

Supportive and palliative care research and audit conference

Wednesday 30 November 2016

Oral and poster abstract submission template

Abstracts must conform to the following requirements:

- Include a short title (up to 20 words) and the author's names (asterisk the presenting author)
- Maximum length: 250 words
- Structure: background/objectives, methods, results, implications
- Include presenting author's contact details (including name, job title, institution and email address).

Abstracts should be submitted to samantha.wilkinson@srft.nhs.uk by 5pm on Friday 30 September 2016.

Title: Evaluating nurse-led clinics for secondary breast cancer

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Abstract

Background (approx 50 words):

Patients with secondary breast cancer experience a wide range of physical / psychosocial needs, symptom burden and concerns, yet may have limited access to specialist nurse support. A nurse-led clinic for SBC patients was set up at The Christie earlier this year to address patients' and families' needs and concerns.

Methods (approx 80 words):

The aim was to evaluate new patients' experiences of attending nurse-led clinics (NLC) for secondary breast cancer. Audit department approval obtained. Questionnaires were designed with structured / open questions; posted to patients two weeks pre / one month post NLC, together with the Hospital Anxiety and Depression Scale (HADS) and Concerns Checklist. HADS and Concerns repeated 3 months post NLC. Data collection / analysis were completed by an independent researcher. SPSS was used to facilitate anonymous data entry / analysis.

Results (approx 90 words):

71 patients invited to NLC, 49 attended. 73% completed pre and 51% post questionnaires. Age range 32-86 (mean 58). Most patients had multiple sites of metastases; 17(27%) bone metastases only.

After attending NLC patients had fewer questions about their diagnosis, increased understanding of their treatment plan, more information needs met, increased awareness of local support, and more contact with community staff. Patients felt more supported and in control. All HADS scores decreased post NLC; depression caseness increased at 3months. Total concerns decreased post NLC; concerns appraisal scores increased at 3months.

Implications (approx 30 words):

Nurse-led clinics can enhance patients' information/support needs and perceived control. Findings suggest psychological benefit but depression increases at 3months with indications of unresolved concerns. Sample size is small, therefore more research is needed.