

# Measuring the impact of an Enhanced Supportive Care Service in a Cancer Unit in an Acute London Hospital Trust

Ruth Caulkin\*, Louise Robinson, Katie Urwin, Tara Whitburn, Armita Jamali and Sarah Cox  
Department of Palliative Care, Chelsea and Westminster Hospital NHS Foundation Trust, London, United Kingdom

## Background

Enhanced supportive care (ESC) is a UK national initiative promoting earlier implementation of supportive care for patients with cancer. There is growing evidence that good supportive care, provided early to patients with advanced progressing cancer, can improve quality of life, possibly lengthen survival and reduce the need for aggressive treatment towards the end of life.

ESC has been successfully implemented at a number of UK NHS cancer centres. This is the first UK cancer *unit* to implement ESC, delivered by a Specialist Palliative Care (SPC) team. This project assessed its feasibility and impact.

## Methods

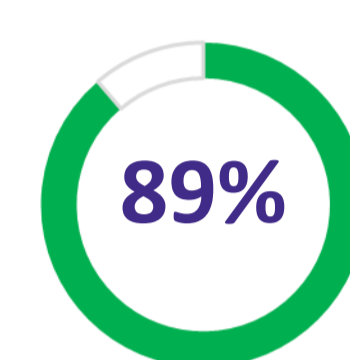
- New patients diagnosed with incurable lung cancer (LCa) or metastatic urological cancer (UCa), proactively identified from multidisciplinary team (MDT) meetings, were reviewed by the SPC team.
- Data was collected on:
  - Number of patients seen
  - Time to SPC review from diagnosis
  - Integrated Patient Outcome Scores (IPOS-5) on initial review and subsequent visits
  - Number of unplanned admissions
  - Deaths with 30 days of systemic anti-cancer therapy (SACT).
- Results were compared to a baseline audit completed prior to implementation of the ESC service.
- Patient/carer experience was captured using a patient satisfaction survey.

## Conclusions

- Proactively identifying patients for ESC in a cancer unit has:
  - Increased the percentage seen by SPC
  - Reduced the time to first review
  - Contributed to a reduction in the number of unplanned admissions.
- At diagnosis, patients with LCa had a significant physical and psychological symptom burden, exposing a need for ESC. This was less apparent in patients with UCa.
- The need for and impact of an ESC service was greater in patients with LCa.
- Embedding ESC within a cancer unit has improved communication and collaboration between the Oncology and SPC teams, notably with shared decision making around complex cases.
- The ESC service was highly valued by patients and carers.

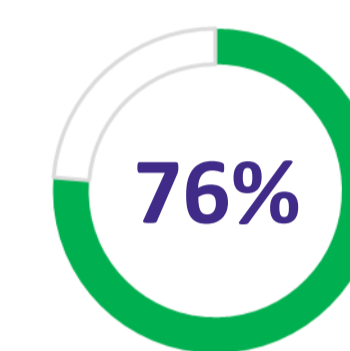
## Results

Over a one year period, 84% (92) of patients diagnosed with incurable LCa and metastatic UCa were reviewed by the SPC team compared to 51% in the baseline audit.



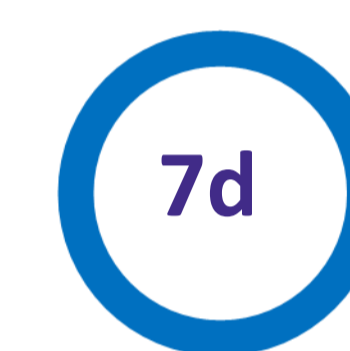
**Number of incurable LCa patients seen by SPC**

Baseline audit: 55% (75)



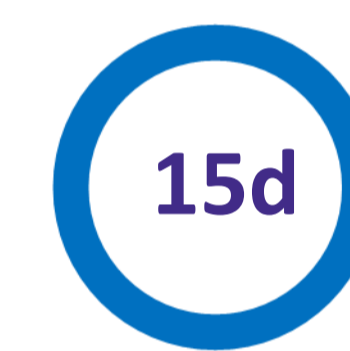
**Number of metastatic UCa patients seen by SPC**

Baseline audit: 35% (12)



