

# Supportive Care in Cancer: findings from the 2010 National Cancer Patient Experience Survey in England

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## Background

Providing good cancer support is an essential aspect of treating the patient holistically

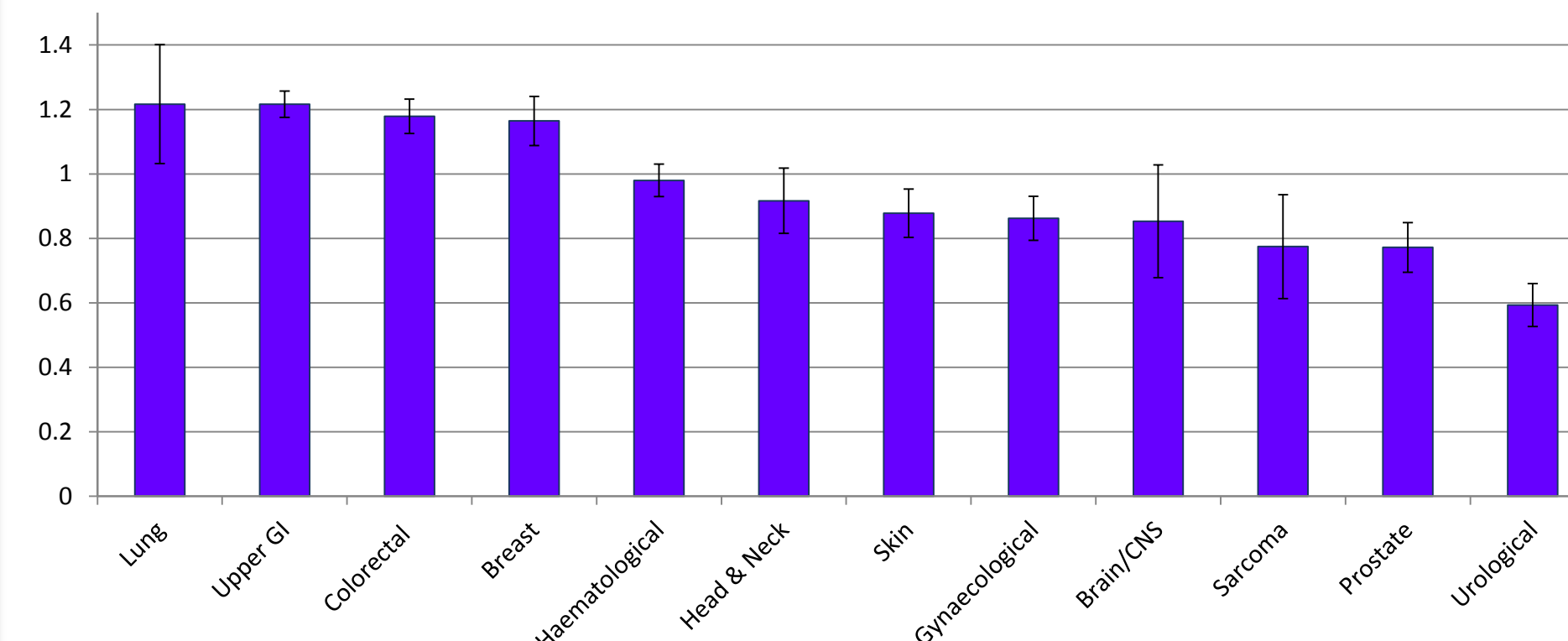
Cancer based Clinical Nurse Specialists (CNSs) are shown to improve efficiency, patient outcomes & experience whilst reducing healthcare expenditure

With the exception of breast cancer care, relatively little is written about the cancer care patients receive and their access to cancer support on a national level

## Results 1

### Aim 1 - Variation in optimal CNS support between 12 cancer groups

Odds ratio of having optimal CNS Support for each cancer, compared with cancers overall



## Implications

1. Significant variation in the provision of optimal CNS support between cancers
  - Suggests need for more CNS support dedicated to less common cancers.
2. Optimal CNS support does lead to better information provision
3. Optimal CNS support results in better support after hospital discharge but suboptimal CNS support does not have implications for learning / education.
4. Patients with fewer GP consultations pre-diagnosis felt better supported by their GP after hospital discharge
  - What is the mechanism for this and is it of any importance?

## Aims

To determine:

1. Variation in CNS support between 12 cancer groups
2. The association between 'CNS support' and 'support information' and the variation between cancer groups
3. The association between 'CNS support' and 'support after hospital discharge' and the variation between cancer groups
4. The association between number of consultations with a GP prior to diagnosis and 'GP support'

## Methods

We analysed data from the National Cancer Patient Experience Survey 2010. This obtained data from 158 NHS Trusts in England, and obtained a response of 67% from a sample of 67713 cancer patients. From the data we studied four different domains of cancer supportive care. These were:

'CNS support' – defined as 'Optimal CNS support', 'Suboptimal CNS support' and 'No CNS support'. This was a composite variable based upon questions that asked about knowing the name of CNS, access to CNS and communication with CNS.

'Information Support' – determined from each of three questions regarding being informed about: support and self-help groups, free prescriptions, and financial support.

'Support after hospital discharge' – determined from a question about whether patients were given enough care and help after hospital discharge.

'GP support' – determined from a question about whether GPs and nurses did everything they could.

We also used data from a question about the number of times a patient saw their GP prior to diagnosis.

## Results 2

### Aim 2 - The association between 'CNS support' and 'support information' and the variation between cancer groups

Optimal CNS Support, compared with no CNS support, is associated with better information about:

- Support groups OR = 7.5 [range 6.0 (colorectal), to 10.6 (skin)]
- Financial benefits OR = 4.6 [range 4.6 (colorectal), 7.0 (brain/CNS)]
- Free prescriptions OR = 3.0 [range 2.1 (brain/CNS), 4.6 (head/neck)]

Optimal CNS support, compared with suboptimal CNS support, is associated with better information about:

- Support groups OR = 3.1 [range 2.1 (brain/CNS), 4.4 (sarcoma)]
- Financial benefits OR = 2.4 [range 1.8 (brain/CNS), 3.0 (sarcoma)]
- Free prescriptions OR = 2.3 [range 1.4 (brain/CNS), 2.9 (urological)]

Suboptimal CNS support, compared with no CNS support is associated with better information about:

- Support groups OR = 2.5 [range 1.9 (haematological), 3.8 (brain/CNS)]
- Financial benefits OR = 1.9 [range 1.4 (prostate), 3.8 (brain/CNS)]
- Free prescriptions OR = 1.3 [range 0.9 (prostate), 2.0 (sarcoma)]

## Results 3

### Aim 3 - The association between 'CNS support' and 'support after hospital discharge' ('Yes definitely' versus 'no') and the variation between cancer groups

Optimal CNS support, compared with no CNS support, is associated with better support after hospital discharge OR = 3.2 [range 1.7 (skin), 4.4 (brain/CNS)]

Optimal CNS support, compared with suboptimal CNS support, is associated with better support after hospital discharge OR = 3.1 [range 2.5 (colorectal), 4.6 (sarcoma)]

However, suboptimal CNS support, compared with no CNS support, is not associated with better support after hospital discharge OR = 1.0 [range 0.6 (skin), 1.6 (brain/CNS)]

## Results 4

### Aim 4 - The association between number of consultations with a GP prior to diagnosis and 'GP support'

1-2 GP consultations, prior to cancer diagnosis, compared with 2 or more, is associated with a higher level of GP support post-discharge – OR 2.6 [range 1.9 (prostate), 2.9 (sarcoma)]

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