred lung cancer patients living in Lanarkshire will be recruited to complete an electronic SPARC tool, monthly for six months, provided by telehealth company Docobo. The patient will report their level of concern by scoring them between 0 (not at all) and 3 (very much). The FACT-L, Memorial Symptom Assessment Scale and the Supportive Care Needs Survey quality of life questionnaires will be completed every two months in addition to a patient experience questionnaire, following completion of the sixth SPARC tool.



Results

At this interim stage complete data is available for 29 patients that have been using the electronic SPARC for 6 months with 27 patients completing 3 FACT-L, MSAS and SCNS quality of life questionnaires.

2442 concerns identified using the eSPARC.1976 concerns were managed usingSelf Management Information

50 onward referrals have been made to **17** support services.

86% of reviews have been carried out by telephone as preferred by patients.

The number of moderate and high concerns identified reduced by 48%.

15% increase in the number of patients who are not at all worried that their condition will get worse following completion of third FACT-L.

8% increase in the number of patients reporting being quite a bit and very much content with their quality of life following completion of third FACT-L.

Patient Feedback



Conclusion

The early results of this project indicate that the electronic SPARC is an effective tool to identify unmet needs in lung cancer patients following completion of primary treatment. At this stage it appears to be equally accessible to patients regardless of gender, age and SIMD group.

The data suggests that not only do patients prefer telephone review but this is an effective model of working to reduce the number of high concerns experienced by patients and improve their quality of life.

With support from Edinburgh Napier University the project will be fully evaluated in August 2017.

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