

Designing services for older people with cancer

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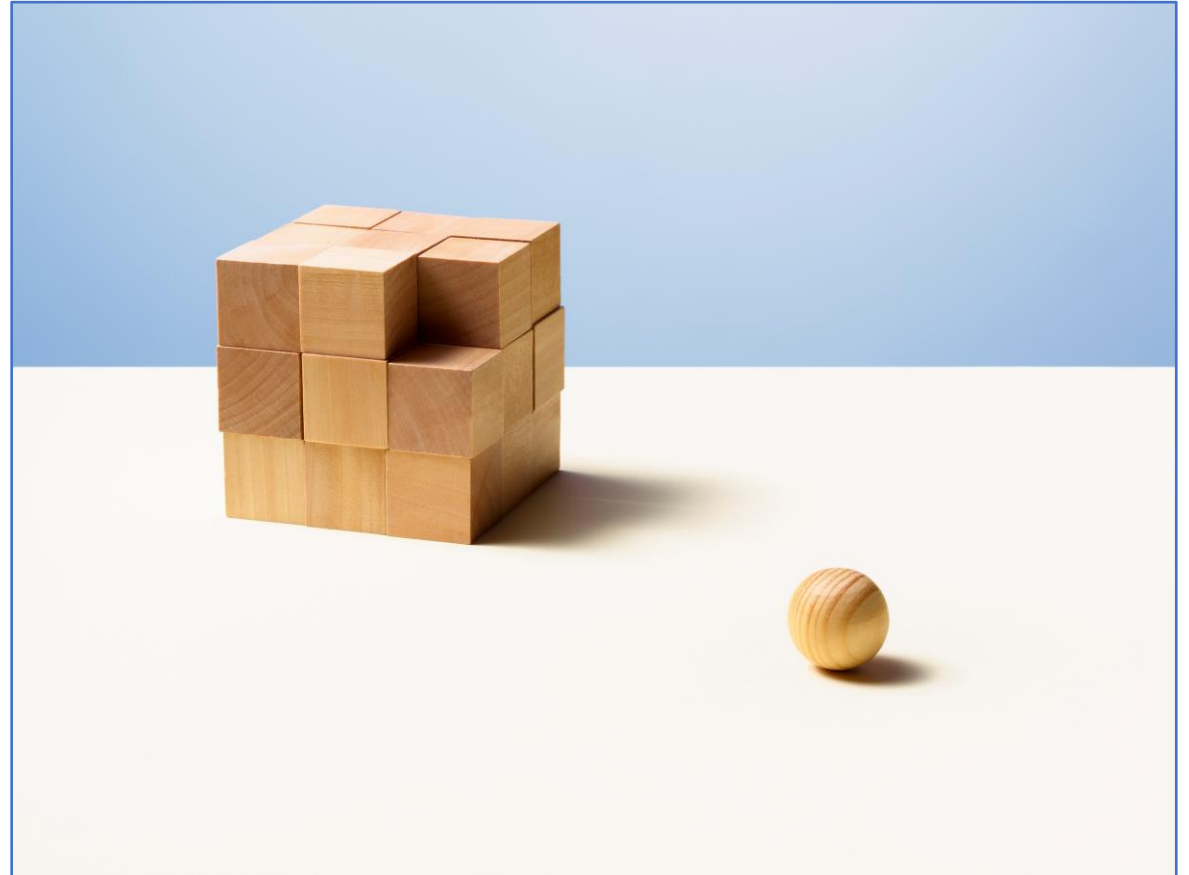


The impact of age in cancer

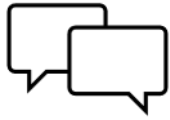
Older adults are:

- More likely to have cancer¹
- More likely to have additional needs²
- Less likely to be offered chemotherapy/radiotherapy/surgery

Services are not designed for people with complex needs⁴

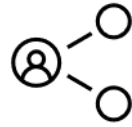


Models of care in geriatric oncology



Consultative

- Oncologist refers to geriatrician/ MDT for CGA and recommendations



Shared care

- Oncologist refers to geriatrician or geriatric oncologist for CGA and shared care plan



