



Annual Meeting & Cardiothoracic Forum

17-19 March 2013 • Brighton International Centre

Society for Cardiothoracic Surgery in Great Britain and Ireland



The National Lung Cancer Forum for Nurses (NLCFN)

Thoracic Surgical Group (TSG) Research Interest Group (RIG)

Amy Bradley

Senior Research Nurse

Heart of England NHS Foundation Trust



Agenda



- Background
- The National Lung Cancer Forum for Nurses (NLCFN)
- Thoracic Surgical Group (TSG)
- Research Interest Group (RIG)
 - Ongoing work
 - How you can become a part of the groups

Background



- Lung Cancer Nurses (LCNs), Thoracic Nurse specialists (TNs) and Allied Health care Professionals have very important roles in the care of the lung cancer patient who is on the surgical pathway

Background

LCNs and TNs

- Better patient care
- Improved resection rates
- High quality MDT approach
- **Better outcomes for lung cancer patients**





Background LCNs and TNs

- Surgical patients can make up a small percentage of workload for Lung Cancer Nurses
 - Peripheral Hospitals
 - Gaps in knowledge of the surgical pathway and new surgical techniques
- Thoracic Nurse Specialists
 - diverse roles
 - Can feel isolated
- **Both have core working practices**
- **Its important to share experiences and good practices**

The National Lung Cancer Forum for Nurses (NLCFN)



- launched in July 1999
- Formation of an association of nurse specialists working with lung cancer patients
- The purpose is to provide members with support, education and an opportunity for networking and provide a national voice on clinical and strategic issues

The National Lung Cancer Forum for Nurses (NLCFN)



- **Chair: John White**
 - Lead Macmillan Lung Cancer Nurse
Leeds Teaching Hospitals NHS Trust
- **Vice Chair: Diana Borthwick**
 - Clinical Nurse Specialist- Lung Cancer
Edinburgh Cancer Centre
- Open to all nurse specialists who spend 50% or more of their workload with lung cancer patients
- **1 year membership period £17.50**

Subgroups of the NLCFN



- Thoracic Surgical Group (TSG)
- Research Interest Group (RIG)
- Open to members of the NLCFN and also non-members of the NLCFN
- **Health care professionals and allied health care professions** who spend 50% or more of their workload with lung cancer patients

Thoracic Surgical Group (TSG)



- Chair: Vanessa Beattie
 - Lung Cancer CNS
Aintree Chest Centre
- November 2009
 - Small group
- Group has evolved over the last year

Thoracic Surgical Group (TSG)



- Open membership

Currently

- Lung Cancer Nurses & Thoracic Nurse Specialists
- Allied Health professional (including Physio's and Cardio-Thoracic nurses)

Objective



.... to develop links to other Health Professionals working within the specialism of Thoracic Surgery to enhance the care and support of patients undergoing surgical procedures for suspected or confirmed thoracic malignancies.



Why ?

...the benefit of collaboration with other Health Professionals who work within the Thoracic Speciality is important

.....learn from each other

.....promote clinical excellence



Our Aim

- A network of surgical specialists across the UK
- Share models of good practice
- Develop, produce and disseminate key info & guidance
- Develop new evidence based good practice models
- A forum to influence national policy
- Support

Current work:

Guidelines to prepare and support patients undergoing lung resection

(Lead Sandra Dixon)



Problem

- Variation in the type and amount of information given
- Not given out at the right time
- Poor workup for surgery can result in patients developing post-operative complications

Guidelines to prepare and support patients undergoing lung resection



Aim

- To develop evidence based guidelines for lung cancer patients undergoing major Thoracic surgery
- These guidelines can compliment patients who are a part of Enhanced Recovery Programmes (ERP)
- Can achieve the targets set out in the cancer reform strategy

Guidelines to prepare and support patients undergoing lung resection



Will result in

- Promotion of patient self-management
- Provide support to patients
- Improve patient outcomes
- Support the surgical pathway



Include the following topics:

- Understanding Their Condition
- Nutritional Assessment
- Exercise and Breathing
- Smoking Cessation
- Pain Management
- Inpatient Pathway Information
- Discharge Advice
- Patient Information

Guidelines to prepare and support patients undergoing lung resection



- The guidelines have been created and will support any health professional involved in the provision of care for patients who are undergoing lung resection.
- Include examples of current evidence based best practice and examples of essential patient information.

Current work: Nurse Led Services

(Lead: Angela Longe)

Problem

- The working group within the TSG recognised the variation in current practise with nurse led telephone follow ups

Aim:

- Set out to standardise nurse led telephone follow ups into a good working document



Nurse Led Services background



Providing a telephone follow up service post discharge for patients who have undergone lung surgery can be an effective intervention to detect:

- early complications
- manage distressing side effects
- reduce rates of re-admission
- improve patients' satisfaction of their care

Nurse Led Services background



Retrospective audit from 4 trusts throughout UK

- Data from 4 trusts, n: 147 with 439 comments about specific post op concerns.
- Preferred Interval of phone call to patient from discharge is between 2 days and 1 week.
- Post op issues came under the following categories:
Breathing, pain, appetite, medication, anxiety,
constipation, sleep, activity, wound care and other.

