



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Enhanced Supportive Care (ESC)

Sinead Benson

Clinical Nurse Specialist in Palliative Care

ESC at Clatterbridge Cancer Centre (CCC)

Background

- 2016 CCC joined a 3-year national pilot
- Initial groups UGI & HPB, skin, head & neck and brain
- Focused on 6 key principles



ESC at Clatterbridge Cancer Centre

- Palliative Care v's Enhanced Supportive Care. What's the difference?



ESC at Clatterbridge Cancer Centre (CCC)

Our model

- Identified at the point of diagnosis of incurable cancer
- Patients who accept are offered initial assessment with a palliative care doctor
- On going care with palliative nurses



ESC at Clatterbridge Cancer Centre

Clinics

Consultant led

Nurse led

Adhoc



ESC at Clatterbridge Cancer Centre

- Quality of life data was collated using the Integrated Palliative Care Outcome Scale (IPOS) A streamlined measuring tool to capture patients most important concerns ¹
 - Symptoms/information needs
 - Practical concerns
 - Anxiety
 - Family anxieties
 - Overall feeling of being at peace
- The aim was is to see change over time and scores to improve



ESC at Clatterbridge Cancer Centre

Average unplanned admissions for ESC attenders was 0.92 compared to 2.72 National average in England ²

In their last year of life cancer patients in England have an average of 3.49 non elective admissions with an average length of stay (LoS) of 5.23 days²

Some admissions are necessary for chemotherapy/Radiotherapy/Blood transfusions or other transfusions and planned admissions for pain control

ESC would not reduce the inpatient activity however the proportion of non elective admissions would reduce

Resulting in a cost avoidance of >£1.5 million over 12 months

No 30 day chemotherapy mortality in ESC compared to a 5.4 – 11.8% mortality in tumour groups evaluated



ESC at Clatterbridge Cancer Centre

ESC and HPB

- High burden of symptoms
- ESC clinic- referrals and “walk-ins”



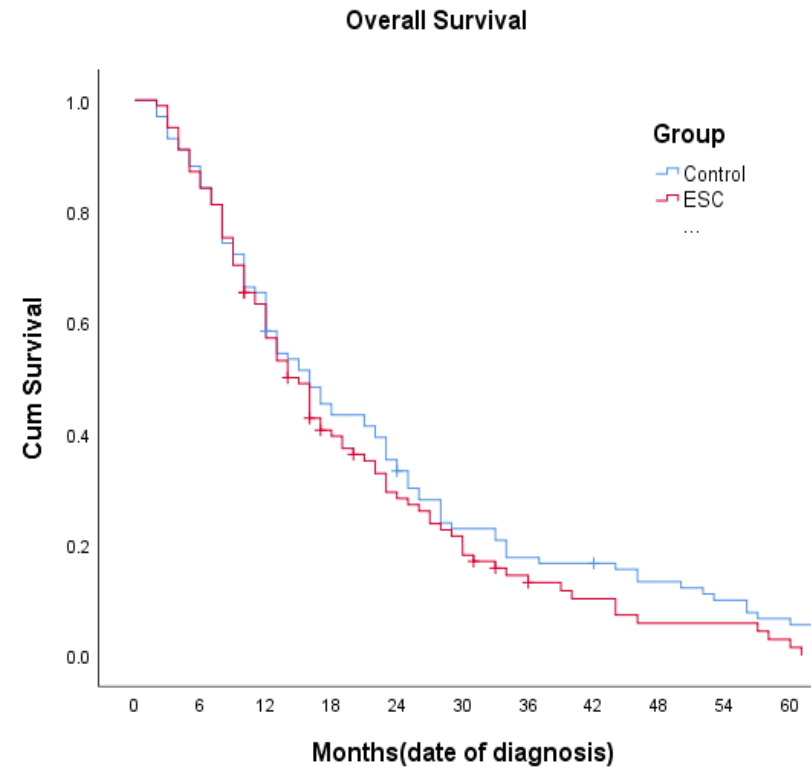
ESC and HPB cancers

- Retrospective case control study
- 101x101 sample collected
- Compare outcomes for patients with palliative HPC cancer who accessed ESC against ESC eligible cohort who chose not to access it.



Survival

- ESC- cohort 15months
- Control group 16 months
- No significance difference



Chemotherapy cycles

	ESC N=86 Median cycles (IQR)	Control N=86 Median Cycles (IQR)
Line 1	6 (4.75)	6 (7)
Line 2	4 (6)	7 (7.5)
Line 3	5.5 (6)	5 (5.25)
Line 4	-	2 (0)
Line 5	-	1(0)



ESC and HPB cancer

- Study demonstrates patients with palliative HPB cancer who stop chemotherapy earlier do not have reduced survival.
- Further prospective studies need to include broader range of metrics



ESC and HPB cancer

What does ESC mean to me?

- Improvement in patient care
- Improved patient experience / outcomes
- Improved QoL
- Safe environment
- Timely referrals
- Better working relationships



