



Development of a Trauma Informed Rapid Access Palliative Care Clinic

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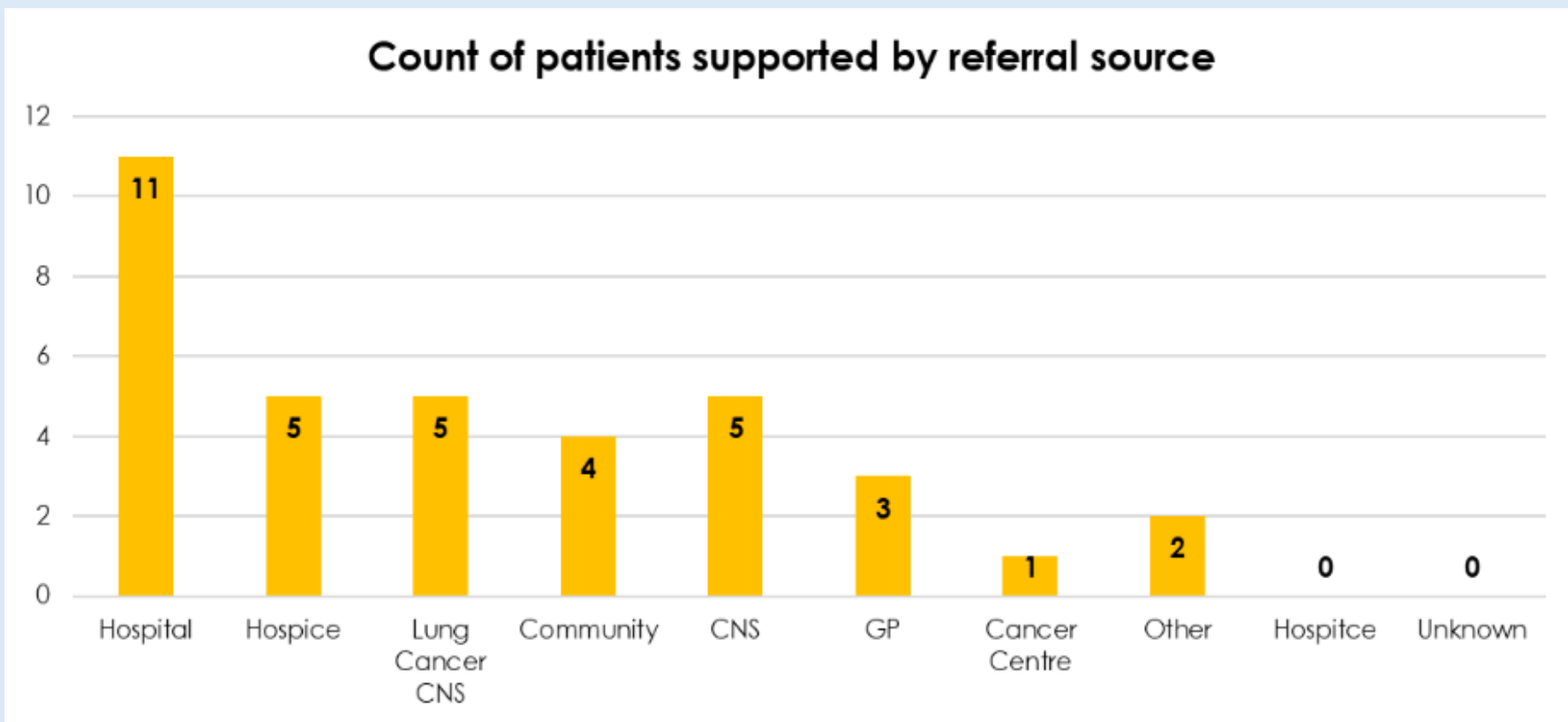
Marie Curie Glasgow piloted a weekly Rapid Access Clinic (RAC) in 2024. The objectives were to allow rapid assessment of new urgent referrals or review of unstable existing patients known to the outpatient service or community team. A trauma informed approach to service design was adopted to make services accessible and welcoming with additional safety netting.

