

## **Breast Cancer CNS/ Pharmacy led clinics**

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**Joint Breast CNS & Specialist Pharmacy led clinics for patients with oestrogen receptor positive metastatic breast cancer.**

### **Philosophy of the Service**

Patients with secondary breast cancer who are oestrogen receptor positive receiving hormone and bone anti-resorptive therapies often have long periods of time (months to years) when their metastatic breast cancer is “stable” (Reed and Corner 2012, London Cancer Alliance 2016). During this period of stable disease many patients attend Consultant led clinics every 4 weeks to have their bone anti-resorptive therapy which can put considerable pressure on busy clinics. This group of patients was identified to be an ideal target for review in a joint CNS/Pharmacy led clinic.

The intention of the Breast Clinical Nurse Specialist/Pharmacist led clinic was to:

- 1) Reduce waiting times for patients
- 2) Free up additional slots in Consultant led breast clinics
- 3) Allow time to assess the patients’ holistic needs
- 4) Assess menopausal symptoms in line with NICE (2017) guidelines

The CNS and Specialist Pharmacist have both qualified as non-medical prescribers, and completed their Advanced Physical Assessment & Consultation Skills training. The roles of the CNS and Specialist Pharmacist complement each other; both are equipped to assess the patient’s emotional and pre-treatment needs as per patient assessment protocol.

### **How does the clinic work?**

Protocols, pathways and assessment tools were agreed by the Breast Consultant team; all tools were designed to facilitate on-going evaluation. The clinic has been running now for almost two years and will be extended in the next few months (as of October 2018) to include patients who are receiving oral CDK4/6 inhibitors and endocrine therapy +/- bone anti-resorptive treatment.

Patients are reviewed by their referring Consultant after scan results. If the patient’s scan reports stable disease the patient is referred back to the CNS/Pharmacy led clinic with an agreed clinical management plan indicating the number of clinic visits prior to attending the consultant-led clinic again. This is typically 4-6 visits, however it varies on an individual patient basis. Consultant support is available at the CNS/Pharmacy led clinic and will be made available whenever a patient presents with new cancer related symptoms or new problems.

As the CNS/Pharmacy led clinic is carried out under the care of the lead consultant, the tariff the hospital receives is the same as it would be if the patient had seen the consultant.

## **Impact**

### **Service Improvement**

- A review of times between appointment and being seen in clinic revealed significantly reduced delays
- All patients reported that emotional wellbeing and menopausal symptoms were addressed in the clinic
- “Menopausal packs” were developed which included lubricants for vaginal dryness
- 90% of the patients found the packs and lubricants helpful

### **Patient reports of menopausal symptoms**

The majority of women reported menopausal symptoms. The most frequently reported were:

- Hot flushes (80%)
- Vaginal dryness (64%)
- Joint pain (20%)
- 43% of women attending the clinic reported that they had not been previously been asked about menopausal symptoms.

### **Physical and emotional well-being were also assessed**

- 64% reported experiencing mild to moderate levels of anxiety
- 36% reported experiencing mild to moderate levels of low mood
- 84% reported experiencing fatigue. 40% of these women described it as mild and 44% as moderate.

### **How has the clinic helped?**

A patient experience and satisfaction survey in September 2017 evaluated the service as excellent. The CNS & Pharmacist joint working partnership enabled a range of needs to be met, some of these had not been addressed previously. Patients valued the time to discuss concerns and their menopausal symptoms. Improvements in patient flow were achieved including a reduction in waiting times.

## **References**

London Cancer Alliance (2016). Metastatic Breast Model Service specification. (accessed on line 11/7/16: [www.londoncanceralliance.nhs.uk](http://www.londoncanceralliance.nhs.uk))

NICE (2017): Menopause quality standard statement 5: Information for women having treatment likely to cause menopause

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