

Enhanced supportive care

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Abstract

Enhanced supportive care is a care model providing earlier access to multiprofessional, coordinated care for patients from the point of cancer diagnosis. As a proactive model of care, it stands as a contrast to providing access to a multidisciplinary team once a patient has hit a crisis point, or when their prognosis has become sufficiently poor that they are able to access traditional end-of-life services. Its arrival in the UK through palliative care teams working in cancer care has led to enhanced supportive care being synonymous with early palliative care. While enhanced supportive care has enabled early palliative care, as it has become more embedded in the UK, it has taken on a wider remit for patients living longer with cancer and the management of side effects. Enhanced supportive care services have also begun to provide care for cancer survivors.

Enhanced supportive care services have a key role in modern cancer care in maintaining and improving patients' quality of life alongside cancer treatment and ensuring that patients' priorities and preferences for treatment are considered. Furthermore, enhanced supportive care has been shown to support the wider healthcare system by creating capacity within the NHS, reducing demand on hospital services and saving money.

As enhanced supportive care services continue to grow and venture into the care and support of cancer survivors and those receiving potentially curative treatments, ongoing work is needed to determine how these services can be made available throughout the NHS and how a shared vision of the way enhanced supportive care operates can be realised.

Key words: Cancer; Enhanced supportive care; Outcomes; Palliative care; Supportive oncology

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What is supportive care?

The Multinational Association for Supportive Care in Cancer defines supportive care as:

'The prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer journey, from diagnosis through treatment to post-treatment care' (Multinational Association of Supportive Care in Cancer, 2024).

Supportive care is naturally multidisciplinary, with excellent coordination, integration and communication between specialists as core components of its success (Berman et al, 2020; Scotté et al, 2023).

Enhanced supportive care refers to earlier access to supportive care for patients from the point of diagnosis. Initially set up by NHS England as a pilot in 2016, this model originally aimed to implement earlier access to supportive care for patients with incurable malignancy (NHS England, 2016). The emphasis was earlier access to palliative care as a central point of contact and coordination for other members of the multidisciplinary team, and therefore enhanced supportive care became synonymous with early palliative care (Scotté et al, 2023). However, this article describes the evolution of enhanced supportive care across England and how its scope has developed, in response to the shifting needs of patients with cancer, to include patients with a broader set of needs and less defined prognoses.

Evidence for supportive care interventions

Given the diversity of interventions in cancer care aiming to support patients through treatment and beyond, there is a wealth of heterogeneous evidence supporting various

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interventions for different patient groups and diseases. The evidence of the benefits varies depending on the specialty, model and intervention within the supportive care framework. While the needs of patients vary depending on the treatment, toxicities, stage of illness and other factors, a common finding across supportive care interventions is that earlier, multiprofessional and coordinated care can improve outcomes.

Earlier care

Earlier integration of palliative care within cancer treatments improves patient and healthcare outcomes including quality of life (Vanbutsele et al, 2018), survival and tolerability of systemic anticancer treatment in the last year of life (Temel et al, 2010), and reduces healthcare costs (Dalal and Bruera, 2017). Delivering this as part of a multiprofessional intervention alongside anticancer treatment in the form of enhanced supportive care also improves quality of life (Monnery et al, 2018), and reduces unnecessary chemotherapy without compromising survival in patients with treatable but not curable cancer (Benson et al, 2023).

Further evidence for the earlier involvement of specialist care within the supportive care model is demonstrated by cardio-oncology services. Cardio-oncology has emerged as a fundamental aspect of supportive oncology with the recognition of cancer therapy-related cardiac dysfunction and heart failure. Proactive detection, surveillance and management of cardiotoxicity enables patients to receive the best possible cancer treatments (Lancellotti et al, 2019), thereby improving outcomes. This may be achieved by minimising cancer therapy-related cardiovascular toxicity, minimising unnecessary cancer therapy interruption, and improving both cancer and cardiovascular outcomes (Lyon et al, 2022).