Nurse Led Services: **Methods**



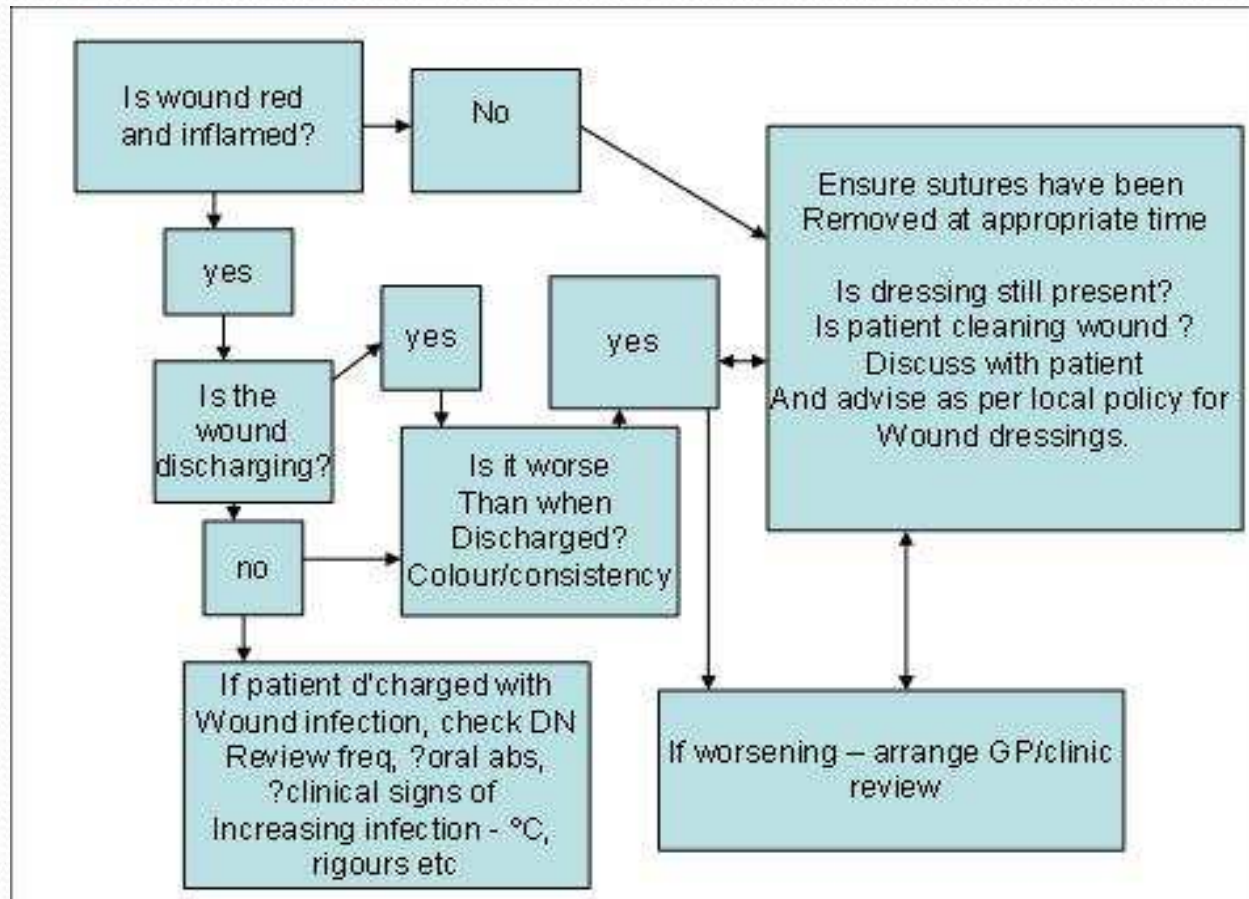
- The group will look at each specific post operative issue and used the format already used by the Yorkshire cancer network to develop flow charts to advise how to manage these post operative issues

Nurse Led Services: **Solution**



- Establish national guidelines have been written for the provision of follow up telephone calls for all thoracic surgical patients at 5 days post discharge.
- The Guidelines cover the potential problem symptoms following thoracic surgery, together with interventions and evidence to help support patients in useful flow charts.

