



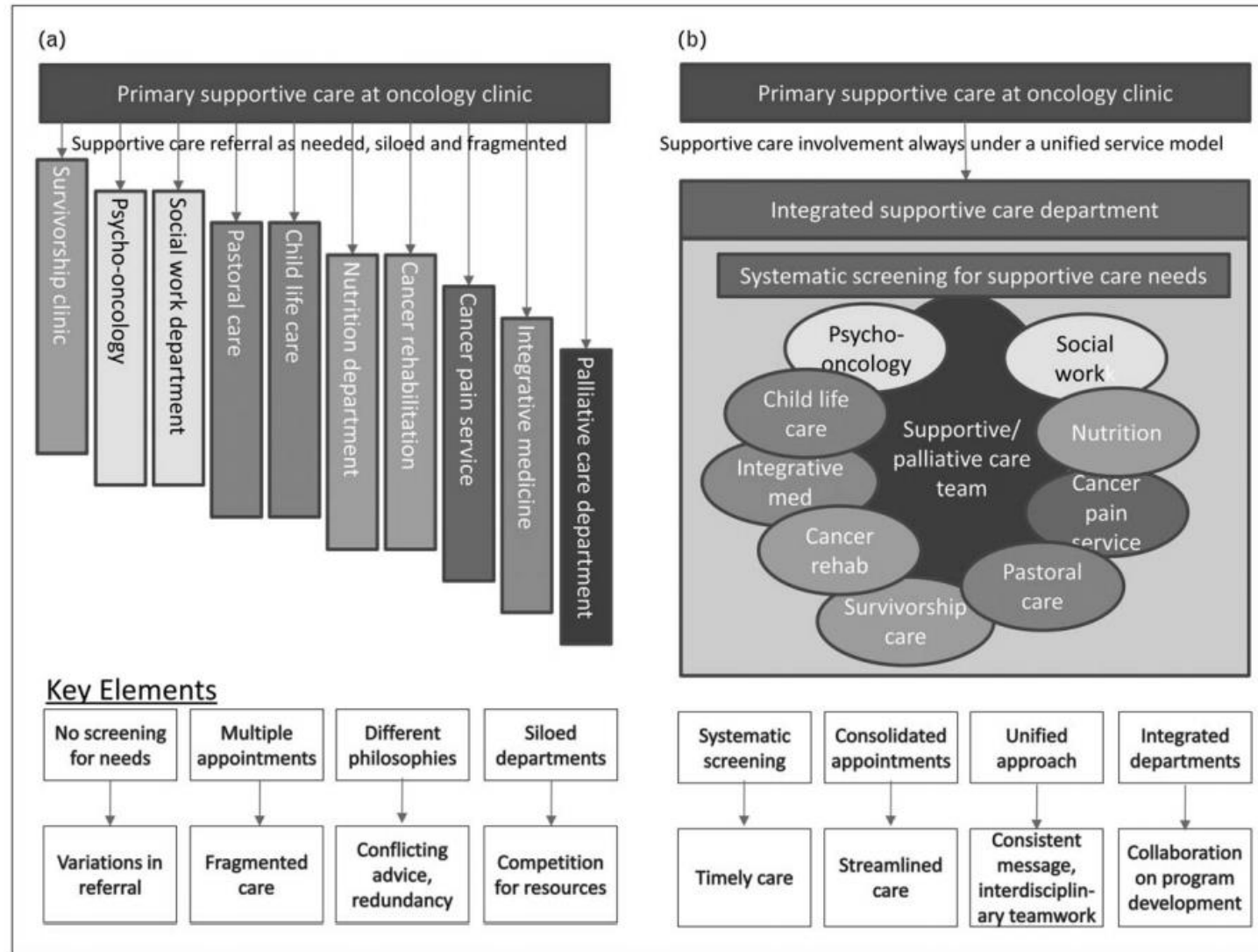
The Clatterbridge
Cancer Centre
NHS Foundation Trust

