

CLAHRCBITE

Brokering Innovation Through Evidence

TITLE: Reducing Emergency Admissions for Cancer patients (type Three), Phase 2 (REACT II)



To identify pathway(s) leading to, and develop interventions to reduce, emergency admissions of Type 3 cancer patients.

Data will be analysed by gender, age and socioeconomic status (SES) to identify any inequalities in emergency admissions that exist for type 3 cancer patients in these groups.

Background

In recent years, nationally there has been an increase of 25% in emergency admissions of cancer patients (Marshall and Schofield, 2016). Cancer diagnoses by emergency admission are highest amongst older people from poorer socioeconomic backgrounds, contributing to inequalities in cancer outcomes by both age and socioeconomic status.

What did we do?

With an eclectic group of healthcare professionals and management involved in providing care to Oncology patients, we began by creating ideas of how to gather evidence. Our initial task was the literature review of databases to ensure the research had not been conducted. Phase 2 of a study to understand and address the reasons why cancer patients with non-emergency conditions present in ED. The aim of the study is to support cancer patients through primary / community care so that complications due to cancer and co-morbidities are addressed before they reach the crisis point of requiring an emergency admission. Phase 1 of this study, currently underway, is to perform a Literature Review and conduct preliminary retrospective analyses of admission data through acute oncology (AO) pathways.

What we found and what does this mean?

The literature review determined that only two other relevant pieces of research had been undertaken, importantly they were US based and not specific to type three cancer patients. With a different structure to healthcare design, the investigation into Oncology admissions needs to be unambiguous to the National Health Service (NHS). The magnitude of these findings revealed how worldwide healthcare systems were also experiencing the same issues with identification of avoidable admission in cancer care.

How did we involve people?

We feel it is essential to understand the perspectives of cancer patients when designing and implementing our research study.

We will, naturally, be seeking patient views through the qualitative element of our work. This does not constitute patient involvement, however to achieve that, our group's public representative will assist the research team to form a Patient Reference Group from Acute Oncology (AO), Type 3 cancer patients. We will consult with this group to ensure that the project is of relevance to cancer patients and that the study is conducted with sensitivity to cancer patients' needs.

Partners / Stakeholders

The Royal Liverpool and
Broadgreen University Hospitals 
NHS Trust


Liverpool
Clinical Commissioning Group

The Clatterbridge Cancer Centre 
NHS Foundation Trust



What next?

The project development is a multi-professional and multi-organisational response to a recognised area of unmet need and the challenge of improving urgent care pathways for cancer patients in Liverpool and the region. The proposal links with a national priority to develop admission avoidance strategies and regional attempts to implement potential solutions and transitions of care (NHS England, 20). Later phases of the study will apply for funding for, and conduct, a trial to test the intervention developed in this phase.

What is NIHR CLAHRC NWC?

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders including members of the public to co-produce and conduct high-quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

Find out more

<http://www.clahrc-nwc.nihr.ac.uk/index.php>

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