

Survivorship in lung cancer: Follow up pilot work

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Overview

- 2010
 - Treatment record summary
 - Assessment and care plan (holistic needs assessment)
 - Establishing a flexible rapid access lung cancer clinic at RSH
 - Reducing emergency admissions and bed days for lung cancer patients

Overview

- 2011
 - Embedding the flexible clinic across the Trust
 - Health and wellbeing clinic – holistic needs
 - Tailoring treatment to need – flexible pathway
 - Reducing emergency admissions and building on work from 2010
 - Active and Advanced Disease project with Macmillan (led by Louise Mason, palliative medicine physician)

Flexible Rapid Access Clinic

- Held in Sussex Cancer Centre
- Patients from both RSCH and PRH (new and known)
- Macmillan CNSs, 2 respiratory physicians, palliative care consultant, oncology
- Pre-clinic telephone call
- Patient and professional triggered appointments

2010 – 2011 Clinic Attendances

	2010	2011
Nature of appointment	Number of Attendees (%)	Number of Attendees (%)
Routine	175 (47.9)	180 (55.0)
Professionally triggered	45 (12.3)	44 (13.5)
Patient triggered	20 (5.5)	13 (4.0)
Cancelled	92 (25.2)	72 (22.0)
DNA	33 (9.0)	18 (5.5)
TOTAL	365	327

Summary

- Around 20-25% clinic appointments were cancelled and rescheduled as a result of the pre-clinic telephone call
- 18% appointments were arranged at patients' or healthcare professionals' request, avoiding an unscheduled attendance at A&E

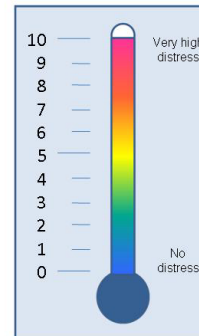
Holistic Needs Assessment (Assessment and Care Plan)

- Carried out by CNSs in clinic or after
 - Summary of diagnosis/staging and treatment received
 - Distress thermometer assessment tool
 - Services and benefits
 - Referrals
 - End of life care plan

Brighton and Sussex **NHS**
University Hospitals
NHS Trust

Distress Thermometer

1. Please mark on the thermometer the number (between 0 and 10) that best shows how much distress you have felt in the past week overall, including today.



September 2009

Patient details
(or space for label)

2. Please tick any of the following that has been a problem for you over the past week, including today:

Practical problems

- Care of children and/or relative
- Housing
- Money
- Transport
- Work and/or school

Family problems

- Relationship with partner
- Relationships with children

Emotional problems

- Worry
- Sadness
- Anger
- Guilt
- Depression
- Nervousness

Spiritual or religious concerns

- Loss of faith
- Loss of meaning or purpose in life

Physical problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhoea
- Eating
- Fatigue/tiredness
- Feeling swollen/lymphoedema
- Fever
- Getting around/restricted movement
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Tingling in hands/feet
- Taste in mouth

3. Please list your overall top three problems from the selection above.

a) _____ b) _____ c) _____

Health and Wellbeing Clinic

- Consultant cancer dietician
- Expert chest physiotherapist
- Citizen's Advice Bureau

- Clinics held alternate weeks
- Open to all newly diagnosed
- 6 month pilot

Health and Wellbeing Clinic

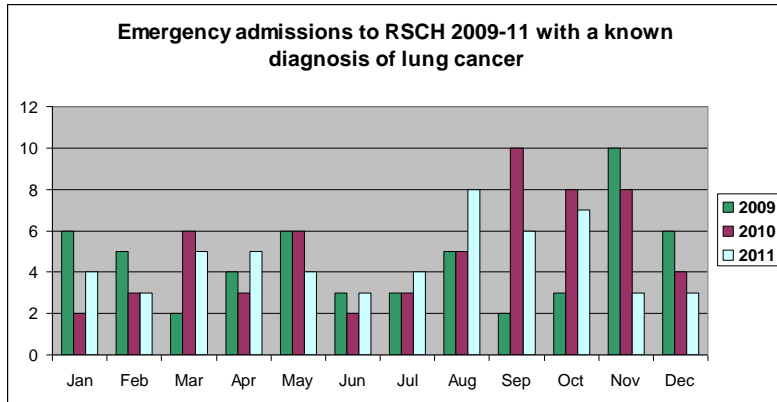
	Physiotherapist	Dietician	CAB
number	20	27	24
% of total	57	77	69

