

Improving Breast Cancer Follow-up at Stobhill Hospital

Improving Patient Experience – Reducing Unnecessary Hospital Appointments – Building Links from Acute Services to Community Support



TRANSFORMING YOUR CANCER CARE



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Improving Breast Cancer Follow-Up Support

Stobhill Breast Service is pioneering a new approach to supporting people after cancer treatment which has led to significant improvements in patient experience, as well as a 50% reduction in demand for follow-up consultant appointments.

There is growing evidence that many cancer survivors leave acute services with unmet needs and struggle with consequences of treatment that could be avoided managed, resulting in repeat visits to hospital clinics. This increasing demand is leading to unfunded cost pressure on NHS services.

The Scottish Government's Cancer Strategy sites that after cancer all patients should have access to information, advice and support tailored to their individual needs.

Stobhill Hospital Breast Service is implementing a new person-centred approach to follow-up that exemplifies this strategy. The introduction of an imaging led model with supported self management aims to improve aftercare, and resource utilisation.

The project is part of a Scotland-wide Transforming Care After Treatment Programme (TCAT) – a partnership between NHS Scotland, Macmillan and local Authorities.

Methodology

- A TCAT pilot using with 200 women ran between October 2015 – August 2017.
- Successful evaluation of the pilot led to transitional TCAT funding until November 2017 to embed the new model.
- A Nurse-Led Clinic was set up to carry out Treatment Summary Interviews and Holistic Needs Assessments (HNA).
- A new TrakCare process was developed to support the roll out to over 2,300 patients annually.
- A patient experience group was set up to oversee design and delivery.

Results/Outcomes

- Since January 2017 100% (60) of patients leaving acute services had an end of treatment interview including a treatment summary, holistic needs assessment and care plan.
- There was a 44% increase in women giving their aftercare the top score of 10.
- 88% of women were signposted to additional community support services including Breast Cancer Care.
- 66% of women said their needs were met completely when managing the consequences of treatment compared to just 24% who had received traditional follow-up.
- New referral pathways were set up between acute services and Improving Your Cancer Journey who are now onsite at Stobhill and Breast Cancer Care after Improving Your Cancer Journey.
- This personalised approach to aftercare resulted in only 50% of women being referred onto a consultant for follow-up – a 50% drop. It is projected this could rise to 75% over the next year.
- Over 600 hours of consultant appointments will be freed each year. These will be used to see new patients or give more time to those with complex needs.

Aims/Objectives

- Focus on supported self-management and annual imaging.
- Improve support to women transitioning from acute to community, reduce unnecessary hospital contact and enhance quality of life.
- Ensure patients have a bespoke follow-up plan, including signposting/referring to community support organisations.
- Inform roll out across the West of Scotland



What's Next?

- This new model of care is now being rolled out to all those who've finished treatment for breast cancer in Stobhill and is being embedded into everyday practice.
- A review of the clinical histories of the women in the pilot found far fewer than the 50% who did so, had a medical reason to see a consultant after treatment ended.
- It's hoped the roll-out will reduce the demand for consultant appointments by at least 75% at Stobhill Hospital.
- This will free up 2300 consultant appointments a year, allowing them to be made available to new patients those with complex needs.
- Decision-makers across the NHS in Scotland are being urged to look at the project and consider how its lessons can be used to improve care after treatment across Scotland.

Needs



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.

Consultant appointments



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.

Consultant appointments



600 hours of consultant appointments to be freed each year. This would allow consultants to spend more time with patients with more complex needs.

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.

Needs



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.

Support



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.