Audit of lung cancer support groups
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Introduction: In the spring of 2013, the Roy Castle Lung Cancer Foundation carried out an audit of the Lung Cancer Support Groups with which we have an association.

Aim: To find out what ingredients make for a successful support group, how members are recruited and maintained; and what the key difficulties are for the nurses who facilitate them.

Method: The Nurse Facilitators were informed by email of the forthcoming audit and were asked to distribute questionnaires at their next support group meeting.

We issued each Nurse Facilitator with a set of questionnaires; one for group members and one for themselves, together with a cover letter and a stamped addressed envelope.

A reminder email was sent around eight weeks later to prompt further responses.

Results: Out of the 44 groups surveyed, we received responses from 23 nurses and 165 support group members.

There was representation from Scotland, Northern Ireland, Wales and England.

87% of nurses found that the most challenging aspect of running a support group was the recruitment and retention of members.

Invitation by the Lung Cancer Nurse Specialist is the most popular route of access to support groups as 78% of members revealed.

Conclusion: The patients and carers who responded to the audit fed back that they find the groups an invaluable source of information and support. With the presence of a Lung Cancer Nurse Specialist the groups help to fill a gap, particularly for those who are post treatment.

The patient experience of lung cancer in Scotland
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Background: Patient experience is at the heart of ensuring a quality service and is a priority of the health care agenda in improving cancer services across Scotland. Services require regular review to ensure that they are patient focused and patient’s expectations and needs are identified.

Aim: To investigate the views of patients receiving care following a diagnosis of lung cancer and gain an overview of the patient experience of lung cancer services.

Setting: Participating Centres included Edinburgh, Glasgow and Clyde, Aberdeen, Inverness, Dundee, Borders, Dumfries and Galloway & Lanarkshire.

Method: A questionnaire initially adapted by NHS Lothian to elicit views of patients with lung cancer was adapted to use it in the wider Scottish population. All 3 Scottish cancer networks were involved in the development of the final questionnaire. The survey had both qualitative and quantitative components. All patients with lung cancer or mesothelioma attending Oncology follow up during June 2013, were asked to complete the survey. The questionnaires were distributed by reception staff at the clinics and were completed prior to seeing the Oncologist or another Health Professional.

Results: Four hundred and ninety-eight patients completed the survey. Recurring themes included uncertainty about the future, loss of independence and restriction in activities as well as psychosocial and emotional challenges.

Conclusion: The majority of responses were very positive, suggesting that people with lung cancer are content with the service they receive. Patients were positive regarding the quality and standard of care, as well as complimentary regarding their cancer care team however a need for more patient focused care was identified.

Development of an intervention to support patients with lung cancer share news of their diagnosis with family and friends
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Background: Much research has focussed on breaking bad news (BBN) i.e. on how physicians communicate a cancer diagnosis to patients. There is little understanding of the subsequent process, when patients go home and share bad news (SBN) with family members and friends; a situation faced by over 1.6 million people each year who receive a lung cancer diagnosis worldwide.

Methods: Aim: To identify key components of an intervention to prepare and support people with sharing news of their lung cancer diagnosis with wider family members and friends.

Sample: 20 patients with lung cancer, 17 family members/friends present at BBN consultations, 41 clinicians involved in BBN consultations and 6 service users with experience of sharing a cancer diagnosis (SBN) with others.

Stage 1: qualitative interviews with patients and family members, interviews/focus groups with clinicians to examine experiences with BBN and SBN. Stage 2: workshop with service users, interviews with clinicians to explore feasible intervention strategies. Data digitally recorded, transcribed verbatim. Thematic framework analysis.

Results: Patients and family/friends found sharing bad news difficult and complex. A mismatch in perceptions of support with SBN between clinicians and patients indicated the need for a pro-active and universal approach to offering support. Six core elements were identified in SBN (people to be told, information to be shared, timing of sharing, responsibility for sharing, methods of telling others and reactions of those told) which could structure a supportive intervention. SBN is a process that happens over time: which adds to the complexity of intervention delivery.

Conclusion: Sharing bad news is a challenging process which is currently largely unsupported. Preparing patients to share bad news has the potential to be a key supportive intervention for patients who receive a lung cancer diagnosis and their family members.

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Successful development of a nurse led thoracic surgical follow-up clinic for lung cancer patients
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Background: The successful introduction of a nurse-led chest drain clinic in Oxford led us to consider expanding our nurse-led services. We devised guidelines and competencies to facilitate the development of a nurse-led thoracic surgical follow-up clinic.

Method: We undertook consultation with stakeholders in thoracic surgical follow-up, including respiratory physicians, radiologists, oncologists and lung cancer nurses. Benchmarking was undertaken against established nurse-led follow-up clinics. Trust competencies for advanced nurse practitioners (ANP) were utilised to establish specific novel clinic competencies including qualifications in advanced history taking and physical assessment and non-medical prescribing. An approved post-holder IRMER protocol was established.

Results: 89 post-operative patients with a diagnosis of primary lung cancer were reviewed by the ANP between December 2012 and October 2013. Time since surgery ranged from 3 to 204 weeks. Issues were identified in 51 patients. 24 patients were referred for additional investigations or procedures, requests for review at lung MDT and smoking cessation. In the remaining 27 patients issues were addressed directly at consultation including pain management, infections and pulmonary rehabilitation. Direct communication from the ANP to GP is conducted via letter. There have been no complaints.