- *“Find the service very good, can't fault them at all. ”*
- *“Appreciate the services available ”*
- *“This department is Top dollar! Always polite and got the time to listen ”*
- *“I was well looked after. Felt I was important. ”*
- *“Information from dietician and MacMillan nurse very clear and helpful ”*
- *“I was very impressed with the kindness and consideration given to me by all members of staff from doctors and nurses down to the tea man ”*
- *“Helped me a great deal ”*

Health and Wellbeing Clinic

- The CAB identified 16 patients attending the HWB clinic with eligibility for benefits, amounting to £118,000
- Patients felt more able to manage their own condition and knew whom to access should symptoms arise
- Plan to roll out to all patients with lung cancer
- Ability to access when needed (multiple times)

Emergency Admissions



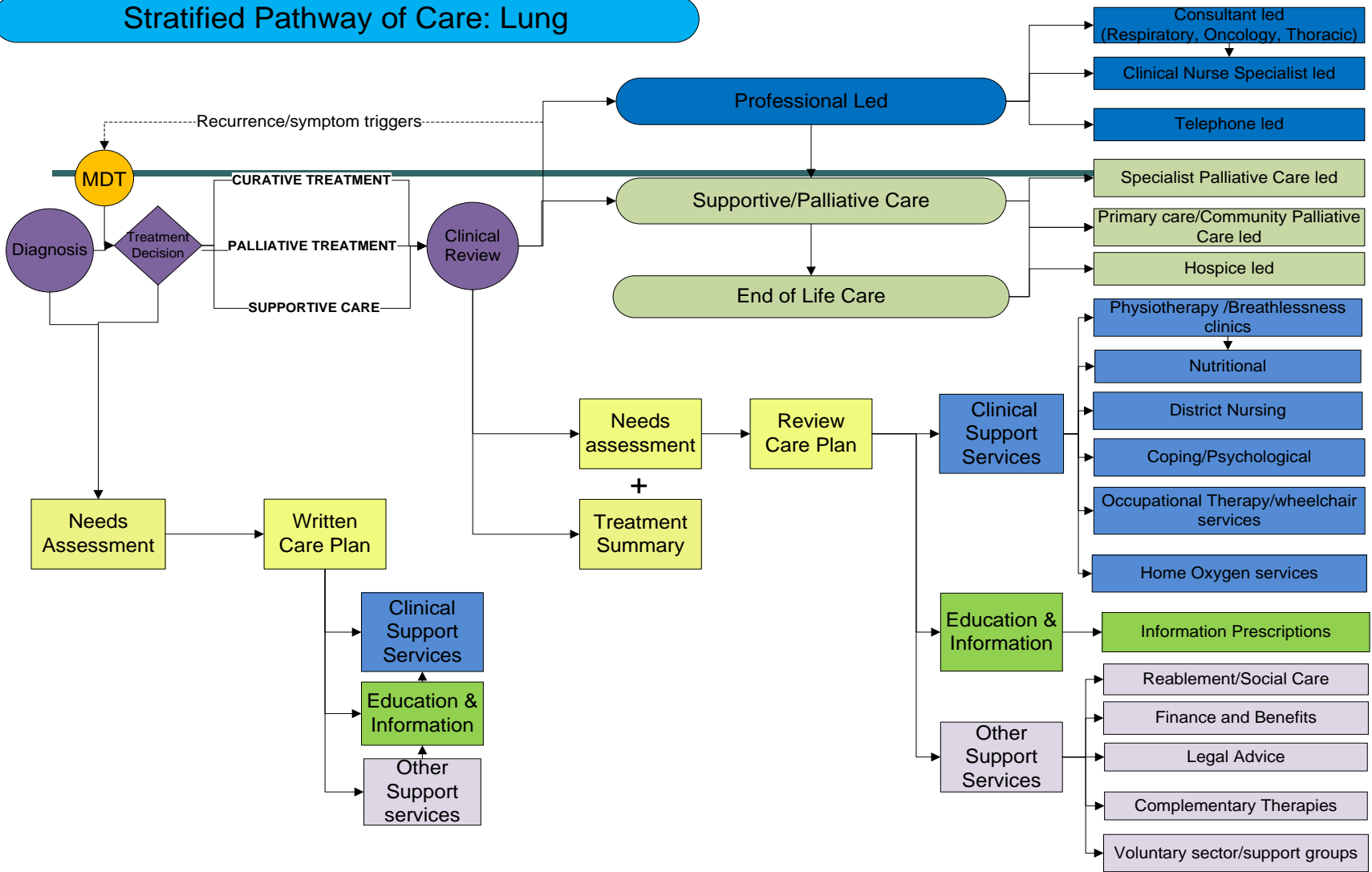
	RSCH			PRH		
	Total admissions	Mean LOS	Total bed days	Total admissions	Mean LOS	Total bed days
2008	103	10	993	24	9	214
2009	95	11	1065	20	8	158
2010	90	9	797	23	12	275
2011	74	9	634	20	12	231