Enhanced Supportive Care

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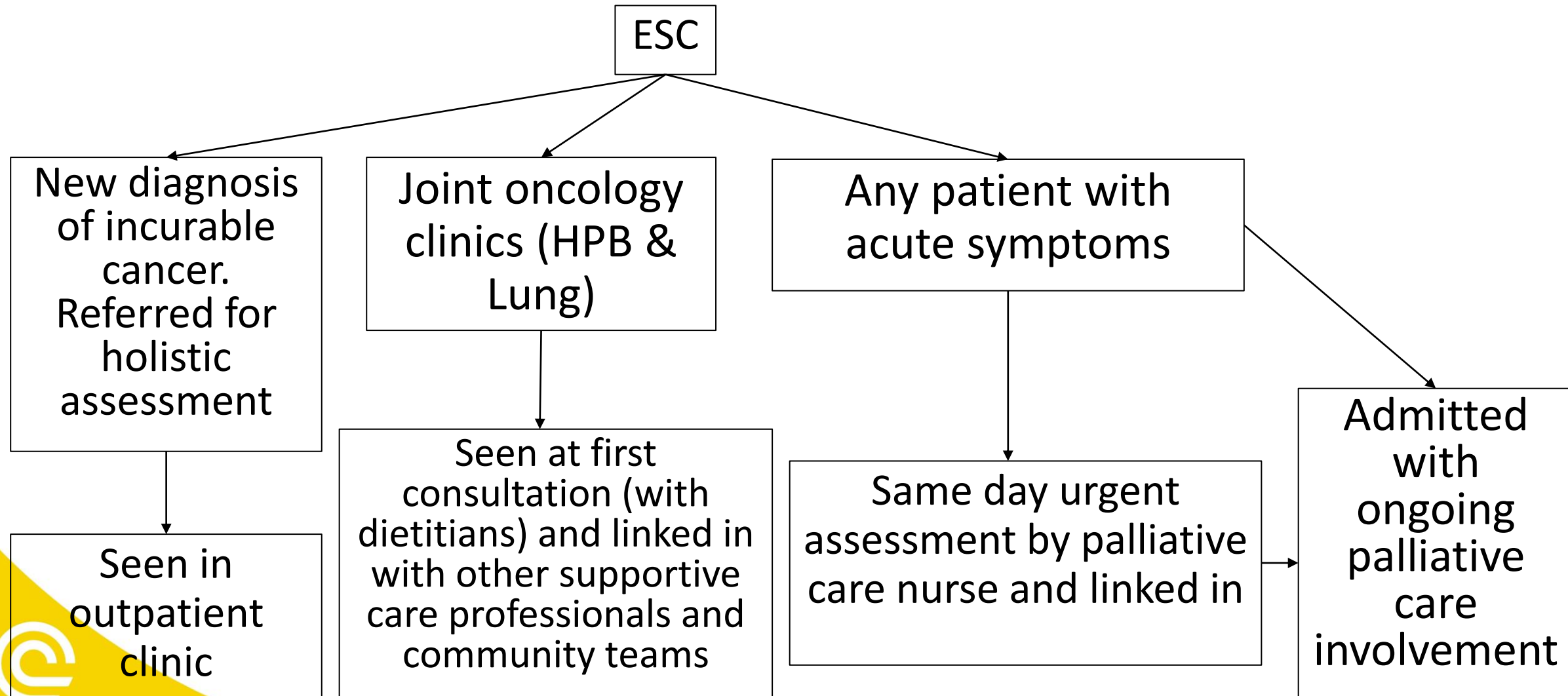
Enhanced Supportive Care (ESC)



Hui D, Hoge G & Bruera E. Models of Supportive Care in Oncology. *Curr Opin Oncol.* 2021, 33(4); 259-266



What does the Clatterbridge model look like?



