Pancreatic Cancer UK

National Study Sessions 2021: Enhanced supportive care - models of practice

Gilly Barringer and Anne Munton
University Hospitals Plymouth NHS Trust

ESC Team

- Initially 2 year project - May 2019-March 2021. Now extended to March 2023 (NHSE Specialist Commissioners)
- Initially agreed 3 Cohorts : Lung, HPB, UGI. Now expanded to Renal, Penile, Brain ,Colorectal, Sarcoma, Mesothelioma, Head and Neck.

Doug Hooper	Consultant	0.1 WTE
Anne Munton	Project Lead/CNS	1 WTE
Gilly Barringer	CNS	0.8 WTE
Mairead McIntyre	GPwSI	0.2 WTE
Sophia Wilson	Dietitian	0.8 WTE
Angela Bleasdale	Dietitian Support	0.2 WTE
Ellie Ricketts	Counsellor	0.2 WTE
John Hilsdon	Counsellor	0.2 WTE
Debby Hill	OT	0.6 WTE
Katie Sheen	Physiotherapist	0.6 WTE
Alana Close	Physiotherapist	0.6 WTE
Rebecca Malone	Admin	1 WTE
Jon Garnett-Smith	Data/Quality Manager	0.6 WTE

ESC within UHP

- Nurse led service with Consultant support as required
- Weekly multi professional F2F ESC clinics, daily telephone consultations, weekly counselling clinics
- Weekly holistic ESC MDT
- Home Visits - OT/PT to assess function/home environment
- Attend oncology clinics, SACT day case unit and Cancer MDT’s for cohorts
- Weekly MDT with hospital specialist palliative care team
- Work closely with AOS team to arrange admissions

ESC within UHP

- Established relationships with primary care services -community palliative care teams (monthly MDT), AHP teams and GP’s
- Available daily via phone – point of contact for patients, deal with symptoms quickly, arrange prescriptions
- Ward visits - provide background on patients during hospital admission and ensure we can support promptly on discharge.
- Qualitative and quantitative data collected during F2F interactions, patient questionnaires and feedback forms

Referral Criteria

- Non-curative treatment intent
- PS 0-2 – See RAG rating
- Holistic assessment need
- Not requiring community palliative care

Enhanced Supportive Care Referral

ESC offers a holistic, multi-disciplinary assessment to patients living with incurable cancer. At present only for patients with Lung, Upper GI, HBP, Brain, Colorectal, Penile, Testicular, Sarcoma, Renal and Mesothelioma Cancers. Supportive care focuses on helping people to stay well, during palliative treatment and after treatment has finished. It aims to manage any adverse, related symptoms thereby enhancing quality of life.

Patients **NOT** suitable for ESC:

- Rapidly deteriorating with a very short prognosis (Days/Weeks)
- Palliative support at home/urgent home assessment required
- For comfort feeding/no further dietary input required
- Severe low back pain or New/Changing Neurology
- Severe Respiratory compromise

PS: 3-4

Patients suitable for ESC:

- More advanced or progressive disease, prognosis of months
- Some opportunity for ACP discussion
- Difficulty clearing chest/Shortness of breath on exertion
- Severely impaired function due to pain/weakness/falls/fatigue
- Severely reduced appetite/weight loss without trying
- Psychological Support
- Mild cognitive/perceptual difficulties

PS: 1-2

To refer
Call: (4)37897/8 or Bleep: 81331

Patients **VERY** suitable for ESC:

- Likely significant prolonged prognosis (months to years)
- Likely to be having on-going palliative treatment
- Opportunity for ACP discussion
- Mildly impaired function due to pain/weakness/falls/fatigue
- Mild breathlessness/dysfunctional breathing/airway clearance
- Mildly reduced appetite/weight loss without trying
- Psychological support

PS: 0-1

CNS to refer via SCR

ESC CNS/GP

- Specialist nurses with a background of palliative care and pain management and GP with specialist interest and experience with oncology
- Symptom management
- Prescriptions and monitoring meds
- Advanced Care Planning and completion of Treatment Escalation Plans/DNR
- Work closely and build relationships with other teams
- Integrating service into oncology and palliative care

