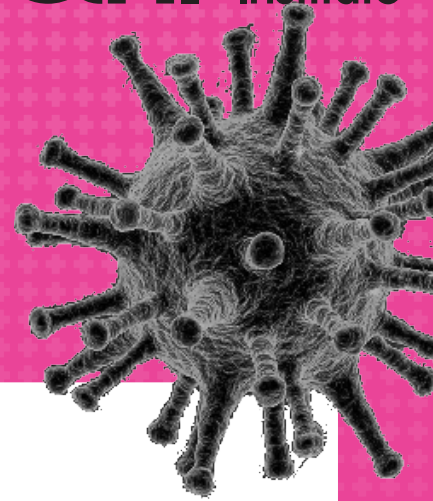


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Enabling cancer patients to access online clinics and a virtual rehabilitation programme in Bath



1/

Personal details

Name: Jane Cook, QN

Job title: Macmillan Clinical Nurse Specialist

Employer: Royal National Hospital for Rheumatic Diseases, Royal United Hospitals, Bath

2/

Please describe your practice innovation.

During COVID, we were no longer able to offer face to face contact so we transformed the service to enable patients to access online clinics and a virtual rehabilitation programme, delivered via a Zoom platform.

We pared the rehabilitation programme back to first principles and considered how we could deliver these virtually. We sought patient feedback through questionnaires and focus groups to establish their views on the content and delivery of a virtual programme. We piloted a programme; 3 out of the 4 patients dropped out. We had to respond flexibly to feedback, making continuous changes to ensure that we were able to deliver effective interventions that were engaging to patients. The virtual programme now typically runs over 2 weeks from 10-3 (with frequent breaks) with flexibility for later/earlier appointments if necessary.

3/

How has this enabled you to treat/support individuals/residents/families/carers more effectively and safely?

The development of a virtual offer has meant that the Service is more responsive during COVID. Patients can access vital rehabilitation in their own homes rather than residentially, where they are able to practice valued activities and interventions in their own environment. One such patient is RG, who was diagnosed with Right Breast Cancer in 2014, undergoing surgery, chemo and radiotherapy. She described constant pain to her right breast, chest wall and arm since her treatment but struggled to get this pain recognised as a late effect by health professionals. She described a 'ripping pain' on movement which she scored at 8-9/10, stating that it took her breath away. She avoided lifting or twisting on her right side and felt 'disconnected' from her right upper body. RG's sleep was significantly disrupted by her pain and as a result, her day and night routines had become muddled.

While on the programme, RG attended group sessions on Explaining Pain and Mindful Movement, which helped her to better understand that the pain did not mean that her muscles were ripping and that movement could help with the underlying fibrosed, scar tissue that was causing pain. We discussed the role that language has played in exacerbating increased fear of certain movements (like the term 'ripping'). RG was supported to reengage with her right side using sensory techniques and to undertake gentle yoga stretches and breathing exercises. In 1:1 sessions, RG explored the mechanisms behind sleep, which led to working through sleep hygiene advice in terms of practical changes that RG could incorporate into her daily routines, alongside relaxation and mindfulness techniques.

At the end of programme, RG had made significant changes to her pre and post sleep routines and was going to bed earlier, allowing her to increase her day time activities and daylight exposure. RG was practicing regular relaxation techniques and had noticed the impact on her tension and pain. She reported being less fearful of pain on certain movements which allowed her to engage in activities with increased confidence.

To date, 5 patients including RG, have attended the virtual programme and undertaken self-reported outcome questionnaires pre and post the programme. Based on these outcomes, the virtual programme has been able to provide rehabilitation for patients during COVID. The question remains, however, whether these changes can be sustained over time in the same way as the residential programme.

4/

How has this enabled you to work more effectively with colleagues/partner organisations?

The development of the virtual programme has enabled us to continue to offer a Service to patients and referrers during COVID.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

Initially, the virtual programme was set up as a response to COVID, however because the Service is national and also because of the complexity of pain and other co-morbidities which our patient cohort experience, it is likely that some patients may prefer the virtual offer to travelling to attend the assessment clinic and/or programme, incurring cost and discomfort. Our patient feedback cited that patients most missed the hydrotherapy and opportunities to meet other patients and the team face to face. We are looking at working more 'coffee breaks' into the programme for patients to talk together. We anticipate that going forward, we will offer a blended service of residential and virtual aspects based on patient need and choice.

6/

Please describe any new and continuing challenges you had to overcome.

The greatest barrier to accessing virtual clinics and the programme for our patients was largely digital in origin. In order to manage these, we devised the following:

- An initial screening tool – looking at equipment, broad band; a safe confidential place, any barriers raised by the patient.
- An offer of Zoom lessons
- Pre-programme booklet with Zoom instructions
- Pre programme sessions to run through use in real time
- An Individual Participation Plan to look at ergonomics, concentration issues and any barriers prior to programme.

Only 3 patients decided not to take up the virtual offer; 2 did not have equipment or broadband and 1 had a painful neck and could not spend a long time looking at a computer.

7/

Please list any websites, online platforms or apps that have helped you

We used Zoom because it is the most commonly used platform and relatively straight forward for patients to use/understand. Patients were asked to consent to use this platform. We also developed bespoke videos for patients uploaded to YouTube.

8/

Please give any quotes from individuals/family members/carers, or other relevant information.

'I can't believe that sitting on a computer talking to people has made such a difference to my pain.'

'It has been very helpful having help with using Zoom for the first time.'

'My days are better organised. I sleep better and wake feeling more refreshed. I feel more motivated. I understand that it is ok to have an off day. By doing gentle exercises and altering my stance, my pain has improved.'

'For me, getting to know myself better and how my body works and reacts to pain, and how to change in a really positive way was useful.'

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Patients can access vital rehabilitation in their own homes, where they are able to practice valued activities and interventions in their own environment.

Jane Cook

