

“Life, not cancer” – a pilot of community based survivorship care delivery in Southern Adelaide

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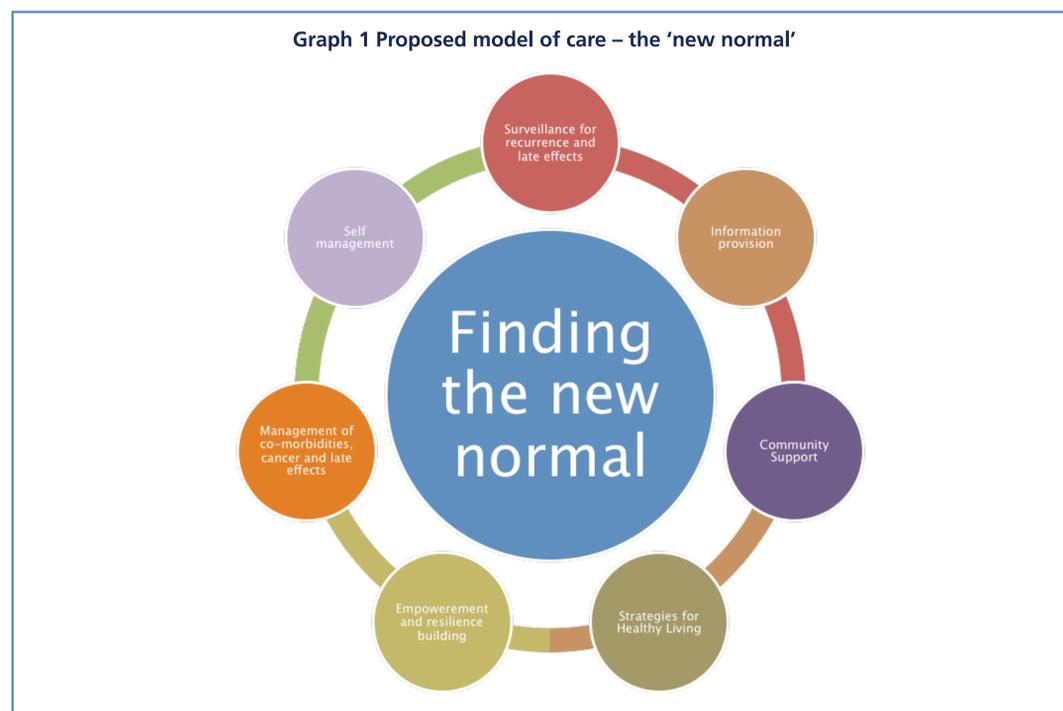
Background/Introduction

The Flinders Centre for Innovation in Cancer (FCIC) provides multidisciplinary cancer services for Southern Adelaide and South Australia. Its survivorship program has been operating since 2009 providing a nurse led end of chemotherapy assessment including treatment summary and care plan development. At this stage, the program supports only patients treated in the Department of Medical Oncology and there is a need to expand this program to cater to other cancer patients and to ensure it aligns well with community needs and expectations.

In 2014 we have undertaken strategic planning meetings, asking cancer survivors, community representatives and cancer care providers to identify gaps in survivorship care that we currently deliver. As a result, the following strategic directions were formulated for the program, which are closely aligned with the Flinders Survivorship Charter:

- Focussing on wellness and not just illness; on survival and maximising ‘quality of life’ for those affected by cancer
- Fostering partnerships between clinicians across all healthcare settings, community supports, researchers, and people affected by cancer in our common pursuit of effective planning of care and research affecting cancer survivors
- Building a greater understanding of the broad physical, practical and psychosocial needs of cancer survivors, in order to drive practice improvement and research
- Helping to eliminate stigmas, inequalities in care and access to care
- Building patient self- capacity and ensuring survivors know what to expect and where to access care, follow-up, information and advice
- Building capacity for excellence

The diagram below (Graph 1) depicts the elements of care that are considered necessary to deliver comprehensive care for cancer survivors, based on stakeholder feedback.



To deliver on the strategic plan and to broaden the scope of the survivorship program we have partnered with the Southern Adelaide Health Alliance (SAHA) collaborative to explore how we can better engage with the community to deliver effective survivorship care. SAHA is an initiative aimed at developing innovative programs and partnerships with providers outside acute health facilities including health and community providers and consumers within the Southern Adelaide metropolitan area.

The four core organisations of SAHA are: Southern Adelaide Local Health Network (SALHN), Southern Adelaide Fleurieu Kangaroo Island Medicare Local (SAFKIML), SA Ambulance Service (SAAS) and Health Consumers Alliance of SA (HCASA).

The primary aim of SAHA projects is to give back healthy hours to the community by optimising access to care in the most appropriate settings through planned care pathways, hospital avoidance and responsive and efficient service delivery.