Comprehensive

- Geriatric oncologist is the treating oncologist throughout the treatment

Senior Adult Oncology Service

Supporting Older People with Cancer





Aims

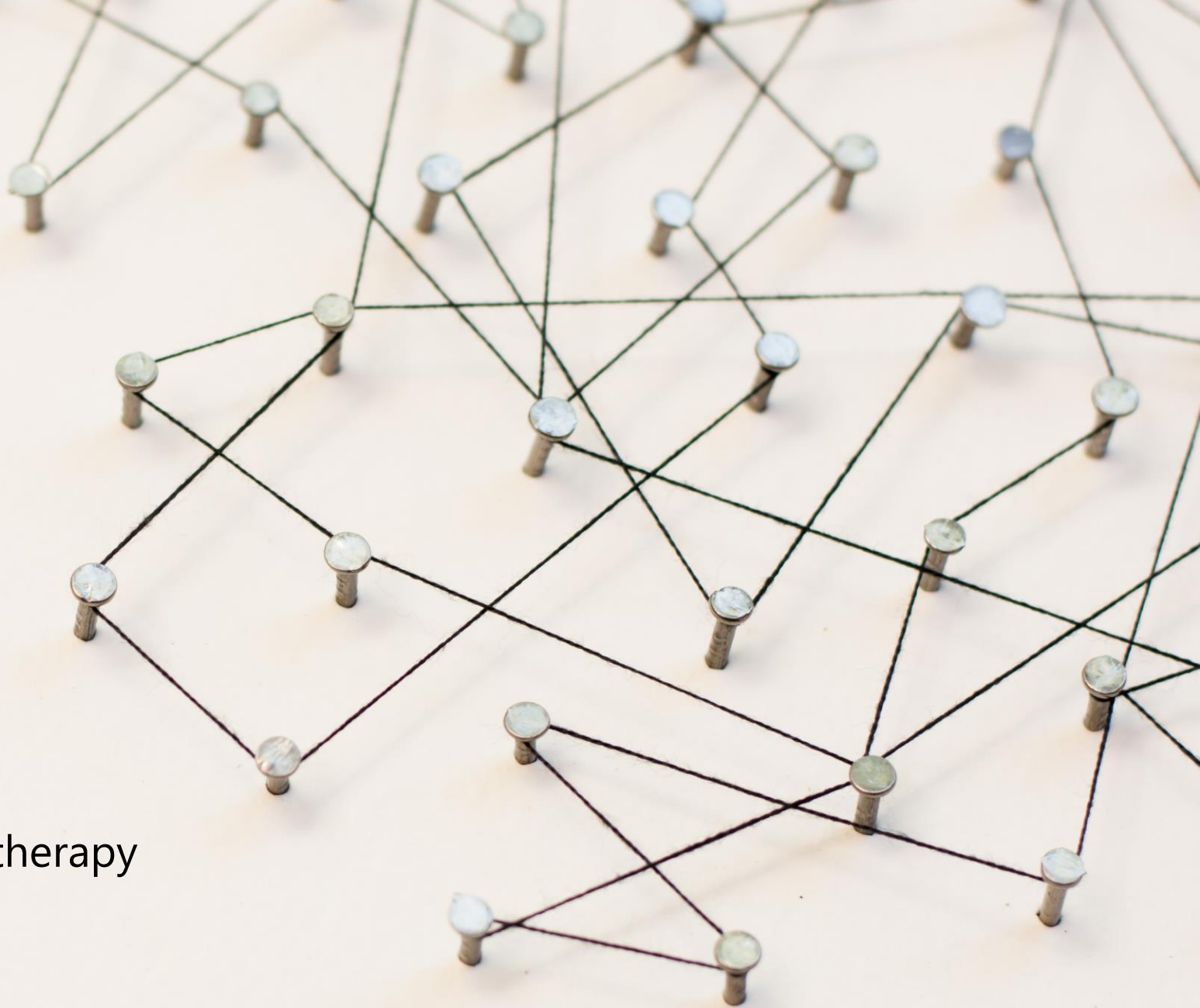
- Support older patients & clinicians with treatment decision making
- Support older patients to be in the best position to start treatment
- Support older patients through treatment

