

Enhanced Supportive Care

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Supportive Care.....more than palliative care

- Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment.
- This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care.
- Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care.

*Multinational Association of Supportive Care in Cancer
(MASCC) 2015*

Enhanced Supportive Care

Enhanced Supportive Care (ESC) is a new initiative aimed at providing support to patients undergoing treatment for cancer

Started as an NHS England CQUIN pilot running at 21 cancer centres nationally

Pilot of 4 tumour types at each site

Based on the ESC service developed at the Christie Hospital, Manchester

Background

Growing evidence that good supportive care given early to patients with advanced progressing cancer can:

- improve quality of life
- optimise the use of chemotherapy in advanced cancer
- possibly lengthen survival

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer, Temel JS et al, N Engl J Med 2010; 363:733-742 August 19, 2010.

Palliative and Supportive Care: Early Versus Delayed Initiation of Concurrent Palliative Oncology Care: Patient Outcomes in the ENABLE III Randomized Controlled Trial - Marie A. Bakitas, Journal of Clinical Oncology May 1, 2015:1438-1445

Cost benefits

- Avoidance of emergency/unplanned hospital admissions
- Potential reduction in length of stay
- Fewer intensive care hospital days
- Optimising use of chemotherapy in advanced incurable cancer

The Christie NHS Foundation Trust demonstrated £2 million potential impact of the pilot scheme over a three year period

ESC Aims

- To be proactive rather than reactive
- Promote positivity and hope
- Improve quality of life
- Improve patient satisfaction
- Improve communication between teams
- Improve links with community services
- Reduce unplanned admissions

What we do

- Symptom control
- Help with decision making regarding ongoing treatments
- Advance care planning
- Psychological support
- Signposting to community services
- Liaising with GPs

The ESC team at UCLH

- Dr Jane Neerkin
Consultant Physician in Palliative Medicine

- Caroline Williams
Lead Clinical Nurse Specialist

Dr Joanna Sheppard, Dr Niki Davies, Dr Tom Spiegler
GPwSI Palliative Medicine, 1WTE



NHS
England



**ENHANCED
SUPPORTIVE
CARE**

**"Supportive Care makes excellent
cancer treatment possible"**

Multinational Association of Supportive Care In Cancer



NHS

University College London Hospitals

NHS Foundation Trust

uclh

How the service works

- Based at MacMillan Cancer Centre, outpatient,
- Patients whose cancer is non-curative
- Suitable patients identified in pre-clinic meetings/MDT meetings
- Clinic based, alongside oncology teams
- We also see patients when attending for treatment/investigations
- Accessible by phone and email
- Weekly phone clinic

- Non urgent service, doesn't cover out of hours

4 Tumour Groups in pilot

- Gynaecological – initially ovarian, extended to include endometrial
- Breast
- Upper GI
- Lung

Outcome measures

- Patient quality of life measures:
 - eHNA/IPOS
 - Patient experience questionnaires
- Emergency admissions data
- Death within 30 days of chemotherapy
- Proportion of patients:
 - offered supportive care at point of diagnosis of incurable cancer
 - with documented evidence of patient involvement in decision making process
 - evidence of communication with GP around these standards

ESC in gynaecology oncology at UCLH

- Started seeing ovarian patients in June 2017
- Extended to include endometrial patients in Dec 17
- Dec17 – Dec 18

	New diagnoses	Offered ESC	% offered
Q1	24	22	91.7
Q2	31	27	87.5
Q3	14	12	87.5
Q4	20	18	90
Total	89	79	89

Outcomes

National ESC Final Report, October 2018

- Evidence that the ESC benefits for patients are being realised.
- The project review indicates QIPP savings of £2.94 million during 2017/18. The London region delivered significantly more QIPP savings.
- Analysis of data from 8 providers (including UCLH) indicates that from 2016/17 to 2017/18 CQUIN period, 500 unplanned admissions were avoided. This equates to savings of a minimum of £1,967,000.

- An ESC study at the Clatterbridge Cancer Centre demonstrated improvement in a wide range of patient and system outcomes- prolonged survival, reduction in chemotherapy deferral rates, improvement in physical symptoms, reduction in psychological distress and reduction in 30 day chemotherapy mortality*.
- Data from CQUIN tools for every provider showed positive changes (reduction) in IPOS scores (i.e. improvement in symptoms) following ESC assessment or ESC visit, across a range of symptoms

* *Multiprofessional delivered Enhanced Supportive Care improves quality of life for patients with incurable cancer.* Monnery D et al. Journal of Palliative Nursing, 25th October 2018.

UCLH Admissions data

Cancer Tumour Site	Total number of emergency non-elective admissions (oncology) within this cancer centre			Average Growth across period	Percentage growth
	2015/16	2016/17	2017/18		
Breast	79	31	39	20	-17.5%
Gynae	132	111	93	20	-16.1%
Upper GI	145	209	281	68	39.3%
Lung	200	286	307	54	25.2%

30 day mortality data



University College London Hospitals
NHS Foundation Trust

Cancer tumour site	Number of pts receiving chemotherapy within period	Total number of deaths within 30 days of chemotherapy treatment	Proportion of deaths within 30 days of chemotherapy %
2015/16			
Breast	184	1	0.5
Gynae	336	11	3.3
Upper GI	163	13	8
Lung	155	4	2.6
2017/18			
Breast	323	15	4.64
Gynae	425	13	3.06
Upper GI	281	21	7.47
Lung	181	11	6.08

Feedback

'I have just seen W on the ward today. They spoke so highly of your service and I wanted to pass on the feedback. They felt that the enhanced supportive care team had been so responsive and helpful and an amazing resource for them when they are at home' Ward staff Nov 18

'Thank you so much for all the courage and hope you gave S every time he saw you or spoke to you u have him a new lease of life with your positive energy and constant care you gave' Relative Sept 18

'Thanks for your letter. I showed this to A and he said thank you for listening to him. It was clear you did and wrote this out expressing his needs and wishes. It means a lot to us both. It also helps us to see that help will follow, however it comes. That's reassuring to us both. Relative Nov 17'

Feedback

“The patients we see for psychological assessment and treatment are often highly burdened by physical symptoms and have questions about their symptom management which we cannot address and which can distract from psychological work. It has been very helpful to be able to work in tandem with the ESC team with such patients. Other patients may be in need of emotional support but be reluctant to request or accept a referral to psychology, for a variety of reasons. We have often observed that these patients benefit from psychological elements of the compassionate care they receive from the ESC team while they are ostensibly addressing physical symptoms.”

More generally, I regard the ESC team’s philosophy as crucial in addressing the needs of patients who are living with incurable cancer in a holistic, compassionate manner. I very much hope that the team’s work will continue and expand.”

Principal Clinical Psychologist, Gynaecological Oncology, UCLH Cancer Centre ¹⁹

Plans for future

- CQUIN finishes March 2019
- UCLH have commissioned ESC service
- Plan to expand to other tumour groups/develop trigger based service