



The Effects of Therapeutic Services on Quality of Life

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Research and Evaluation Officer

Content of presentation



Wednesday 7th October 2009

Content of presentation

- Information about Action Cancer and the services we provide

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- Information about Action Cancer and the services we provide
- Where I come in...

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- Focus on Therapeutic Services Evaluation

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- Summary

About Action Cancer



Wednesday 7th October 2009

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Services provided by Action Cancer



**Early
Detection**



**Health
Promotion**



**Complementary
Therapy (CT)**



Counselling

Big Bus

Services provided by Action Cancer



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Counselling



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Early Detection: Breast screening



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- For self-referring women outside the NHS age range; 40-49 years & 70+



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Health Promotion



Health Promotion

Key Messages:

- 'Early detection saves lives'
- Small simple lifestyle changes can help with cancer prevention



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Programmes include:

- Health Action
- Healthy Living
- Cancer Awareness
- CookIT!
- Smoking Cessation



CT & Counselling



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CT & Counselling

Complementary Therapy (CT)



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- Available for anyone affected by cancer



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- Six sessions



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Counselling

- Available for anyone affected by cancer
- Integrated model based on a person-centred approach

The BIG BUS



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- Modified 18-metre articulated lorry with expandable side pods
- Services include breast screening and health checks
- Operational since Sept 2006
- Since the launch almost 9000 women have been screened and over 5000 people have received health checks.



Where I come in...



Where I come in...

- Began working for Action Cancer in Oct 2006
- New role within the organisation

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Aims:

- ❖ Evaluate all services available at Action Cancer
- ❖ Measure the effectiveness of services

Evaluation of services – Why?

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- Any model of good practice incorporates an evaluation of services.

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- Strive for excellence.
- Any model of good practice incorporates an evaluation of services.
- Responsibility to stakeholders, users and supporters - how their donations are used and the benefits from this.
- Funders' are focused on evidence based practice – evaluation allows you to provide specific evidence for the work you do.



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 - Bring balance to the individual (physical/emotional/spiritual)

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- Who are we working with?
 - Those diagnosed with cancer
 - Family/friends/carers of someone with cancer
- What resources do we have?
 - Staff
 - Knowledge
 - Time



The starting point

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Needed a model that could:

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- measure changes over time

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- be used across both services

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- be easily collated



The starting point

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Needed measures that:

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Needed measures that:

- Could be used across different users

The starting point

Needed measures that:

- Could be used across different users
- Could be used across education levels

The starting point

Needed measures that:

- Could be used across different users
- Could be used across education levels
- Were not overly time consuming

The model we use



The model we use

3-stage model:

The model we use

3-stage model:

- Immediately before therapy

The model we use

3-stage model:

- Immediately before therapy
- Immediately after therapy

The model we use

3-stage model:

- Immediately before therapy
- Immediately after therapy
- 3 months following therapy

The model we use

3-stage model:

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Measures completed at each stage:

- Quality of Life (QOL)
- Sleep
- Coping
- Pain (for those with pain)



The measures we use



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- SF-12v2™ measures *perceived* Quality of Life.
- Published, widely recognised and accepted questionnaire.
- General health score
- Physical component summary (PCS)
- Mental component summary (MCS)

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- Physical component summary (PCS)
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- Sleep - 'How many hours sleep do you usually get?'
- Pain - Three questions have been taken from the Brief Pain Inventory¹.

¹ Copyright 1991, Charles S. Cleeland, Ph.D.

The measures we use

The measures we use

- The short version of the BriefCOPE² scale measure coping strategies:

² Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.

The measures we use

➤ The short version of the BriefCOPE² scale measure coping strategies:

- Self distraction
- Active coping
- use of Emotional support
- Behavioural disengagement
- use of Instrumental support
- Humour
- Acceptance

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- Acceptance
- Denial
- Substance use
- Venting
- Positive reframing
- Planning
- Religion and Self-blame

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- Demographic information collected before therapy:
 - Gender
 - Age
 - Client type (diagnosed with cancer or family/carer)
 - Cancer type
 - Stage of cancer journey etc.