Multiprofessional care

A model of supportive care demonstrating the importance of a multidisciplinary approach is prehabilitation services. These ideally comprise a combination of physical exercise, nutritional advice and support, and psychological support, possibly with the addition of clinical care to improve function, treat complications or aid recovery using medical interventions (Macmillan Cancer Support, 2017). The needs of patients in this context are typically met by a multiprofessional team, but these patients are often in the pre-treatment stages (either curative or non-curative) and the intended outcomes for patients from prehabilitation services include better postoperative recovery (Azhar et al, 2016), reduced psychological distress and functional impairment (Chen and Ahmad, 2018) and reduced postoperative length of stay (Crandall et al, 2014), which require different knowledge and skills from a wider range of professionals.

Coordinated care

The involvement of acute oncology services in the supportive care model highlights the importance of coordination as a key function within supportive care. Acute oncology services can form closer links with other disciplines within supportive oncology to manage acute symptoms and presentations to hospital, in many cases managing to avoid admission (Royal College of Radiologists, 2020). These patients may be receiving curative or non-curative treatment and the role of acute oncology in conjunction and liaison with other supportive care services improves patient experience by reducing time in hospital and unwarranted delay in investigations and treatments (King et al, 2011; Royal College of Radiologists, 2020).

Evidence in other areas of supportive care also found that the development of enhanced supportive care across England is underpinned by these three evidence-based cornerstones; that best outcomes will be provided from earlier, multidisciplinary and coordinated interventions for patients with cancer.

Existing models of enhanced supportive care delivery

To date, enhanced supportive care has been established in 22 cancer centres in England. These services have grown organically based on local needs, resources and pathways,

rather than in response to a standardised service specification. As a result, the models are heterogeneous but still encapsulate the underpinning principles of earlier, multiprofessional and coordinated care. While these services initially aimed to support patients with treatable but not curable cancer (White et al, 2021) from the point of diagnosis, many have diversified to include services for patients receiving radical treatment and/or experiencing late effects. As the principles of enhanced supportive care are more widely adopted to support patients living with cancer, it is likely that some enhanced supportive care services being delivered are not called enhanced supportive care or may have been developed through other avenues, and are not necessarily as closely aligned with palliative care as the examples provided below.

Site A: tertiary non-surgical cancer centre

The enhanced supportive care service in site A is delivered by the palliative care team acting as the coordinating point. All patients are eligible to access the enhanced supportive care from the point of diagnosis. Patients see a palliative care consultant or clinical nurse specialist for a holistic assessment and symptom management. If required, patients are referred to other specialties, including physiotherapy, occupational therapy, psycho-oncology, family support, welfare advice, dietetics, and speech and language therapy. The service offers a same-day urgent care service if patients have urgent symptoms. There are integrated clinics with lung and hepatobiliary oncology, so if required, patients can see the enhanced supportive care service on the same day they see their oncologist. This service also sees patients receiving curative treatment for symptom control, and in 2022 opened a late effects stream for patients with treatment-related symptoms that developed more than 6 months after treatment.

Site B: acute hospital trust

Site B is an acute hospital trust providing acute medical and surgical interventions and inpatient and outpatient oncology services. The service supports patients with lung, upper gastrointestinal, renal, colorectal, penile, sarcoma, brain, testicular and hepatobiliary cancers from the point of diagnosis of incurable disease.

The enhanced supportive care service is led by the palliative care team, but also comprises a multidisciplinary team, including dedicated physiotherapists, occupational therapists, dietitians and counsellors. The team receives referrals through the electronic patient record and patients complete a screening questionnaire on referral. The results of the questionnaires are discussed at a weekly enhanced supportive care multidisciplinary team meeting. Following this, the most appropriate team member(s) for that patient's needs are allocated to the patient. This enhanced supportive care service delivers predominantly outpatient care but uses each appointment as a 'one-stop approach', where patients see all the professionals they need at the appointment as planned in advance, based on their needs. This service also operates an 'on treatment review' method whereby patients can be seen by the right professionals when they are attending treatment.

Site C: acute and community trust

Site C is an acute and community trust covering a large rural geographical area with multiple hospitals and community services. The site's enhanced supportive care service accepts referrals for patients for the diagnosis of incurable breast, upper gastrointestinal, lung and CNS cancers, as well as cancers of unknown primary. This service is led jointly between an oncology consultant and a palliative care clinical nurse specialist. The enhanced supportive care team is multidisciplinary, with professionals from palliative care, physiotherapy, occupational therapy, dietetics, speech and language therapy and counselling.

