

# Transforming 'Best Supportive Care' into *proactive, consistent care*

## A Macmillan-funded service development for patients with advanced lung cancer in Fife

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### BACKGROUND

In SE Scotland, 40% of patients with lung cancer are for 'best supportive care' (BSC, i.e. no oncological treatment) at diagnosis.

Many more transition into BSC following treatment/disease relapse. **But there is no consensus about what constitutes BSC and who should deliver it.**

Patients, carers and families can enter a **care void**

*"If somebody had explained to us, not necessarily what was going to happen, but what was available to us, you just felt ... into the abyss."*

Carer interview prior to new model of care

### WHAT ARE WE DOING DIFFERENTLY?

**Providing good palliative care, but earlier and more consistently = 'Proactive Best Supportive Care'**

- **Early identification:** robust referral pathways for **comprehensive palliative care assessment** for all patients with lung cancer who are for BSC
- **Prompt assessment** at home, in acute hospital or new outpatient clinic. Discussing and recording an immediate action plan, preferences for future care, DNACPR where possible.
- **Patient/carers/family engagement and support:** action plan given to patient along with lung cancer and palliative care service information pack. Weekend helpline piloted
- **Improved inter-professional communication:** comprehensive letter available on clinical portal within 2 working days of patient first assessment, sharing patients' understanding and plan with wider healthcare teams. eKIS consent and prompting for GPs.
- **Increased responsiveness:** additional nursing and medical resource in the community to facilitate timely assessments as patients deteriorate/needs evolve. E-alert generated when patients admitted to acute hospital, prompting palliative care review.
- **Directing wider resources more appropriately:** cancelling secondary care clinics where not beneficial, supporting decision-making in acute hospitals for BSC inpatients.

### UNMET NEED, prior to new model of care

**Patients for BSC from diagnosis. Fife figures, 2012 (n=103)**

- 54% were diagnosed in **acute hospital**, 38% died there. 77 patients who had acute hospital admissions utilised **1079 bed days**
- 72% seen by palliative care service before death, **but timing of this variable, often close to death.**
- Support and anticipatory care planning **inconsistent and poorly communicated** between health services, and health and social care.

**\*\*MEDIAN SURVIVAL 73 DAYS FROM MDT DIAGNOSIS\*\***

### ACHIEVEMENTS: the first 15 months

- **246** patients for BSC with lung cancer, their families and carers have been supported under the new model of care.
- Comprehensive palliative care assessments took place in all care settings, most commonly in patients' own homes.



- Acute hospital admissions in BSC patients still common, with 70% occurring out of hours. Length of stay reduced, with total bed days for sample of 99 patients 32% lower than in 2012 (reduction from 1079 to 624 days).
- Fewer patients are dying in acute hospital, compared with 2012 (23.2% versus 38.2%, p=0.021)

*Patient: I'm just pleased that they've took the time and I think this is a good thing if you compare eh? Cos I think people that have been left to fudge about in their own way well your mind fills with nonsense. I've never had that – if I asked I got told and I believe in that. Cos it's a strange thing dying, well you've never done it before but some people dinnae want to know, but I want to know, and I think I've got every answer and I've no great fear for myself.*

Patient experience of new service

### KEY POINTS and WHAT NEXT?

- **Best Supportive Care** has become **consistent, proactive care** for patients in Fife with incurable lung cancer  
– **Key elements:** **robust identification of patients, comprehensive palliative care assessment and care planning and care coordination and follow-up**
- Joint working with allied health professional and social care colleagues extends the breadth of services and support and enables more effective communication. **This is integrated health and social care in action.**
- Discussions about sustainability and transferability of the new model of care are ongoing. **Might the concept of 'Proactive Best Supportive Care' be usefully extended within and beyond cancer?**