SUBSTANCE MISUSE IN PALLIATIVE CARE: AN AUDIT

EVALUATING REGIONAL PRACTICE IN IDENTIFYING PATIENTS WITH SUBSTANCE MISUSE ACROSS COMMUNITY, HOSPICE AND HOSPITAL SETTINGS

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Background Substance misuse (including alcohol) is a growing issue nationally with physical, psychological, social and spiritual consequences making it very relevant in palliative care, especially as patients often require medications for symptom control with the potential for misuse. Research and national guidance specific to palliative care is limited. It has been suggested substance misuse is under-recognised within palliative care and that patients should be routinely assessed for it.

Aims To evaluate regional practice and confidence among palliative care professionals in identifying patients with substance misuse as part of updating the 2009 regional guidelines on this topic.

Methods A retrospective multi-centre audit of palliative care professionals working across community, hospice and hospital settings in Mersey was conducted including questions on previous experience, screening and confidence in identifying patients with substance misuse.

Results 72 palliative care professionals responded (23% community, 37% hospital, 40% hospice). A wide range of substance misuse had been encountered including alcohol (96%), cannabis (80%), intravenous heroin (67%) and opioids (65%). Routine screening for substance misuse was uncommon: 21% for alcohol and 6% for other substance misuse. Only 6% routinely used a formal screening tool.

63% of respondents felt fairly to very confident in their ability to identify substance misuse, 13% felt fairly to very unconfident. There was a high volume of responses regarding the need for general education and training relating to managing substance misuse.

Conclusions Within Mersey palliative care professionals have experienced patients presenting with a variety of types of substance misuse. Although many respondents felt confident in their ability to detect substance misuse, there was a lack of routine screening and formal screening tools were used infrequently. This could lead to under-recognition and a lack of appropriate support for patients. Clear education needs were identified and updated regional guidance is in the process of being created.

ENHANCED SUPPORTIVE CARE – MAKING A DIFFERENCE

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Introduction Patients are often referred to palliative care at a stage when they are rapidly deteriorating and prognosis is short, meaning they receive a reactive service and have limited opportunity to benefit. The term ‘palliative care’ and its association with death for both professionals and patients, deters earlier referral to and engagement with the service. Palliative care can improve symptom control, quality of life and ensure patients’ priorities and preferences are met. It can impact on interactions with other health care services.

Methods We developed a new service for all patients diagnosed with incurable upper gastro-intestinal cancers, delivering a proactive palliative care style of patient centred care earlier. This was delivered as the Enhanced Supportive Care (ESC) CQUIN. The ESC service was outpatient based and consultant led. Patients were identified through MDTs and rapidly offered assessment. Follow-up depended on needs. The IPOS questionnaire supported needs assessment. Patients were referred to other services as needed. Information was collected and comparison of outcomes made to data for a comparable period the preceding year.

Results Patients offered ESC or palliative care review at diagnosis increased (43%-93%) The service was acceptable to most (85% accepted) Symptom burden was high - 82% had at least one severe/overwhelming symptom at diagnosis On follow-up, average severity score of 11/13 symptoms had improved.