



# **Nurse led Rapid Access Lung Cancer Clinic**

**Winner of the NLCFN Small Grants award 2017**

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no disclosures

# Nurse led Rapid Access Lung Cancer Clinic Situation

- Long term difficulty in recruitment
  - No Specialist Lung Cancer Respiratory Consultant
  - No Lung Cancer Nurse Specialist
  - No Rapid Access Lung Cancer Clinic (RALC)
  - Unstructured / unco-ordinated cancer investigation pathway late presentation and poor .
- Large rural county - one of three counties
  - Both other counties have RALC & LCNS's. (3+hrs away)





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## Background

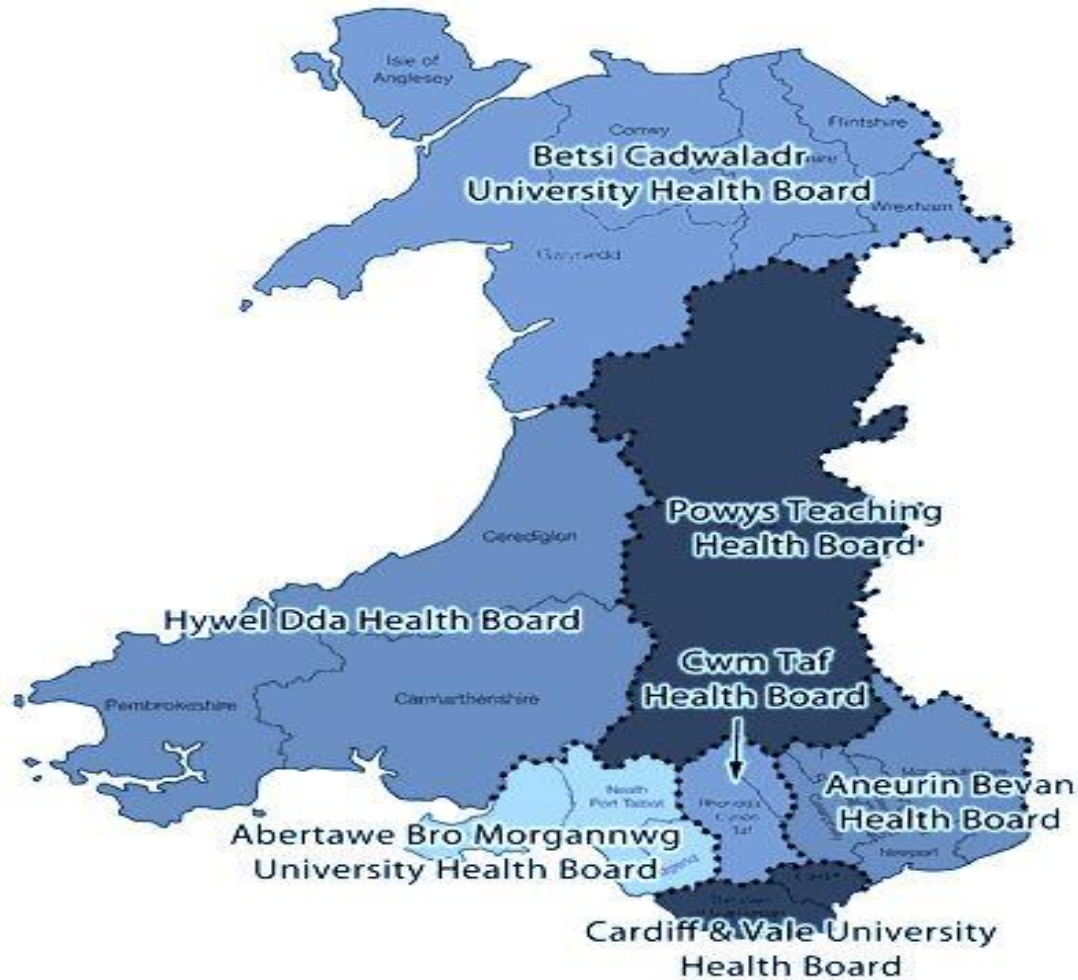
- 2,200 new lung cancer diagnosis per year in Wales
- Wales is 2<sup>nd</sup> lowest of 29 European countries for both 1-year and 5-year lung cancer survival
- 25% one year survival / 8.6% 5 year survival
- HDUHB 311 new diagnosis per year / 46 BGH
- Ceredigion has the lowest number of stage 1-2 NSCLC diagnosis in Wales

(Source: Welsh Cancer Intelligence and Surveillance Unit's National Cancer Registry. 2015)





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## New ways of working needed

- Unable to recruit experienced Consultant & LCNS to Ceredigion
- Wales population 3,000,000 – HDUHB 400,000
  - Carms 190 - PEMBS 120 - Ceredigion 79,000
- Large land mass (1,795 square kilometres)
- Population density only 41 per Km/sq
  - Carms 78 - PEMBS 76 – Powys 25 – Swansea 644 - Cardiff 2,565
- Experienced / appropriately qualified Lung Cancer Nurse Specialist needed to establish a Nurse Led RALC
- Move this nurse from existing team & backfill



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## New ways of working needed

- NLC RALC structure
- Conduct patient assessment using agreed Performa in place of “Consultant /LCNS combo”
- Agreed format - pre clinic discussion via V.C with consultant of all clinic pts (3-4)
- Link in to Consultant via V.C half way through consultation after assessment
- Enabling patient to have assessment & diagnosis locally with support of Consultant & LCNS





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## NLCFN Small Grants Project

- **Aim**
- To evaluate the impact of the lung cancer nurse specialist who facilitates a rural, rapid access lung clinic with access to the specialist consultant via VC.
- **Objectives**
- To assess patient satisfaction with the quality of communication in the new clinic
- To analyse the impact of the new service on the timeline of the diagnostic pathways
- To determine the overall patient experience of their lung cancer journey



# Nurse led Rapid Access Lung Cancer Clinic Design

- Mixed Methods study:
  - using questionnaires to gather quantitative and qualitative data on the overall patient experience
  - Use existing quantitative metrics to analyse timelines and pathways;
  - Gather patient stories to illustrate and bring the data to life.



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## Timelines and Milestones

- £5.000 for study to be completed in 18mths
- Clinics commenced September 2017 (38pts / 50% lung cancer)
- Ethics application - Evaluation study not Research study
- Recruit, Conduct & theme 5 patient stories March 2018 – July 2018
- Compile, disseminate & analyse 50 questionnaire – Aug – Oct 2018
- Quantitative data collection ongoing / data analysis – July – December 2018
- Present preliminary findings NLCNF conference - Nov 2018 & BTOG Jan 2019
- Write up project Feb/March 2019
- - April 2019 - Completed



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## NLCFN Small Grants award 2017

- The project aims to find out if using a specialist nurse in this way to run a RALC clinic, meets the needs of the patients from a quality and safety point of view
- and assess the patient experience.
- Problems & Pit falls / benefits and advantages
- **RESULTS NEXT YEAR.....**





# Thank you for listening

## Any questions

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