

An Evaluation of support of patients with prostate cancer living with or beyond cancer treatment. A local perspective on future provision.

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Abstract

- Purpose:** This study was designed to evaluate whether radiographer-led on-treatment review clinics are meeting the needs of prostate patients receiving radiotherapy.
- Methods:** Semi-structured interviews conducted with seven patients and two staff members. Four main categories of questions were used to elicit patient and staff perspectives which were audio-taped and the dialogue was manually transcribed. Interviews have been used extensively in qualitative research to produce breadth and depth of insight into participants' experiences and opinions. A thematic analysis of the data was carried out to identify key aspects of the review service for both patients and staff.
- Results:** Several themes emerged from both patient and staff perspectives. All staff and patients expressed satisfaction with the service. Strengths include staff communication, relaxed environment, individualised support and consistency in identifying and managing side-effects. Weaknesses include information and communication gaps at the beginning and end of treatment, liaison with other staff groups, and staff unable to prescribe medication.
- Conclusion:** Interviews produced an in-depth view of patient and staff experiences. Staff and patients identified core strengths and some areas for improvement within the local service.

Key Words: Prostate cancer; interviews; review clinic; patient information; living beyond cancer.

Background

- In 2010 Cancer Research UK report Prostate Cancer accounts for around 12.4% of all new cancer diagnoses¹. This is the second most common cancer in men and constituents a large percentage of the patients receiving radiotherapy. Whilst 5-year survival for low and intermediate risk is 98%, this reduces to 67% for high risk and locally advanced prostate cancers¹. Consequently a significant number of men will find themselves living with cancer beyond radiotherapy treatment.
- The National Institute of Clinical Excellence (NICE) acknowledges treatment choice often depend on local specialist experience, treatment provision and patient preference². This variability could create more patient anxiety when accessing information and making treatment choices.
- In addition to this, Macmillan suggest patients with prostate cancer may have more possible information sources and choices to digest than for other cancer types³. National Clinical Guideline Centre emphasise the importance of patients understanding their diagnoses and good information giving alongside support is vital from all professionals during the patient journey⁴, yet studies show that many prostate cancer patients do not report being well-informed or do not understand the complex information⁵.
- NRAG acknowledge that the Cancer Reform Strategy and other initiatives which recommended restructuring historically separate clinical roles into multidisciplinary teams have paved the way for developing a four-tier structure for radiography practice^{6,7}. NRAG report that Advanced Practice roles have '*refocussed radiotherapy services around the needs of the patient*'. Radiographer-led on-treatment review is now commonly provided for prostate patients in radiotherapy departments. Consultant Oncologists are released for increasingly complex treatment planning and radiographers utilise their technical, teamworking and advanced communication skills to develop and improve information and support for patients.

Objectives

- To conduct a Service Evaluation of the radiographer-led on-treatment review clinics for prostate patients
- To elicit how the radiotherapy treatment (and within this the review clinics) are experienced by the review radiographers and prostate patients from a one month period.
- To assess the efficacy of four core functions of the review clinics;
- Information Giving**
- Assessment of Acute Side-Effects**
- Holistic support**
- Preparation for Living Beyond Treatment.**
- To produce recommendations from the conclusions which support staff development and service improvement.

Methods

- Qualitative methodology was suitable to study an 'intervention' viewed through participants attitudes, behaviours and experience.
- Convenience sample – all prostate patients completing treatment within the same calendar month (total of seven, one refused), plus two radiographers who undertake reviews.
- Verbal invitation with written information was given during treatment and consent obtained.
- Semi-structured interviews followed a simple script with headings and interviews were audiotaped taking place in a quiet room within the hospital.
- Audio-tape transcribed. Comparative analysis used to identify themes from the four core aspects of on-treatment reviews.

