



Enhanced Supportive Care Service

Lancashire Teaching Hospitals NHS Foundation Trust

Tomoko Lewis

Trainee Advanced Specialist Practitioner in Palliative Care

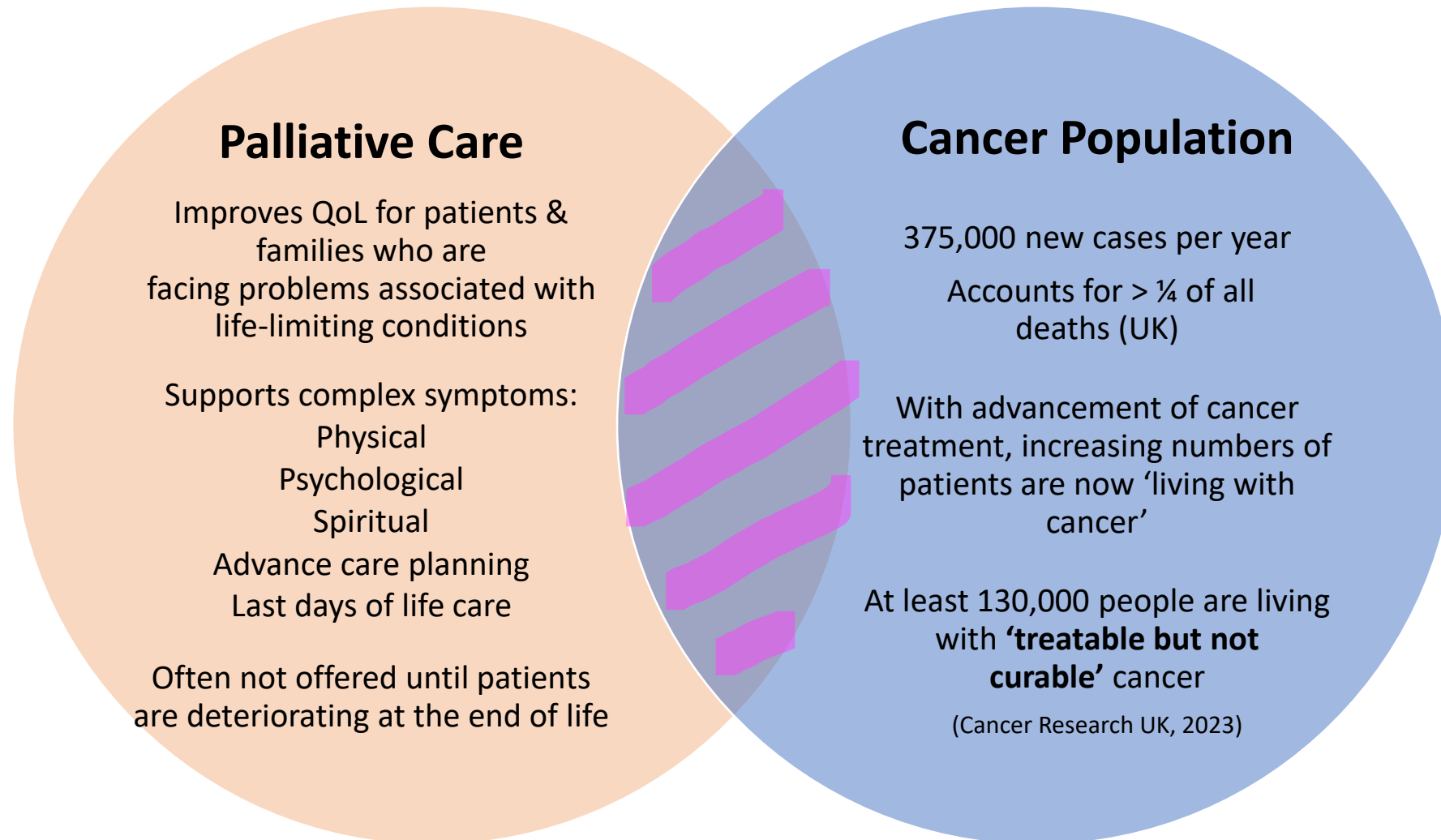
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Learning objectives:

- To understand why early palliative care/ supportive care approach is needed in cancer
- To understand how Enhanced Supportive Care (ESC) service was developed at LTHTR
- To understand the benefit of ESC service
- To identify needs and challenges for providing supportive and palliative care in Lancashire & South Cumbria