Evaluation at 10 months

- Demographics
- Integrated Palliative Outcomes Scale (IPOS),
- Phase of Illness (Phase) and Australian Modified Karnofsky Performance Score (AKPS)
- Patient and carer feedback survey
- Staff interviews and referrer survey

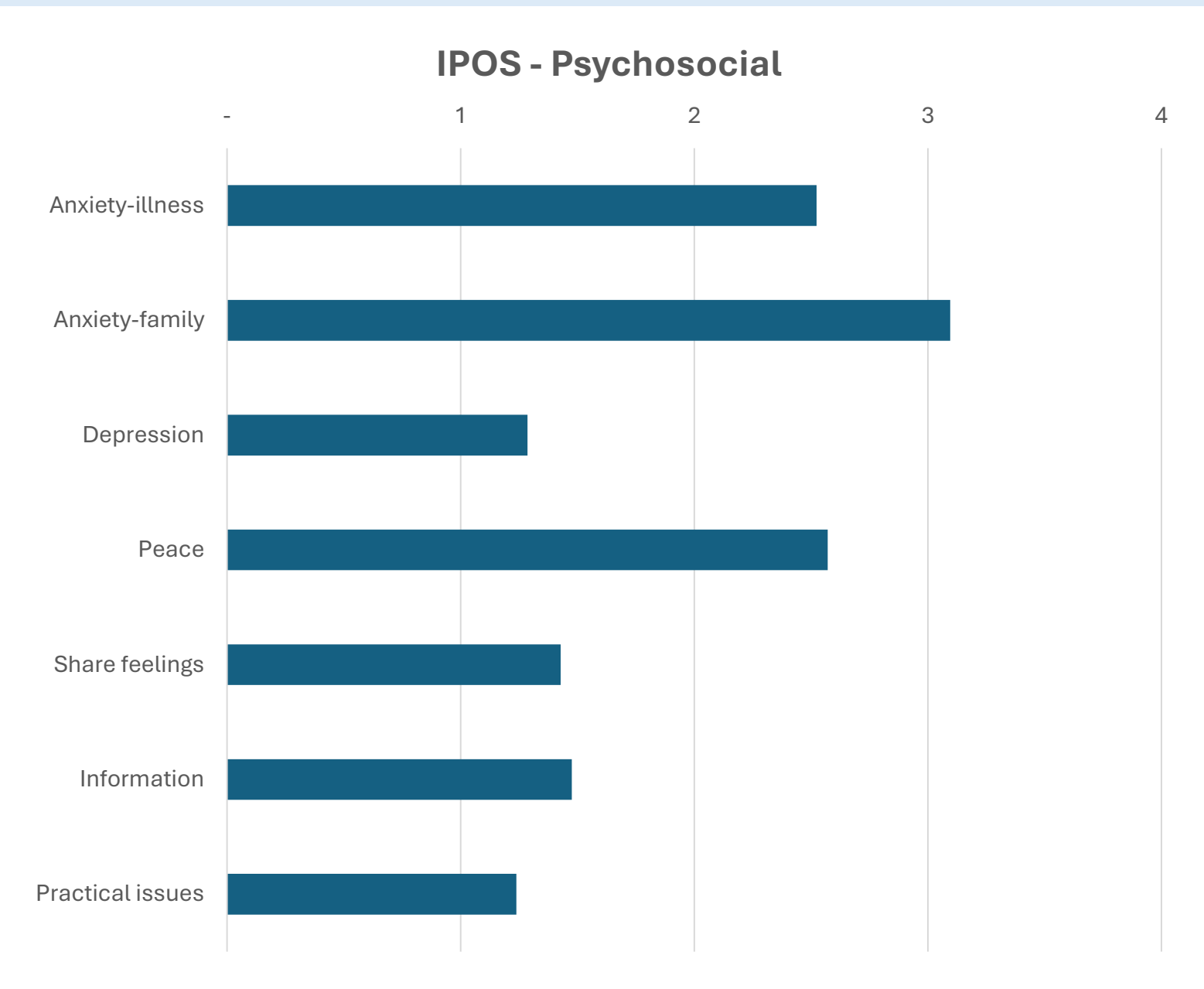
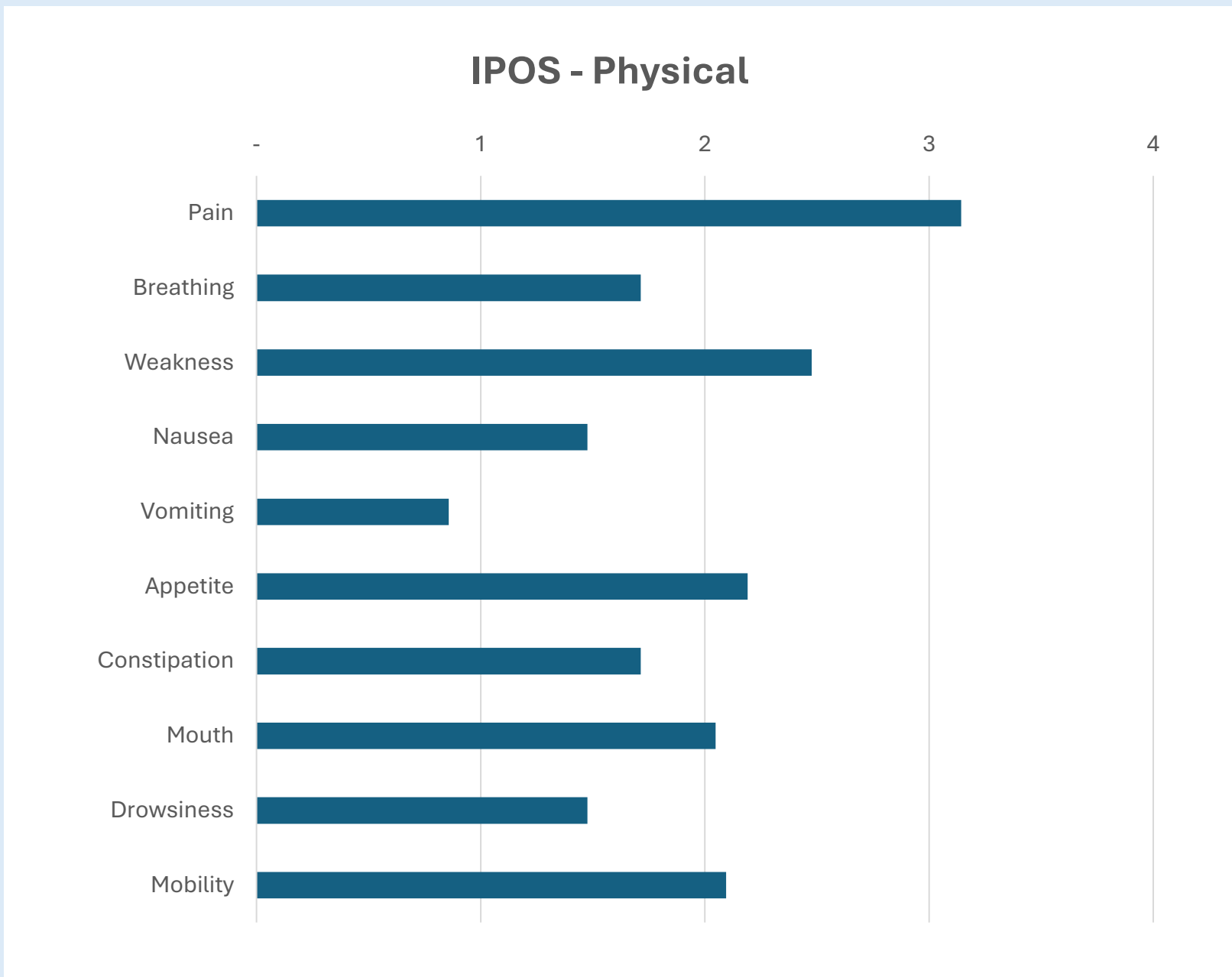
Patient characteristics

