To plan or not to plan just yet? Early support and care planning for people with poor prognosis cancers in primary care

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Abbreviated abstract: Primary care teams coordinate support for patients and families integrated with oncology and palliative care. A mixed-method feasibility trial evaluated an early contact with primary care for anticipatory care planning (ACP) for people with pancreatic or upper gastrointestinal cancers starting palliative oncology treatments. 37% of participants (n=46) died or withdrew due to deteriorating health by 24 weeks. Patient-carer-GP interviews at 6-8 and 20 weeks highlighted the challenges of 'thinking and planning ahead' while navigating a cancer diagnosis and treatment. People tried to maintain a 'normal' life. Palliative care and planning for dying were often not acceptable yet.

Related publications: Tapsfield J, Hall C, Lunan C, et al. BMJ Supportive & Palliative Care Published Online First: 13 April 2016, doi:10.1136/bmjspcare-2015-001014







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Background & methods

Scottish Government initiatives promote Key Information Summaries (KIS), including Anticipatory Care Planning (ACP), recorded in GP practices for patients with life-limiting illnesses.

Challenges

- Difficulties with identification and timing when to start planning?
- Involves sensitive and complex conversations with patient/carers.
- Low patient-public and professional engagement.

Aims/objectives

- Empower patients to seek early support and care planning in primary care.
- Explore facilitators and barriers to earlier ACP for people with poor prognosis cancer
- Outcomes: timing of ACP, quality of life, service use, patient-carer-GP experiences.

Strategy

Evaluate feasibility and acceptability of an early contact letter for patients to take to their GP from the oncologist; information on ACP for patients, families and GPs.

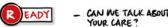


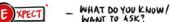
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https://ihub.scot/improvementprogrammes/living-well-incommunities/anticipatory-care-planning/

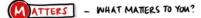
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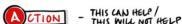


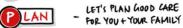
















Findings: patients & families

We're just no feeling at that stage yet actually. I'll sort of cross that bridge when I come to it.
We've got too much to live for.
43P, early support, interview 1

It's just a sledgehammer blow, and then they come out with all this stuff and you're going, hang on a minute, what, what, what.

14P- carer, standard care, interview 1

To discuss it ahead and you know where you stand.. Do you want to be at home or in a care centre....you know what I mean?

18P, early support, interview 1

Our GP took the bull by the horns right from the start. She asked me about end of life.

23P, standard care, interview 2.



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Findings: GPs

I think some people are keen to have the discussion, other people, they're obviously not ready or wanting to have that conversation. 38P- GP, early support, interview 1.

I think that she just wants to live day to day and enjoy it, and I think em when she realises that she's starting to be limited then I feel at that point I will probably reach out.

14P - GP, standard care, interview 1.

The KIS itself is not a problem. It's when you start to talk about palliative care. A lot of patients haven't really thought about resuscitation...their place of death. They haven't had that conversation with their next of kin, and it's very emotive. 26P - GP, early support, interview 1

Care planning engagement depended on patient, family and GP perspectives.



This poster is part of the SPPC poster exhibition