Cancer Statistics



Supportive care / early palliative care in cancer

'treatable but not curable' cancer

fall in between 'traditional curative treatment' and 'end of life' care

Need for additional support with:

Symptom management caused by the disease but also by the anti-cancer treatment

Dealing with the uncertainty of the disease trajectory

Social factors of employment and finances on cancer journey

NICE (2004) Improving supportive and palliative care for adults with cancer [CSG 4]

All patients should be screened for supportive and palliative care from the point of recognition of incurable disease, in conjunction with systemic anti-cancer treatment (SACT)

NHS England (2016) Enhanced Supportive Care Service CQUIN aims to:

Enable better access and earlier integration of supportive and palliative care within oncology

Address the unmet needs of patients whilst undergoing treatment

NHS England (2016) Enhanced Supportive Care (ESC) Six Principles

**Early
Involvement**

Team Work

**Positive
Approach**

Evidence-based

Communication

**Best Practice in
Chemotherapy**

Early palliative care / supportive care in advanced cancer

- Multi-disciplinary team approach
- Often provided within 8 weeks of diagnoses
 - Symptom management = from cancer and also from anti-cancer treatment
 - Relationship and rapport building
 - Development of coping skills
 - Understanding of the illness
 - Discussion of available cancer treatments
 - End of life planning
- Focus on outlining realistic and attainable goals of treatment
- Proactive attitude
- Usually provided without high symptom burden or unmet psychosocial needs.

Supportive and Palliative Care Service at LTHTR

Funded through the CQUIN, service formally launched in 2017

Referral Criteria:

- Diagnosis of metastatic / incurable cancer (currently cohort: Lung, Upper GI, Cancer of Unknown Primary & Ovarian stage 4 or first relapse)
- Being offered active oncological treatment (palliative intent)
- Live within locality of Preston, Chorley and South Ribble
- Can be referred regardless of presence of complex needs

Lead participant:

Tomoko Lewis (Trainee ASP, palliative care)

Dr Kate Stewart (Consultant in palliative medicine)

Catriona Jackson (Lead nurse, palliative care)

Administration & data collection:

Kathryn Burns

Prehab support:

Susan Saul (Physiotherapist to support UGI)

Model @ LTHTR



Outpatient clinic

1 clinic per week



Initial Assessment

Face to Face



Follow-up Assessment

Face to Face,
Telephone &
Video



Patient Outcome

Integrated
Palliative Care
Outcome Scale
(IPOS)



Flagged

Alert
admission
and inpatient
review

LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST
(ROYAL PRESTON HOSPITAL)

Hospital No	Surname	Forenames	M/F	M/S/W/O	Registration Date
NHS No	Date of Birth	Age	Place of Birth		Religion
Address			Postcode	Telephone No	
Occupation					
GP					
Responsible Relatives					
1.					
2.					
Referred by (Consultant)		Referring Hospital		Ref No	
PRESTON ONCOLOGY CLINIC -					

DIAGNOSIS:

Medical History:
Past Medical History:
Drug history:
Allergies:
Social history:
Family history:
On examination:
Management Plan:
CNS:

Summary of discussion of diagnosis and prognosis:

To include documentation of-
Any information given regarding incurable nature of disease
Summary of discussions about prognosis
Opportunity given to be involved in management decisions
GP to be informed of above

GSF status - Blue, Green, Amber, Red

Indicate to GP if any of discussions are suitable to transfer suitable for

EPaCCS record - Yes / No / N/A

Offered referral to palliative care - yes / no / N/A

Details of referral-

Copy of letter - Accepted / Declined

Office Instruction

Consultant: /

GSF status:
A (blue) = years+
B (green) = months
C (yellow) = weeks
D (Red) = Days

Electronic Palliative Care Co-ordination Systems (EPaCCS) to enable advance care planning and improved communication and coordination in the last year of life.

Details of palliative care referral:-
day therapy, community,
consultant, vine house, supportive
and palliative care clinic.....