Referral criteria

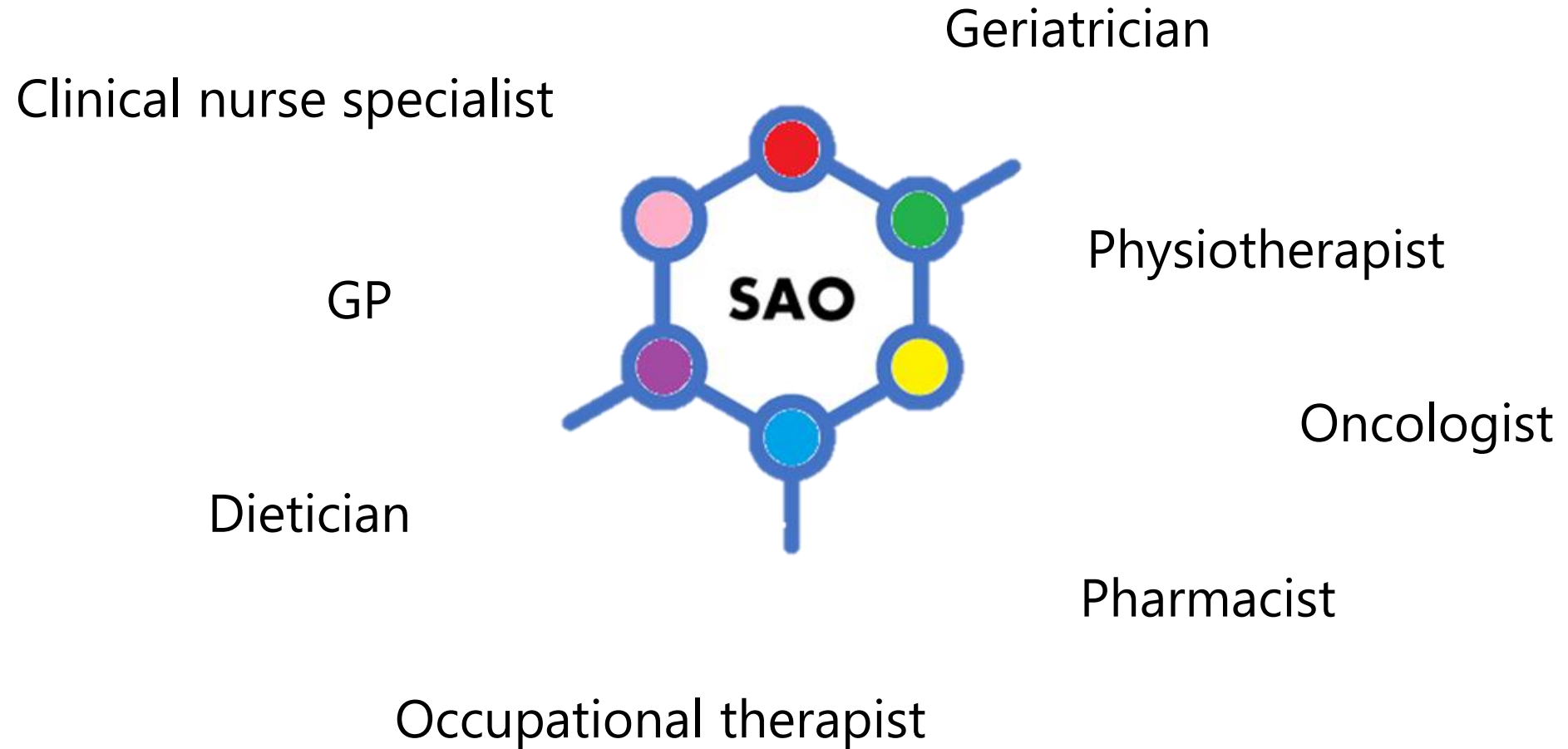
Focus on **complexity**

- Aged ≥ 70 years*
- Clinical Frailty Score ≥ 4
- Clinical concern
- Due to start/started SACT/radiotherapy

