Module 6 - Useful reading

This section includes a brief description or an abstract of articles you might find helpful. Full references are included.


**Aim** To compare patient experiences of the breast cancer nursing service before a CNS was established in post and then one year after their appointment. Method A questionnaire was handed out to 50 patients over a six-week period in May 2007 (pre-CNS survey) and one year later (post-CNS survey) to 32 of the original patients. Analysis was performed on the numerical data using Microsoft Excel. Content analysis was used to extract information from the free text.

**Findings** The evaluation showed that the CNS improved respondents’ experiences and satisfaction with the breast cancer service. The pre-CNS survey highlighted that respondents wanted the CNS to be available after their consultation with the doctor to further explain information, and between clinic appointments to provide advice. Respondents also wanted the CNS to be a point of contact, to have specialist knowledge and to offer advice and support. The second survey showed that the CNS had improved the patient experience, and respondents were more satisfied with the service provided.

**Conclusion** This service evaluation supports the value of the CNS in improving patient experiences and developing services.


Alison Leary has tips on how nurse specialists can demonstrate added value.

http://alisonleary.co.uk/docs/Proving your worth (CNS all specialisms).pdf

National Cancer Action Team, Macmillan Cancer Support (2010) *Quality in Nursing Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist*

This short guide is designed to support clinical teams, commissioners, employers and managers to understand and evaluate the contribution of CNSs in cancer as they plan their local workforce and service improvement strategies.


The rheumatology nurse specialist (RNS) has become an integral and vital part of the multidisciplinary team and is valued by patients. Yet a number of challenges regularly face all CNS in the UK. The perception that CNSs are an expensive and poorly defined nursing resource results in regular threats to their sustainability, particularly that of the RNS. This study examined return on investment of the RNS.

**Method** An interrelational Structured Query Language database collected data on the day-to-day activities of the RNS based on previous models of CNS and RNS work, and qualitative narrative data were then subjected to data mining.

**Results** The RNS represented an excellent return on investment, in terms of income generation activity, patient safety and efficiency. These outcomes were achieved using key principles of proactive case management using vigilance, rescue work and brokering. The mean average per whole time equivalent RNS per annum represents £175,168 in terms of income/savings to an employing NHS Trust. This figure is likely to be an underestimation, as calculations on reduction in bed days in hospital have not been included.
The role of the breast care nurse was developed in the UK and is now being adopted internationally. Although evidence is available to suggest that the role is beneficial in the care of people with primary breast cancer, it is emerging that people with metastatic breast cancer do not receive the same level of support. This study aimed to develop an understanding of the role of the breast care nurse in the provision of care for patients with metastatic breast cancer.

A cross-sectional survey of 276 breast care nurses in the UK found that 91% of breast care nurses stated that they provided care for patients with metastatic disease and 81% provided ongoing information and support. However, 57% of breast care nurses acknowledged that the provision of care for this population was inadequate and many reported feeling ill equipped to care for women with progressive disease. Care pathways for this patient group are unstructured and ill-defined, complicating the efforts of breast care nurses to identify and provide care for them. In conclusion, the current nursing service for women with metastatic breast cancer is inadequate but many breast care nurses are working to address this.

Context Despite developments in the medical management of metastatic breast cancer, little is known about the quality of life (QoL) and experience of care in women with it.

Objectives To explore QoL, experience of care, and support needs of women living with metastatic breast cancer in the UK.

Methods Questionnaire-based, cross-sectional study undertaken in two UK cancer centres and online via the Breast Cancer Care website, assessing QoL and experience of care in 235 women with metastatic breast cancer.

Results QoL was assessed using the Functional Assessment of Cancer Therapy-Breast QoL measure. Overall, QoL was low (mean 89.0, standard deviation 21.8) for total score. Low scores were seen uniformly in physical, social, emotional, and functional wellbeing domains. Symptom burden was a significant problem, with over one third of women (34%) reporting high levels of pain and other uncontrolled symptoms. In multiple regression analysis, social wellbeing was significantly better for older women (P < 0.001) but was lower in those with bone metastases only (P = 0.002). Functional wellbeing was significantly higher in women without children (P = 0.004). Satisfaction with experience of care was low and appeared to be predominantly in the hospital setting, with little evidence of involvement of general practitioners and palliative care services.

Conclusion Despite improvements in treatment and survival of women with metastatic breast cancer, this group reports high symptom burden and dissatisfaction with elements of their care, indicating that alternative models of service delivery should be explored.

Introduction Survival rates in breast cancer have risen in the past 30 years. Almost one third of those diagnosed will go on to developing metastatic breast cancer, which is becoming a long-term condition in cancer care. In 2006, there were 429,000 new cases of breast cancer were recorded across Europe. In recent years treatment for metastatic breast cancer in the UK has moved to the ambulatory setting meaning non face-to-face contact, for example through telephone consultation, has become a vital method of management.

Methods A prospective study conducted over a one-month period at a London trust. Data was collected by two CNSs on incoming calls using Excel and a bespoke interrelational structured query database. These data were then mined using standard data mining techniques.

Results The study collected 28 days of data. 229 patient and carer telephone contacts were recorded across the trust. Most calls were from patients (62.5%). Incoming calls resulted in the delivery of 1,282 interventions, a mean of six interventions per call (range 1-8) and clustered into four areas: meeting information needs (29%), symptom management (26%), psychological/social issues (33%) and other issues (12%). The incoming telephone work accounted for 63 hours which represented 30% of the total working time of the CNS. Calls primarily originated from patients who were in the follow-up phase (43% of calls), a group usually thought to prefer self management.