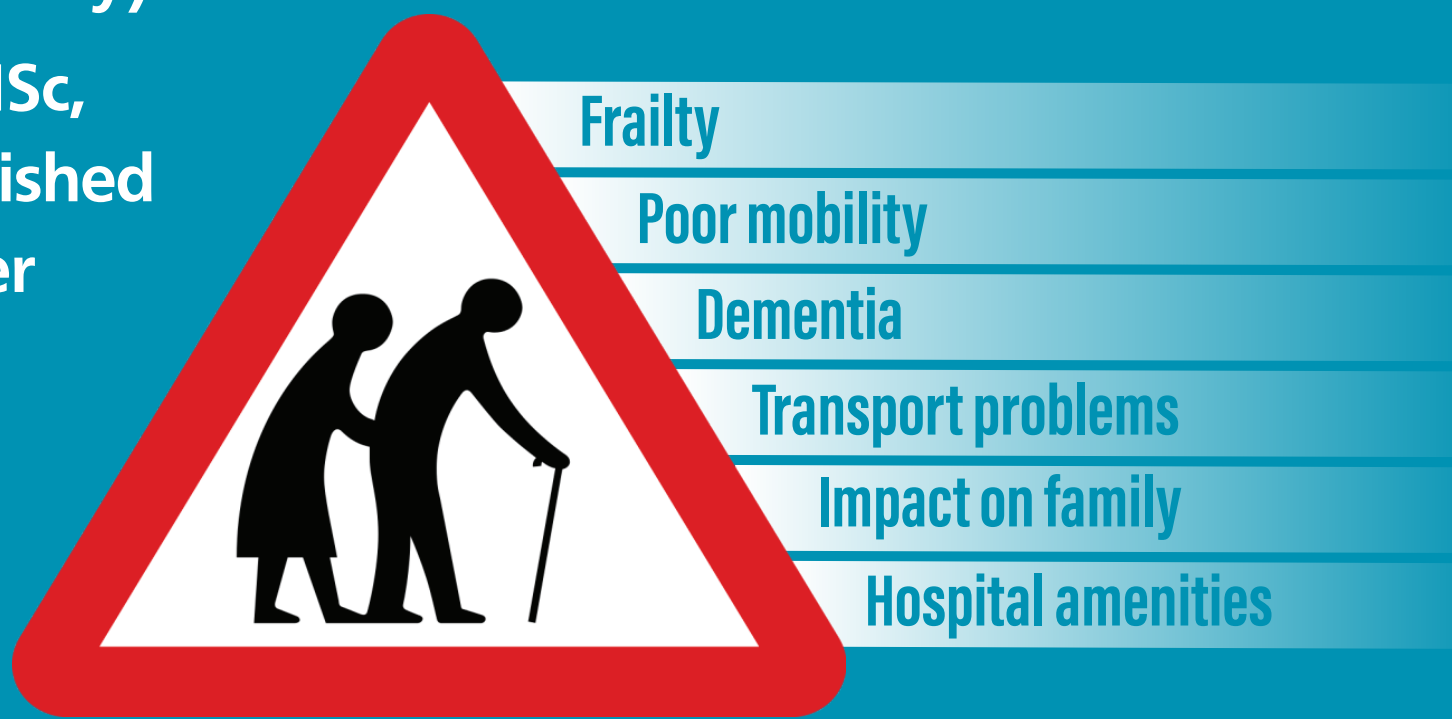


# An advanced clinical practitioner (ACP) led community service managing primary endocrine therapy (PET) breast cancer patients