Multicentre Study of ESC for patients with treatable but not curable cancer



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The Clatterbridge Cancer Centre, Liverpool

Gloucestershire Hospitals NHS Foundation Trust, Gloucester

University Hospitals Plymouth NHS Trust, Plymouth

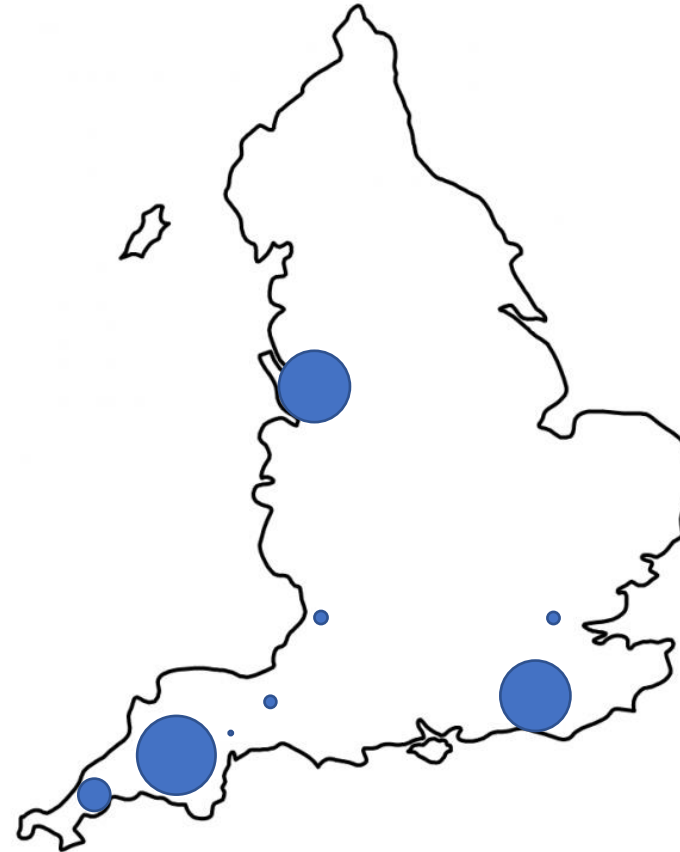
Royal Cornwall Hospitals NHS Trust, Cornwall

University Hospitals Sussex NHS Foundation Trust, Brighton

Somerset NHS Foundation Trust, Somerset

Royal Devon & Exeter, NHS Foundation Trust, Exeter

Barking Havering & Redbridge University Hospitals, Essex



Monnery D, Tredgett K, Hooper D, Barringer G, Munton A, Thomas M, Vijeratnam N, Godfrey N, Summerfield L, Hawkes K, Staley P, Holyhead K, Liu Y, Lockhart J, Bass S, Tavabie S, White N, Stewart E, Droney J, Minton O. Delivery Models and Health Economics of Supportive Care Services in England: A Multicentre Analysis. Clin Oncol (R Coll Radiol). 2023 Jun;35(6):e395-e403. doi: 10.1016/j.clon.2023.03.002. Epub 2023 Mar 11. PMID: 36997458.

Method

Prospective observational cohort study

Size, staffing and cost of ESC services

Patient numbers and summary data pooled by primary tumour group

IPOS used for symptom burden- at baseline and three months

For those who died, we recorded secondary care use in last year of life:

Non elective admissions to hospital

Length of Stay

A&E attendance

Cost



Results

Average model

- Clinical Nurse specialists (1.5WTE)
- Therapies- Physio (0.46 WTE) and OT (0.54 WTE)
- Nutrition (0.5 WTE)
- PCT doctors (0.25 WTE)
- Other doctors (0.38 WTE)
- Psycho-Oncology (0.18 WTE)