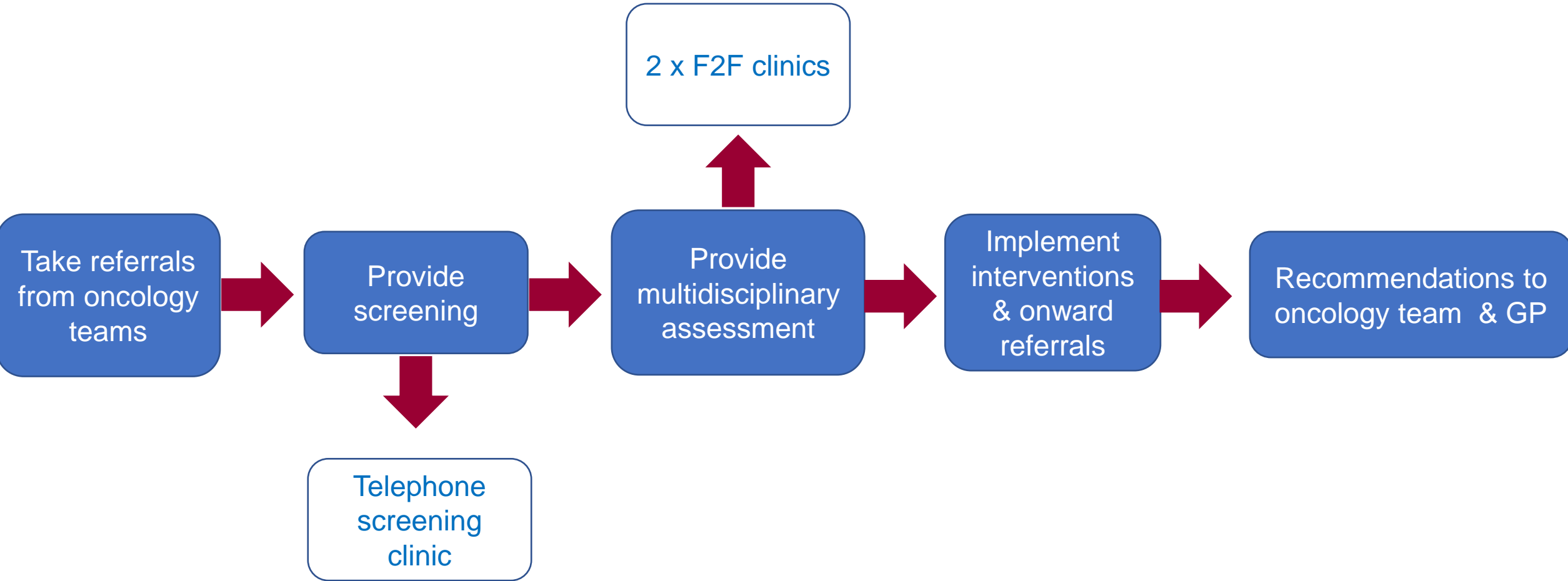
*younger patients with complex needs considered.



Multidisciplinary Team



Process



Activity & Outcomes 2022-23



- ☺ 150 patients seen in first 10 months
- ☺ Feedback: 100% of survey responses were positive
- ☺ Identification of a wide range of issues
- ☺ Reduction in polypharmacy and associated cost saving
- ☺ Improvement in continuation of treatment
- ☺ Reduction in the use of unplanned acute services

Common questions

- How is this funded?
- What data need to be collected?
- What resources are needed?

