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Improving the Care for Older Patients with Cancer

Dr Nicola Mellor, ST4 Geriatrics and HEE-W Quality Improvement Fellow 2017-18

1 Background

Cancer is primarily a disease of old age with half of all new diagnoses occurring in people aged 70 years or older[1]. There is evidence to suggest there is an inequality in access to cancer care for older people, a widening survival gap between the old and young and that older people are undertreated[2]. The reasons behind this are complex and multifactorial, however, there has been a drive internationally to address these issues and improve the care for older cancer patients. In 2012 the Cancer Services Coming of Age report published its recommendations on delivering age appropriate cancer care. One of their key recommendations was that geriatricians should be involved in the assessment and management of all patients, in particular through the use of the Comprehensive Geriatric Assessment (CGA) (Box 1).

The Dorset Cancer Centre (DCC) at Poole Hospital is the major specialist cancer treatment centre for adults in the county. Dorset has an above average older population, which correlates with a higher incidence of cancer among older people[4]. Prior to this project there was minimal collaboration between those providing cancer treatment to older patients and geriatricians. The CGA was not being utilised in the assessment of these patients at Poole Hospital.

2 Aim

To improve the care and experiences of older patients receiving cancer treatment at the Dorset Cancer Centre by implementing the CGA into their care.

Box 1 Comprehensive Geriatric Assessment (CGA)

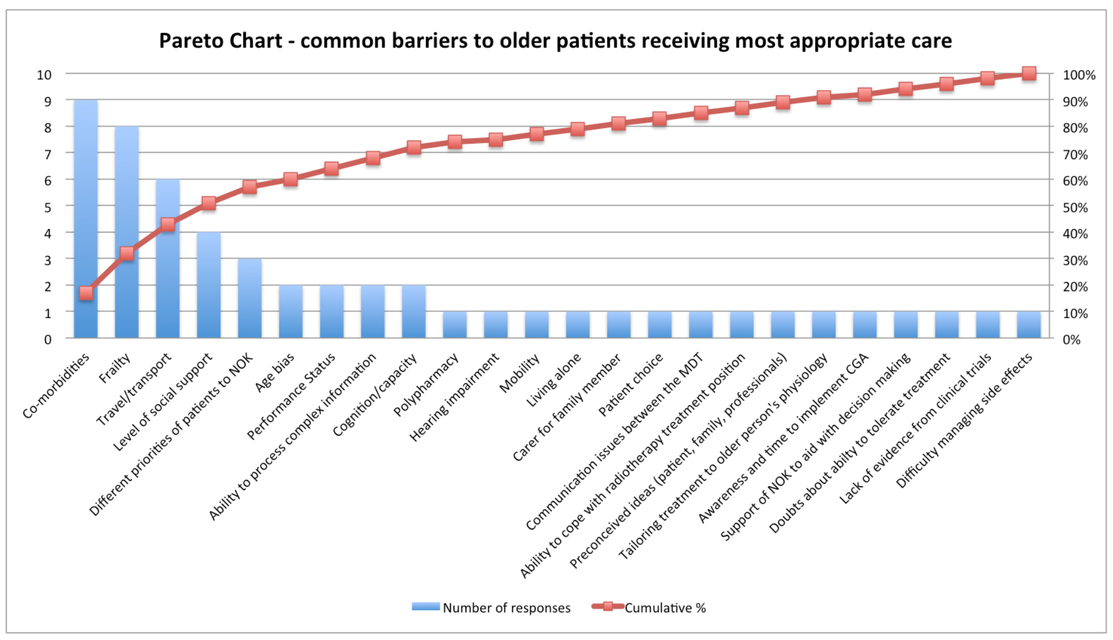
The CGA is a holistic, multidisciplinary assessment that promotes informed decision making, addresses areas of concern for the individual and allows the early detection and management of problems.

Its use in cancer care has been shown to have a positive impact; aiding decision making, detecting unmet care needs and improving post operative survival and chemotherapy tolerance[3].

3 Strategy and Design

I consulted with the healthcare professionals involved in delivering cancer treatment (surgical and non surgical) to older patients to establish their experiences and understand the challenges around caring for older patients. I subsequently devised a questionnaire which was completed by the oncology multidisciplinary team (MDT) to establish current understanding and awareness of the role of the CGA in cancer care and whether it was felt that there was value in involving the geriatricians, and if so how to select these patients.

I received 17 replies (from a possible 20) from a range of professionals. 15 out of 17 respondents felt that patients would benefit from geriatrician input alongside their cancer treatment with the same number reporting that a screening process would be helpful in identifying these patients. Although 12 respondents had heard of the CGA, only 4 of these had a good understanding of what it entailed and its benefits. There was a common misconception that it was a surrogate for performance status or fitness level. They were also asked to list common barriers that make it difficult for older people to receive the most appropriate form of treatment and care. The results are displayed on the Pareto chart.