4,594 Patients Seen
£1,676,044.30 spent

1,061
(23%)
Died to
date



Results- IPOS Score



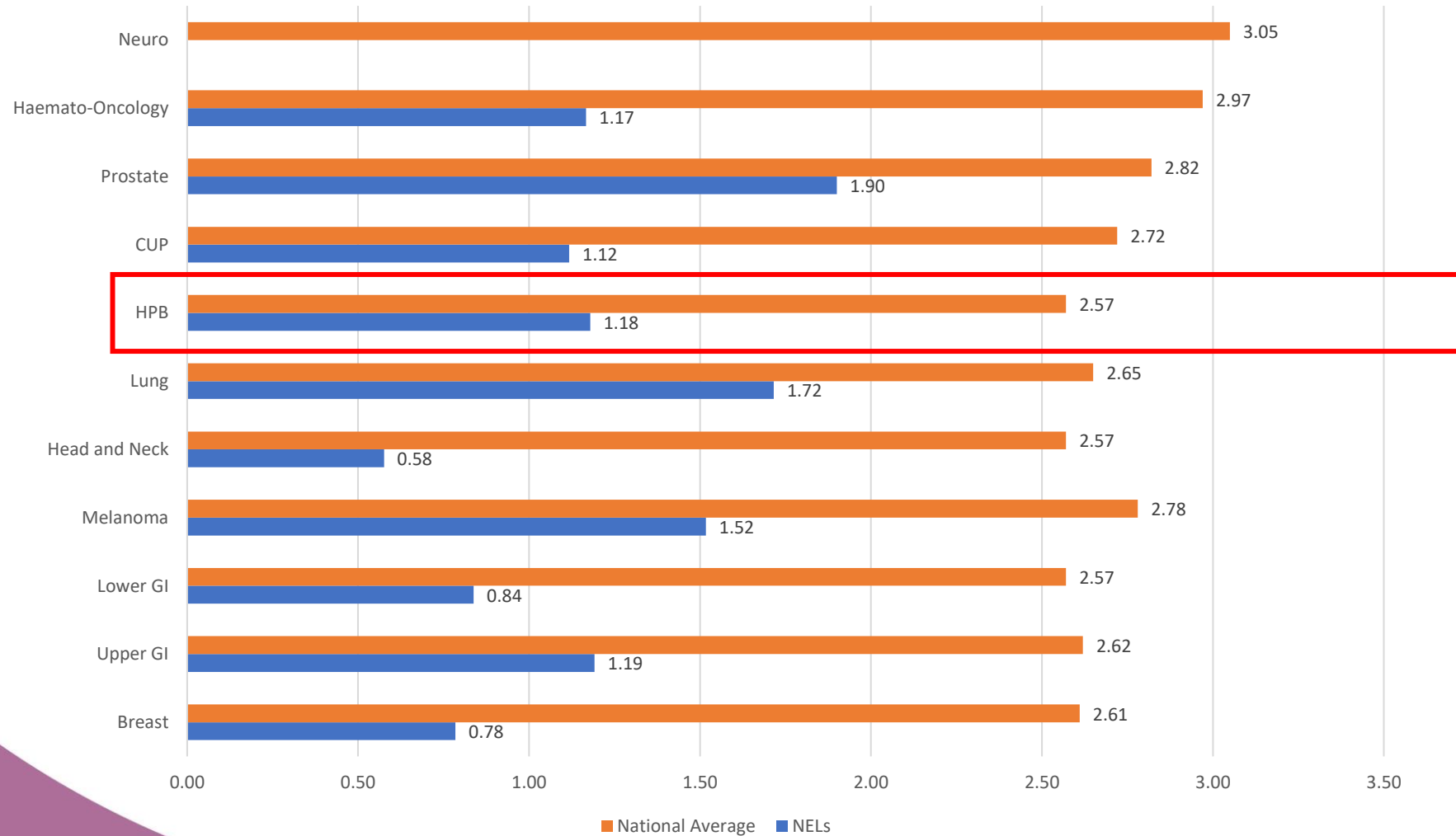
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	Breast	H&N	UGI	LGI	Melanoma	Sarcoma	Lung	HPB
Pain	-0.7	-0.9	-0.8	-0.3	-0.4	0.0	-1.0	-0.5
SOB	0.1	-1.0	0.0	-0.1	-0.1	0.0	0.0	0.0
Weakness	-0.9	-0.1	-0.1	-0.3	-1.0	0.0	0.0	0.1
Nausea	-0.8	-0.2	-0.1	-0.6	-0.5	0.0	0.5	-0.9
Vomiting	0.2	-0.2	-0.2	0.0	-0.3	0.0	0.5	-1.2
Appetite	-1.1	-0.1	0.2	-0.6	-1.5	0.0	0.0	-0.3
Constipation	-0.6	-1.0	0.3	-0.9	-1.3	0.0	0.0	-1.5
Sore Mouth	-0.7	-1.2	-0.7	-0.4	-0.8	0.0	0.0	-0.2
Drowsiness	-0.3	-0.3	-0.6	-0.1	0.0	0.0	-2.0	0.4
Mobility	-0.6	0.4	-0.2	0.1	-1.4	0.0	-0.5	0.1
Anxiety	-0.6	-0.4	0.0	-0.3	-0.6	0.0	-0.5	-0.3
Family Support	-0.6	-0.9	0.3	-0.4	-0.1	-1.0	-1.5	-0.4
Depression	-0.1	0.1	0.1	-0.2	-0.2	-1.0	0.0	-0.4
Peace	-0.4	-0.6	0.2	-0.4	0.0	0.0	2.0	0.5
Shared Feelings	-0.4	-0.3	0.4	-0.7	-0.2	0.0	0.5	-0.6
Information needs	-0.4	-0.1	0.4	-0.6	-0.6	0.0	0.0	0.4
Practical Support	-0.8	-0.5	0.4	-0.5	0.1	0.0	0.0	-0.4
Total	-8.8	-7.1	-0.5	-6.4	-9.0	-2.0	-2.0	-5.3