Given the geographical area and digital poverty in the region, this service delivers support to patients in their own homes, predominantly conducting remote assessment and interventions by phone, with focused home visits of the multidisciplinary team for delivering care in the community. The team also liaises closely with other community service providers to arrange personalised support for each patient in the community, rather than expecting patients to undertake long commutes to the nearest hospital.

Site D: tertiary referral cancer centre

Site D is a tertiary referral cancer centre where the enhanced supportive care service is delivered within the oncology outpatient clinic by dedicated enhanced supportive care clinical nurse specialists who are part of the palliative care team.

Patients are identified using a brief seven-item palliative care referral ‘triggers’ tool. Once palliative care needs are identified, appropriate interventions are implemented to address these needs. Patient-reported outcome measures are embedded within the service as part of the usual clinical care. The integrated palliative outcome scale, a validated needs assessment, is used during initial assessment and follow up. This allows prompt identification of palliative care needs and ensures that the service is tailored to each individual patient’s needs.

Analysis of the data at a service level showed a significant reduction in the palliative care needs of patients who are reviewed in the enhanced supportive care service. There was positive feedback about the service from staff and patients. This service promotes integrated, coordinated clinical care between oncology and palliative care staff. This has further translated into joint projects and service development initiatives between oncology and palliative care teams (service evaluation and research).

Evidence of the impact of enhanced supportive care in the UK

The development of enhanced supportive care services has had a systems-wide benefit that is aligned with national policy and priorities.

Enhanced supportive care has a beneficial impact on patients’ quality of life

Understanding how to improve quality of life is an increasingly important aspect of cancer service delivery, underpinned by person-centred care that acknowledges the complexity and diversity of the individual patient’s needs (Department of Health and Social Care, 2023). Enhanced supportive care has a demonstrable positive impact for patients and their families throughout their cancer journey, as it provides proactive and timely assessment and interventions to manage and address needs (Benson et al, 2023). Using patient-reported outcome measures as part of enhanced supportive care services supports the development of services based on the individual patient’s needs. This approach is feasible and effective in terms of providing real-time information to inform clinical care (Stewart et al, 2022). Evaluation of patient-reported outcome measures at a service level demonstrated the effectiveness of enhanced supportive care in addressing and implementing interventions to reduce these needs (Monnery et al, 2018; 2023). Qualitative research data supported the beneficial impact of enhanced supportive care for patients and their families (Taylor et al, 2024).

The national quality of life survey launched by NHS England in 2020 to date described that patients have a poorer quality of life and worse self-rated overall health following a diagnosis of cancer compared to the general population (National Disease Registration Service, 2024). This patient-reported quality of life is even worse for patients with later stage disease at diagnosis and those from areas of greater deprivation (National Disease Registration Service, 2024). Given the evolution of enhanced supportive care services around improving quality of life for patients with treatable but not curable cancer, these services seem ideally placed to address some of the findings from national data which identify areas of need and inequality.

Enhanced supportive care provides care that is aligned with patients’ preferences and priorities

Although enhanced supportive care supports patients alongside their anti-cancer treatment, it also has downstream benefits for patients who are approaching end of life. For these patients, the early involvement of enhanced supportive care provides care that is aligned with what patients consider to be important.

Time spent at home in the last 3–6 months of life and place of death are accepted quality markers of end-of-life care. Many patients, if asked, would prefer to die at home

(Gomes et al, 2012; Orlovic et al, 2020); however, in the UK and many other high-income countries, approximately 40–60% of patients die in hospital (Orlovic et al, 2017; Sallnow et al, 2022). In UK, healthcare costs rise significantly in the last year, especially in the last month of life, driven predominantly by hospitalisations (Luta et al, 2020). A review of patients with cancer in England demonstrated that 90% were admitted to hospital in the last year of life and 37% had more than one hospitalisation in the last month of life (Luta et al, 2022). Hospital-based care at end of life with associated aggressive clinical interventions is often not in line with patient preferences and can be associated with poor quality of life and experience of care (Abedini et al, 2019).