- 25% reduction in bed days due to lung cancer in the first year of the flexible clinic and a further 20% with the introduction of the HWB clinic

Stratification of pathways

- DH keen to review pathways for all tumour sites for follow up post-diagnosis/treatment
- Acknowledgement that many patients with lung cancer have many symptoms and short survival from diagnosis
- Are there factors at presentation that may help to predict the complexity of care the patient may need?

Stratified Pathway of Care: Lung



Criteria at presentation

- High Distress Thermometer Score (>6/10 at presentation)
- Inadequate Social Support System (as identified by patient/carer or clinician)
- Advanced Stage of Disease at presentation (stage IIIB/IV)
- More than 2 co-morbidities or severe COPD (FEV1 <50% predicted)
- PS 3 / 4 at presentation
- One or more of the following at presentation: - pleural effusion, spinal metastases, endobronchial occlusion, cerebral metastases, chest wall invasion, SVCO, hypercalcaemia, long bone fracture, SIADH
- Hypoxia (Oxygen Dependence)
- Step 3 on WHO analgesic ladder
- Carers' impression of patients' ability to cope is poor
- BMI < 20, >10% Body Loss at presentation

Pathway of care

- Number of telephone calls to CNS between clinic appointments
- Number of unscheduled admissions to hospital
- Routine follow up appointments < 2 months apart
- Number of patient-triggered appointments required
- Number of professionally-triggered appointments (outside of routine follow up)
- Number of times discussed at MDT (after diagnosis made)

Results

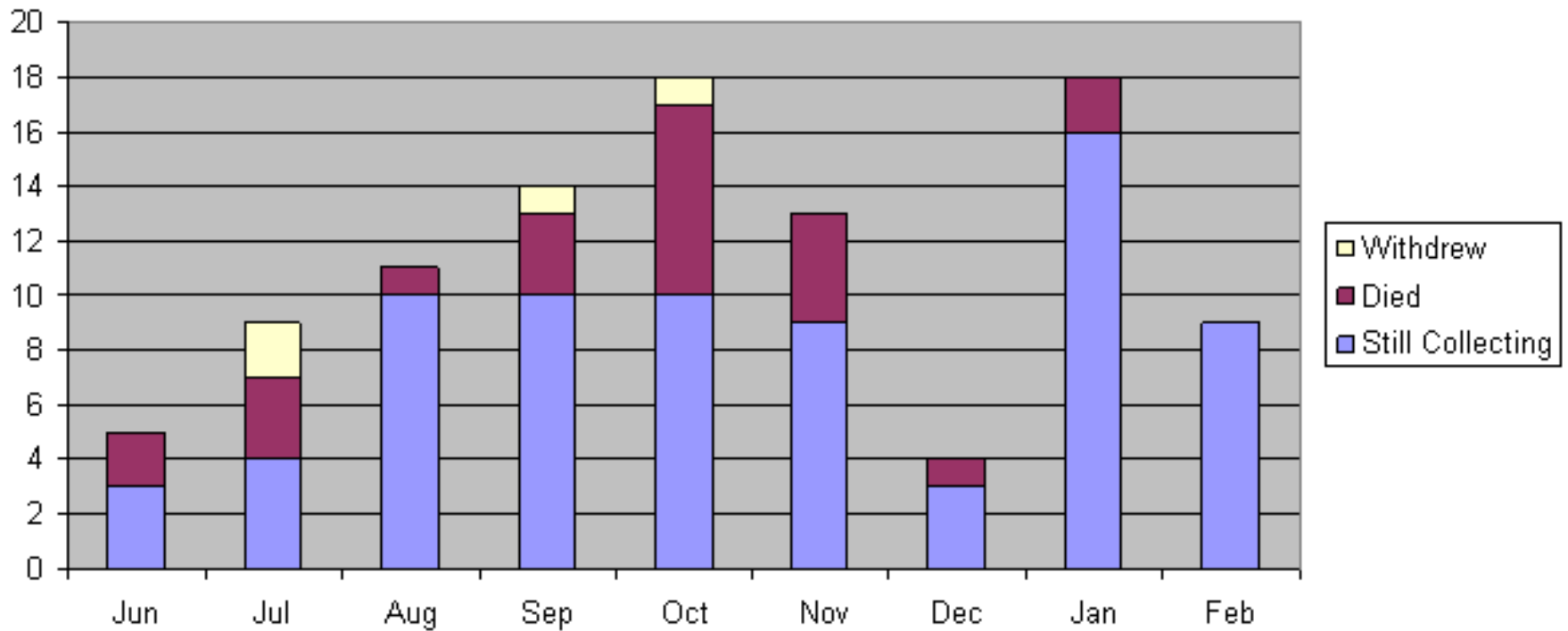
- Work ongoing
- Weight loss >10% or BMI < 20, severe COPD and high distress score (>6) at presentation?