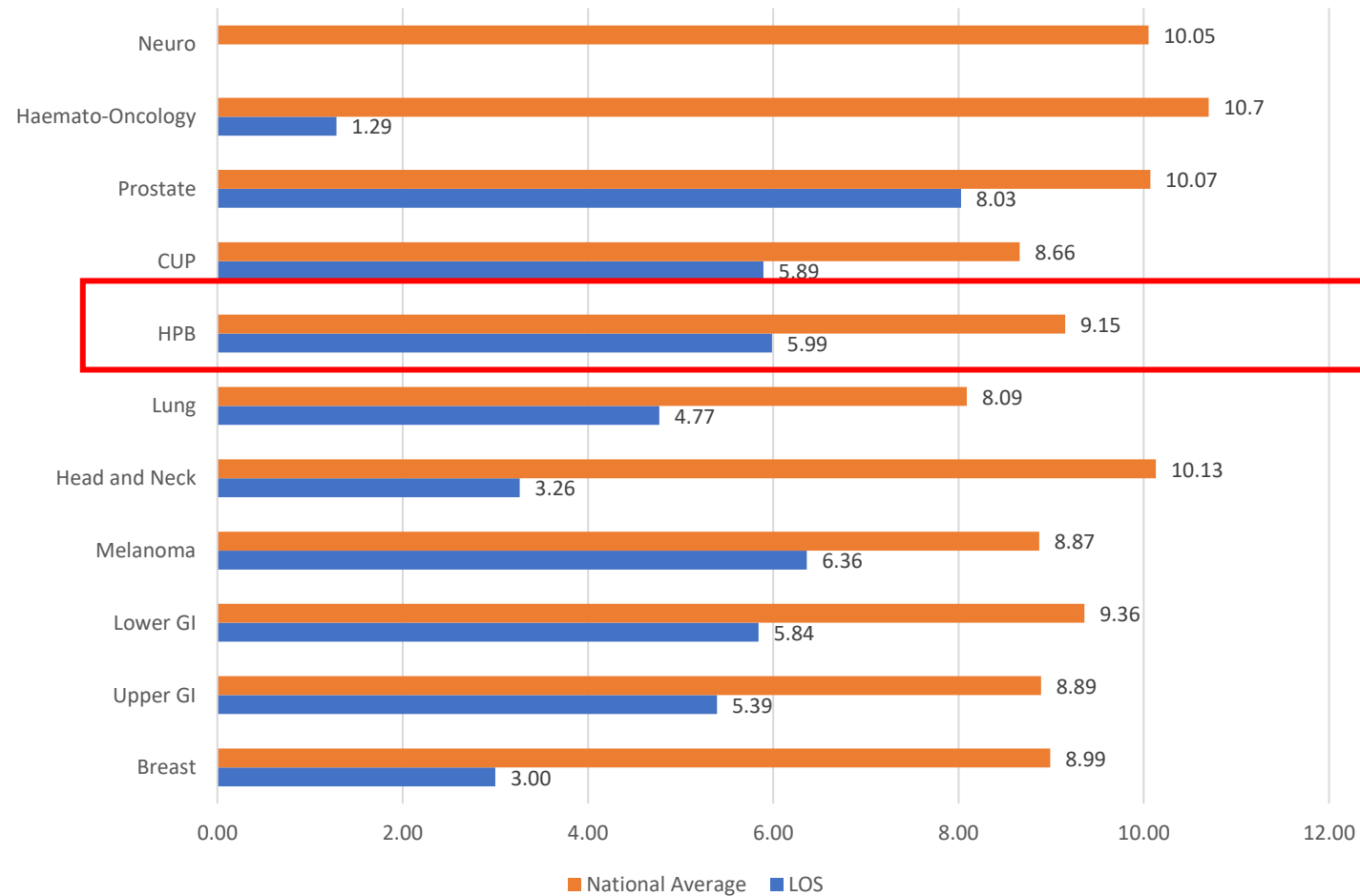
Non-Elective Admissions in last year of life (n=1,061)