Objectives

1. To examine preferences of primary care providers with respect to development of cancer survivorship care plans and transfer of information and communication.
2. To examine cancer service needs with respect to cancer survivorship care planning from the perspective of specialist cancer nurses in the acute setting.
3. To develop and pilot a model of cancer survivorship that can be developed and implemented by a variety of health professionals across acute and community settings.

This poster will report of objectives 1 and 2

Method

We submitted a project brief to SAHA which was accepted as fulfilling the criteria set by SAHA to provide access to care in the most appropriate settings.

GP practices were approached through the SAHA link with SAFKIML .They were invited to meet with us and learn more about the project. The approach was via SAFKIML newsletter and sent to all GP practices within the SAFKIML region.

Tumour specific and general cancer nurses, all at senior level were asked to attend a series of meetings to discuss cancer service needs with regards to survivorship care.

Results

Three GP practices in Southern Adelaide have expressed a willingness to be involved. These practices vary in size and infrastructure. (Table 1)

GP Practice	Rural/Metro	Number of GP's	Practice Nurse	On site Allied health	IT systems	Utilise Chronic disease plans
1	Metro (inner south)	1	No	No	No – paper based	Yes
2	Metro (Inner south)	2	Yes	Yes	Yes	Yes
3	Metro (outer south)	18	Yes	Yes	Yes	Yes

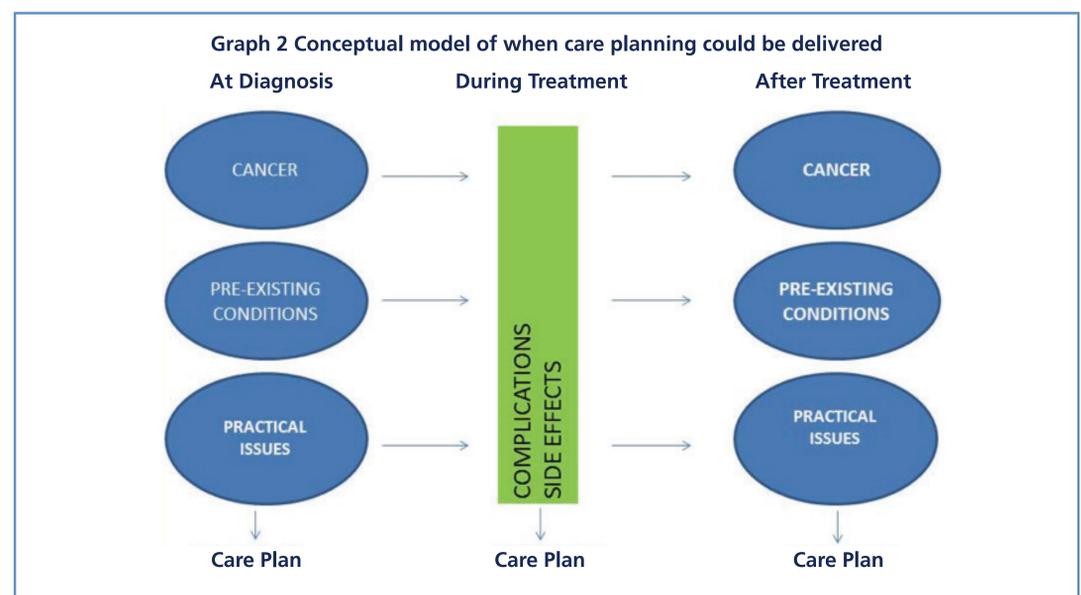
Doctors in General Practice identified access to timely communication and guidelines that enable clarity of care planning events.

They also identified a desire to have a central contact point for clarification of clinical issues.

The cancer nurses we have engaged come from a variety of backgrounds and cancer specialty areas as described in Table 2.

Cancer Nurse	Tumour type	Reports to	Primary involvement
1	Upper Gastrointestinal cancer	Surgery	Diagnosis, co-ordination of care
2	All Medical Oncology	Cancer services	Pre-treatment education
3	Gynecologic Oncology	Womens health	Co-ordination of care
4	Prostate cancer	Surgery	Diagnosis, co-ordination of care
5	Breast Cancer	Surgery	Post surgical care, Surveillance
6	Haematological malignancies	Cancer Services	Co-ordination of care
7	Breast reconstruction	Surgery	Assessment, support, co-ordination of care

The discussion with nurses led to the development of a conceptual model of when care planning could be created and updated. Nurses were willing to be involved in development of the care plan but stressed that such a plan would need to be brief, simple, adaptable to evolving needs and owned and held by the patient. At this stage, further discussions are needed with consumers and GP's as to how best to operationalise this conceptual model. (Graph 2)



Next Steps

Next steps in the project include ‘workshop’ meetings with GP practices and the project team and consumer feedback.

Conclusions

General Practitioners and cancer nurses are willing to engage in developing a flexible approach to delivery of survivors care that is responsive to consumers needs. The project is ongoing. For further information contact Michael Fitzgerald. Michael.fitzgerald@health.sa.gov.au