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The measures we use

- Demographic information collected before therapy:
 - Gender
 - Age
 - Client type (diagnosed with cancer or family/carer)
 - Cancer type
 - Stage of cancer journey etc.
- The client version of the Working Alliance Inventory (WAI)³ to measure the relationship between therapist and client.
- A final general satisfaction questionnaire.

³ Tracey & Kokotovic (1989). Factor structure of the Working alliance Inventory. *Psychological Assessment: A journal of Consulting and Clinical Psychology*, 1, 207-210



The way it works

The way it works

When booking a first appointment for therapeutic services:

- Every client is given a unique client id number.
- Letter sent to tell client about the service, e.g. confidentiality, record keeping and evaluation.
- Asked to attend 15mins before appt to complete evaluation forms.

The way it works

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On arrival for first appointment:

- Receptionist gives client evaluation forms, with completion instructions.
- Client completes forms and gives them to therapist during session.
- Therapist checks for correct completion and revises evaluation model.
- Therapist securely stores forms in client records until therapy

completed



The way it works

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At last appointment:

- Client asked to complete forms for the second time.
- Therapist reminds client about 3-month follow-up.
- Therapist puts both sets of forms together & passes them to data in-putter.
- Client id number recorded in diary for 3-month follow up

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3-month follow-up:

- Diary is checked every week to identify clients.
- Letter sent to remind clients & provide an opportunity to tell us not to send forms.
- Evaluation forms sent out 2 weeks following letter.

What we have found

- Complementary Therapy
- Counselling
- Both

What we have found

➤ Model has been in place since Jan 07

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- Model has been in place since Jan 07
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What we have found

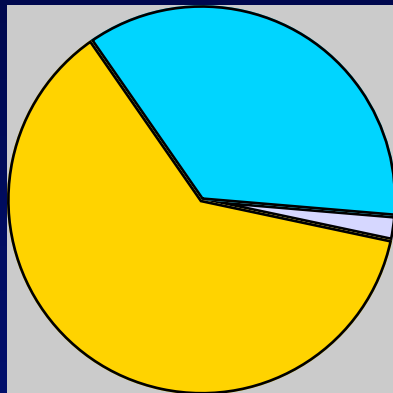
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- What services are being used & by who?

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What we have found

- Model has been in place since Jan 07
- Currently at very early stages of data analysis
- What services are being used & by who?

Services used at Action Cancer



- Complementary Therapy
- Counselling
- Both

➤ Majority accessing support services access CT

➤ 83% female (age 52yrs \pm 13), 17% male (54yrs \pm 13)

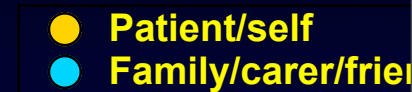
What we have found

● Patient/self
● Family/carer/friend

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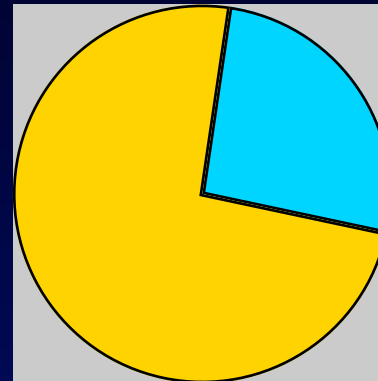
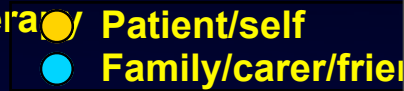
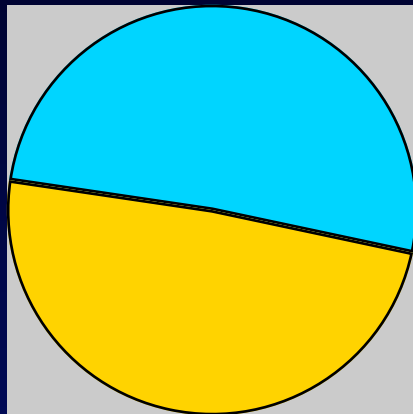
- 65% of clients are cancer patients, 35% family/friend/
carer



