Roles and responsibilities of the shared care clinical team

Shared follow-up care for early breast cancer is designed for patients who have completed treatment for early breast cancer or ductal carcinoma in situ (DCIS).

Cancer Australia is evaluating the delivery of shared follow-up care in line with best practice recommendations between primary and specialist clinicians for the follow-up of patients from three months after completion of hospital-based therapy for early breast cancer.

A Shared Care Plan has been developed to support a joint approach between the specialist and the General Practitioner (GP) for the delivery of shared care.

To ensure that safe and effective care is delivered according to best practice standards, it is essential that the roles and responsibilities of each member of the shared care clinical team are discussed and agreed prior to commencing shared care.

Role of the specialist

The specialist or their delegate (including the registrar or breast care nurse) will usually initiate discussion with the patient about shared care.

Alternatively, the specialist may continue discussions which have been initiated by the GP, patient or nurse. The breast care nurse plays an important coordinating role in the shared care clinical team.

Commencement of shared care

At the commencement of shared care it is the responsibility of the specialist to:

- agree that the patient is suitable for shared care
- initiate communication with the patient's GP
- collaboratively develop the Shared Care Plan with the patient's GP and the patient
- ensure that all parties have signed the Shared Care Plan.

Communication with the GP

Care of the patient requires coordination through timely and effective communication. It is the responsibility of the specialist to:

- provide the GP with a detailed treatment summary by completing the Shared Care Plan (Part A) and including the histopathology report and key results
- record any follow-up care and results provided by the specialist team on the Shared Care Plan; an update of any follow-up care and results in relation to each follow-up visit should be sent to the GP, noting any significant change in the patient's medical status
- agree to be available to provide specialist consultation or advice as required by the GP, according to the urgency of the GP's request; the Rapid Access Request has been developed to support this process
- alert the GP to new treatments, potentially relevant to a particular patient, which may require a specialist consultation.

Shared follow-up care

Purpose of follow-up after early breast cancer

The purpose of follow-up care after treatment for early breast cancer includes:

- early detection of local, regional or distant recurrence
- screening for a new primary breast cancer (in the ipsilateral or contralateral breast)
- detection and management of psychosocial distress, anxiety or depression
- detection and management of treatment-related side effects
- reviewing and updating family history information
- observation of outcomes of therapy
- reviewing treatment, including new treatments that may be appropriate for the patient.*

Role of the General Practitioner (GP)

The primary care team (including the GP and their practice nurse) play an important role in the provision of follow-up care. The specialist or their delegate (including the registrar or breast care nurse) will usually initiate discussion with the patient about shared care.

Alternatively, the patient, GP or practice nurse may have initiated discussions about shared care and these discussions will then be continued by the specialist, prior to the commencement of shared care. The practice nurse may play an important coordinating role in the shared care clinical team.

Commencement of shared care

At the commencement of shared care it is the responsibility of the GP to:

- agree that the patient is suitable for shared care
- collaboratively develop the Shared Care Plan with the patient's specialist and the patient
- agree to and sign the Shared Care Plan and **provide a copy to the specialist.**

Communication with the specialist

Care of the patient requires coordination through timely and effective communication. It is the responsibility of the GP to:

- ensure that a detailed treatment summary has been received from the specialist when the patient commences shared care
- record any follow-up care and results provided by the primary care team on the Shared Care Plan; an update of any follow-up care and results in relation to **each follow-up visit should be sent to the specialist,** noting any significant change in the patient's medical status
- refer the patient via the Rapid Access Request to the specialist if there are symptoms, signs or imaging results suggestive of a breast cancer recurrence or for advice about any aspect of patient care as required, including reporting adverse events.

* Cancer Australia. Recommendations for follow-up of early breast cancer. Cancer Australia Surry Hills, NSW (March 2010).