A screening questionnaire was devised that incorporated the most popular themes identified. Patients aged 70 years or older attending the colorectal outpatient clinic were asked to complete this. Using their responses with their known co-morbidities and current medication, patients were selected and invited to attend an outpatient clinic for a CGA. Using successive PDSA (Plan-Do-Study-Act) cycles the screening process was expanded to include lung, renal and head and neck outpatient clinics. Patients were also screened to determine if they had an unplanned attendance at hospital or unplanned break in their treatment. The oncologists were asked to review the questionnaires in clinic as a means of highlighting any issues that could be dealt with at that time. They were also asked if they had any other concerns that they felt warranted review.

4 Outcomes

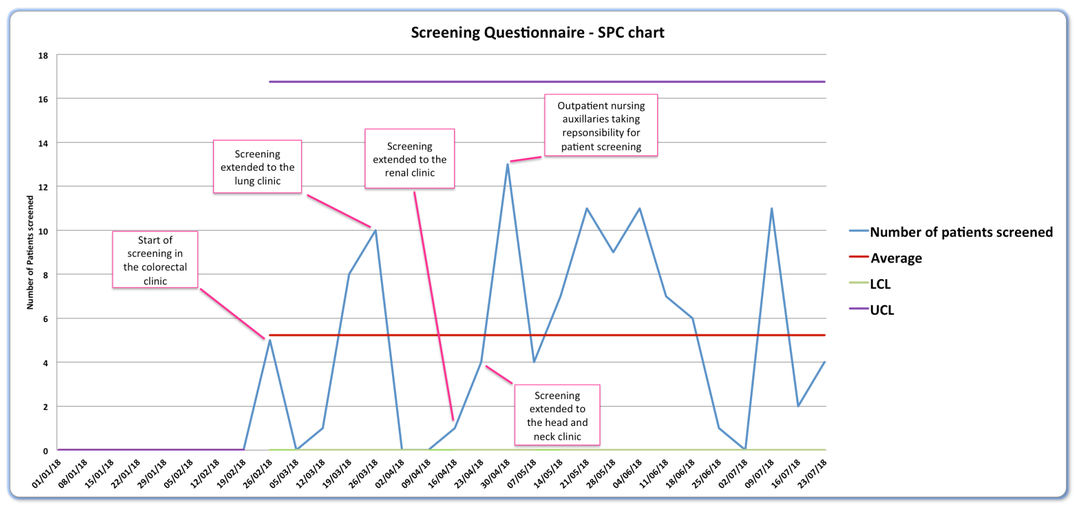
Over a 5 month period 115 out of a potential 401 patients were screened, with 34 selected and invited to attend for a CGA. These patients were contacted by telephone and the purpose of the appointment explained. 17 of these patients subsequently attended the clinic with the following outcomes;

- Directly contributed to treatment decision making for clinicians and patients in 35% of cases (6 patients)
- Detected and managed previously undiagnosed problems in 53% of cases (9 patients); most commonly postural hypotension, but also included cognitive impairment, hypothyroidism and peripheral vascular disease
- Medication change was a common intervention, ranging from stopping anti-hypertensive medication to initiating analgesia.
- In 53% of cases (9 patients) there was an indication to refer to other specialists or services ranging from physiotherapy and occupational therapy, bereavement counselling, memory clinic and surgical clinics.

Feedback from patients and clinicians was positive (Boxes 2 and 3). Balancing measures identified included additional appointments for patients and potential delay in initiating treatment (less than 1% of patients screened).

The most common reason for not attending was that patients felt that issues identified were under review by their GP or other specialist. Frequency of appointments and distance to travel were also reasons cited for declining to be reviewed. The number of patients screened was lower than expected; this improved when the outpatient nurses took sole respsonsibility for this.

At the end of the questionnaire patients were asked if they felt the issues covered were important for their oncology team to be aware of. 79% of patients screened agreed that they were.



SPC chart of number of patients screened. Prior to the project there was no screening process in place.

Box 2 Patient Feedback

- "I'm so glad I came. It has been brilliant to have such a thorough review"
- "I had a lot of questions and didn't know who to ask. If you're happy with me that is reassuring"
- "Every little helps "

Box 3 Staff Feedback

- "This is a fantastic resource and we need to utilise it"
- "Useful in aiding decision making"
- "Provides reassurance and is a safety net for patients"
- "This is a holistic approach and we need to know these things"

5 Conclusions and Sustainability

- Screening raises awareness of problems and allows identification of patients who would benefit from a CGA
- The CGA has a positive impact on patient care
- To continue working with the Oncology MDT with the aim of extending screening to all outpatient clinics
- Over a longer period to observe to see if the introduction of the CGA has an impact on unplanned hospital attendances and the number of patients completing treatment as planned, as more robust measures of improvement

References

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