

Prostrate Cancer follow up. Do patients and Health Professionals want the same thing?

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Introduction & Objectives

With recent changes in the world economy and the government drive for effective and economic healthcare, there is a need to re-examine current practices in the National Health Service (DOH, 2010; DOH, 2011).

One of the areas of interest is the cost of cancer care follow-up (DoH 2010; NICE, 2008). In Urological cancer, post-treatment surveillance for prostate cancer patients poses some challenges, given that prostate cancer is the most common male cancer in the world.

The role of post-cancer treatment surveillance is to detect early recurrence or progression of the cancer, monitor improvement in survival rate, provide easier access to medical services and deliver improvement in quality of life and satisfaction with care (NICE, 2002; NICE, 2004; NICE, 2008; DOH, 2011). Jones (2003) and Cox & Wilson (2003) demonstrated that the current form of follow-up fails to improve or meet these expectations. Whilst the existing form of follow-up is not financially sustainable, a more effective or economically viable alternative has not been established.

The assumption that shifting the same form of follow-up to a different setting or from one health professional to another will somehow improve the care or cost of follow-up, is naïve. It is therefore necessary to consult the patients who are undergoing this type of follow-up to establish their views as to how they want to be managed and if they have needs that are currently unmet. The objective of the survey and group discussion is to establish patient preferences, which can subsequently guide the development of services.

Materials & Methods

In order to evaluate patients' preferences for prostate cancer follow-up at a local hospital, a questionnaire was designed. It was peer reviewed and piloted with 5 patients to check the clarity of the questions.

The questionnaire was offered to all patients on PSA surveillance attending clinic from 17/05/2010 - 09/08/2010 and was self-administered and anonymous. Forty-eight responses were received. To understand how patients define follow-up and their views on choice, a focus group discussion with open ended questions, was conducted. Fifty-two patients participated in the discussion with two healthcare professionals facilitating the event.

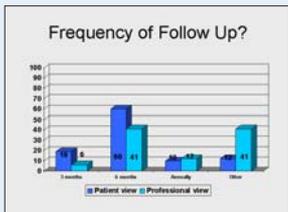
Notes were taken whilst observing the discussion by two health professionals and a patient who was uninvolved in the study. Following discussion, the information was typed and sent to the participants to check accuracy and to give comments.

When a consensus was achieved, the final report was circulated and agreed. A questionnaire of professionals was conducted with 17 responses from this urology team. The questions were similar to those asked of the patients, but worded slightly differently to be relevant to health professionals.

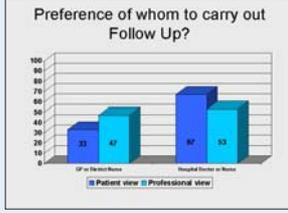
Results / Group Discussion



Q1 Exploration of understanding of the purpose of follow-up:
Preference: To have holistic assessment which is seen as a vital part of PSA follow-up. Explanation of changes / no change in PSA and it's significance is important.
Theme: Reassurance
Comments: "it is not follow-up per se as there is nothing to follow but plenty to assess"
 "opportunity to get reassurance"
 "to know where you are with it..."



Q4 How often do you think follow-up intervals should be?
Preference: At 6 months or based on assessment at baseline (links with follow-up arrangements).
Theme: Reassurance
Comments: "providing condition is stable, long intervals are reassuring"
 "familiar faces and kept an eye on"



Q2 Who would you prefer to carry out your follow-up?
Preference: To be seen by Hospital team. Face to face follow-up.
Themes: Assessment / reassurance / expertise / confidence with hospital team / confidence with own knowledge / familiarity / continuity of care (Cancer Nurse) and support.
Comments: "at the GP surgery nobody explains the PSA value or its significance, would prefer an expert team to deal with it"
 "someone knows your case and what is going on"



Q5 Would it be important to you to have access to your urology team?
Preference: To have access to the cancer team via Urology CNS, key worker who knows your case and can discuss your concerns with the consultant.
Themes: Information, support, continuity of care, reassurance
Comments: "for me, the Cancer nurse is a link to my specialist team"
 "you know that you get the advice you need and that your consultant will be informed"
 "I feel fine, but how do I know I am fine unless I see a professional I trust"



Q3 How would you like to see follow-up done?
Preference: For health professional to offer the choice of different forms of follow up and explain alternatives.
Themes: Lack of empowerment, not knowledgeable or expert enough to make the right choice. Lack of confidence.
Comments: "prefer to see the same person"
 "if results could be posted/ accessed in advance and you are confident that you understand what they mean then you can make a decision if you need to attend follow-up or carry on with blood test only"

Conclusions

Based on the findings from this questionnaire and group discussion it appears that patients prefer the traditional model of hospital based follow-up. If this is to change we need to work with our patients to develop a service that meets their needs.

Patient-led follow-up could work, provided patients are confident that they have access to advice and support and are assured of referral back to the urology team if required.

Nurses are ideally placed to play a key role in the development of such a service and in enabling patients to look after themselves. This can be achieved through delivery of patient education and support to meet identified patients' needs.

Nurses are able to work with their patients in a way that is empowering, whilst enabling them to lead an independent life following their cancer diagnosis.

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