

- 1. Link between PCI and Macmillan
- 2. PCI as part of Holistic Needs Assessment
- 3. Benefits over and above DT/concerns checklist
- 4. Dundee experience of implementing MiPCI
- 5. BAHNON e-survey

1. Macmillan Consequences of Cancer Treatment Collaborative (CCaT)

- Established end of 2009 12 senior nurses/AHPs
- Mission of CCAT translating the vision of cancer survivorship into front line care
- CCAT is working with Macmillan to raise awareness, understanding and effective treatments for the consequences (late effects) of cancer treatment.
- My CCAT project focussed on the consequences of head and neck cancer treatment
- Links with Simon, Cherith, NCRI HN survivorship sub-group, BAHNON
- Opportunity to raise awareness of HN issues within Macmillan

1. Project outputs – research & practice

- Cross sectional survey of survivors' quality of life, concerns and unmet needs, using QLACS, Distress Thermometer, PCI
- Development of ipad version of PCI MiPCI, now in use in Dundee Cancer Centre
- Experience-based co-design of follow up service in Tayside
- Publications update of metasynthesis of experience of head and neck cancer, review of interventions to address eating and drinking
- Raising of awareness in Macmillan about consequences of head and neck cancer treatment, PCI, BAHNON

2. PCI and Holistic Needs Assessment

- Holistic needs assessment the first fundamental step in survivorship care and the recovery package
- PCI provides the basis of HNA and supports all aspects of the package





3. Benefits of PCI over DT

- 41 concerns in total on the DT. Mean no. of concerns ticked was 5.32, median 3. Every concern was ticked by at least 1 person.
 78% had at least one concern
- 54 items on the PCI. Mean no. of concerns 9.83, median 8. 96% had at least one concern
- PCI more sensitive to picking up concerns
- However, some items on DT not on PCI e.g. loneliness, tingling in hands & feet

4. Dundee experience

Issues: -

- · Clinical buy in +++time
- IT; wireless, governance, support, maintenance
- Parallel developments in Liverpool e.g. interface, webserver, domains
- Patient evaluations very positive in pilot
- Time lag to general use because of re-design of clinics



4. Current use

- Nurse/AHP led clinic
- Wireless live transmission to webserver
- Basis of clinic consultation
- Plan to introduce during radiotherapy
- End of treatment summary

5. BAHNON survey (Wells & Semple)

Background

- Training needs assessment in England ascertained lack of knowledge and confidence in survivorship care
- Need to support implementation of HNA
- Awareness that H&N CNS' across UK implementing different models of HNA as well as aftercare/follow up

5. Aim of e-survey

- To ascertain the views of health care professionals on models of follow-up, holistic needs assessment and survivorship care for patients with head and neck cancer
- 3 sections: -
 - 1. Your practice
 - 2. Holistic Needs Assessment (including PCI)
 - Skills, resources and confidence for survivorship care

5. Plan

- Send to all BAHNON members ~200
- Anonymous but opportunity to provide contact details if willing to take part in further evaluation/research – HNA/PCI implementation, follow-up and aftercare
- Will provide information on training and support needs as well as models of care
- Links with Professional Engagement programme within Macmillan
- Macmillan support from consequences of treatment team

My conclusions

- Time for raising awareness of PCI/HNA is now
- 'Heineken' effect of PCI
- Need to re-visit domains, items, scoring
- Implementing and embedding PCI into routine practice takes ++ time
 Weight and experience of Macmillan e-HNA invaluable to further development
- BAHNON survey will help to identify early adopters and potential for further roll-out