Non Elective Admissions rate Compared to National Average



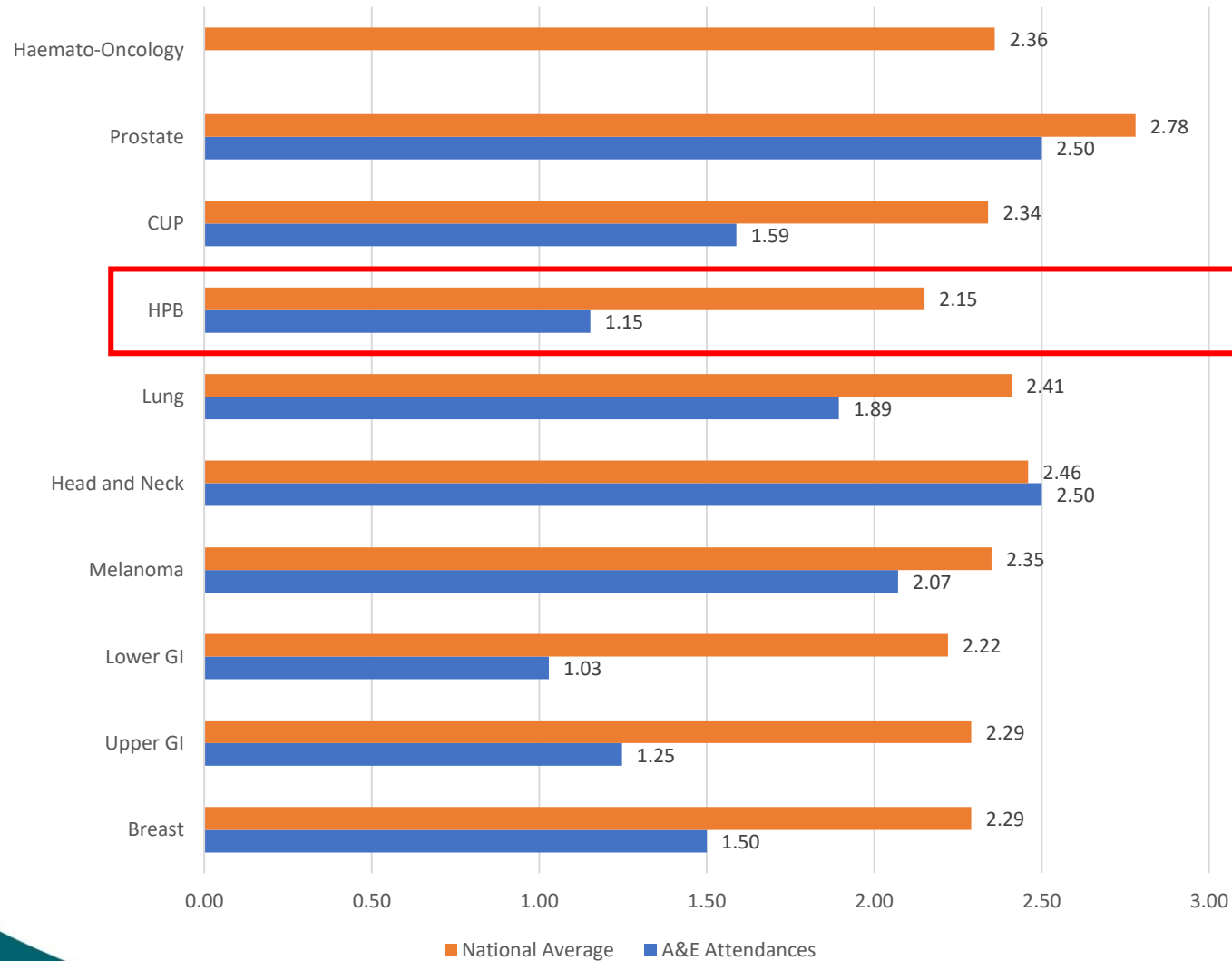
Length of Stay in last year of life (n=1,061)

