Unity Insights

Sussex Cancer Fund

NHS
University Hospitals Sussex
NHS Foundation Trust

Enhanced Supportive Care
Evaluation overview

Context

Evidence supports that providing good, early supportive care can improve quality of life measures for patients with terminal conditions, possibly lengthening their survival and reducing the need for aggressive treatments towards end of life.

University Hospitals Sussex NHS Foundation Trust (UHS) implemented an Enhanced Supportive Care (ESC) intervention in September 2020, as part of an NHS England programme. The intervention seeks to identify patients with cancer who may benefit from earlier access to supportive care. A team was deployed on the acute wards to identify such patients and provide ESC.

Monetised benefits included:

- Reduction in non-elective admission rate
- Reduction in non-elective average length of stay

Other benefits included:

- Proactive patient management with remote PROMS
- Earlier provision of supportive care for patients at end-of-life

Health economic results

A real-world, mixed methods approach was adopted. A cost-benefit analysis explored the possible future impact of the ESC programme in terms of real monetary cost, with a 5-year forecasted net present value (NPV) and benefit-cost ratio (BCR). Two benefit streams were modelled across all three scenarios: non-elective (NEL) admission rate and NEL average length of stay (LOS).

Scenario 1: patient discharge code 79 (sub cohort)

1.43
average reduction in NEL length of stay (days)

0.95
reduction in average number of NEL admissions per patient

£121k
5-year net present value estimate (2020/21 – 2025/26)

1.2
5-year benefit-cost ratio estimate (2020/21 – 2025/26)

Context and additional scenarios

Scenario 1 focused on a sub-cohort of patients who died in hospital (20% of patients seen by ESC team). Scenario 2 forecasts results from all patients seen between September 2020 - September 2021 for UHS, and Scenario 3 forecasts the potential impact of spread across the South East.

External influences, such as COVID-19, may be partially attributed to changes in benefit streams seen.

The BCR indicates the NHS non-cash releasing benefits for every £1 spent. These benefits do not include the potential wider social benefits of the intervention, such as improved patient care and quality of life.

Total NPVs for the cost-benefit analysis over the financial 5-year period (2020/21 – 2025/26) for Scenarios 2 and 3 are shown below.

Scenario 2 - UHS

Total number of patients seen by ESC team

£636k

5-year NPV estimate

1.4

5-year BCR estimate

Scenario 3 - South East

Forecast based on Scenario 2 population

£11.3m

5-year NPV estimate

1.4

5-year BCR estimate

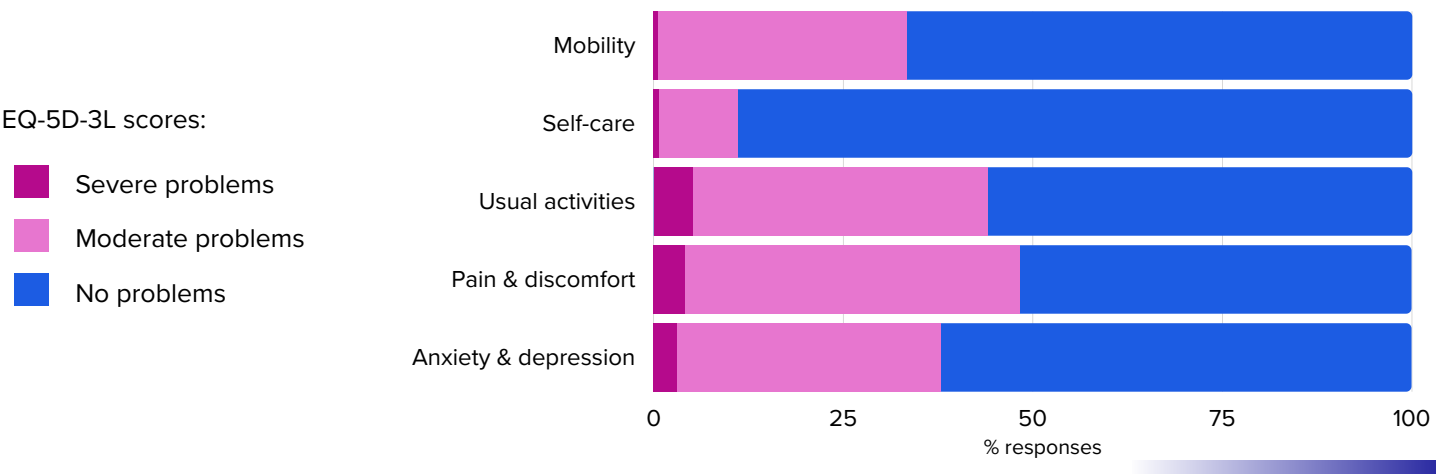
Quality of life

The My Clinical Outcomes solution enabled regular remote recording of patient reported outcome measures (PROMs) to support ongoing patient monitoring and symptom management.

The chart shows all recorded EQ-5D-3L scores from the patients seen by the ESC team across the intervention period.

Patients reported the highest proportion of 'severe' to 'moderate' problems for the 'pain & discomfort' and 'usual activities' domains.

A lack of baseline data limited the analysis and comparisons that could be drawn, particularly as a decline in quality of life can often be seen for end-of-life patients.



Staff and patient feedback

Acute medical consultant

"Your team makes an enormous difference not only to the patients you see, but also to those you don't – through education, through visibility, and simply through familiarity with how you work – meaning that clinicians think more readily of palliative care inputs than they would if you didn't exist."

"if [ESC nurse] had not stepped in and been the professional, knowledgeable and compassionate team member he clearly is, I really do not want to think what could have happened. [ESC nurse] was able to identify that my Dad was presenting serious symptoms which needed further investigation and was able to support with pain management and be the conduit between my Dad and the acute medical team."

Family member

Key recommendations

Service expansion

The service is not limited to patients with palliative cancer or within the Sussex region - other patients with chronic conditions would likely benefit from ESC. Further exploration would be recommended to identify whether the benefits modelled vary for patients with other chronic conditions.

Clinical buy-in

Surveys indicate that clinical buy-in from other teams on the wards is crucial in successful implementation. Further engagement would help disseminate the benefits of providing ESC. This could facilitate service provision, benefitting patients and the healthcare system.

Staff training

Survey results indicated that further staff training or support may be beneficial. Such training may improve staff confidence in identifying patients and delivering ESC. This could improve patient outcomes, as well as improve staff satisfaction and retention.

Conclusion

ESC provides earlier access to supportive care for patients who are towards end-of-life or with treatable but not curable cancer. It is typical to see substantial use of the healthcare system within these cohorts; therefore, the primary benefits identified for this programme focus on a reduction in the use of hospital resources to generate healthcare cost savings.

The intervention data showed a reduction in the NEL admission rate and NEL LOS for the patient cohort for Scenario 1 within the health economic modelling, seen as cost savings to the system.

The cohort of patients identified within the programme are likely to have late-stage or non-curable cancer, or require end-of-life care. This stage of a patient's pathway can be a distressing time.

Through earlier access to supportive care, the intervention aims to improve quality of life for patients. Though this has not been explored within the health economic model in this evaluation, the ESC programme is thought to contribute to positive social benefits for patients, their families, and their friends.

N.B. The ESC programme was originally implemented at Brighton and Sussex University Hospitals NHS Trust, which became University Hospitals Sussex NHS Foundation Trust in 2021 following a merger. Full methodologies, limitations, and considerations can be found in the full report.