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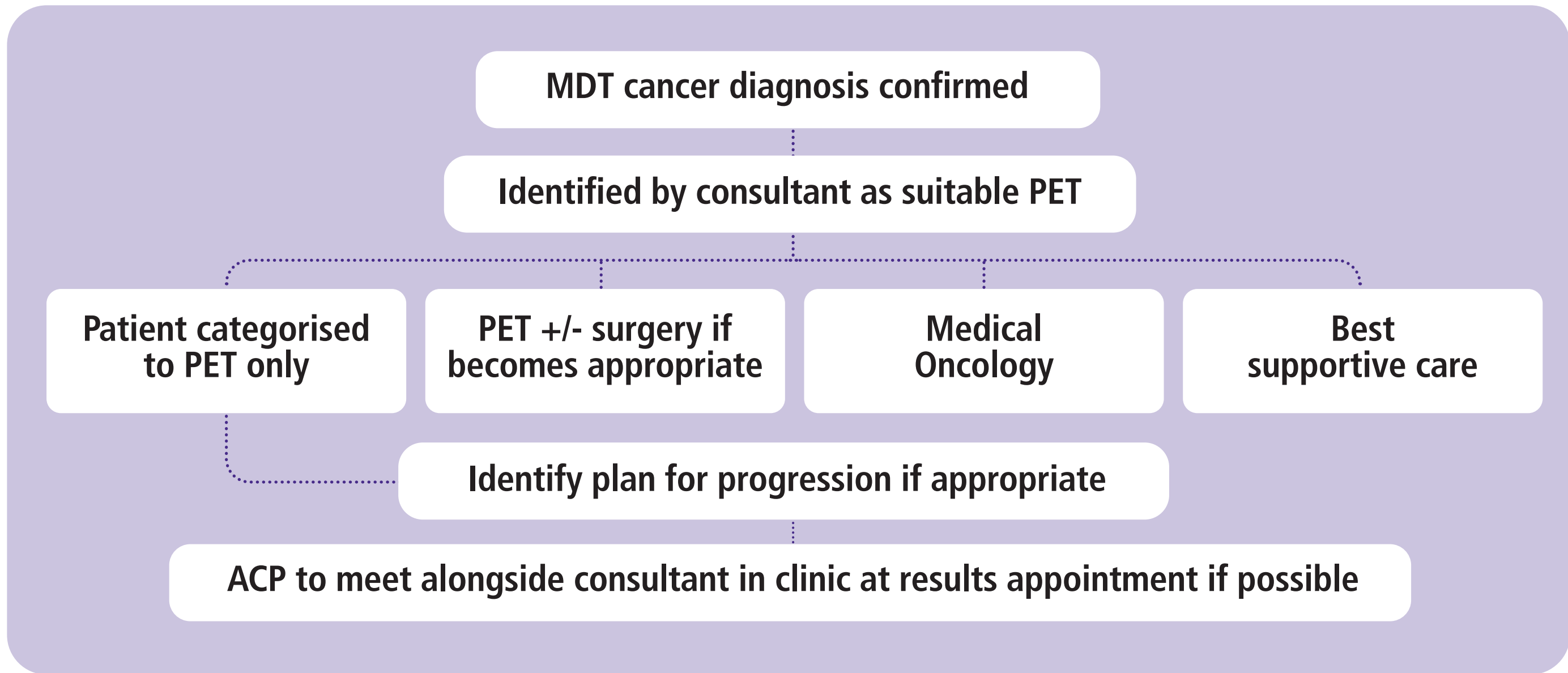
## Introduction

- 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 co-morbidities (NICE 2018) or who decline surgery. Although not a curative treatment, local control of disease can be achieved. Lifelong monitoring of treatment and response is required
- The National Audit of Breast Cancer in Older People (NABCOP) reviewed the quality of breast cancer care in women over 70 in England and Wales. NABCOP 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. NHS England). 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.