A UK-based multicentre study of enhanced supportive care services demonstrated a reduction in hospital deaths and hospital admission in the last year of life (Monnery et al, 2023). Patients who were seen by enhanced supportive care services had a 12-month non-elective admission rate of 1.14 compared to the national average of 2.72 (Monnery et al, 2023). For those in the study who died, the proportion of patients able to die at home exceeded the national average (Monnery et al, 2023).

Enhanced supportive care enhances health service efficiency

The system-wide benefits of enhanced supportive care relate to improvements in inpatient flow, and reduced demand on non-elective secondary care services. Evaluation of the economic benefits of eight enhanced supportive care services across England demonstrated a return on investment of 5:1, based on reduced non-elective admission rates and average length of hospital stay, and reduced accident and emergency department attendances in the last year of life. Single-site economic evaluations have further demonstrated cost savings associated with a reduction in length of stay and episodes of hospital readmission (Monnery et al, 2022; Stewart et al, 2023).

Enhanced supportive care services for patients with treatable but not curable cancer created capacity and improved efficiencies within participating centres by reducing demands for day beds and the emergency department (Monnery et al, 2023).

Further resource efficiency from enhanced supportive care services has been demonstrated in reduced chemotherapy usage towards the end of life in patients with treatable but not curable cancer. One study described a reduction of 31% (457 cycles) of chemotherapy in 101 patients in the last year of life supported by a multiprofessional enhanced supportive care service (Benson et al, 2023).

As well as improving physical and psychological symptoms, enhanced supportive care services have the potential to enhance efficiency and patient flow through improved coordination of patient care. At one centre, patients with low-risk febrile neutropenia were appropriately and effectively managed in an ambulatory setting within an enhanced supportive care clinic, thus avoiding the need for inpatient and emergency care (Cooksley et al, 2018).

Enhanced supportive care: future developments

The number of patients being diagnosed with cancer is increasing and so too is the need for a well-trained workforce to support these patients and their families throughout their cancer journey.

There is increasing recognition of the need for and benefit of enhanced supportive care for patients with cancer in terms of enhancing the effectiveness and tolerability of treatment and improving the patient care experience. There is also a recognition of the potential expanding remit of enhanced supportive care, and its benefit for patients living with treatable but not curable cancer. There is also emerging evidence for the role of enhanced supportive care for patients undergoing novel therapies such as haematopoietic stem cell transplant and chimeric antigen receptor therapy which potentially offer a cure but are associated with significant uncertainty in terms of outcomes (Gemmell et al, 2020; Stenson et al, 2023; Williams et al, 2023). In some areas, enhanced supportive care services have been expanded to include survivorship clinics, supporting patients with cancer who may be experiencing long-term effects of their disease or their anti-cancer treatment.

Key points

- Enhanced supportive care is an evolving area of supportive care in cancer.
- Enhanced supportive care is built on the cornerstones of earlier care, multidisciplinary care and coordinated care to provide proactive holistic support to patients and their families through cancer treatment.
- The evidence of implementation of enhanced supportive care in the UK demonstrates that it is effective in improving quality of life, supports care that aligns with patients' preferences and priorities and enhances health service efficiency.
- Enhanced supportive care services enable early access to palliative care, but are also diversifying to provide care for patients living with and beyond cancer.

Challenges remain in terms of where and how enhanced supportive care teams align themselves within existing oncology and supportive care services. Although enhanced supportive care teams adhere to core fundamental principles, their development in the UK has been underpinned by the availability of resource and local demand and therefore the national enhanced supportive care provision remains patchy and potentially inequitable. Furthermore, services providing enhanced supportive care will have emerged organically and may not refer to themselves as enhanced supportive care, making it difficult to provide a directory and exhaustive description of existing services. Further research in this area will aim to discover these services and include them in future descriptions of supportive care services available in the UK.

Conclusions

The interface between oncology, palliative care, enhanced supportive care and supportive care is continuously shifting, informed by increasing awareness and understanding of patients' needs, what patients want in terms of care, and by the ever-changing landscape of cancer treatments. How enhanced supportive care teams define themselves and how services are funded remain a challenge.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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