

Enhanced Supportive Care (ESC)

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1. Purpose of the Service

To offer a new service to patients diagnosed with incurable upper gastro-intestinal cancers, which works alongside the cancer services and delivers a new model of proactive patient centred care earlier.

The goal is to:

- Meet patients and those important to them much earlier that would previously have been the case
- Provide excellent symptom control
- Help support patients with any psychological distress they may be experiencing
- Improve quality of life
- Ensure that care is focused on what is important to the patient.

This may also impact on their need for other health care services, for example patients may spend more time at home with their families and less time in hospital.

3. Methods

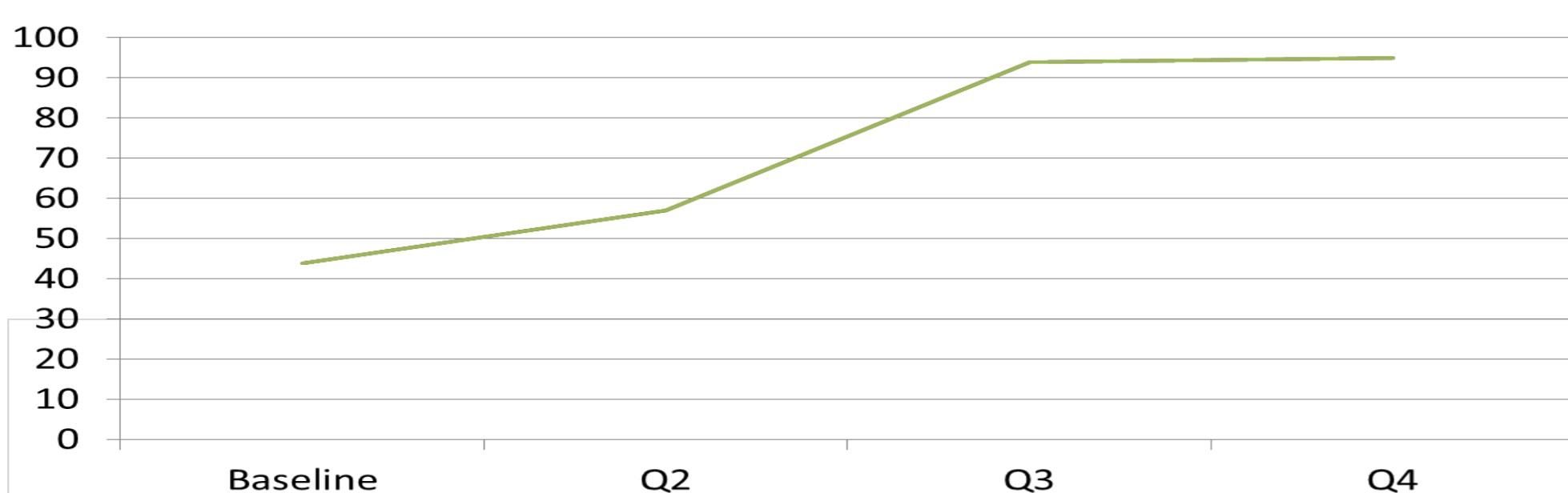
A new outpatient based service was developed.

Patients who had been diagnosed with an upper gastro-intestinal cancer who would not otherwise have been referred to Palliative Care were automatically offered an ESC appointment

Patients were reviewed by a Consultant doctor after they had completed a questionnaire, follow-up was tailored to patient needs