What we have found

➤ 65% of clients are cancer patients, 35% family/friend/

carer using counselling

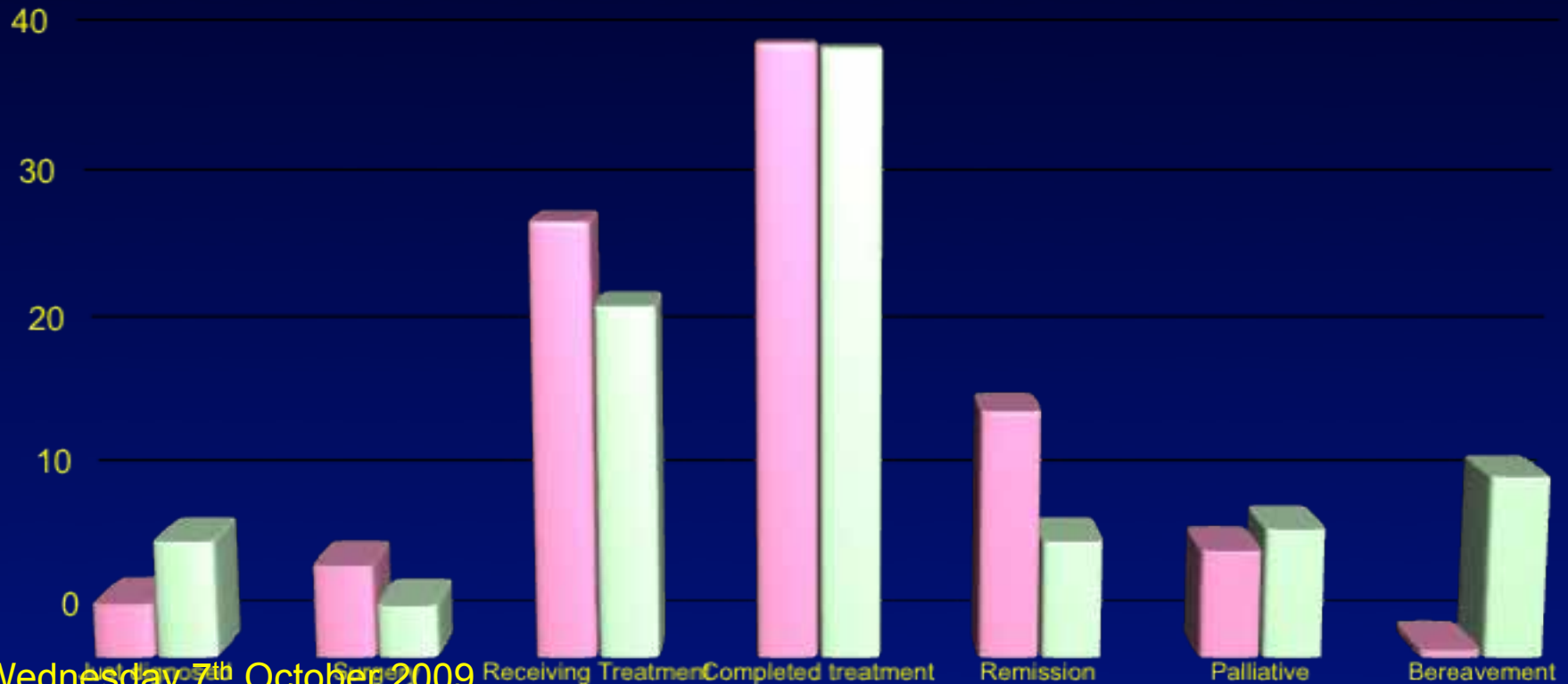


➤ We can see that patients and family member access different services

What we have found

➤ When services are accessed also varied across cancer journey

When in the cancer journey services are accessed



What we have found

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- Current forms collected at each stage:
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 - 69 at stage 3