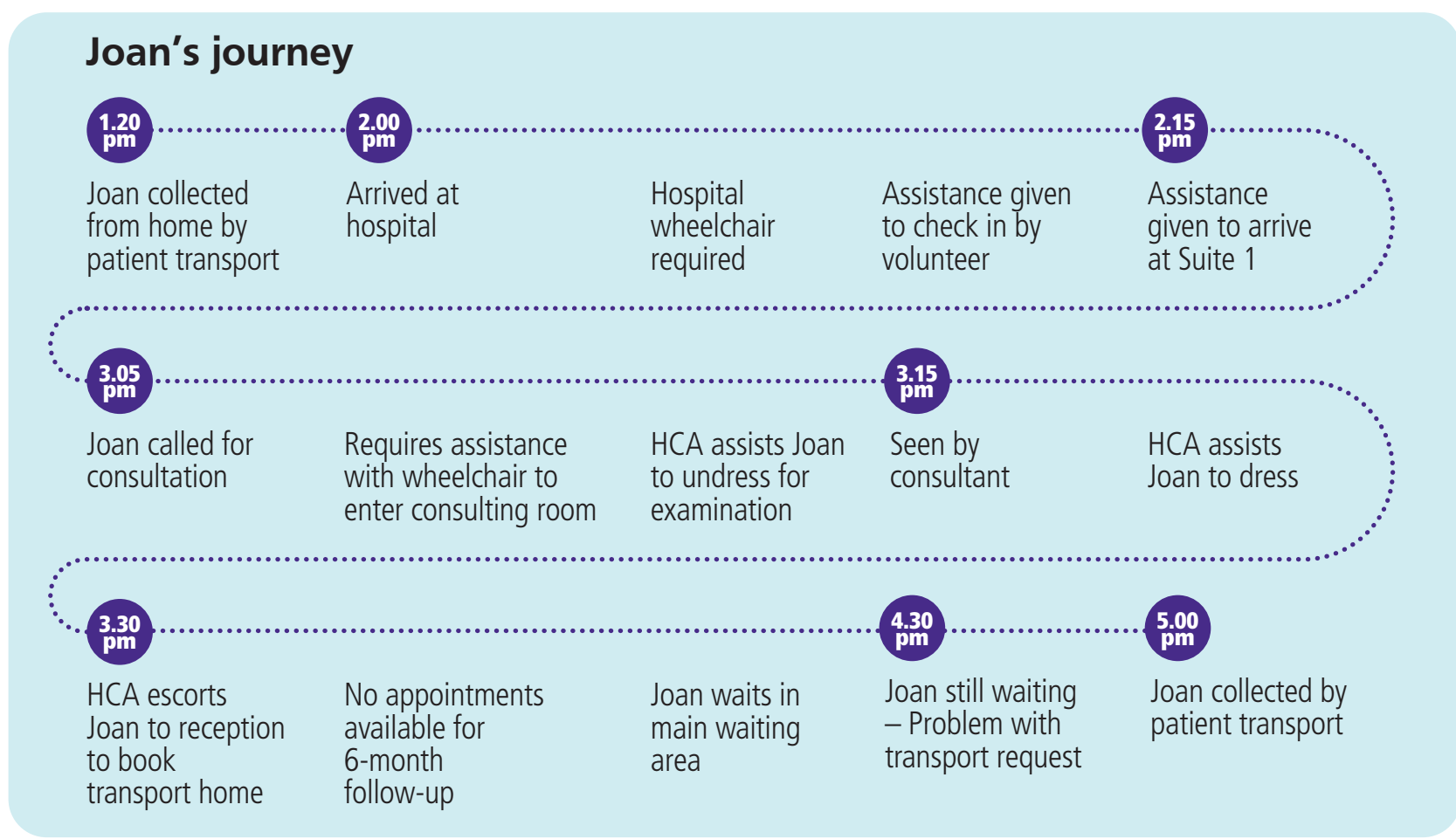
- Once a patient is allocated to the primary endocrine service, a first clinical review/home visit is undertaken at 12 weeks from commencement of treatment.
- Subsequent reviews are then undertaken three to six monthly, dependant on response to treatment and side effects.
- At each home visit, there 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
- next 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 regularly on the cancer registry in addition to any referrals to support 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 journey for a single hospital attendance can be seen here:



### Holistic needs assessment

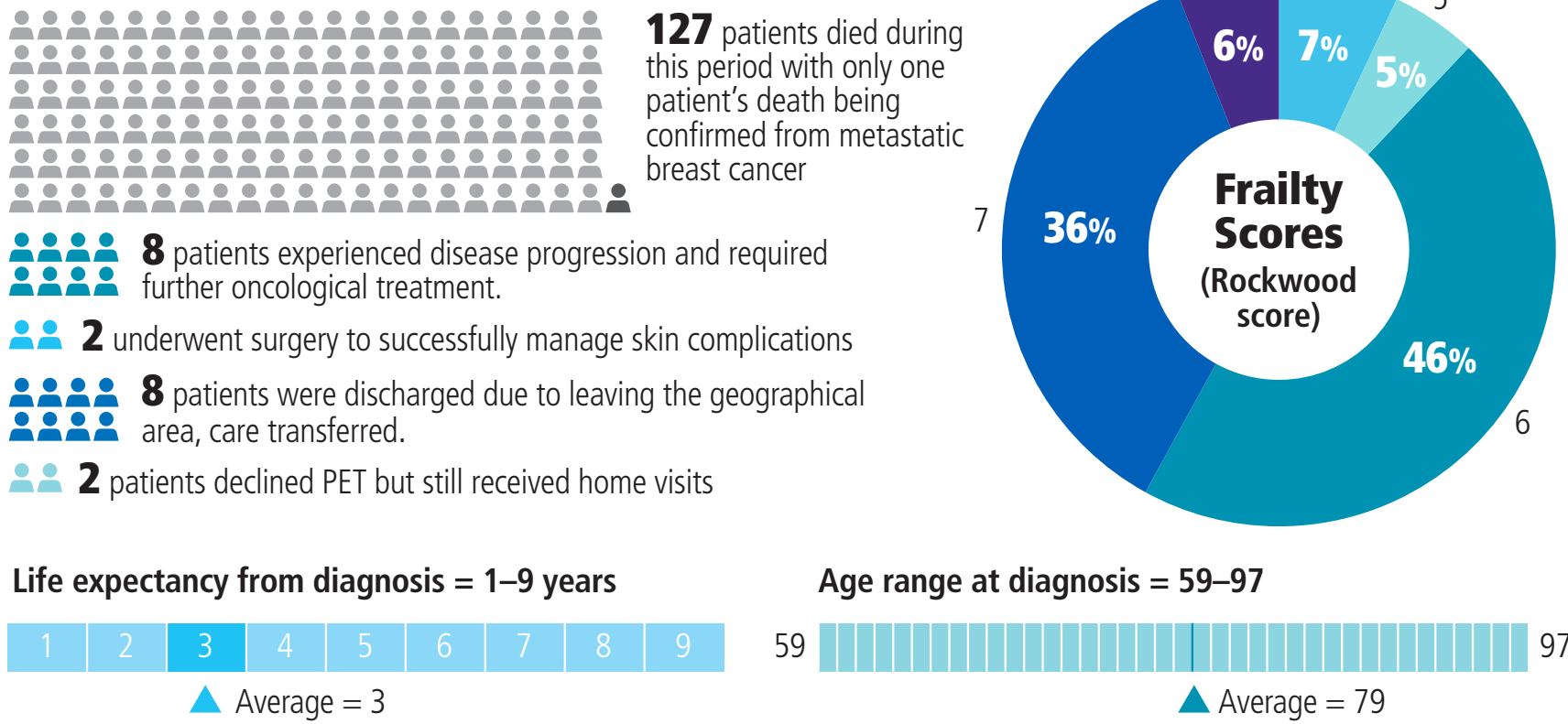
**Patient comments:**  
I don't need to worry about the cancer  
I feel reassured  
I know who to ring if I am worried or need someone to talk to  
I experienced side effects with the tablet, but I received help to manage them better  
I really enjoyed the day therapies at the hospice

**Family/carer comments:**  
I know I can ring and get help and advice if needed  
my mum has a much better quality of life now  
helped to get equipment to make things easier at home

### Referrals to support services and improved relationships with Allied Health Professionals



### Outcome data



## 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/carers and families.
- 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.

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