National Forum for Onco-Geriatrics (NFOG)
online resource exp. 2024



Multiple models in the UK

- **Newcastle-upon-Tyne:**

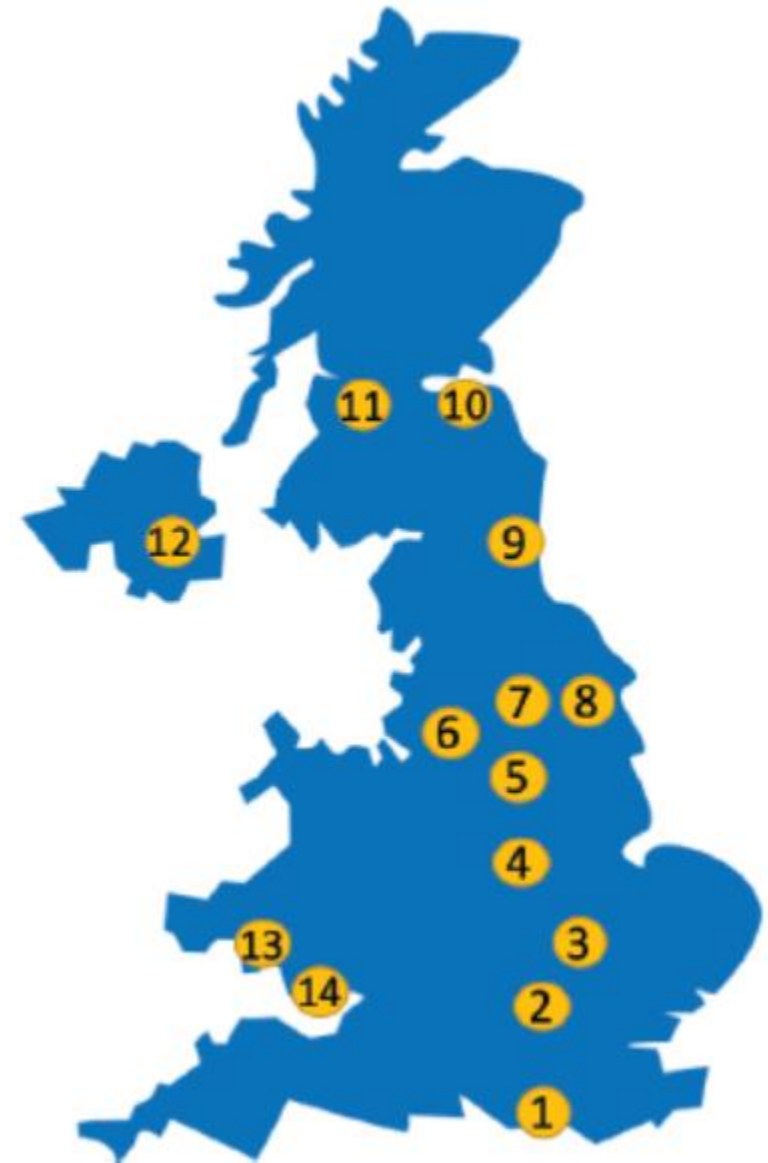
Lung Cancer Outpatient Therapy Service (LCOTS) at the Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH), and the Combined Supportive Care Service (CSCS) at St Oswald's Hospice employ an occupational therapist, physiotherapist, palliative care consultant, and associate practitioner

- **Wythenshawe, Greater Manchester:**

One-stop geriatrician-led service for patients with lung cancer with referrals to allied health professionals for targeted interventions as needed

- **West Suffolk:**

Macmillan Oncology Frailty Lead nurse, with access to Macmillan AHP team.



Geographic representation of key services and projects.
Gomes F. et al. (2020) **The care of older cancer patients in the United Kingdom** *ecancer* 14 1101

Doing something is better than doing nothing

- Frailty screening
- Link with frailty nurses/ AHPs
- Access BGS resources
- Ensure local managers are aware of recent guidelines:
 - Frailty screening and assessment
 - Frailty-informed decision making and optimisation
 - Links with primary care/wider MDT/specialist services



