

Optimising Supported Early Discharge Follow-up care for women with Breast Cancer in the UK - a qualitative analysis

Authors: Lyndel Moore, Lauren Matheson, Jo Brett, Verna Lavender, Bernadette Lavery, Anne Kendall & Eila Watson

Objectives/purpose: Cancer follow-up care is moving away from routine, consultant-led models to patient-initiated models of care incorporating supported self-management. A qualitative evaluation of a nurse-led supported early discharge follow-up service for breast cancer patients was conducted to explore how services could be optimised.

Methods: 150 women with breast cancer on a supported early discharge follow-up regimen were recruited as part of a mixed methods study from two UK hospitals. Telephone interviews were conducted with a maximum variation subsample (n=20). Thematic analysis was conducted.

Results: The majority described positive views towards being on supported early discharge follow-up. A significant proportion, however, reported unmet needs and struggled with navigating uncertainties, related to accessing ongoing care and support, performing breast self-examination, managing ongoing side-effects, future care pathways and recurrence risk. Seven themes emerged relating to women's varying experiences of supported early discharge; empowerment over health and wellbeing; confidence in monitoring for cancer recurrence; perceptions of open access healthcare as a 'safety net'; the role of primary care; preparedness and support for managing ongoing treatment side-effects; the role and timing of holistic needs assessments (HNAs)/living well courses; influences on managing fear of recurrence.

Conclusion and Clinical implications: Findings indicate how self-management support and information provided could be further optimised through targeted provision of psychological support and reassurance, more timely access to HNAs, personalised recurrence risk information, greater education on breast self-examination and how to recognise a recurrence, and clearer signposting to support for ongoing side-effects. Ehealth interventions might be useful tools warranting future investigation.

Word Limit: **250/250** words.