An advanced clinical practitioner (ACP) led community service managing primary endocrine therapy (PET) breast cancer patients

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Introduction

- Breast cancer is most common in females over 75 (Cancer Research UK, 2023).
- Macmillan (2014) estimate 4.1 million older people (aged 65 and over) will be living with cancer by 2040.
- Primary Endocrine Therapy is an alternative to surgery for patients with complex comorbidities (NICE 2018) or who decline surgery. Although not a curative treatment, local control of disease can be achieved. Lifetime monitoring of treatment and response is required.
- The National Audit of Breast Cancer in Older People (NABCOOP) reviewed the quality of breast cancer care in women over 70 in England and Wales. NABCOOP recommended a formal assessment process for older patients being considered for primary endocrine therapy to ensure it is the most appropriate option for them and not chosen solely due to age.
- The challenges for healthcare providers are to develop new models of care for an increasingly aging population, living with and beyond cancer (Macmillan, 2014). Many people with frailty will manage better in their own home environment (British Geriatric Society).
- As part of an advanced practice MSc, a home visiting service was established by an advanced clinical practitioner with the aim of providing a specialist dedicated service to ensure safe, effective, and personalised care.

Method

- Home visits have been undertaken since 2018 for patients commenced on Primary endocrine therapy at ELHT.

Once a patient is allocated to the primary endocrine service, a first clinical review/home visit is undertaken at 12 weeks from commencement of treatment.
- Subsequent reviews are then undertaken three to six monthly, dependant on response to treatment and side effects.
- At each home visit, there is a clinical examination and assessment of symptoms which may indicate metastatic disease progression. Imaging is not routinely undertaken; however, imaging can be requested if indicated by clinical concerns.
- Holistic care needs are assessed, planned, and documented. Liaison and referrals to other health care professionals and services are actioned if required.
- Patient and carer satisfaction questionnaires are provided to audit patient experience.
- Data has been collected contemporaneously for all patients, including:
  - patient demographics
  - role of kin
  - diagnostic details
  - surveillance frequency
  - any contact with patient or family member between appointments
  - local or systemic progression
  - treatment alterations
  - survival
  - Additional information such as other allied health care professional contact is maintained in patient records as a referral to other services.

Results

From January 2018 to March 2023, a total of 236 patients have received home visits. Prior to the home visiting PET service, the pathway for seven patients receiving PET was reviewed. An example of just one patient’s journey for a single hospital attendance can be seen here:

Holistic needs assessment

Patient comments:
I don’t need to worry about the cancer
I feel reassured
I know who to ring if I am on a real emergency to talk to
I improved as far as effects are with the tablet, but I received help to manage them better
I really enjoyed the day therapy of the hospital

Family/carer comments:
I know I can ring and get help and advice if needed
My mum has a bit of forgetful and doesn’t always understand what’s happening or where she is!
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Referrals to support services and improved relationships with Allied Health Professionals

Hospice Bay
Therapists
Occupational therapy
Social Services
Age Concerns

Outcome data

- MDT diagnosis confirmed
- Identified by consultant as suitable PET
- Patient categorised to PET only
- PET +/− surgery if becomes appropriate
- Medical Oncology
- Best supportive care
- Identify plan for progression if appropriate
- ACP to meet alongside consultant in clinic at results appointment if possible

Conclusion

The benefits of home visits for PET patients

- Improved frequency of monitoring and early identification of progression or complications.
- Access to further MDT input and prompt referrals to oncology or palliative care.
- Improved completion rate of Holistic needs assessment (HNA).
- Strengthening of interpersonal and therapeutic relationships with patients/careers.
- Improved communication with patients, families/carers and allied healthcare professionals.
- Improved rates of referrals to support services.
- ACP experienced greater job satisfaction.
- All relatives and carers preferred the home visits.
- Home visits provided true person centred, safe and effective care.
- Ensured that our older patients were provided with a dedicated service encompassing their needs.

References

  - http://www.macmillan.org.uk
difficult parking
- Volunteered for her to attend appointments as she struggles to walk with missed appointments especially during the winter

Patient experience

Over the last three months, 36 patient experience questionnaires were received. Questionnaires were completed by either patient, family, or carer. Responses from the questionnaires demonstrated high levels of satisfaction in all domains, scoring the overall satisfaction with the service 4 or 5 out of 5.

Themes identified

Ease of home visits: no patient transport required. Family do not need to take time off from work. Carers do not need to arrange a car escort. For patients with dementia examinations can be performed in familiar patient environments. Carers feel reassured with regular monitoring.

Information: Improved understanding of how the treatment works and importance of surveillance. Patients and carers finds it easier to help them monitor for changes, themselves, and improved symptom awareness and management.

Communication: Improved reassurance of who to contact with concerns or questions. Easier to remember one named ACP than consultant and breast care nurses. Direct telephone or email for ACP helpful.

Support services: Improved awareness of services available to breast cancer patients. Patients’ acceptance of referrals increased. Improved access to Macmillan grants and support.