Active and Advanced Disease

- Assess health and social care “footprint” in community of patients with lung cancer
 - Extent of multi-agency support (diary, data from primary care/social care)
 - Self-reported quality of survival (DT, HADS)
 - Key components or patterns of care that enhance duration and quality of care and survival
 - Baseline measurements on which to base future service improvement programmes

June 2011 – Feb 2011: 101 recruits.

Outcomes June 2011 – Feb 2012

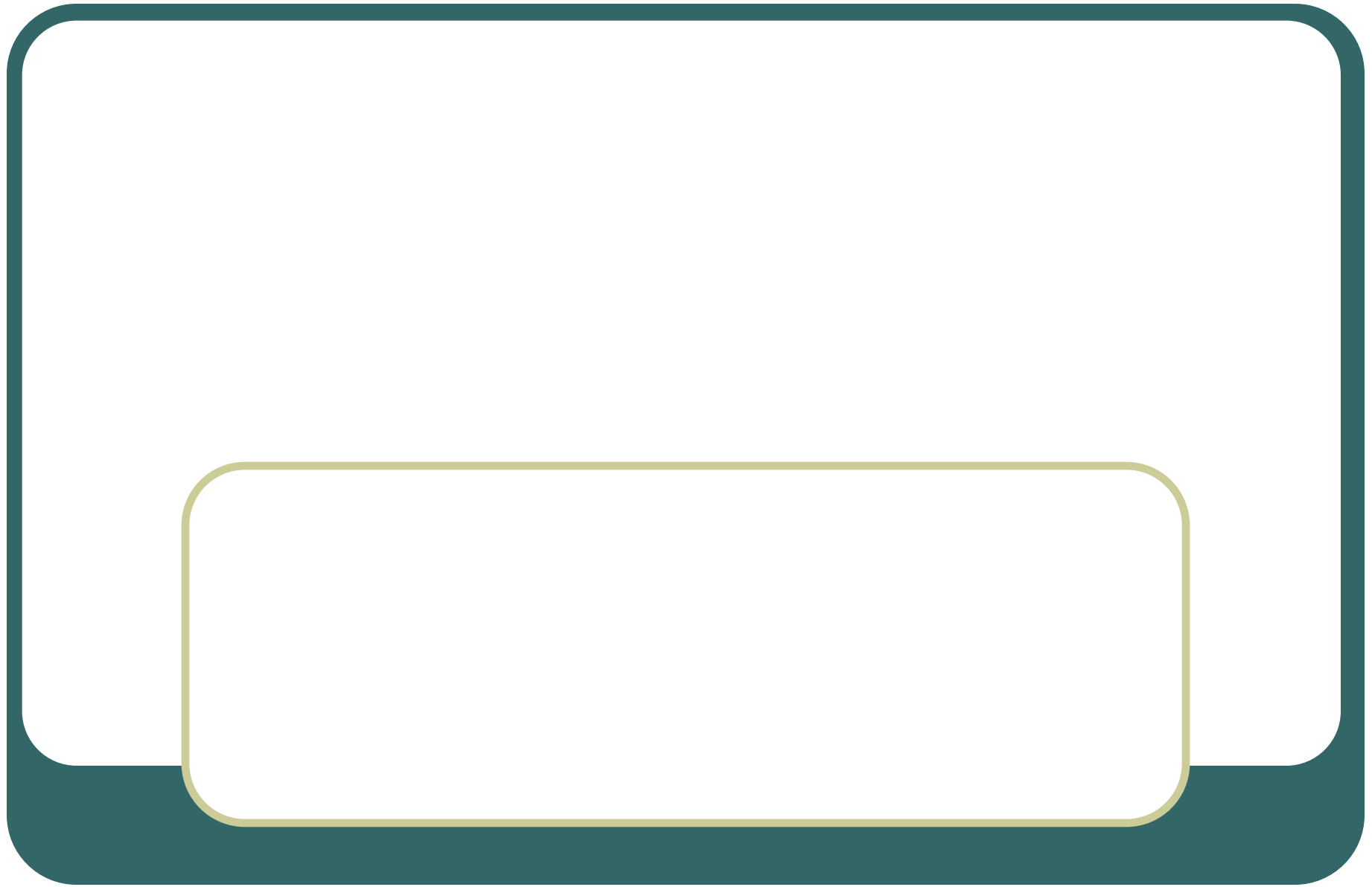


Skewing the data?

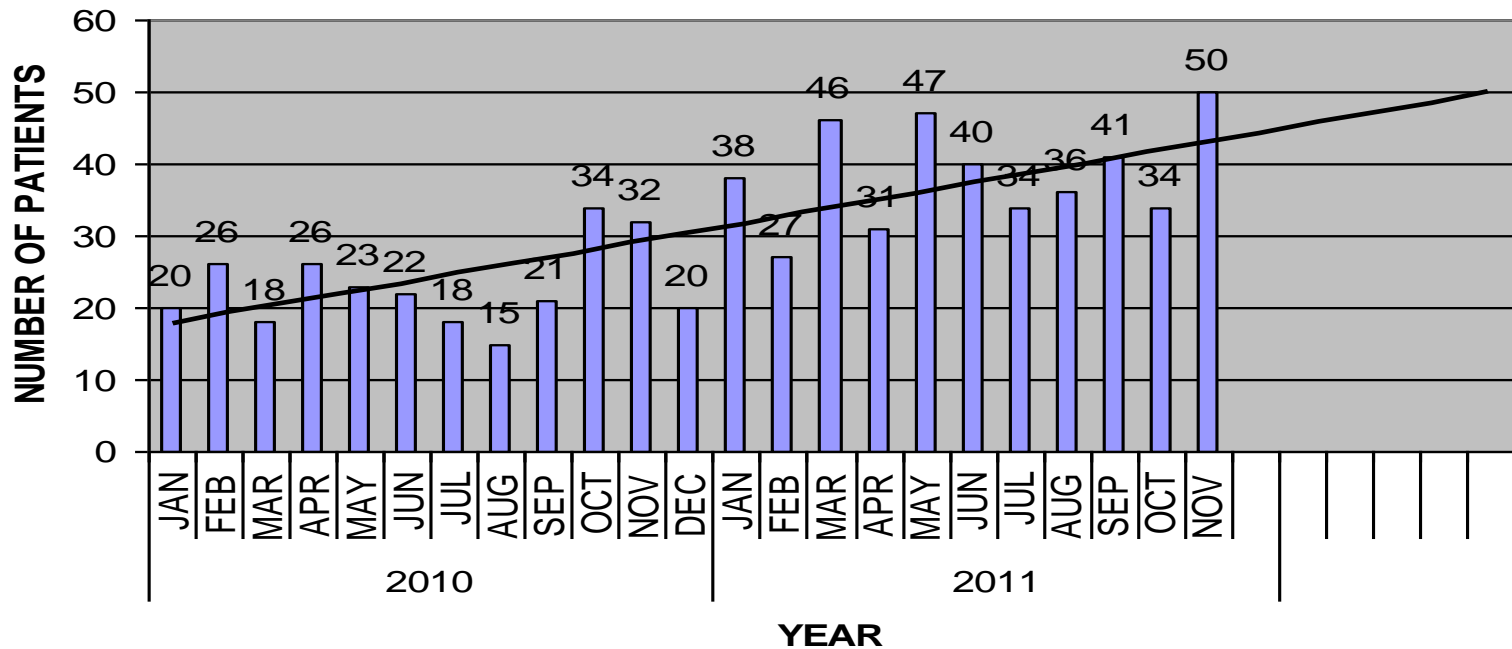
- Attrition rate lower than expected
 - Recruiting bias
 - Sickest group may in fact have very intense resource need which is not captured
- Financial restraints on services (e.g. day hospice closure, freezing of posts)
 - Footprint limited by resources and not patient need
- “Hidden” data
 - Informal caregivers
 - Supporting role of specialist services

