

End of treatment summaries: local impact in Ayrshire and Arran



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Background:

The Transforming Care after Treatment (TCAT) programme aims to improve after care for people living with and beyond cancer in Scotland¹. It is a partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland, Local Authorities and Third Sector organisations. A main aim of TCAT is to introduce 'End of Treatment Summaries' (EoTS) documentation as it is believed this will improve communication with the patient and facilitate a valuable information exchange between secondary and primary care. The document includes information on consequences of treatment, signs and symptoms of a recurrence and any agreed actions. The document is written for the patient to enable self management and to empower them to actively manage their own health and well-being: it is then copied to their GP.

Methodology:

To inform practice and future decisions about implementation the Ayrshire and Arran TCAT team undertook a Quality Improvement Cycle during September 2015. An electronic questionnaire was sent to 19 GPs all of whom should have received an EoTS. A paper questionnaire and stamped addressed return envelope was posted to 21 patients who had had an EoTS between Jan 2015 and Aug 2015.

GP Results:

6 GPs (31%) responded. GPs (n=5) commented that the EoTS aided discussion with patients, and supported completion of insurance forms, Key Information Summaries and Anticipatory Care

References:

1. <http://www.gov.scot/Topics/Health/Services/Cancer/TCAT> accessed 10/02/2015

The image shows a form titled 'Treatment Summary' with the NHS Ayrshire & Arran logo. It includes sections for 'Insert Patient Contact Details', 'Dear', 'Your have now completed your initial treatment for cancer and a summary of your diagnosis, treatment and ongoing management plan are outlined below. Your GP will be sent a copy of this summary.', 'CHI Number:', 'Date of Birth:', 'Date of Diagnosis:', 'Organ/Staging', 'Local/Distant', 'Treatment Aim:', 'Summary of Treatment and relevant dates:', 'Possible treatment toxicities and / or late effects:', 'Alert Symptoms that require referral back to specialist team:', 'Secondary Care Ongoing Management Plan: (tests, appointments etc)', 'Required GP actions in addition to GP Cancer Care Review (e.g. ongoing medication, osteoporosis and cardiac screening)', 'Summary of information about your cancer and future progress:', 'Additional information including issues relating to lifestyle and support needs:', 'Completing Clinician:', 'C.C. GP Name: GP Address:', 'Signature:', and 'Date:'.

Plans. They also supported decisions about the patient's condition/care/management (n=2), helped the GP understand the patients diagnosis, treatment and ongoing needs (n=3), and improved communication with the patient (n=2).

Patient Results:

Respondents (n=3) stated they found it easy to understand and all had discussed it with their primary care practice. It allowed them to understand the ongoing effects of radiotherapy and encouraged them to take actions which supported their ongoing health and well-being e.g. accessing services, maintaining a healthy weight and exercising despite fatigue.

Conclusion:

Overall, these are encouraging results and show the necessity to conduct a quality improvement cycle before embarking on full implementation.