- 37 patients
- 6 patients seen twice or more
- Age 19-91 (mean 59) years
- 97% had a cancer diagnosis
- SIMD 58% from most deprived areas of Glasgow (83% in top 3 deciles)



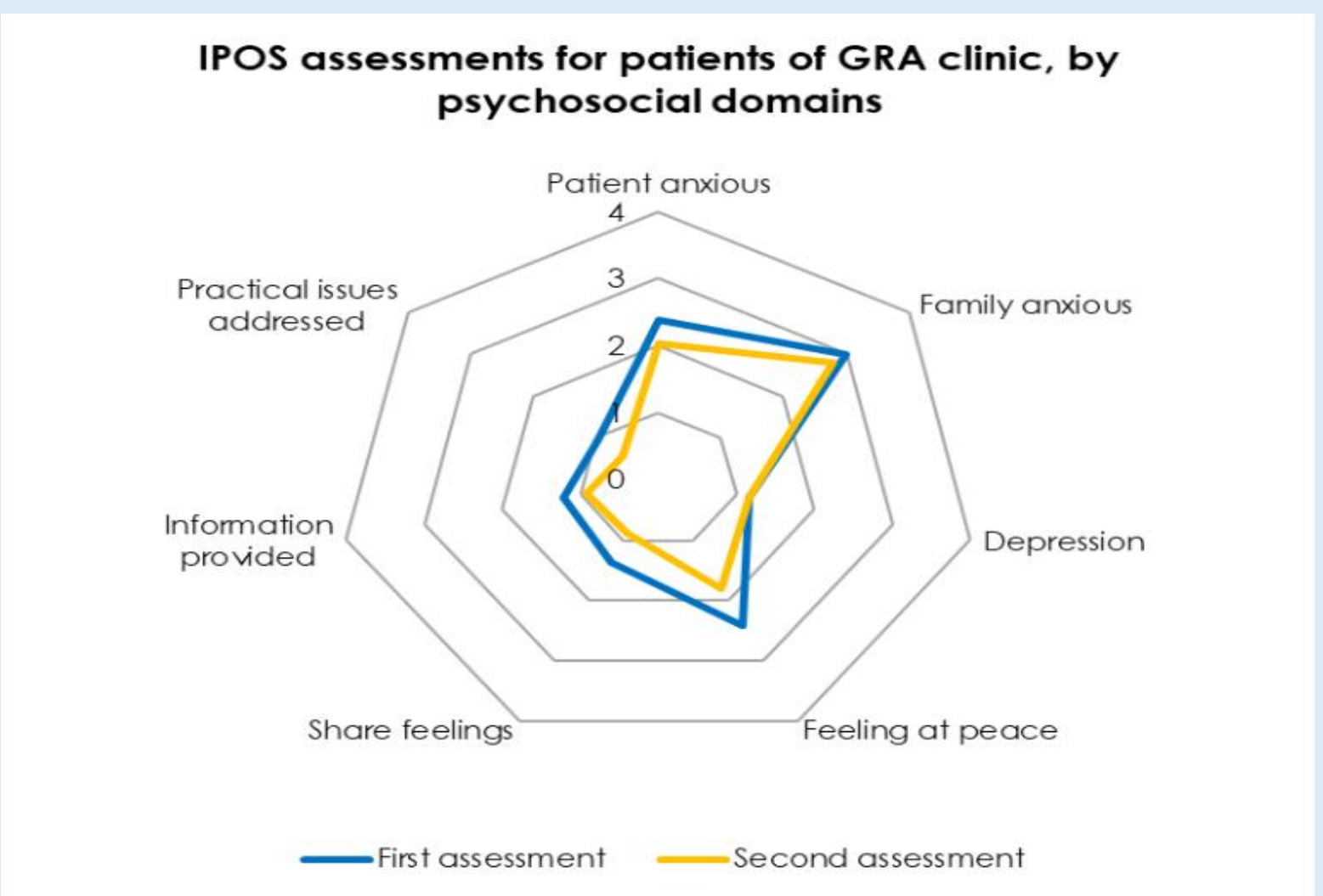
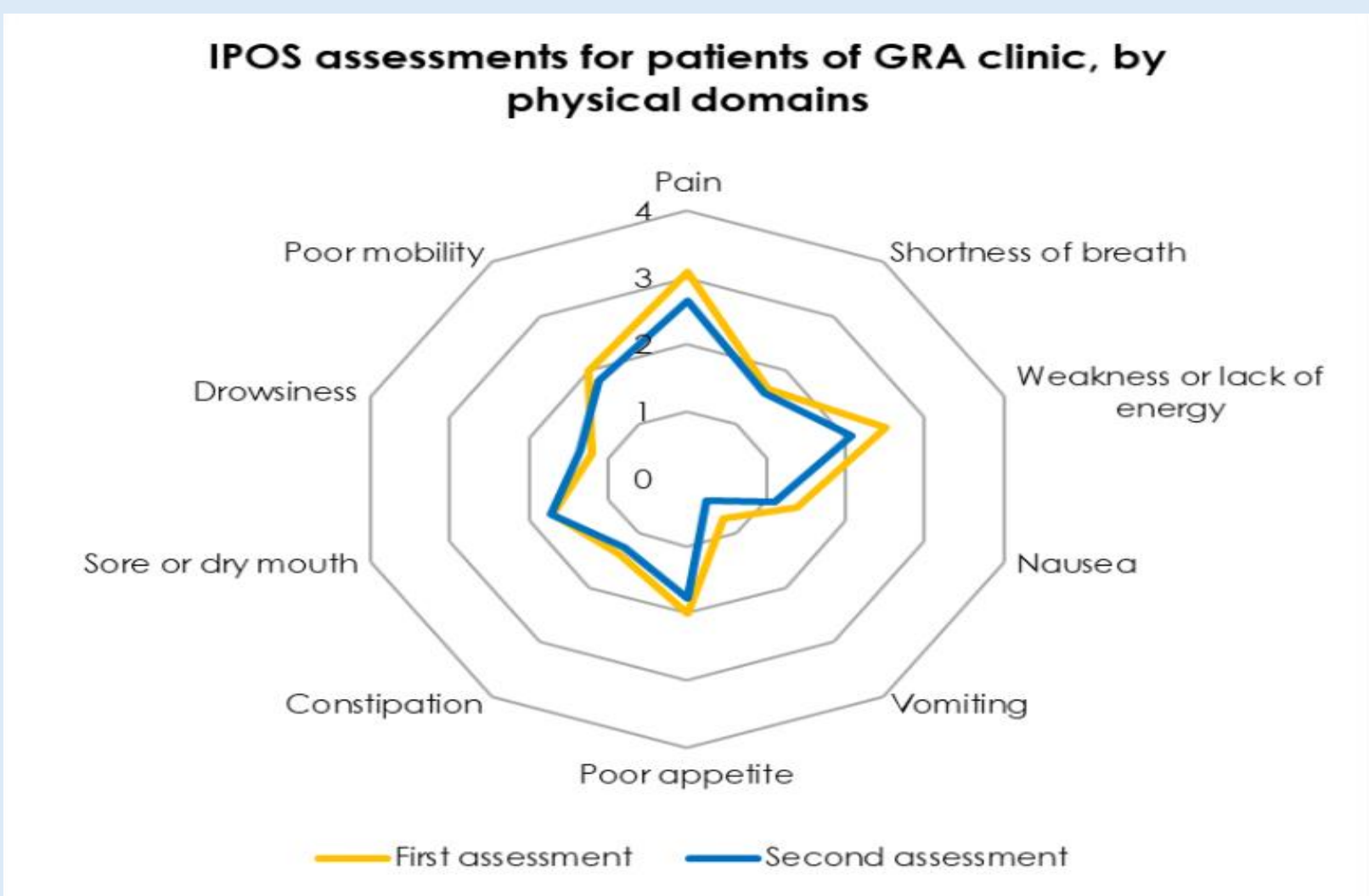
Outcome measures