ESC Dietitian

- Upper GI - Texture modification, Symptom management
- HPB - Creon optimisation, Symptom management, Glycaemic control
- Other cohorts - Nutrition support, Symptom management through chemo/ radiotherapy

- The dietitian will interpret test results and work with the patient's symptoms to provide an individualised nutrition and health intervention programme
- Referral numbers are continually high

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ESC Occupational Therapist

- Focus on individual’s holistic needs regarding their function and rehabilitation.
- Rehabilitation is not simply getting people functioning independently again. It’s affirming people’s lives by providing them with physical, social and emotional opportunities, and a sense of control
- Home Visits, ADLs, Equipment, Work, Hobbies, Falls prevention, Fatigue, Sleep Hygiene, Anxiety, Breathlessness, Cognition
- OT works closely with local and national charities and local housing to fund more major adaptations e.g. Royal British Legion, Plymouth Veterans Society
- Built links with community re-ablement services and local community palliative care team

ESC Physiotherapy

- Physical activity promotion
- Individualised exercise
- Walking Aids
- Falls assessment/management
- Musculoskeletal pain
- Metastatic bone disease
- Pre-existing conditions
- Metastatic Cord Compression/Brain Metastases
- Neurological specialist rehabilitation
- Breathlessness/Cough

- Early Palliative rehabilitation
- Balancing symptoms with rehabilitation
- Focus on goals and QOL
- Reduced fatigue, longer survival after final chemo, increased bone density, increased overall QOL over 12/12 – Stevinson et al (2018)
- Macmillan Cancer Rehab Pathways: heavily promotes rehabilitation in the palliative phase of the cancer continuum – promote maintenance or improvement of physical and psychological functioning to enhance QOL taking into account health status.
- Links closely with community re-ablement to prevent admissions

ESC Counsellors

- Receiving a terminal diagnosis can be very shocking and distressing for patient and family members.
- Psychological support when navigating the next phase of life and preparing for death is highly effective.

