Onco-geriatrics in supportive care: innovative implementation within a tertiary referral centre





Introduction

- In 2023, Cancer Enhanced Supportive Care (CESC) was introduced at Bristol Haematology and Oncology Centre (serving a population of almost one million).
- Eligible patients included those with incurable Upper Gastrointestinal, Hepato-Pancreato-Biliary and Lung cancers having systemic anti-cancer therapy (SACT)
- An onco-geriatrician was enlisted to support the service.

Methodology:

Initial CESC one hour assessment

with completion of three surveys - IPOS (Integrated Palliative Care Outcome Score, CSNAT (Carer Support Needs Assessment Tool) and patient experience survey.



Weekly MDT

(CNSs, palliative care consultant and specialty doctor, onco-geriatrician and clinical fellow, dietician, hospice staff, Macmillan, physiotherapist and occupational therapist).



Onco-geriatricians

Provide advice at the MDT

Follow-up medically complex or frailer patients (telephone or face-to-face) using a Comprehensive Geriatric Assessment (CGA) framework.

Measure

Demographics

Healthcare utilisation in the last year of life (LYOL) compared against a baseline population

Results:

Onco –geri data collected: primary diagnosis, age, Rockwood Clinical Frailty Scale (CFS), IPOS, Australian Karnofsky Performance Scale (AKPS), number of onco-geriatrician input episodes and nature of advice given

Data at a glance:

- **97 patients** seen by service between April to November 2023
- Median age 68 years with an average CFS of 5 (mild frailty)
 range 2-9 (well terminally ill)
- 7 patients required CGA face to face appointments

Patient and professional service feedback was overwhelmingly positive.

"...so good to be able to sit down with a consultant...and have such a thorough conversation.
Something I felt I hadn't had before."

"This team has transformed care for many of our patients - it is a fantastic adjunct to our clinic and offers patients the level of care they should be receiving."

Oncology consultant

CHRONICDISEASE VEDICATION REVIEW ACUTEILLNESS

HBA1C CORTISOL
LIVERFAILURE ACP
TFTS STOOLS
PSYCHO-SOCIAL
PEG

ANTICOAGULATION

CESC service user

Healthcare utilisation:

Of 19 deaths within CESC, there was:

 an 80% reduction in length of stay in the last year of life compared to baseline

(12.7 days to 2.5 days)

- a 12% reduction in non-elective admissions (1.4 to 1.3)
- and a 61% reduction in ED attendances (1.43 to 0.7).

Conclusions and implications for practice:

- ✓ Onco-geriatricians play a vital role in the multidisciplinary care of patients with incurable cancer, alongside disease-targeted treatment. This is increasingly relevant with an aging population receiving cancer care.
- ✓ Although early evidence suggestive of reduction in healthcare utilisation, more work is needed to quantify the impact on QoL and any associated cost savings through deprescribing and admission avoidance.

Charlotte Chamberlain, David Allcock, Eleanor Courtney, Emily Gear, Ciara Wynne-Gallagher, Joanne Porter, Lucy Dormer, Jess Turton, Catherine Dennis, Anna O'Brien, Frances Parry; *University Hospital Bristol and Weston NHS Foundation Trust and North Bristol NHS Trust, April 2024.*