5 Key Standards

Patient identified as having incurable disease

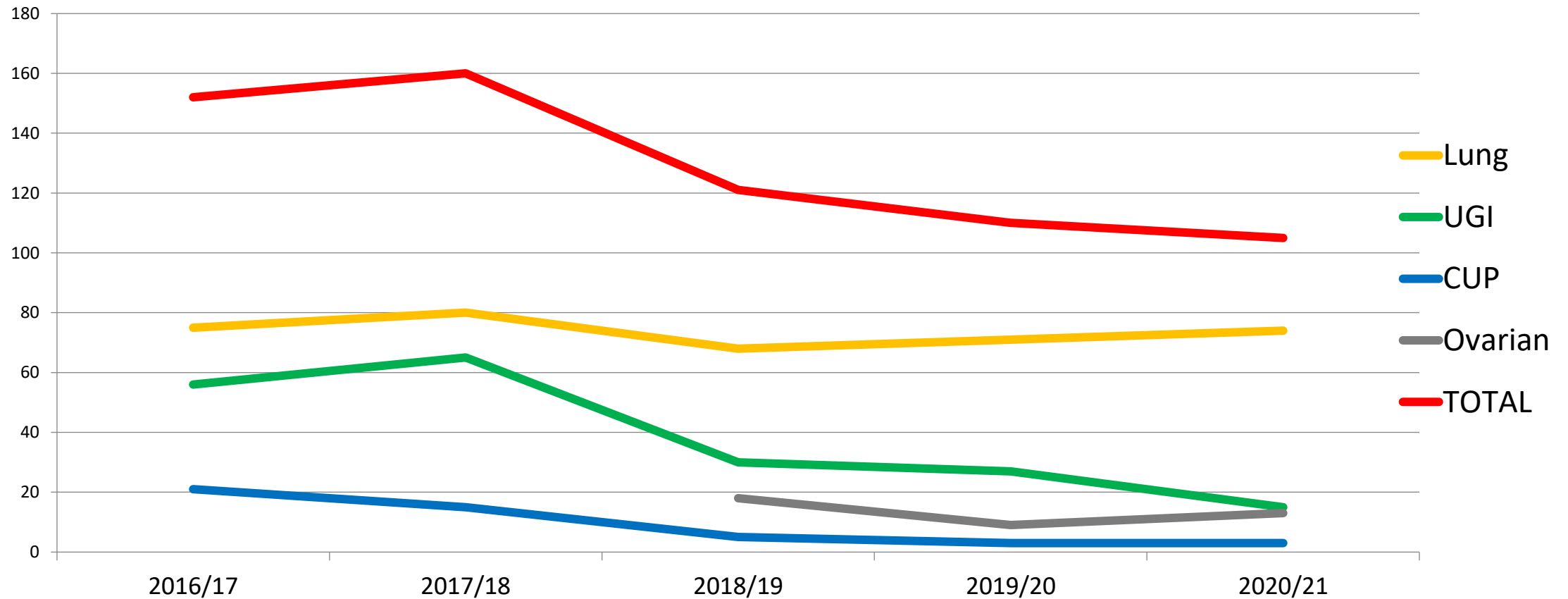
Patient given the opportunity to discuss their prognosis

Patient given the opportunity to be involved in decision making & treatment plan

Patient offered referral to a supportive & palliative care team.

The above is communicated to GP

Emergency Admission for Patients Eligible for ESC Referral




Average length of stay per non-elective admission 2020/21

	Control	ESC Group
Lung	10.81	7.28
Upper GI	8.65	5.17

IPOS (Integrated Palliative Care Outcome Scale)

- Measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs.
- Validated instrument that can be used in clinical care, audit, research and training.

IPOS Patient Version


 www.pos-pal.org

Patient name :
 Date (dd/mm/yyyy) :
 Patient number : (for staff use)

Q1. What have been your main problems or concerns over the past week?

1.
 2.
 3.

Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick one box that best describes how it has affected you over the past week.

