Nurse led Rapid Access Lung Cancer Clinic

Winner of the NLCFN Small Grants award 2017

Sarah Morgan: Mesothelioma UK CNS for Wales
Macmillan Lung Cancer Nurse Specialist for Hywel Dda University Health board
no disclosures
Nurse led Rapid Access Lung Cancer Clinic

Situation

• Long term difficulty in recruitment
  – No Specialist Lung Cancer Respiratory Consultant
  – No Lung Cancer Nurse Specialist
  – No Rapid Access Lung Cancer Clinic (RALC)
  – Unstructured / unco-ordinated cancer investigation pathway late presentation and poor .

• Large rural county - one of three counties
  – Both other counties have RALC & LCNS’s. (3+hrs away)
Nurse led Rapid Access Lung Cancer Clinic
Nurse led Rapid Access Lung Cancer Clinic

Background

• 2,200 new lung cancer diagnosis per year in Wales
• Wales is 2\textsuperscript{nd} lowest of 29 European countries for both 1-year and 5-year lung cancer survival
• 25\% one year survival / 8.6\% 5 year survival
• HDUHB 311 new diagnosis per year / 46 BGH
• Ceredigion has the lowest number of stage 1-2 NSCLC diagnosis in Wales

(Source: Welsh Cancer Intelligence and Surveillance Unit’s National Cancer Registry. 2015)
Nurse led Rapid Access Lung Cancer Clinic
Nurse led Rapid Access Lung Cancer Clinic

New ways of working needed

• Unable to recruit experienced Consultant & LCNS to Ceredigion
• Wales population 3,000,000 – HDUHB 400,000
  – Carms 190 - PEMBS 120 - Ceredigion 79,000
• Large land mass (1,795 square kilometres)
• Population density only 41 per Km/sq
  – Carms 78 - PEMBS 76 – Powys 25 – Swansea 644 - Cardiff 2,565
• Experienced / appropriately qualified Lung Cancer Nurse Specialist needed to establish a Nurse Led RALC
• Move this nurse from existing team & backfill
Nurse led Rapid Access Lung Cancer Clinic

New ways of working needed

• NLC RALC structure
• Conduct patient assessment using agreed Performa in place of “Consultant /LCNS combo”
• Agreed format - pre clinic discussion via V.C with consultant of all clinic pts (3-4)
• Link in to Consultant via V.C half way through consultation after assessment
• Enabling patient to have assessment & diagnosis locally with support of Consultant & LCNS
Nurse led Rapid Access Lung Cancer Clinic

NLCFN Small Grants Project

• **Aim**
  
  • To evaluate the impact of the lung cancer nurse specialist who facilitates a rural, rapid access lung clinic with access to the specialist consultant via VC.

• **Objectives**
  
  • To assess patient satisfaction with the quality of communication in the new clinic
  
  • To analyse the impact of the new service on the timeline of the diagnostic pathways
  
  • To determine the overall patient experience of their lung cancer journey
Nurse led Rapid Access Lung Cancer Clinic

Design

• Mixed Methods study:
  – using questionnaires to gather quantitative and qualitative data on the overall patient experience
  – Use existing quantitative metrics to analyse timelines and pathways;
  – Gather patient stories to illustrate and bring the data to life.
Nurse led Rapid Access Lung Cancer Clinic
Timelines and Milestones

• £5,000 for study to be completed in 18 months
• Clinics commenced September 2017 (38pts / 50% lung cancer)
• Ethics application - Evaluation study not Research study
• Recruit, Conduct & theme 5 patient stories March 2018 – July 2018
• Compile, disseminate & analyse 50 questionnaire – Aug – Oct 2018
• Quantitive data collection ongoing / data analysis – July – December 2018
• Present preliminary findings NLCNF conference - Nov 2018 & BTOG Jan 2019
• Write up project Feb/March 2019
• - April 2019 - Completed
Nurse led Rapid Access Lung Cancer Clinic
NLCFN Small Grants award 2017

• The project aims to find out if using a specialist nurse in this way to run a RALC clinic, meets the needs of the patients from a quality and safety point of view

• and assess the patient experience.

• Problems & Pit falls / benefits and advantages

• RESULTS NEXT YEAR............
Thank you for listening

Any questions

Sarah Morgan: Mesothelioma UK CNS for Wales
Macmillan Lung Cancer Nurse Specialist for
Hywel Dda University Health board