Results

- Very limited analysis to date
- From limited dataset
 - Resource use (in order of use)
 - Community palliative care
 - District nurses
 - Chemotherapy and radiotherapy nurses
 - Oncologist
 - Respiratory physicians lung cancer specialist nurses
- Improved awareness of lung cancer service and communication with complexity of local providers
- Incorporation of HADS into routine practice and consider other outcome measures
- Changing palliative care clinic template



2 week rule referrals (RSCH)

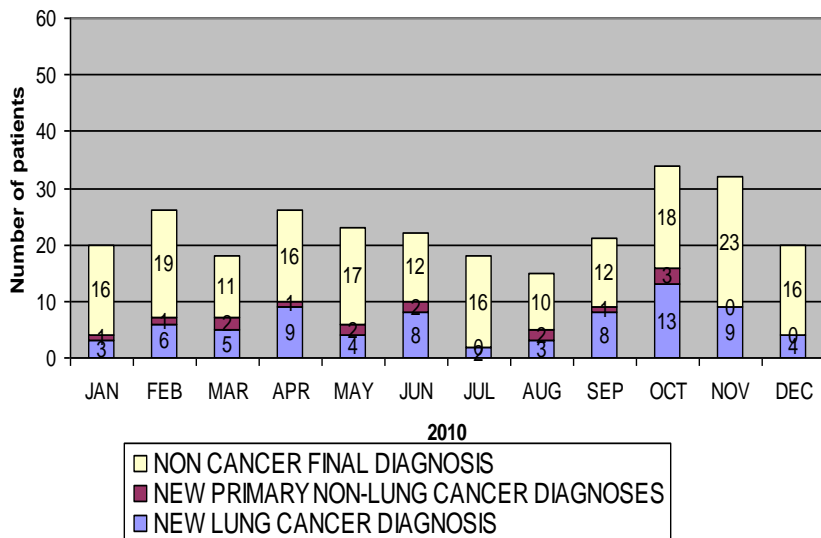


■ TOTAL NUMBER OF REFERRALS UNDER THE 2-WEEK RULE TO RSCH

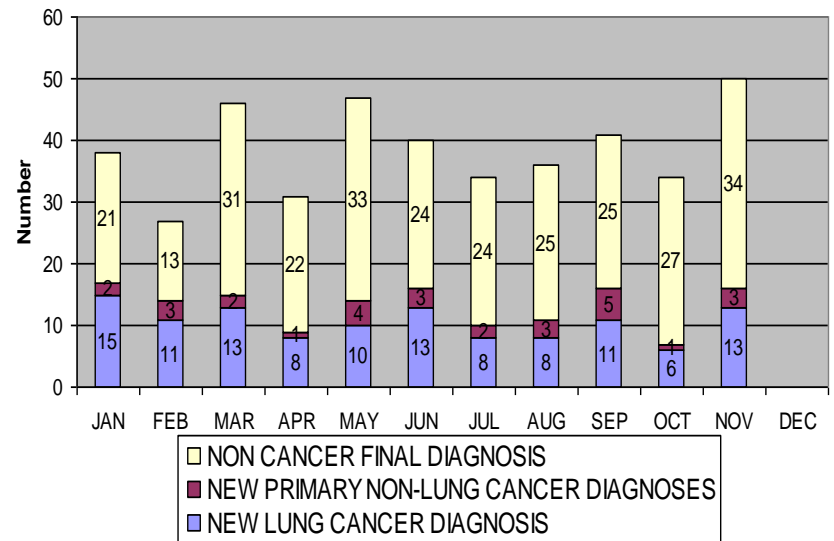
— Linear (TOTAL NUMBER OF REFERRALS UNDER THE 2-WEEK RULE TO RSCH)

2-week rule referrals

Summary of final diagnosis for patients seen under the 2ww in 2010



Summary of final diagnosis for patients seen under the 2ww in 2011



Nature of presentation leading to a diagnosis of lung cancer (RSCH)

Source Referral	2009		2010		2011	
	Number	%	Number	%	Number	%
Two Week Wait	41	25%	50	30%	95	40%
Emergency	46	28%	58	35%	59	25%
GP non 2ww	56	34%	30	18%	37	16%
Other	24	14%	21	13%	37	16%
Not Recorded	0	0%	5	3%	9	4%
Grand Total	167		164		237	

Presentation