What we have found

- In terms of self-report measures, what have we found:
 - Current forms collected at each stage:
 - 371 at stage 1
 - 205 at stage 2
 - 69 at stage 3
 - 50 completed at all 3 stages

What we have found

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- Complementary therapy

What we have found

➤ In terms of QOL what have we found:

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- Complementary therapy

What we have found

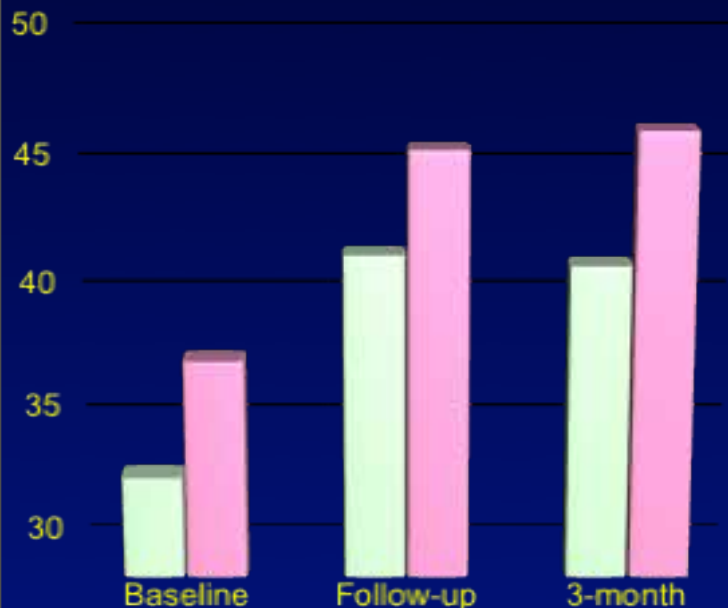
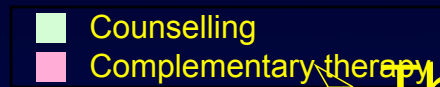
- In terms of QOL what have we found:
- Focused on the Mental Component Summary (MCS)

■ Counselling
■ Complementary therapy

What we have found

- In terms of QOL what have we found:
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QOL score for those using services



- The MCS differed across service
- There is an increase in QOL after therapy.
- A simple t-test showed that the increases here were significant ($p < 0.001$)

What we have found



What we have found

- When examining all aspects of QOL (SF12) there are significant improvements recorded.

	Norms	Before	After	p-value
Physical functioning	42.4	41	44	0.001
Role physical	41.2	39	42	0.000
Bodily pain	43.9	43	46	0.005
General health	41.3	42	45	0.000
Vitality	45.8	41	47	0.000
Social functioning	44.7	38	44	0.000
Role emotional	43.9	35	41	0.000
Mental health	48.7	38	46	0.000
Physical component summary (PSC)	40.8	44	45	0.068
Mental component summary (MCS)	47.1	36	45	0.000

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Physical component summary (PSC)	40.8	44	45	0.068
Mental component summary (MCS)	47.1	36	45	0.000

- This shows that Action Cancer therapeutic services do significantly increase QOL.



The Future



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The Future

- Need to take account of the other complex factors that can affect QOL, e.g. age, client type.

