About the pilot
A new model of care for the frailest patients with lung cancer has been developed by Fife Specialist Palliative Care Service. Funded by Macmillan’s Transforming Care After Treatment programme, the model delivered high quality palliative care, earlier and more consistently, to all patients with lung cancer who were unfit for treatment.

There was a 32% reduction in acute hospital bed days with patients more likely to die in their own home, hospice or community hospital. Feedback from patients, families and carers about the programme was overwhelmingly positive.

This approach improved the quality of care and experience for people with lung cancer and could be offered to other patients with advanced cancers and life-limiting conditions.

Background
- Lung cancer is the most common cancer in Scotland
- 70% of lung cancer patients die within a year of diagnosis
- There is a higher incidence in socioeconomically deprived populations
- 40% of Fife lung cancer patients are unfit for treatment at diagnosis with many more becoming unfit after palliative treatment of disease relapse. Their treatment plan is called Best Supportive Care (BSC).

How the project worked
The new model of care was developed by the Fife Specialist Palliative Care Service around the following framework:

- Robust identification of patients and referral to specialist palliative care within 24 hours
- Comprehensive palliative care assessment and care planning carried out in the home, hospital or clinic – dictated by patient need and preference
- Care coordination including referral to other services and information sharing with health and social care professionals
- Individualised follow-up with regular reassessments of needs and carer/family support

The new model was introduced on 21 January 2015 and has supported almost 400 patients. Outcomes for a subgroup of 99 patients were evaluated and compared with a similar group of patients from 2012. Patients, families, carers and professionals were also surveyed about the new model of care.
Prior to the new model of care

- There were major inconsistencies in the care offered.
- Patients, families and carers were left feeling unsupported and uncertain about how to access help.
- Patients faced over investigation and unnecessary treatment as cancer advanced.
- Primary care professionals felt unsupported and under resourced to provide optimal care that patients with lung cancer needed.

With the new model of care

- A new robust clinical pathway for patients requiring BSC has been defined.
- Patients, families and carers feel supported and are signposted to help as required.
- Unnecessary investigations, hospital appointments and days spent in hospital have been reduced.
- Greater understanding about the goals of care and better care co-ordination have improved patient care.

Significant improvements

<table>
<thead>
<tr>
<th>2012 (before the pilot)</th>
<th>2015 (after the pilot)</th>
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<tbody>
<tr>
<td>Assessed for palliative care</td>
<td>57%/91%</td>
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<tr>
<td>Average time to referral</td>
<td>8/0 days</td>
</tr>
<tr>
<td>One or more acute hospital admissions</td>
<td>75%/70%</td>
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<tr>
<td>Number of hospital bed days</td>
<td>1,079/624</td>
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<tr>
<td>Average length of hospital stay</td>
<td>9.9/6.7 days</td>
</tr>
<tr>
<td>Died in hospital</td>
<td>42%/32%</td>
</tr>
<tr>
<td>Died at home/hospice/other</td>
<td>59%/68%</td>
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</tbody>
</table>

Why is a new approach to care after treatment needed?

More people than ever before are being diagnosed with cancer and there is growing evidence the current system isn’t effective at helping people get the care and support they need, when and where they need it.

The Scottish Government, NHS Scotland and local authorities across Scotland know the cancer care system needs to change. Together with Macmillan Cancer Support, they have created the Transforming Care After Treatment programme. Made up of 25 projects across Scotland, it tests and spreads new models of care and support built around what a cancer patient needs.

What next?

In Fife the new model has resulted in improved quality and consistency of care for patients with advanced lung cancer and those close to them, and more efficient use of NHS resources.

The model could now be adapted and extended to patients with other cancers as well as those with a range of life-limiting non-malignant diseases.

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