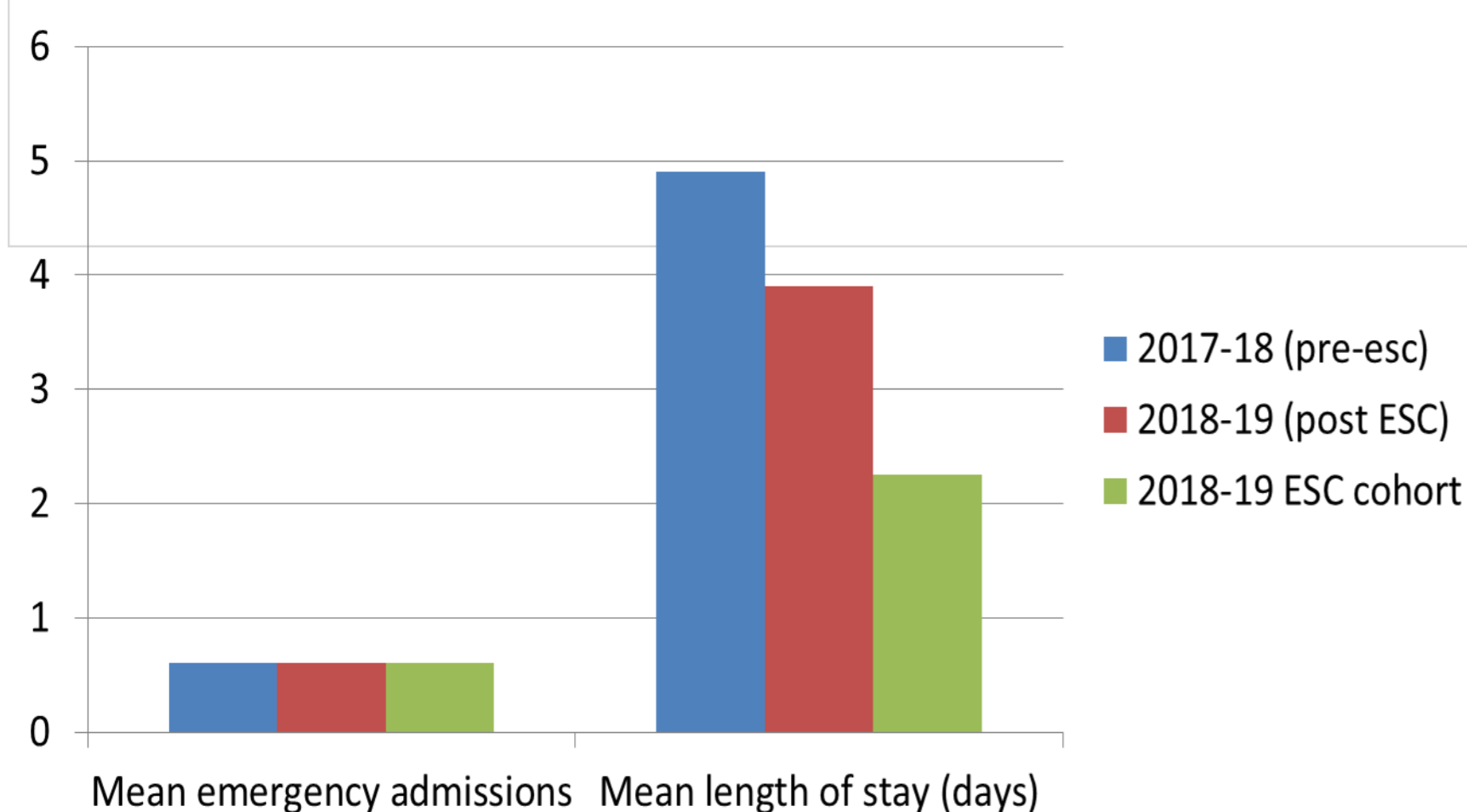
4. Results (i)

The percentage of patients offered either ESC or Palliative Care at diagnosis increased from 43% to 93%



4. Results (iii)

The average time spent in hospital by patients in the last 30 days of their lives reduced. Spending less time in hospital can improve patient experience and reduce hospital expenditure, in this case equivalent to £88,000



2. Problem we were wanting to address

Palliative care provides this model of care and support.

Patients are often referred to Palliative Care at a late stage in their illness when their condition is rapidly changing and prognosis may be short.

This can mean that they receive the service for a short period of time and so have limited opportunity to benefit.

The term 'Palliative Care' is often associated with dying and this can be frightening. This is despite the fact that the Palliative Care team often support patients for many months.

The association with dying deters doctors and nurses from referring patients and prevents patients accepting referral to the service.

4. Results (ii)

The symptom burden for the patients at diagnosis was high.

82% of patients reported at least one severe or overwhelming physical symptom

82% of patients reported at least 1 severe or overwhelming psychological symptom

The average severity score of 11/13 symptoms had improved on follow up

4. Results (iv)

Feedback was very positive:



5. Conclusion

ESC benefits patients. Fixed term funding is enabling the service to be expanded in the short term. Robust data collection and analysis continue. For more information please contact the ESC service on 0300 4223448