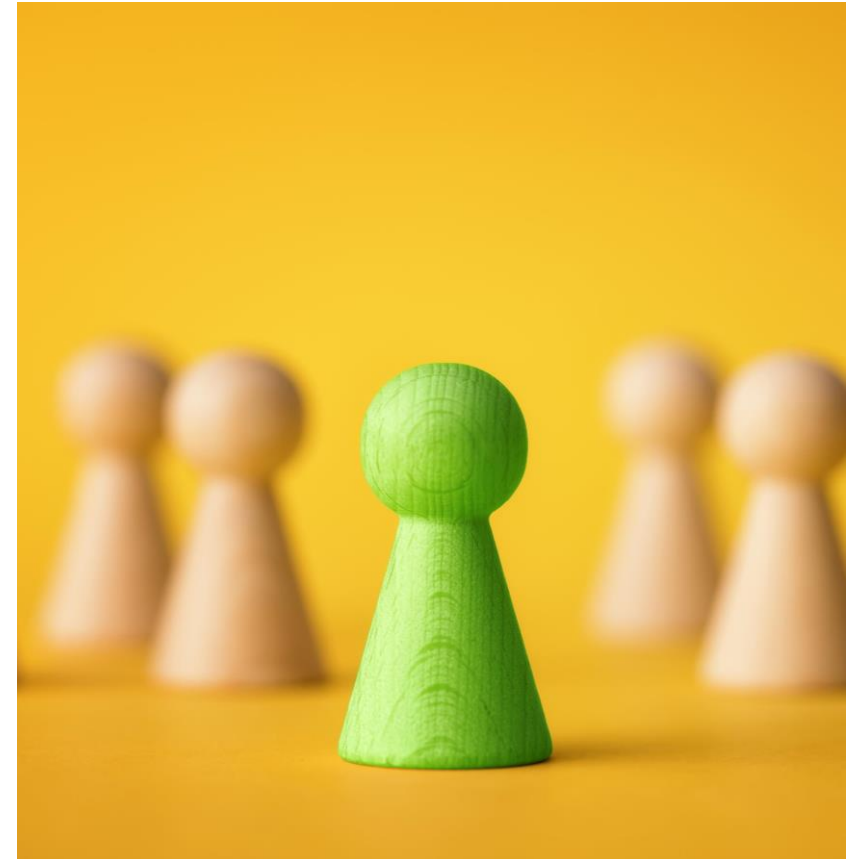
What can I do?

At an individual level:

All healthcare professionals involved in the care of older and frailer adults with cancer should:

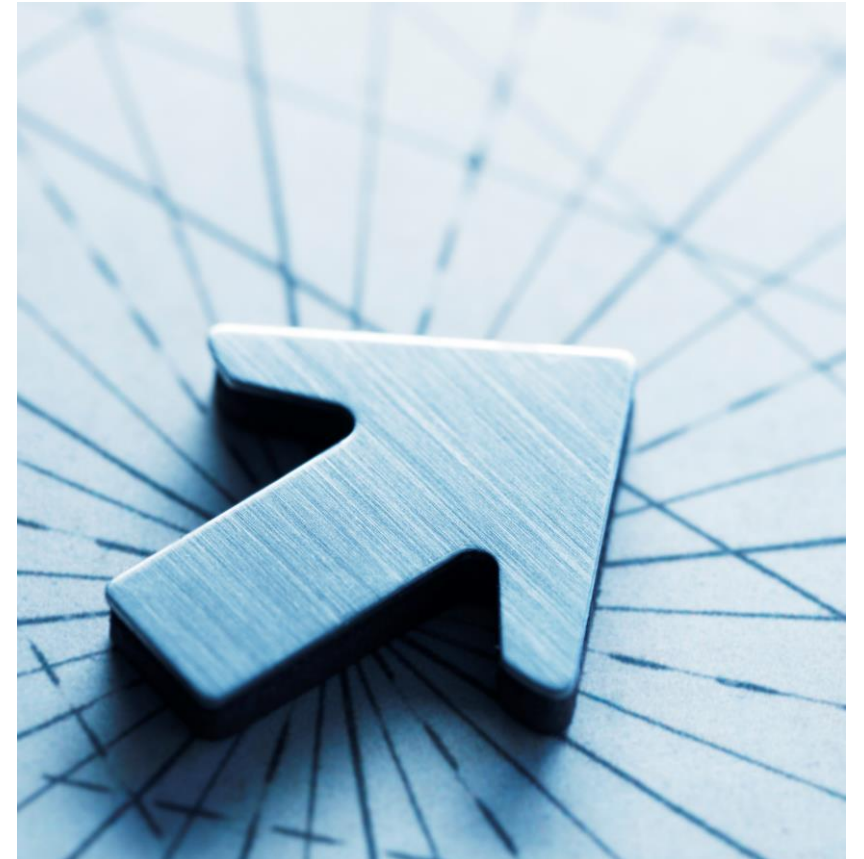
→ Have the basic knowledge and skills to **assess frailty and manage common frailty-related issues** (or flag to someone that can) – and apply these skills in their routine practice.

→ **Consider frailty alongside other assessments and patient values** when making decisions about cancer investigation and treatment



Local cancer teams/services should...