Example flow chart



Definitions
Assessment
Actions
key references

TSG Summary



- Thoracic Surgery is a specialist area
- HCPs are Resource
- Collaboration has led to fantastic evidenced based work
- That can be spread throughout the UK
 - Enhanced recovery programmes



TSG

- How to get hold of these guidelines
- www.nlcfn.org.uk
- More information please contact Vanessa Beattie
- vanessa.beattie@aintree.nhs.uk

Research interest Group (RIG)



- NLCFN is keen to develop research activity that would help them improve care and services within lung cancer and also develop the NLCFN's research capacity
- Facilitate collaboration and dialogue between clinical and academic colleagues and bring together experienced researchers and nurse specialists with a declared interest in lung cancer and research

Research Interest Group (RIG)



- Chair: Professor Angela Tod
 - Sheffield Hallam University
 - RGN specializing in cardiology

Objectives

- Develop and build research activity and capacity within the forum and improve the evidence base upon which forum members base their practice

Specifically this will be by:



- Sharing knowledge of existing research activity
- Identify joint research priorities
- Provide advice to colleagues regarding research activity
- Developing new research partnerships across clinical and academic communities
- Identify and discuss:
 - innovative and creative research design approaches
 - shared knowledge on current funding options
 - strategies to ensure appropriate user involvement in research
- Facilitate the NLCFN to integrate their research and evaluation work into the wider cancer and healthcare community

Current Activity



- Identifies research priorities
- Presentations at RIG from new academic work
- Approached with research questions
- Partner on research funding applications
 - e.g. Treatment preferences study
- Commission with Nursing Standard and Cancer Nursing Care for articles

Research Priorities



- Lifestyle and rehabilitation interventions
- Care for patients after active treatment
- Lung cancer in the elderly
- Long term effects (psychosocial, late effects) on quality of life after concurrent chemo/radiotherapy
- Psychosocial impact of egfr and targeted therapy
- Impact of the Lung Cancer Nurse Specialist
- Competencies of the Lung cancer Nurse Specialist
- Holistic needs assessment

Successful collaboration

Exploring the impact of Lung Cancer Nurse Specialists on access to anti-cancer treatments: an exploratory case study



- Funding from the General Nursing Council Trust (£19775)

Research Question:

What factors contribute to the impact that LCNS have on treatment access for people with lung cancer and what are the implications for multi-disciplinary teams?

- 4 case study sites. LCNS = Case Site
- Interviews, observation and focus groups



Current research presented

- Evaluation of a Pilot Lifestyle & Exercise Programme
- Scotland
- Diana Borthwick and Gillian Knowles
- Funded by Macmillan
- **Lifestyle and exercise intervention for patients with cancer. Curative population. 2 x 12 week programmes**
- Quality of life, fatigue, depression, muscular strength
- Results:
 - Overall QOL improved
 - Significant improvement in fatigue, depression but not anxiety, cardio-respiratory function and muscular strength

Current research presented



- Rehabilitation for Operated lung Cancer programme (ROC)
- Prof Babu Naidu and Amy Bradley
- Funded by the Health foundation
- Identifies potential surgical candidates several weeks before surgery optimises their physical status, preparing them for the inpatient journey and supporting their recovery after surgery
 - **Pulmonary Rehabilitation, Smoking Cessation, Patient Self management and Education and Nutritional Intervention**

Results:

- Postoperative pulmonary complications (16% vs. 9%)
- Readmission rate (14% vs. 5%)



Future areas of research

- The following areas identified for qualitative exploration related to rehabilitation of lung cancer patients

exploration of:

- Lung Cancer rehabilitation group dynamics
- Experience of lung and COPD rehab being delivered together
- Long term management/ support needs
- Surgery/non-surgery rehab needs
- Rehabilitation outcomes of surgery/non-surgery patients,
- Factors influencing readmission rates.



Small Grants Scheme

- Launch 2011
- Approx £5000 available for research costs
- Project that reflects area of clinical concern and that relates to practice

Aim

- Develop research confidence, skills and capability
- Facilitate academic links and partnerships for the future
 - 2011 grant winner = Lavinia Magee
 - 2012 grant winner = Melanie Rogers



Small Grants Scheme Process

- 2013 - submission will be December 2013
- Call = September 2013
- Complete form (not too difficult or too long!)
- Judged using a matrix
- Decision January

Sharing the good practice



- Work output - NLCFN website
- Dissemination of the work
 - Publication
 - Conferences NLCFN , BTOG , SCTS, WLCC

More information about RIG



RIG chair: Angela Tod

Professor in Health Services Research

Sheffield Hallam University

a.tod@shu.ac.uk

0114-2255675

Open membership

TSG and RIG meetings



The groups aims to meet at least three times a year and sponsorship is provided for the TSG to help with expenses by Irwin Mitchell.



<http://www.nlcfn.org.uk>

How to get involved

TSG chair

Vanessa Beattie

vanessa.beattie@aintree.nhs.uk

RIG chair

Angela Tod

a.tod@shu.ac.uk

Thank you for
listening

<http://www.nlcfn.org.uk>