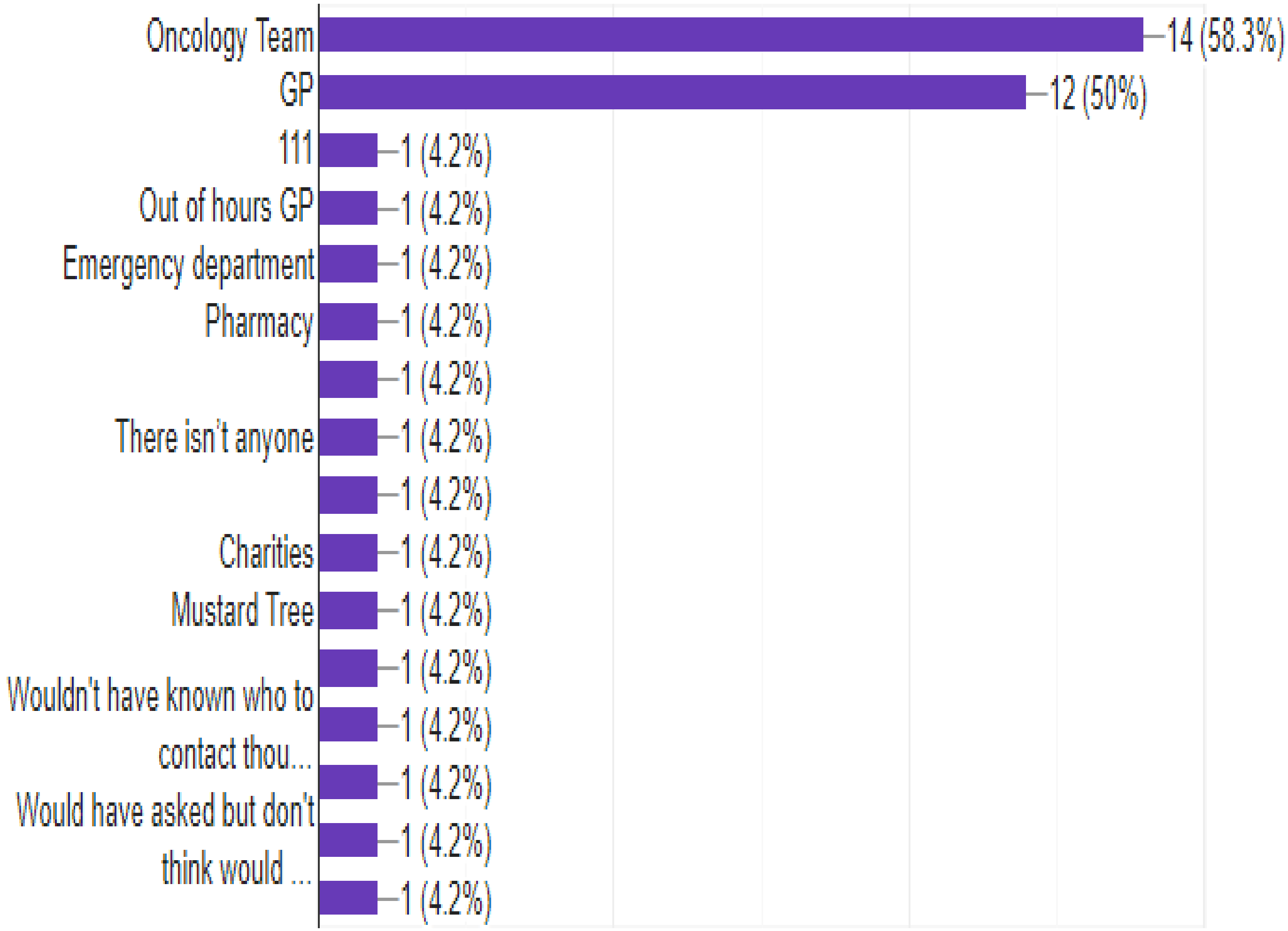
- Building a therapeutic relationship, facilitating safety and containment.
- Transition to understanding and acceptance of impending mortality, realise life expectancy is shortened and finding meaning.
- Learning to live in a different way, but as fully as possible.
- Working with the impact of the diagnosis on nexus of relationships.
- A diagnosis of non-curative cancer can make it important to explore past traumas or other difficulties from childhood or beyond.

NHSE Metrics

- Access to ESC
- Service Coverage
- Admitted Patient Care Spells Activities
- Chemotherapy Activity
- ED Attendances
- Place of Death
- Survival Time
- Qualitative Data
- Various costings to run the service
- Case Studies

ESC Patient Survey Result – avoided interactions

62% of ESC patients say that they would go looking for other support if ESC were not available