	Not at all	Slightly	Moderately	Severely	Over-whelmingly
Pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Shortness of breath	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Weakness or lack of energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Nausea (feeling like you are going to be sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vomiting (being sick)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Poor appetite	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Constipation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sore or dry mouth	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Drowsiness	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Poor mobility	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Please list any other symptoms not mentioned above, and tick <u>one</u> box to show how they have affected you over the past week.					
1.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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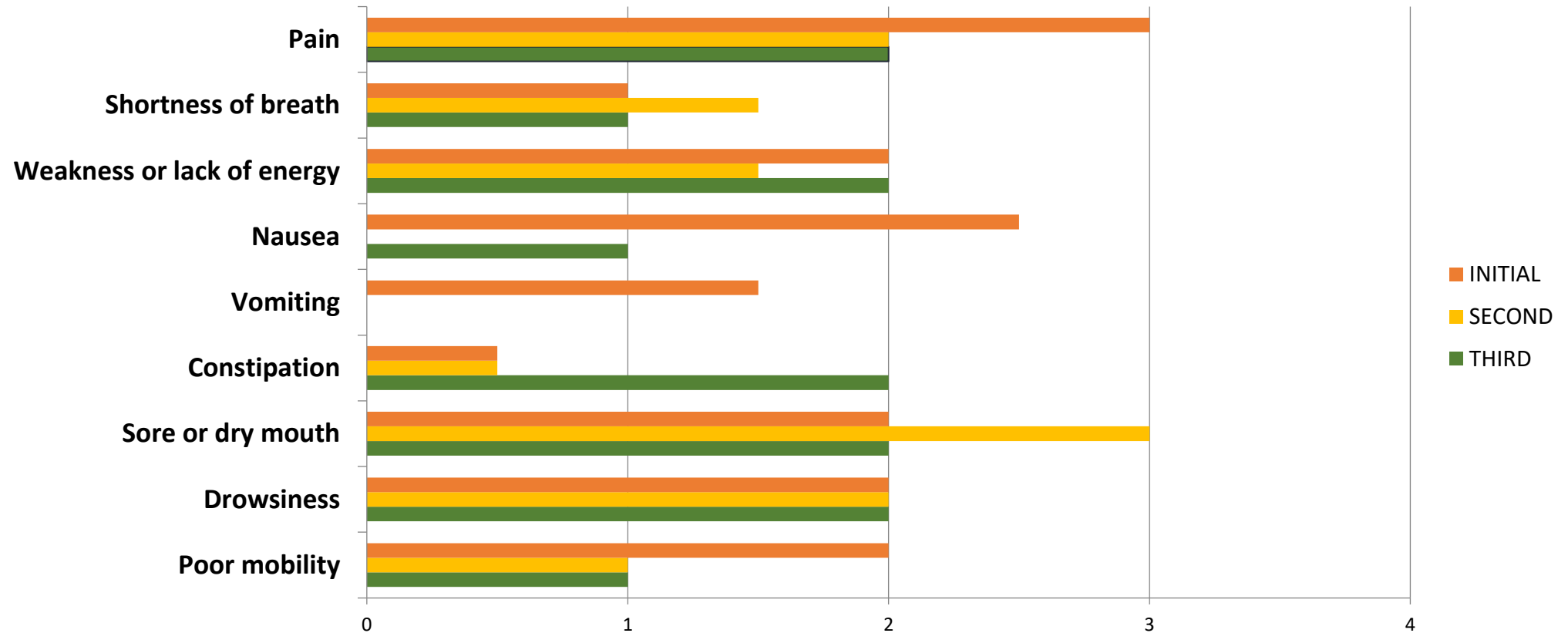
Over the past week:

	Not at all	Occasionally	Sometimes	Most of the time	Always
Q3. Have you been feeling anxious or worried about your illness or treatment?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q4. Have any of your family or friends been anxious or worried about you?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q5. Have you been feeling depressed?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Always	Most of the time	Sometimes	Occasionally	Not at all
Q6. Have you felt at peace?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Q8. Have you had as much information as you wanted?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Problems addressed/ No problems	Problems mostly addressed	Problems partly addressed	Problems hardly addressed	Problems not addressed
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	On my own	With help from a friend or relative			With help from a member of staff
Q10. How did you complete this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

If you are worried about any of the issues raised on this questionnaire then please speak to your doctor or nurse

