UCLH Cancer Collaborative and the Centre for Cancer Outcomes

Projects aiming to improve End of Life Care

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The UCLH Cancer Collaborative is a part of the national Cancer Vanguard, working with Greater Manchester Cancer Vanguard Innovation and RM Partners

www.uclh.nhs.uk/cancercollaborative
Along the patient journey
Evidence & research. Collaboration. Implementation

1. Characterisation of patient pathway when approaching EOL:
   • Analysis of the key cancer procedures and unplanned admissions to hospital in the last 90 days of life (Dr Emma Kipps, clinical fellow; Prof Mick Peake in collaboration with PHE)

2. Joined up services and systems
   • Collaboration with STP EOLC and digital workstreams to increase use of technology to personalise urgent care plans

3. Improving primary and secondary care input into Personalised Care planning throughout the pathway
   • Provision of ‘Recovery Package’ (Lead: Sharon Cavanagh)
     Holistic Needs Assessments, End of Treatment Summary, Health and Wellbeing Events, Cancer Care Review to support individuals to live as actively and well as possible and to be responsive to changing individual/clinical needs
National Guidance

• Independent Cancer Taskforce
  • People nearing the end of their life should be supported to make decisions regarding their own care to live well until they die
  • Early planning should be in place
  • NHS England should ensure that CCGs commission appropriate integrated services for palliative and end of life care.

• The UCLH Cancer Collaborative, part of the national cancer vanguard
  • To improve the standards of cancer care, patient experience, quality of life and clinical outcomes for cancer patients.
  • To improve commissioning, accountability and provision.
Place of death

• The *NHS Forward View Planning guidance*\(^{11}\)
  • STPs should include improving patient experience related to end of life care
  • Ensuring an increase in the number of people enabled to die in their place of choice, including at home.
  • Despite 73% of patients reporting their wish to die at home, 53% still die in an NHS hospital.

• In London
  • Large variability between the CCGs

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Proportion of patients who died in 2015, whose death was in their usual place of residence by London and Greater Manchester CCGs. All age groups combined.
Proportion of patients who died in a hospital, a care home, a hospice or their own home in 2015.

In all age bands, NCEL and W Essex has a higher rate of death in hospital than the England average.

Steve Scott, RM Partners, November 2016
Early identification and better characterisation of patient pathway when approaching EOL:

- ‘Vanguard’ project that aims to analyse the morbidity associated with use of > first line chemotherapy and consequent time spent in hospital in the 90 days before death
  - To have a greater understanding of the morbidity associated with active treatment and use of health care provisions towards end of life
  - To encourage physician-patient discussions regarding likely prognosis
  - To empower health care professionals and therefore patients with the morbidity associated with treatment to facilitate informed decisions
Planned second phase of analytical project:

- Future analyses to include the use of radiotherapy, major and non-major surgical interventions and time spent in a hospital bed in the 90 days before death

- Aim is to inform earlier recognition of when patients are entering EOLC

- Analyses could be used to:
  - Improve quality of life through better informed joint decision making regarding treatment options and likely impact and prognosis
  - Improve patient experience and use resources more appropriately
    - For example: Use of ambulatory care to reduce hospitalisation for palliative drains or stents
Palliative chemotherapy

- The morbidity associated with treatment is poorly described.

- ASCO recommended against the use of chemotherapy in solid tumor patients who have not benefited from prior treatment and who have a performance status of 3 or 4\(^4,5\).

  - Hence, it is patients with good performance status who are most likely to receive chemotherapy near the end of life.

However, patients with **good performance** status, who receive additional palliative chemotherapy, have a significantly worse QOL at the end of life than those who do not receive chemotherapy.

### Figure Legend:

Patients’ Higher Quality of Life Near Death Stratified by Baseline Performance Status and Chemotherapy Use

ECOG indicates Eastern Cooperative Oncology Group. Performance status was measured by ECOG score as follows: 1, symptomatic, ambulatory; 2, symptomatic, in bed less than 50% of the time; and 3, symptomatic, in bed more than 50% of the time. Criteria used to evaluate higher quality of life near death are detailed in the Methods section.
Palliative chemotherapy

Patients with chemotherapy refractory cancer, who receive further chemotherapy within the last 4 months of life

- More likely to receive cardiopulmonary resuscitation
- Less likely to die at home  

Morbidity is significant

- 56% of patients reported significant toxicity (Grade 3 or 4) following the last cycle of chemotherapy (NCEPOD, 2008)

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7 Wright, et al., *Bmj* 348, g1219, doi:10.1136/bmj.g1219 (2014) (US data)
Palliative chemotherapy

- Clinicians have a responsibility to outline the role of chemotherapy in the context of 2\textsuperscript{nd} or 3\textsuperscript{rd} line treatment for metastatic disease.
- In order for patients to make an informed decision, oncologists must both acknowledge the terminal nature of a patient’s illness\textsuperscript{8,9} and be explicit about the chance of benefit from treatment.
- A greater understanding of the morbidity associated with treatment will help to facilitate this discussion.

Cancer patient Bed Use

London and West Essex, 2010-2014, analysis by Katherine Henson, PHE with TCST

http://www.ncin.org.uk/local_cancer_intelligence/tcst

Emergency admissions accounted for:

- 12% of all cancer patient admissions but 61% of the total length of stay.

Length of stay varied between tumour type:

- Breast and colorectal cancer, 52% of hospital admissions were unplanned
- Lung and prostate cancer, 70% of hospital admissions unplanned

Medical oncology had most admissions and longest length of stay.
• Avoiding unnecessary or emergency hospitalisations is often in line with patient preference and has the potential for significant cost savings

• Underlying contributing factors
  • Maybe in part due to fragmentation of health and social care
  • However, chemotherapy within the last 3 months of life may also contribute

• Imperative to better understand the morbidity associated with treatment for incurable disease
Summary of UCLH Cancer Vanguard project in collaboration with PHE

• **Project outline:** A London-wide descriptive analysis correlating the use of chemotherapy and unplanned hospital admissions in the last 90 days of life of patients diagnosed with breast, lung, colorectal, prostate and pancreatic cancer in 2015, linked to performance status and place of death.

• **Project output:** Improved understanding of the morbidity associated with active treatment towards the end of life and impact on use of health care provision and place of death.

• **Locally generated contemporary data** to inform conversations between oncologists and patients with only palliative treatment options, to improve joint decision making and care planning.
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