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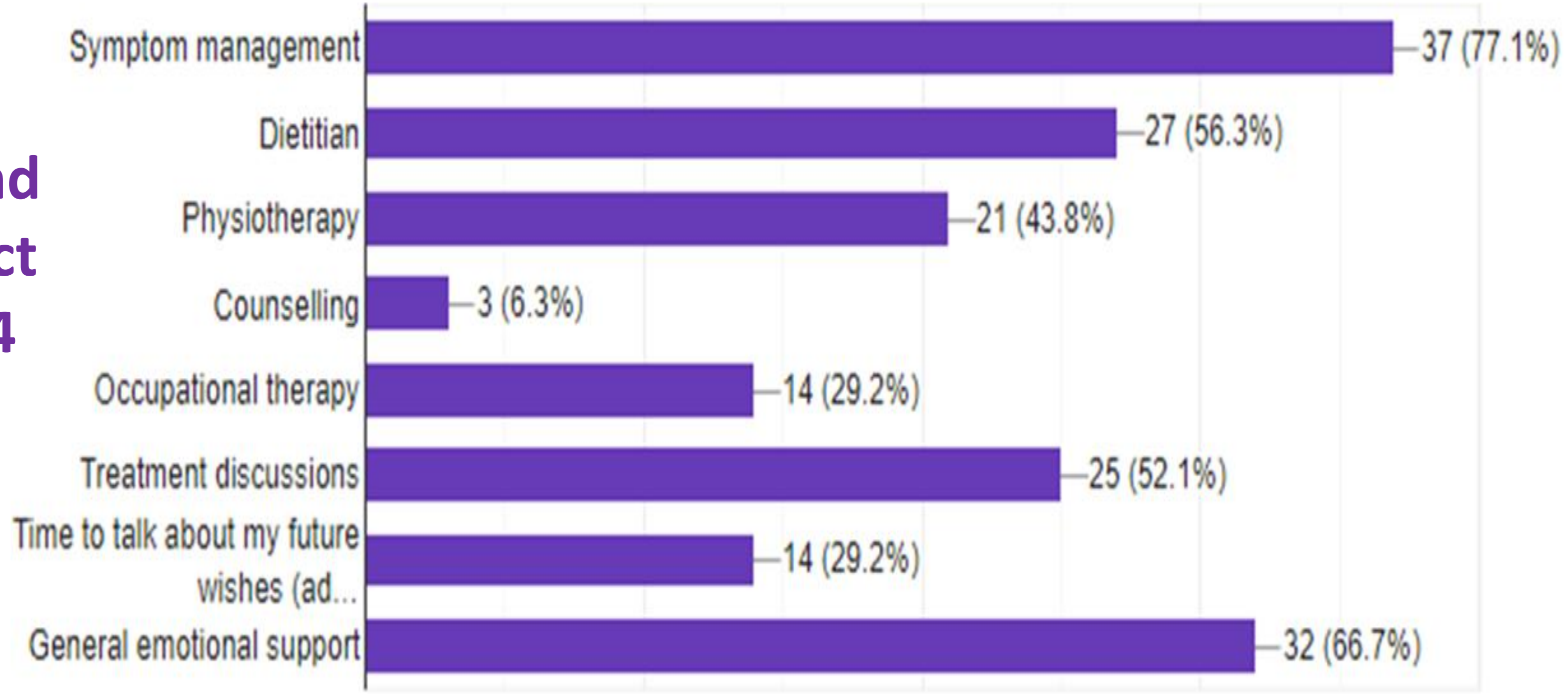
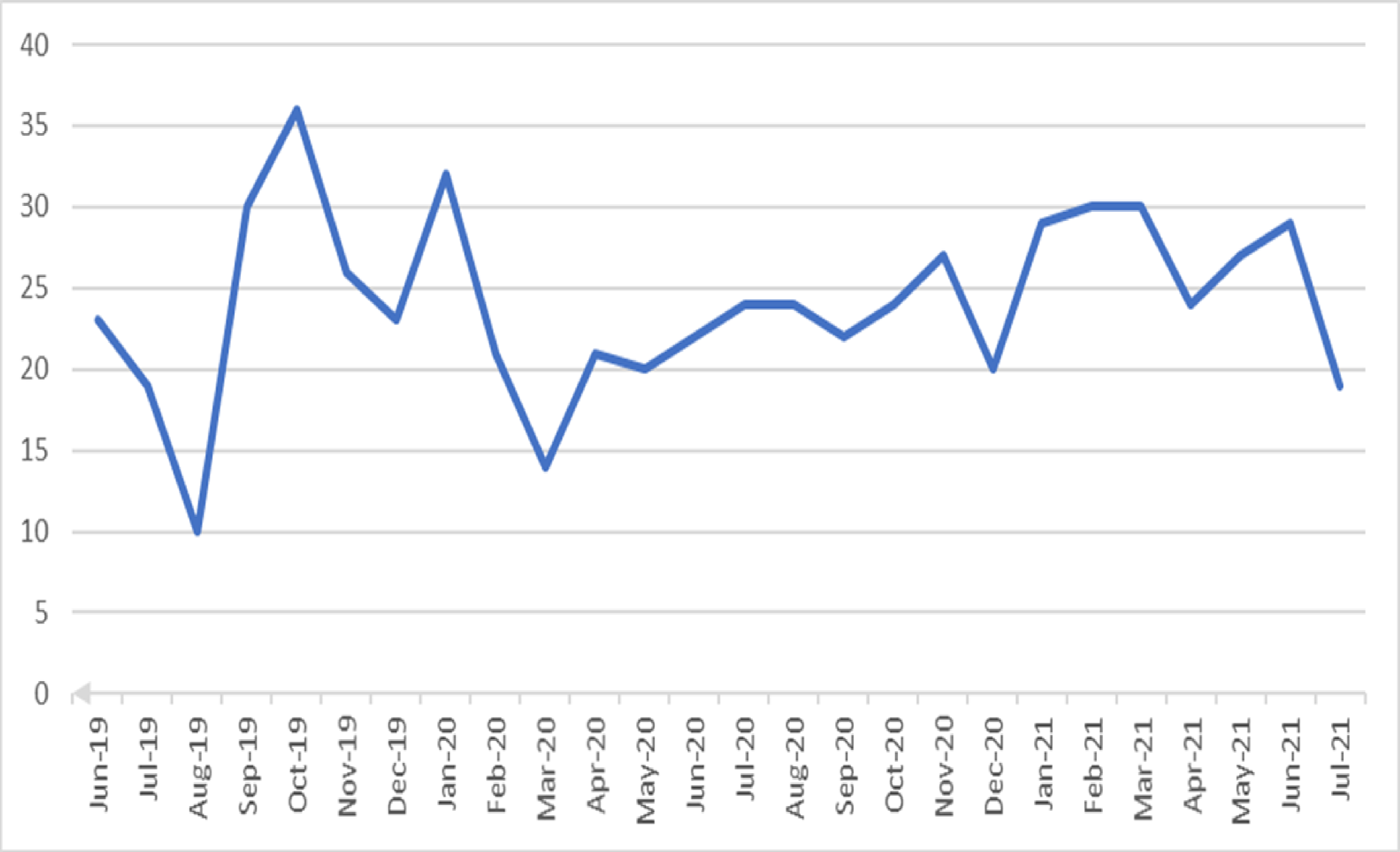
ESC Patient Survey Result

