ENHANCED SUPPORTIVE CARE
Better access to expertise in managing the adverse effects of cancer
The landscape of cancer is changing.
More and more people are living longer with cancer.
The need to change

- Looking after patients who are end of life
- Helping patients through their cancer treatment
- Managing chronic cancer pain and symptoms
- Looking after survivors
A different approach

Positive
Proactive
Curative and palliative
We rebranded to ‘supportive care’

• Easier for oncologists to refer [early]

• *Removes barriers and association with EOLC*

• *More ‘hopeful’ and positive image*

• Supportive Versus Palliative Care: What’s in a Name? A Survey of Medical Oncologists and Midlevel Providers at a Comprehensive Cancer Center  
  
  *Nada Fadul, MD, Ahmed Elsayem, MD, J. Lynn Palmer, PhD, Egidio Del Fabbro, MD, Kay Swint, Zhijun Li, MS, Valerie Poulter, BSN, OCN, and Eduardo Bruera, MD*
Become the ‘go to’ team for problems related to cancer & cancer treatment
ESC principles

• The right treatments for managing pain and symptoms, including management of the adverse effects of cancer treatments, must be provided **promptly**

• Supportive care treatments should be appropriate to the stage of cancer, and, where possible (during anti-cancer treatment or clinical trials), the care should be more **joined up** with the oncology team

• Keep **side effects** of supportive care treatments to a **minimum** – especially regarding the use and doses of opioid medication

• **[High dose opioid therapy can be ineffective and be associated with adverse outcomes in chronic cancer pain]**
ENHANCED SUPPORTIVE CARE PILOT 2012-2015

Breast
Skin/melanoma
Hepato-biliary
Upper GI

Better access to supportive care
Enhanced Supportive Care
impact on emergency admissions

Data from The Christie NHS Foundation Trust
2012 - 2015
Pattern of reduction in emergency admissions across 3 years of ESC in disease groups within the scheme
Impact of ESC
Reduction in actual emergency admissions in ESC disease groups compared with expected admissions across 3 years

Actual emergency admissions for ESC

12/13 Actual  13/14 Actual  14/15 Actual
Redn in admissions from expected level of admissions over 3 yr period

598

= £1.4 m
Department of Health
ENHANCED SUPPORTIVE CARE

Integrating supportive care in oncology
(Phase I: Treatment with palliative intent)
Data from the national cquin: 
*From the point of diagnosis of incurable disease*

% of Patients in Disease Group offered referral to a supportive care team at point of diagnosis of incurable disease

*Percentage of Referrals by Cancer Site and Provider*

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Leeds Teaching Hospitals NHS Trust</th>
<th>Shrewsbury and Telford Hospital NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPB</td>
<td>11%</td>
<td>67%</td>
</tr>
<tr>
<td>Lung</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Hego-gastic</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>Breast</td>
<td>18%</td>
<td>57%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>17%</td>
<td>80%</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>Lung</td>
<td>32%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Baseline vs Q2 comparison.
Definition of Enhanced supportive care

- Not palliative care
- Not ‘early’ palliative care

**ESC is a UK initiative that promotes better access to supportive care in cancer**
- Management of symptoms in chronic cancer
- Adverse effects of cancer treatments
- Survivorship
You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."
What’s happening now with ESC?
“Any problem relating to cancer or cancer treatment; any disease”
Pilot ESC clinic
January 2017
SUPPORTIVE CARE TEAM

OAU ACUTE ONCOLOGY TEAM
### Enhanced Supportive Care Clinic (ESC)

#### Patient Cohorts

**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

<table>
<thead>
<tr>
<th>Acute oncology – ambulatory treatments and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (<em>on a per patient basis)</em>&lt;br&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialist supportive care – ambulatory treatments and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment and management of complex pain relating to cancer or cancer treatment</td>
</tr>
<tr>
<td>Specialist ambulatory treatment of the symptoms of cancer or cancer treatments</td>
</tr>
<tr>
<td>Provision for the administration of daily iv steroids in an ambulatory setting</td>
</tr>
<tr>
<td>Setting up and monitoring of syringe drivers in an ambulatory setting</td>
</tr>
<tr>
<td>Rapid access to interventional pain management service</td>
</tr>
<tr>
<td>Initiation of complex medicines for pain or symptom control which are not easily accessible in the community (e.g. Ketamine)</td>
</tr>
<tr>
<td>Rapid symptom control - to treat patients as a day case preventing the need for admission</td>
</tr>
</tbody>
</table>
Data from ESC clinic pilot

The Christie NHS foundation Trust

EARLY DATA REPORT – ESC CLINIC

- Reduces the need for admission
- Enables earlier discharge (OAU Follow up patients)
- Reduction in “diverted” patients
- Reduction in onward referral referral to GP
- Reduces risk of escalation of pain / symptoms
Does it really work?
Robust evaluation of ESC

- Data from the Christie ESC clinic pilot
- Data from the national cquin pilot
- National research programme (planning stage)
  - Comparative study
  - Leeds / Manchester / Nottingham
We are leading the way internationally...
National Acute Oncology Conference 2017

WE ARE MACMILLAN. CANCER SUPPORT
Dr RICHARD BERMAN
Consultant in palliative care
BBC BREAKFAST 08:14
richard.berman@christie.nhs.uk