New model of patient follow-up after breast cancer treatment

Supported self-management follow-up

What you need to do

✓ Follow the attached endocrine options treatment sheet to ensure your patient continues with the correct medication regime
✓ If your patient requires bone density scan, please book these for them. The letter and treatment summary you received with this leaflet will tell you if this is necessary
✓ Please encourage your patient to contact the breast care nurses on 01935 384 352, if they have any symptoms that could indicate a return of their cancer

NB: If your patient experiences any of the following symptoms they should call 01935 384 352 or you can do so on their behalf. The breast care nurses’ office hours are 8.30am to 5pm Monday to Friday. Patients will be called back within 24 hours of leaving a message.

If you need this leaflet in another format, eg. large print or a different language, please ask a member of staff.

Information for GPs

Signs and symptoms to report:
The following is a reminder of the signs and symptoms to keep in mind when treating patients who have previously had breast cancer. These symptoms could indicate a return or spread of the disease and need further investigation.

- A lump or swelling in the breast, in the skin after a mastectomy, supraclavicular fossa, in the neck or under the axilla
- Any skin changes, red areas or raised spots on the breast or mastectomy scar
- Nipple discharge
- Development of lymphoedema
- Any new, persistent pain in any part of the body, especially in the back or hips, that does not Improve with painkillers
- Unexplained weight loss and a loss of appetite
- A constant feeling of nausea
- Discomfort or swelling under the ribs or across the upper abdomen
- A dry cough or a feeling of breathlessness
- Severe headaches - usually worse in the morning
- Any abnormal neurology eg. pins and needles and/or a loss of sensation or weakness in the arms or legs might suggest underlying spinal cord compression and urgent referral to the metastatic spinal cord compression co-ordinator should be considered

01935 384 352 yeovilhospital.nhs.uk
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Why are you sending me this leaflet?  
You are being sent this leaflet because your patient, after having treatment for breast cancer at our hospital, has had their follow-up clinical review appointment with one of our consultants or breast care clinical nurse specialists and has been started on a supported self-management (SSM) follow-up pathway.

What is supported self-management follow-up?  
It is a new form of follow-up at Yeovil District Hospital. Supported self-management replaces routine, clinical examination type appointments with a system where patients can call us if they have a problem and don’t have to come to hospital at times when they are feeling well.

Why are we changing to supported self-management follow-up?  
We have changed our system for follow-up because it is better for patients. It enables them to be more in charge of their own follow-up and prevents unnecessary hospital visits at a time when they may feel perfectly well.

Patients often report that traditional clinical examination type follow-ups are a source of anxiety and can lead to them being tempted to put off reporting symptoms of concern if a routine clinic is ‘not too far away’. Also, evidence shows that most recurrences are identified by patients themselves in between routine appointments.

Are we the only hospital to have a supported self-management model of follow-up?  
No (although it may be called different things in different places). More and more hospitals across the country are changing the way patients are followed up after treatment for breast cancer.

What information has my patient been given?  
They have had a consultation which covered the following topics:
- Their diagnosis
- The treatment they had and some of the possible side effects
- Signs and symptoms to report
- Being body and self aware
- Arrangements for mammograms and bone density scans (if appropriate)
- Where to find further help and support
- They have also been given written information on these topics
- They will be given an appointment to attend a wellbeing event.

Will my patient still be able to access the breast service?  
Yes. Patients will be able to call the breast care nurses on 01935 384 352 if they have any queries or problems and they are encouraged to do so. This telephone number is monitored between 8.30am and 5pm, Monday to Friday and the patient will be phoned back by a breast care nurse within 24 hours of leaving a message. If the breast care nurse feels that it would be appropriate for the patient to come back to clinic to be seen, an appointment will be offered within 14 days of the telephone call.

How does this affect you?  
It is unlikely that you will need to do anything different than you would already do for your patients after they have completed treatment for breast cancer. The attached letter and treatment summary gives details of the medication that you will need to continue to prescribe for your patient, as well as any additional tests that you may need to arrange for them.

Will my patient continue to have routine mammograms?  
Yes. Unless it has been specified on the letter we have sent you, they will need annual mammograms for at least five years. At the end of five years, they will have a further two mammograms over four years and then return to the standard NHS screening programme, or if they are under 50 years, they will continue to have annual mammograms until they reach 50, when they will join the national screening programme.

What about bone density scans?  
If your patient requires bone density scans (DEXAs) this will be indicated in the letter and treatment summary attached. You will need to arrange these locally at the timescales indicated.

What is the document that you have sent me with this leaflet?  
We have enclosed a copy of the patient treatment summary to inform you of the medication you will need to prescribe for your patient and the start and finish dates for this. You can keep this for your records. Your patient also has this information.