Which aspect(s) of ESC has made a **positive** impact on quality of life?

Symptom management, dietetic and emotional support positively impact on quality of life – evidenced by 3.4 less admission bed days



ESC Referral Numbers



Effect of ESC

- Over £755 cost saving per ESC patient
- 3.4 less bed days per ESC patient
- UHP ESC patients live 47 days longer
- 10% more patients die at home
- 137 oncology outpatient appointments avoided (2019-2020)

Challenges

- Fixed term contracts = recruitment and retention issues
- Being commissioned post March 2023
- Covid
- IT – recording data
- Clinic rooms/space
- Arranging admissions of unwell patients due to bed pressures
- Access to oncology clinics, delayed due to pressures on service
- ESC often see pts prior to 1st oncology appt for holistic assessment (diagnosis already confirmed and referred by Cancer CNS)

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Successes

- Refunded for a further 2 years until March 2023
- Embedded into Oncology and hospital palliative care team
- Expansion of cohorts and referrals increasing
- NHSE Case Study - completed, presented and published (Futures NHS Collaboration platform)
- Supported development of national data tool to validate qualitative and quantitative data collection
- Recently re-modelled service and need for NMP identified and actioned
- Positive feedback from HCP’s, patients and relatives

Future recommendations

- Increased Dietetic input for caseload management
- Counselling service very well evaluated for rapid response
- Continually need to raise profile and work closely with Cancer CNS’s and Oncology Service
- Where will the service “sit” in 2 years??

Questions?

- If you are interested in finding out more about the UHP ESC Service and would like to view the comprehensive case study, please email the ESC team on plh-tr.enhancedsupportivecare@nhs.net