ENHANCED SUPPORTIVE CARE in pancreatic cancer
Cancer is changing
ENHANCED SUPPORTIVE CARE

Integrating supportive care in oncology
(Phase I: Treatment with palliative intent)
1. Choose oncology teams and appoint appropriate individuals
   - Liaise with all oncologists to establish their perception of what is needed
   - Establish standards to achieve

2. Begin working with all team members in oncology clinics
   - Screen clinic lists and review patients with symptoms or progression jointly

3. Quarterly retrospective audit against standards set
   - Presentation of feedback to all oncology teams involved

4. Development of a communication skills study day
   - Patient and Carer feedback surveys
   - In depth patient Interviews
“As long as I know the facts then I am ok. It has given me hope. It reassured me in a positive way that something can be done.”

“The discussion confirmed what I thought I knew but I was told in a positive way that has allowed me to live with this information, even though it is disastrous.”

“Life expectancy was discussed with me; I was pleased I understood the situation. It helps me as long as people are honest. I like to think I have a positive outlook.”
Pattern of reduction in emergency admissions across 3 years of ESC in disease groups within the scheme
Department of Health
The Christie NHS Foundation Trust

**PROCESS**

- Patients can be referred at ANY point along the cancer pathway, including:
  - During anti-cancer treatment (curative or palliative)
  - Following anti-cancer treatment – survivors, or those with advancing disease

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**Enhanced Supportive Care Clinic (ESC)**

- 2 afternoons per week

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**Acute oncology – ambulatory treatments and procedures**

- Fever (*on a per patient basis*)
- Nausea / Vomiting
- Oral / stomatitis
- Diarrhoea / Constipation
- Infection
- Palmer – planter syndrome
- Fatigue
- Anorexia
- Dyspnoea / shortness of breath
- Rash
- Neurosensory / motor
- Bleeding
- Pain
- Bruising
- Extravasation
- Urinary symptoms

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**Specialist supportive care – ambulatory treatments and procedures**

- Assessment and management of complex pain relating to cancer or cancer treatment
- Specialist ambulatory treatment of the symptoms of cancer or cancer treatments
- Provision for the administration of daily iv steroids in an ambulatory setting
- Setting up and monitoring of syringe drivers in an ambulatory setting
- Rapid access to interventional pain management service
- Initiative of complex medicines for pain or symptom control which are not easily accessible in the community (e.g. Ketamine)
- Rapid symptom control - to treat patients as a day case preventing the need for admission
Outcomes at 6 months

- **406** Consultations
- **236** New Patients
- **21%** Avoided admissions
- **43%** Avoided Escalation of symptoms
- **25%** Were discharged from hospital early
Outcomes for Pancreatic Cancer

- 12% of patients
- All stages of illness from cured to palliative
- Age range 26-78
- Main complaint pain
Future Aspirations

- Further expansion to a 5/7 day service
- Further joint working with oncology teams
- Ongoing data collection to prove value and undertake research into effectiveness of this concept
- Self referrals and Primary care referrals