LOS Compared to National Average



A&E attendances in last year of life (n=694)

A&E Attends Compared to National Average



So How do we cost the savings?

- 1472 Avoided Admissions
 - 4578 bed days avoided
 - 567 A&E attendances avoided
-
- 1472 Avoided Admissions: £6,074,654.62
 - 4578 bed days avoided: £2,303,947.27
 - 567 A&E attendances avoided: £111,979.50.

Tumour group	Average cost per NEL spell	Average cost per hospital day	Average cost per AE Attendance
All sites	£4,282.63	£486.40	£199.87
Brain / CNS	£4,740.01	£518.83	£220.95
Breast	£3,897.99	£468.08	£200.64
Colorectal	£4,286.37	£502.84	£199.95
Gynaecology	£4,110.32	£491.04	£199.69
Haematology	£4,893.75	£500.87	£198.21
Head and Neck	£4,372.74	£481.91	£194.91
Lung	£3,907.15	£517.05	£200.41
Prostate	£4,294.86	£463.08	£198.58
Sarcoma	£4,125.86	£497.40	£199.48
Skin	£3,988.95	£483.56	£204.68
Upper Gastrointestinal	£4,039.63	£508.40	£194.02
HPB	£4,193.47	£491.70	£198.92
Urological	£4,217.87	£465.79	£196.00
CUP	£4,066.41	£510.00	£199.30



This study concludes...

- Patients accessing ESC have improved symptom scores, reduced unplanned admissions, reduced LOS and overall reduced A&E attendance compared with average
- As well as benefitting patient experience, this makes ESC a financially sustainable service in UK
- Further work is needed on clarifying service specifications to aid commissioning



4,594 Patients Seen

1,061
Died to
date



Challenges

Challenges of a centralized service:

- Knowing when to hand over to local palliative care teams
- The transition for patients and families from a team they know to one they don't

Difficult to know the impact on secondary care use for patients living with cancer (rather than those at end of life)

These services are not commissioned



Thank you

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Tweet me if you see anything interesting: @DanielMonnerly