- Ensure patient **frailty is assessed at key time points in the cancer pathway** when making decisions about cancer investigation and management, including alongside secondary care referral MDT discussions and during or ahead of clinic appointments...
- Develop local processes and pathways for patients with frailty to undergo **multi-domain frailty assessment** and ensure targeted proactive (rather than reactive) management of frailty-related issues and palliative care needs. **Frailty pathways and/or specialist onco-geriatric services** should be developed and delivered alongside expert geriatricians and patients, to meet local needs and service requirements, with support from senior leadership teams.
- Ensure that the **whole MDT**, including medical, surgical and nursing teams (acute oncology, chemotherapy and site-specific specialist nurses), pharmacists and allied health professionals are **upskilled and empowered to recognise and assess frailty, optimise frailty-related issues and support shared decision-making**.
- Integrate frailty assessments into electronic patient records, which must be facilitated by NHS Trusts and IT teams.
- Design and support **audit, service improvement and research** that addresses important issues and answers important clinical questions for people living with frailty and with a diagnosis of cancer.



How can we ensure services are designed to meet the needs of older people with cancer?



Responsiveness

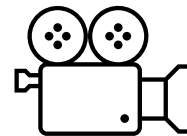
A responsive service is one that can dynamically respond to the changing needs and encounter the patient as a genuine partner¹, identifying and meeting each person's needs and expectations in the context of their personal goals and preferences².



¹ Bridges J et al. (2019); ² Mirzoev & Kane (2017)

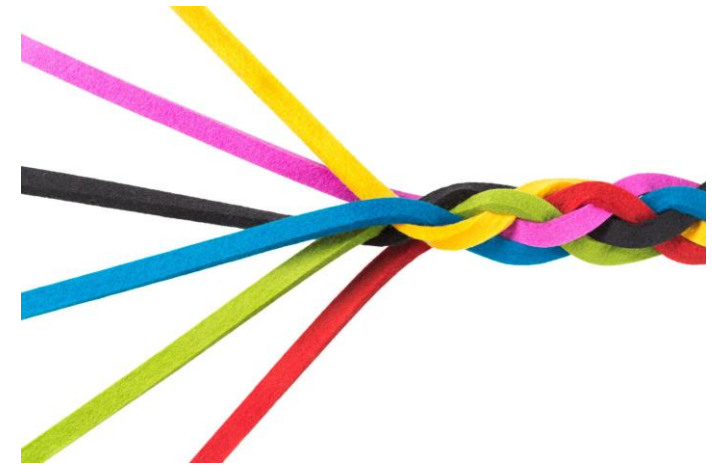
CLEAR steps for a responsive outpatient cancer service

- Clarify needs, expectations, preferences and goals
- Legitimise these as valid
- Enable these to be met by implementing strategies
- Audit to ensure this is working for patients, caregivers & health service
- Record for the future



<https://vimeo.com/688041079>

Outpatient unit: considerations and strategies



Environment

Dementia-friendly e.g.,
signage, colour
contrast, suitable
flooring

Preparation

Notify staff when
patients with additional
needs are expected e.g.,
regarding mobility/
capacity

Continuity

Can the person see the
same HCP? Is there a
key worker or
navigator?

Flexibility

Offer suitable
appointment times;
offer virtual or F2F
appointments

Patient support

Involve family/ friends/
caregivers; enable them
to accompany patient

Holism

Not only cancer,
consider other health
conditions (competing
demands)

Information

Give information in a
variety of forms
including easy-read
leaflets, and check
understanding

References

- Farrington N, Richardson A. & Bridges J.(2022) How can I improve cancer services for people with dementia? *Cancer Nursing Practice*, 21(5), 22-22.
- Farrington N, Dantanus K, Richardson A, Bridges J. (2023) Understanding the cultural environment of the outpatient care setting for patients with dementia receiving cancer treatment: a qualitative study. *Health Expect.*; 26: 98- 107.
- Farrington N. Richardson A. & Bridges J. (2023) ‘A real fine balancing act’: A secondary qualitative analysis of power imbalance in comorbid cancer and dementia in an outpatient treatment setting. *Journal of Advanced Nursing DOI: 10.1111/jan.15629.*