- 69% Unstable phase of illness
- 89% AKPS 60 or 70
- IPOS scoring highly for physical and psychological symptoms especially pain and family anxiety



Themes from patient and carer surveys and staff interviews

- Clinic appointments reduced patient anxiety and family anxiety
- Patients struggling with high symptom burden seen more quickly and able to access Specialist support
- Transport offered by clinic improves accessibility
- Patients are reassured by access to telephone support from Hospice between appointments
- RAC has increased capacity and flexibility, improving safety netting.



“Glad to not be phoning NHS 111”

“The patients I've seen so far are people who are very sore or very sick or very distressed by their situation”
Staff interview

“I was struggling to cope at home. I was in so much pain. I was exhausted and stressed. Getting a bed the following day was wonderful”

“Immediate access to [Named clinician] via telephone was a great help. Appointment was scheduled for the following [date] which also helped greatly!”

Discussion

The clinic has been utilised by mainly cancer patients of good performance status at a point of clinical instability with high symptom burden, patient and family anxiety. Referrals have come from a broad range of professionals across settings. Nearly a fifth of patients required urgent admission to the hospice IPU within 24 hours avoiding acute admission to hospital. Although confounded by time differences and other factors between initial IPOS at RAC and second IPOS, scores demonstrate improvement in physical and psychological symptoms.

Whilst several patients had acute admissions in the months following initial RAC review these appear to have been appropriate (acute oncological, medical emergencies requiring hospital care and care issues where long term care required). At 10 months 30/37 patients had died an average of 56 days post RAC review (range 6-171) All achieved their preferred place of death.

One of the objectives of the clinic was to be a safety net for patients as part of work to become a trauma informed and responsive service. Deprivation data suggests good reach and accessibility to those living in the most deprived areas.