This article reports on a survey, which was undertaken to establish patient satisfaction with a nurse-led clinic for men with suspected prostate cancer.

Patients’ views on a nurse-led prostate clinic

In this article...

- Why a nurse-led suspected prostate cancer service was developed
- Results of a patient satisfaction survey
- Discussion of the results in the context of healthcare policy

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Nurse-led clinics are being established in a number of specialties including urology. Men attending a nurse-led clinic for suspected prostate cancer were surveyed to investigate their perception of and satisfaction with a nurse-led clinic and to establish whether this model of care met expectations. The results showed that patients were satisfied with the service. This adds to the growing body of evidence supporting nurse-led services.

The incidence of prostate cancer is increasing. It is the most common cancer in men, with 40,975 men in the UK diagnosed in 2010 (Cancer Research UK, 2013). This means the average hospital in the UK, serving a population of 250,000-500,000 people, will diagnose 100-200 new cases of prostate cancer each year (Turner and Drudge-Coates, 2009).

The National Institute for Heath and Care Excellence (2002) guideline on urological cancers and the recommendations of the Welsh Assembly Government cancer standards (WAG, 2005) provide guidance and targets concerning the diagnosis and treatment of prostate cancer. Their publication resulted in a radical rethink of our local services to achieve these targets.

Advanced nurse practitioners should consider offering nurse-led clinics

In this article...

1. Prostate cancer is the most common cancer in men.
2. The number of cases of prostate cancer is increasing.
3. Nurse-led suspected prostate cancer clinics reduce waiting times.
4. Patients have expressed satisfaction with a nurse-led suspected prostate cancer clinic.
5. Advanced nurse practitioners have the time, knowledge and communication skills to support patients’ needs.

Service evaluation

We surveyed patients’ views in 2007, when we received extremely positive feedback. We decided to repeat the survey in 2012 to inform planning and potential roll-out of additional nurse-led clinics to meet increased demand, and to establish whether patients were satisfied with the current pathway. This article reports the results of the 2012 survey.

Keywords: Nurse-led clinics/Prostate cancer/Quality

This article has been double-blind peer reviewed.
Sample and questionnaire design
The sample, selected from the hospital database, comprised patients attending the clinic from August to November 2012. We worked with the trust patient experience office (PEO) to devise a questionnaire, while approval was gained from management teams to fund the postage and analysis of questionnaires.
Patients received the questionnaire with an accompanying letter explaining the reason for the survey and inviting them to participate, and a freepost envelope. Questionnaires were anonymous, and the questionnaire distribution was organised by the PEO to ensure anonymity and prevent potential bias.

No formal ethical approval or registration with health board audit, research and development committees was required.

Results
Sixty questionnaires were sent out and 41 were returned, giving a response rate of 78%. Some respondents omitted questions but no question was unanswered by all participants. Box 1 outlines the key results. All respondents rated the service positively, with the majority (78%) rating it “excellent”.

Discussion
Pressure is increasing on NHS resources, and nurses are in a unique position to develop advanced roles to help meet increasing demands (DH, 2006). With an ageing population and increased incidence of long-term conditions, nurses have been heralded as a “solution” (Wiseman, 2007).

The Cancer Reform Strategy (DH, 2007) and the Welsh Cancer Delivery Plan (WAG, 2012b) have set out the direction for cancer services. Nurses are already providing follow-up clinics for patients with prostate cancer as part of the multidisciplinary approach suggested in the Improving Outcomes Guidance (NICE, 2002) and the recently update clinical guideline on its diagnosis and treatment (NICE, 2014).

Many nurses work across professional boundaries and have developed additional skills to meet patient expectations and deliver care to support these national policies. Bagnall (2009) suggests that patients are satisfied with nurse-led follow-up clinics; the results from my small survey also illustrate patients’ acceptance of and positive attitudes towards nurse-led suspected prostate cancer clinics.

Koo et al (2008) found that nurse-led clinics assessing patients with lower urinary tract symptoms had positive effects, reducing patient waiting times and starting treatment for patients that was comparable with urologist recommendations. Perry’s (2007) survey on patient satisfaction with nurse-led lower urinary tract symptom assessment clinic also demonstrated patient satisfaction.

Evidence from my survey and other studies shows that advanced nurse practitioners have the time, knowledge and, in particular, communication skills to support patients’ needs. I would therefore argue that advanced nurse practitioners with the knowledge, skills and education in urology should examine the potential to extend their roles to offer nurse-led clinics to these patients. I would also urge advanced practitioners in other specialties to investigate whether a similar service would be appropriate and beneficial to their patients.

The future
This survey illustrates a positive attitude among patients to a nurse-led clinic. Work by the RCN (2010) examining the value of clinical nurse specialists suggests significant benefits to organisations, including better patient outcomes and lower costs.

The National Leadership and Innovation Agency for Healthcare (2010) and the Royal College of Nursing (2010) recommend the employment of advanced practice, which helps organisations to identify nurses and allied health professionals working at advanced levels, support them in maintaining skills and knowledge, and ensure they are used and regulated effectively. My own organisation has been proactive in working with Swansea University to identify advanced practitioners and provide a governance framework to support and regulate them.

Healthcare cannot be delivered by a single profession in isolation. If healthcare teams work collaboratively and recognise and use the relevant skills of each member, significant improvements in patient services can be achieved and maintained.

References


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BOX 1. RESULTS

- 39 (95%) patients felt their 25-minute appointment was long enough; one (2%) stated it was not enough time
- 39 (95%) said they were given sufficient information during their appointments; none reported insufficient information
- 39 (95%) felt information was easy to understand; none reported difficulties
- 38 (93%) felt able to ask questions and that their questions were answered to their satisfaction; two (4%) felt unable to ask questions, with one (2%) stating his questions were unanswered
- 39 (95%) said their treatment was explained adequately; the remaining two (5%) left this question unanswered
- 38 (93%) felt their needs were adequately met by the nurse and did not feel they would have benefited from seeing a doctor. One indicated his needs would have been better met by a doctor, but said: “I was impressed by the whole interview” and “I thought I had been asked all the pertinent questions the doctor would have asked.” He gave no negative comments on the questionnaire, and rated the overall care as “excellent”