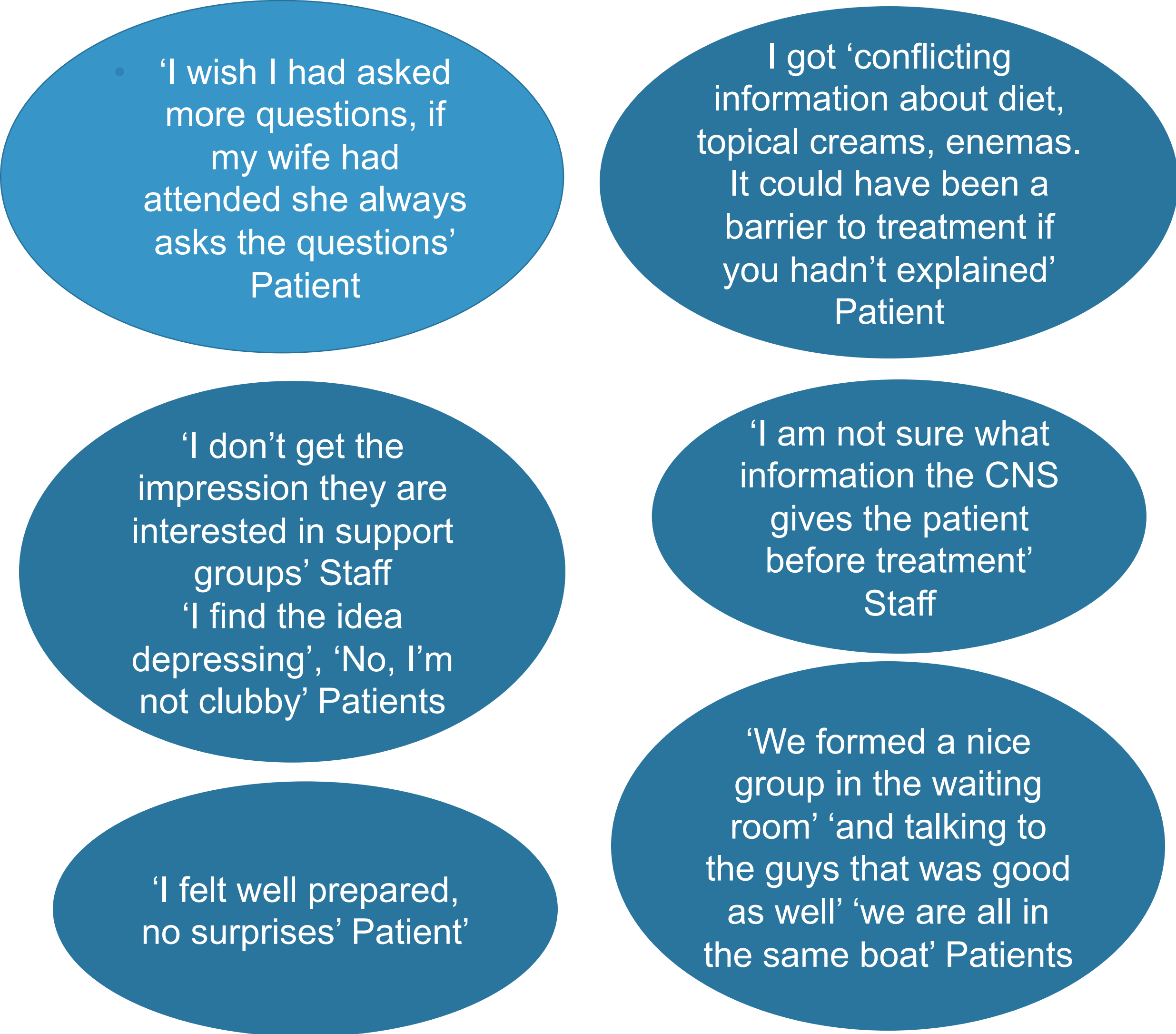
Results A

Themes	Subjects discussed
Information Giving	Wide variety sought - verbal, written, internet, friends, family. Variation between too much information and not asking for enough.
Holistic care	Specialist information sought and referrals. Patients report support from family, friends, specialist nurse and GP.
Living beyond treatment	Information sought at the end of treatment related to knowing outcome of treatment. Patients negative regarding support groups. Radiographers thought patients 'not yet ready to imagine life beyond treatment'.
Clinical Assessment of Symptoms	Satisfied regarding assessment of acute side effects during treatment. Only one patient in sample needed further referral for a prescription.

Results B

- Patients demonstrated thought and preparation had taken place before the interview. There was wide-ranging discussion and invaluable insight into patient experience as they are given space to tell their 'story'.
- Staff reflected on their own practice and experiences revealing both strengths and areas for development
- Staff felt the reviews were well received. Patients did not always know '*what the review is for*', but '*once I'd been I understood*'. Reviews were not explained at the beginning of treatment and this had created anxiety that there might be 'bad news'.
- All participants enjoyed the '*relaxed*' environment. A study by Halkett found patients rated emotional comfort from radiographers highly through both relationships and information giving⁸.
- Staff and Patients agreed that the primary concern at the end of treatment is 'when will I know if the treatment has worked?' All agree that information regarding life beyond treatment is too early at this stage.

Results



Conclusions

- Staff and patients were enthusiastic in their participation in the study and proactively identified both strengths and shortfalls in the information-giving experiences. Information-giving was wide reaching theme and encompassed both the patients and their relatives and/or friends. All the patients had also exchanged information with their 'peers' during waiting times which could be helpful and encouraging but also a source of confusion and create uncertainty. As a result of the study the review radiographers can utilise their advanced practice role to liaise further with different staff groups and support local staff development to address areas of concern.
- Studies have shown patients who are older, anxious, single and those less able or inclined to seek information are all at risk of information-deficit. Data from this study supported those findings. Review radiographers must be cognisant of this using their communication skills to identify and support vulnerable patients. Signposting a wider source of information and confidence in referring patients to other specialist staff including the in-house information service is vital, especially at the end of treatment.
- The use of semi-structured interviews yielded both a breath and depth of data regarding the experiences of staff and prostate patients. Patient satisfaction with their experience in review clinics is high suggesting most of their information needs are met. Literature suggests patient satisfaction is often linked to emotional support and staff may underestimate the effectiveness of the support they are giving to patients. A service evaluation is an intervention which can give vital feedback to staff
- Due to the small sample it is recommended this study is expanded with the use of questionnaires to survey a more diverse sample over a longer period of time. This would be an effective way to triangulate data and test the validity and credibility of the findings. Some issues which have been discussed in literature, such as sexual dysfunction and psychological distress, were identified by staff but none of the patient participants discussed these and therefore this study cannot comment on this further. A wider study could yield valuable feedback in these issues.

References

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