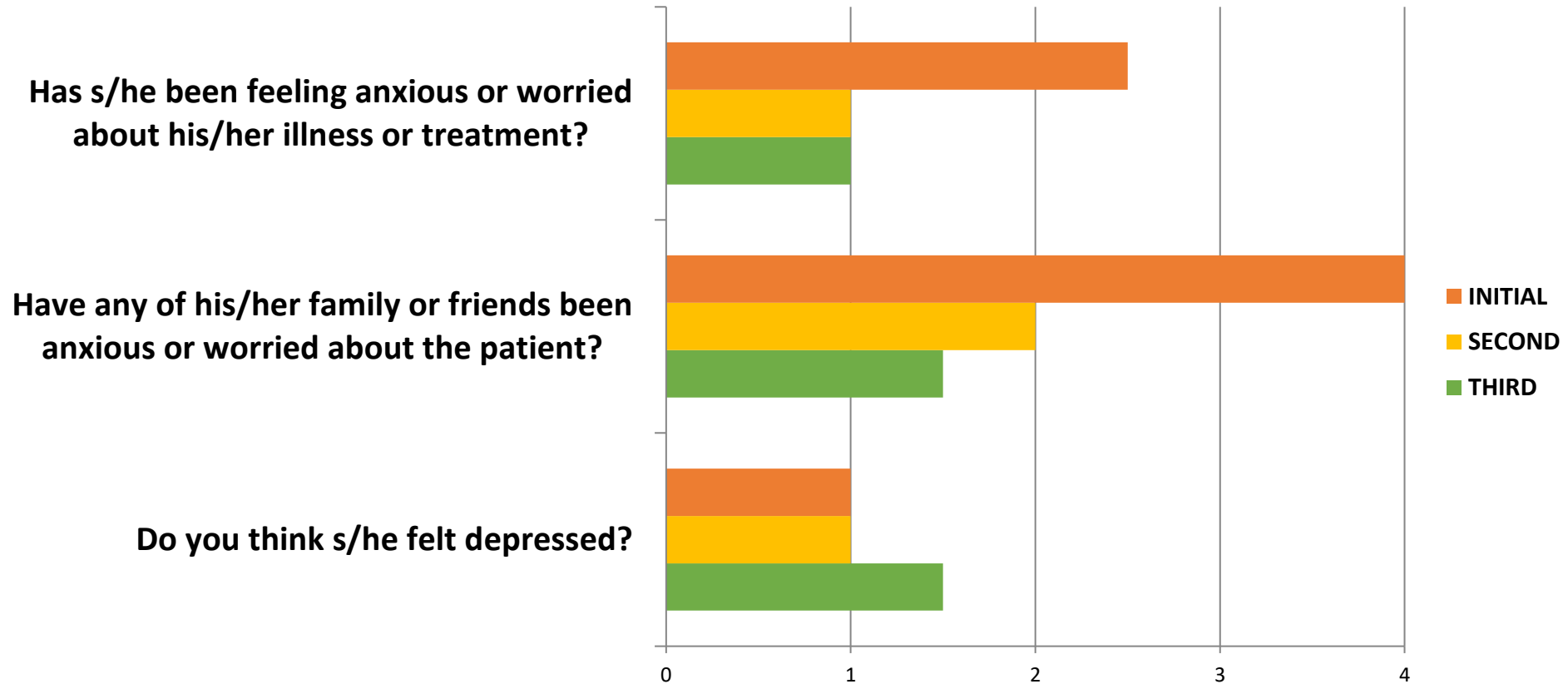
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IPOS – Physical Symptoms



0=Not at all, 1=Slightly, 2=Moderately, 3=Severely, 4=Overwhelmingly

IPOS – Anxiety and Depression



0=Not at all, 1=Occasionally, 2=Sometimes, 3=Most of the Time, 4=Always

Patient's Feedback

“We can talk to you easier”

You have “helped and guided us through this difficult time”

“Your care and support over the last few months has been invaluable”

“I (patient) was impressed and felt secure in the knowledge that all the ‘threads were coming together’.

“She was grateful for the open and honest communication which has allowed her to remain in control of her care”

“I enjoyed the clinic appointment and I am looking forward to the next visit”

“ I appreciated that having a difficult conversation like resuscitation was done by someone I built a rapport with”



National pooled data from 8 centres



Improved symptom burden



Improved patient experience



Reduced need for non-elective admissions in the last year of life



Reduced length of stay for admissions in the last year of life



Reduced ED attendances



£1.76 million invested resulted in £4.9 million saved

Challenges

- Perception 'palliative care' = 'end of life care'
- Anxiety for 'palliative' situation
- New approach to palliative care = variable knowledges of service to oncologist, CNS, also wider healthcare professionals
- Multiple appointments
- Robust data collection to capture activities and service performance
- Patient outcome measures when attending virtual or telephone clinic
- Clinic capacity, locality
- Not equitable service

Moving forward: Discussion

Cochrane Database of Systematic Reviews | [Review - Intervention](#)

Early palliative care for adults with advanced cancer

✉ Markus W Haun, Stephanie Estel, Gerta Rücker, Hans-Christoph Friederich, Matthias Villalobos, Michael Thomas, Mechthild Hartmann Authors' declarations of interest

Version published: 12 June 2017 [Version history](#)

<https://doi.org/10.1002/14651858.CD011129.pub2> [↗](#)

LTHTR

Expansion of ESC

National platform

NHS England to UKASCC

Need of further research

Any Questions??