**Mean time to SPC team review from MDT LCa diagnosis (days)**

Baseline audit: 44 days

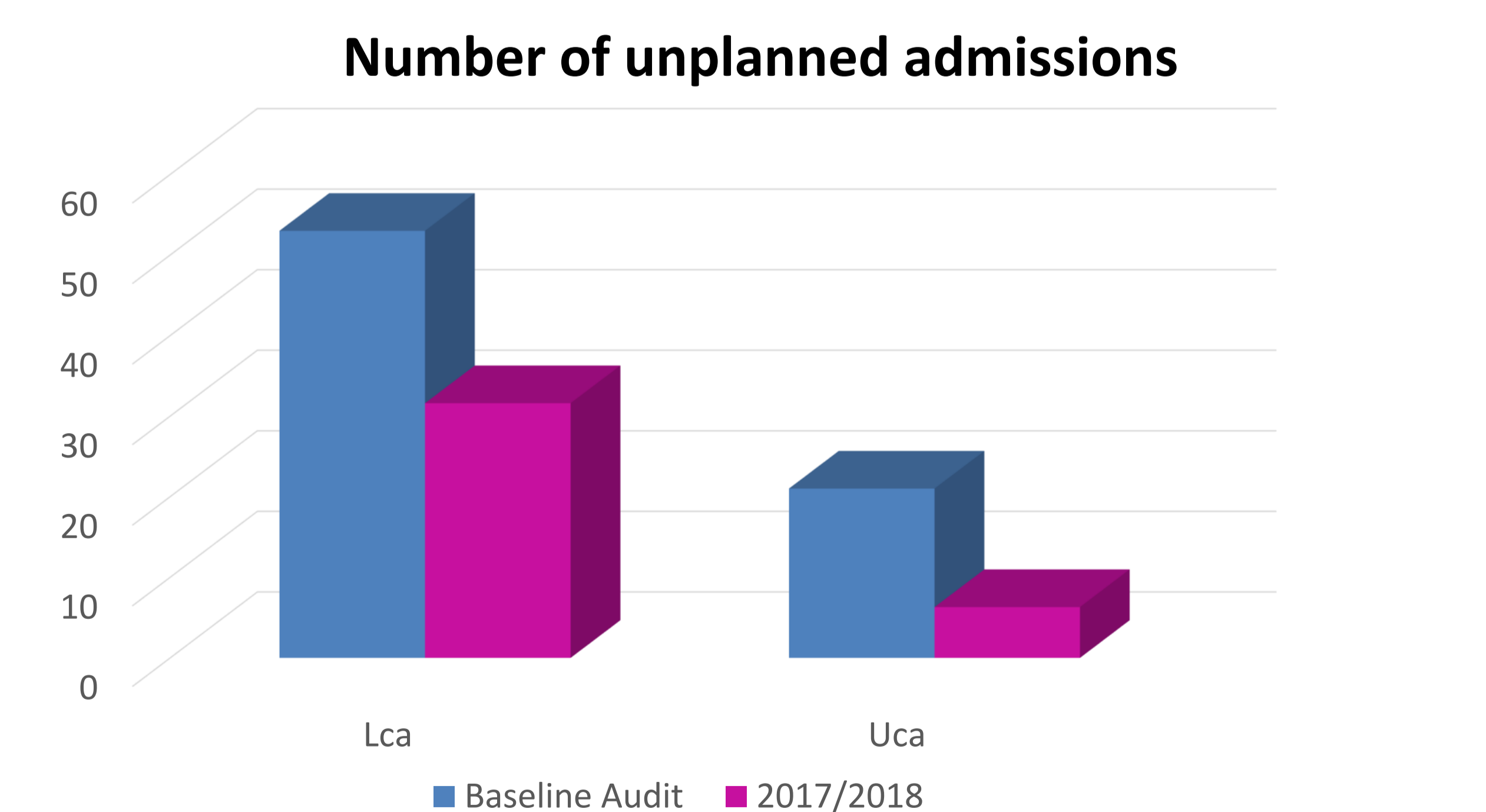
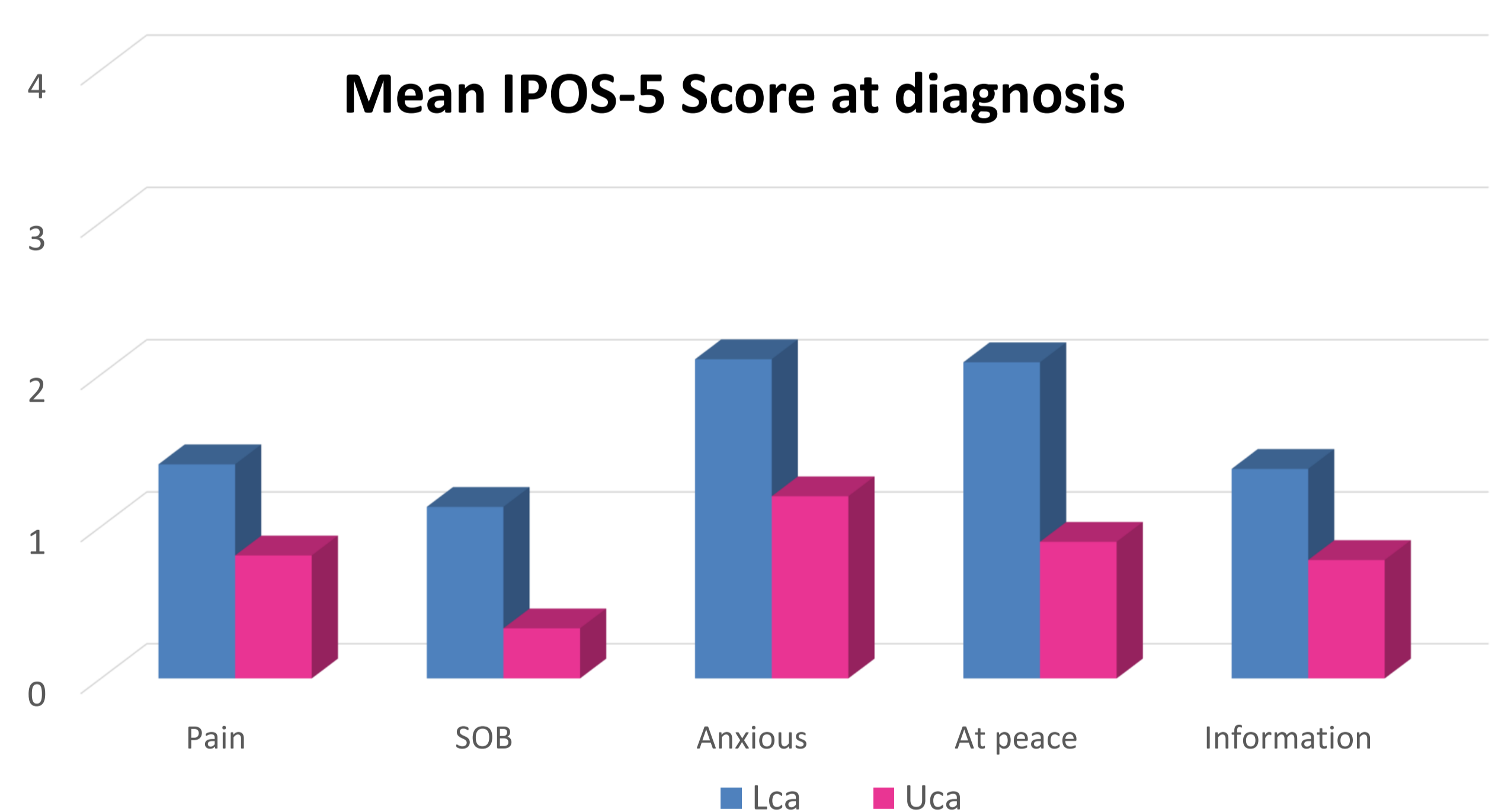


**Mean time to SPC team review from MDT UCa diagnosis (days)**

Baseline audit: 150 days



**Number of patients/carers rating care received by SPC team as Excellent**



\*Corresponding author: ruth.caulkin@chelwest.nhs.uk

### References:

1. Enhanced Supportive Care. 2016. NHS England: <https://www.england.nhs.uk/wp-content/uploads/2016/03/ca1-enhncd-supprty-care-guid.pdf>
2. Temel J, Greer J, Muzikansky A et al. 2010. Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med.* 363(8):733-42.
3. Greer J, Pirl W, Jackson V. 2012. Effect of early palliative care on chemotherapy use and end-of-life care in patients with metastatic non-small-cell lung cancer. *J Clin Oncol.* 30(4):394-400