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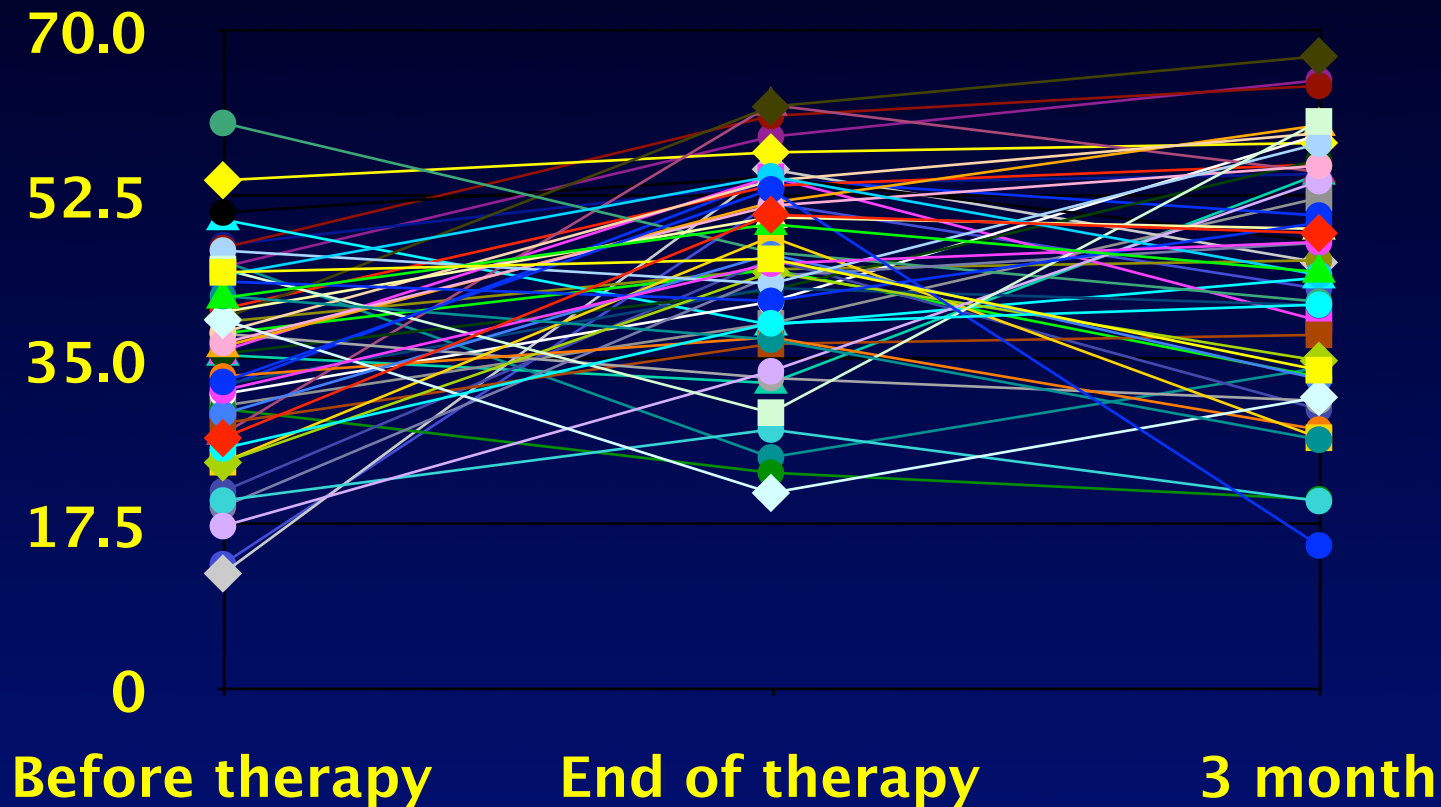
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- Latent growth modelling of the data.
- Allow me to explore the individual patterns data, taking account of the complexities, such as age etc.
- Allow me to see the effect of the services.

The Future

➤ For example:

The Future

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Summary



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- Self-reported QOL significantly increases after participation in either counselling or CT.

Summary

- Evaluation model of Therapeutic Services in place for over two years.
- Those diagnosed with cancer access CT more than families/friends/carers.
- Services are mainly accessed during treatment and completed treatment stages of the cancer journey.
- Self-reported QOL significantly increases after participation in either counselling or CT.
- Further analysis will let us explore this in more detail.