

Development and Audit of new Nurse-Led Non Medical Prescribing (NMP) Clinic for Systemic Anti-Cancer Therapy (SACT).

Philippa Davies RN BN MA
Senior Matron Oncology/Haematology
Royal Free London NHS Foundation Trust

Background

Neuroendocrine Tumours (NETs) incidence and prevalence rise alongside demands on NET services.

Established and run toxicity clinics for Sunitinib and Everolimus.

NMP for 8 years, and successfully completed the advanced assessment and history taking module.

Belief that addition of a nurse-led NMP SACT clinic alongside the oncology clinic would improve the quality of the review, allow more succinct pathway and reduce waiting times.

Setting up clinic

Open discussion with other CNS' in the UK, lead chemotherapy nurse, lead NET consultant and hospital lead for NMP.

Resistance

Patient selection criteria agreed.

Regimes to be prescribed discussed and agreed.

Requirements agreed for CNS

- Successful completion of chemotherapy/SACT module.
- Successful completion of the advanced examination skills and history taking module.
- Successful completion of NMP module.
- 5 Years experience within oncology/haematology.

- Minimum of 3 months working within specialist clinic alongside consultant team, reviewing patients undergoing treatment with SACTs.
- Logbook for Chemocare completed and signed off by consultant chemotherapy lead.

Details

Run alongside oncology medical clinic.

All patients reviewed to be discussed with lead consultant at end of clinic and also the oncology pharmacist.

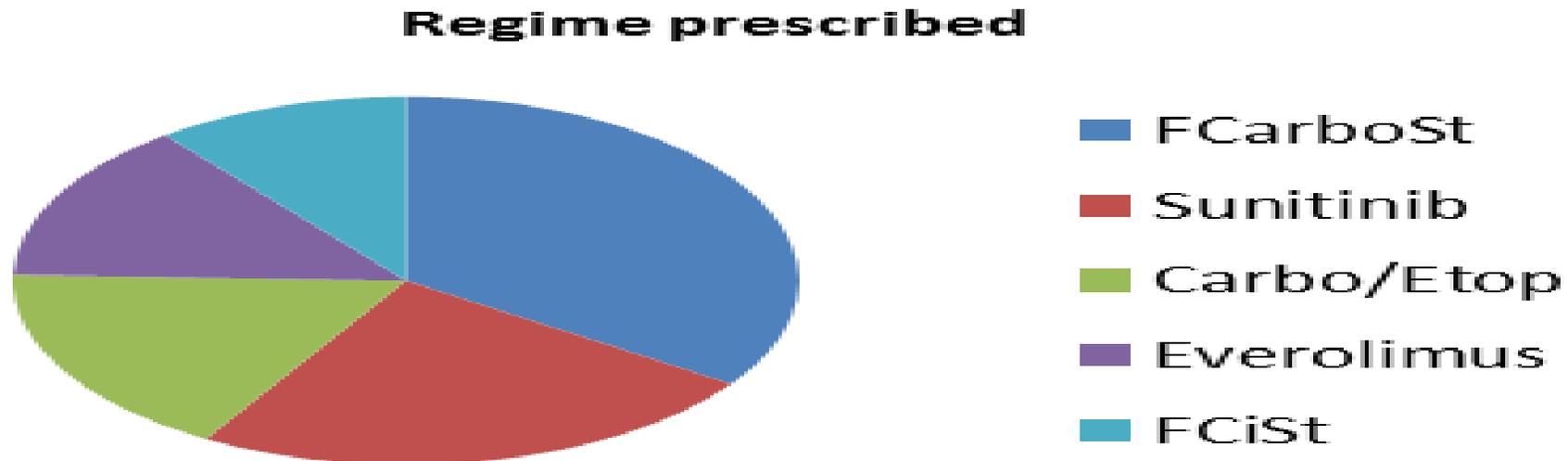
Record all prescribing behaviour and audit service after 3 months, then yearly.

Audit

Review of prescriptions, patient experience survey and consultant colleague survey.

Results

29 SACT prescriptions for 15 patients, no prescription errors



Discussions with consultants during clinic

- Fall unrelated to treatment, complex combination of insulinoma medication.
- New skin lesion.
- No drug allocated.
- New SOB and chest pain- ECG, CTPA etc.
- Future implications on treatment of multiple deferments and low blood counts.

Changes to prescriptions

- Oral agents held; restarted via CNS telephone clinic.
- Dose reductions due to toxicities.
- Low platelets delayed by 1 week (FCarboSt).
- Low neutrophils delayed by 1 week (Carbo/Etop).
- Permanent neuropathy – Cisplatin stopped.

Patient experience results

	Patient Survey Question	Result
1	How long was your waiting time?	Up to 15 minutes = 70%
3	Did you have confidence in the Nurse's level of knowledge?	Yes = 100%
4	Were all your questions answered by the nurse and did you understand all the information?	Yes = 93%
5	Were you given enough time to discuss any concerns?	Yes = 100%
	treatment and your NET?	
8	Was a doctor required to review you within the Nurse-	No = 79%
6	Did you feel involved in decision making?	Yes = 100%
11	Did you find any benefit to seeing a nurse?	Yes = 58%
9	Would you have preferred to see a doctor?	No = 93%

Patient comments

“Questions dealt with...in a very reassuring way, using their knowledge, expertise and experience. They deliver a message in a very compassionate way - often more so than the doctors”

“Always given as much time as I need. I often don't feel this with the doctors' appointment.”

“I don't get the thorough examination I get with the nurse specialist; it would therefore worry me if I didn't get to see her and only saw the doctor. In addition the doctors don't give you as much time to discuss your concerns.”

“The nurse has more time and to see a doctor as “back up” is very comforting”

“It depends on what is being reviewed. Results of scans, doctor please.”

“As both the doctors and the nurses have been very good, it is difficult to say if there is any more benefit seeing the nurse rather than the doctor. I am extremely satisfied with either”.

Consultants survey results

	Question	Result
1	Are you confident in the knowledge of the nurse?	Yes=100%
2	Was safe SACT prescribing practice observed?	Yes=100%
3	Did the nurse discuss issues with the wider SACT team appropriately?	Yes=100%
4	Did you feel decision making by the nurse regarding SACT prescribing and patient assessment was consistent with best practice?	Yes =100%
5	In your opinion, did the medical team review patients within the nurse-led clinic?	
6	Were you asked to review the patient alongside the nurse within the nurse-led clinic appointment?	No=100%
7	How satisfied were you with your experience of the combined nurse-led and medical review clinic?	Extremely satisfied =100%
9	How would you rate the quality of the nurse-led review?	Excellent=100%

world class ex

Consultant survey results

Consultants reported 100% confidence in the nurses knowledge, safe practice and decision making.

Keen for more such clinics to be developed within the trust for other cancer specialities.

“Nurse discussed cases and issues appropriately whilst patient in clinic with medical team.”

“The CNS provides an excellent service.”

2018.....

59 prescriptions: FCarboSt, FOLFIRI and Everolimus most common regimes prescribed.

Could not ask for any more help
...always very helpful,

Nurse Consultant within trust now also running NMP SACT clinic and plan for more by AOS CNS and the NET unit.

“Always have been happy with the NET service and being reviewed in clinic by either a specialist nurse or a member of the medical team.”

Conclusion

The experience for this nurse-led clinic is very positive, benefitting both patient and service.

The nurse feels increased satisfaction in her role taking part in this clinic.

The audit highlights that with experienced CNS' this is a viable model for enhancing patient care



world class expertise  local care

Royal Free London
NHS Foundation Trust

