Session Objectives

1. What is research and why is it important
2. EOLC research in the real world
3. Current initiatives in EOLC research
4. Research support

Definition of Research

‘Research is defined as the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound methods’

(UK policy framework for health and social care research, v3. 07/11/17)

Evidence Based Practice…

“We need the evidence from research to deliver better care. Much of the care we deliver at the moment is based on uncertainties or experience, but not on evidence? We can only correct that with research”

-Excerpt from the NIHR video ‘Enhancing patient care through research’
Professor Dame Sally Davies, CMO for England, Director General of Research & Development and Chief Scientific Adviser for the Department of Health

Importance of Research
Current & future developments in end of life care
Charlotte Brigden
Research Facilitator
23.04.2019

Research
What comes to mind?

‘Research is concerned with discovering the right thing to do; audit with ensuring that it is done right’

Pressure ulcer example:
“What is the most effective way of preventing Pressure ulcers?” (Research)

“How does our current practice compare to the standards of best practice in the prevention of pressure ulcers.” (Audit)
Dame Cicely Saunders  
St Christopher’s Hospice founder 1967

Four components of hospice palliative care:
- Expert pain and symptom control
- Compassionate care
- Teaching
- Research

'Cicely appreciated its importance
and was determined that
St Christopher’s should excel in research
and teaching as well as in patient care'

Biography 2007 p.145

Why carry out research now in end of life care?

An investment for the future

Without research we cannot sustain high quality hospice care

To tell us which hospice based interventions are effective and how they work

Which models of care are best, and whether they are both effective and cost-effective.

Why is research important now in end of life care?

- 1 person dies every minute (NHS England)
- No. of people in Britain aged 85 and over is expected to double in the next 20 years, aged 100+ increase eight-fold (Hospice UK).
- The number of young adults living with life-limiting conditions is also on the increase (Hospice UK).
- Projected that at least 160,000 more people in England & Wales in 2040 will need palliative care - a rise of 25% (Etkind et al 2017).

How does research fit into the real world of eolc?

What current & future challenges are there in end of life care research?

Participant information sheet for the research on fatigue
Pilgrims Recent & Current Research

Current:
- Methylphenidate versus placebo for fatigue in advanced cancer (MePFAC study) – led by UCL
- Optimum ‘Hospice at Home’ Services for End of Life Care (Opel H@H Study) – led by University of Kent

Recent:
- The Prognosis in Palliative care Study II (PiPS2 Study) – led by UCL
- Improving Rehabilitation in Palliative Care using Goal Attainment Scaling (GAS Study) – led by KCL
- C-Change Workstream 4. Testing a case-mix classification in palliative care cohort study – led by KCL

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METHYLPHENIDATE VERSUS PLACEBO FOR FATIGUE IN ADVANCED CANCER (MePFAC)

Cancer-related fatigue is described as an overwhelming sense of tiredness or exhaustion which is unrelieved by rest and is associated with cancer or its treatment. It is a widespread problem in people with cancer at all stages of their illness, whether receiving treatment or not.

This research study is looking to recruit patients who are experiencing fatigue as a result of cancer treatment in order to see whether a drug (Methylphenidate) can reduce the fatigue experienced.

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Study led by CHSS at University of Kent + no. of collaborating partners including Pilgrims

Research Question: What are the features of Hospice at Home models that work, for whom and under what circumstances?
- Phase 1 national survey of H@H services
- Phase 2 In-depth data collection to investigate the impact of different models of H@H on patient and carer outcomes and experiences of EOLC.
- Phase 3 consensus events with stakeholders at the end of data collection to 'sense check' our results

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Prognosis in Palliative Care 2

- Adapted from PiPS1
- Testing and validating the PiPs tool
- Evaluate the accuracy of other predictive tools of survival i.e., the Palliative Prognostic (PaP) score, Palliative Prognostic Index (PPI), Palliative Performance Scale (PPS), in a large group of patients across England and Wales.
- This is a multi-centre study, aiming to recruit 1,780 patients via 28 palliative care services. Patients are eligible to participate in the study if they have advanced, incurable cancer

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GAS Study

Improving Rehabilitation in Palliative Care using Goal Attainment Scaling

Goal setting helps to understand what patients want to achieve from rehabilitation services. The Goal Attainment Scale was used to understand the timescale and nature of rehabilitation goals set by palliative care patients.

Preliminary results of first 300 patients presented by KCL research team at EAPC conference March 2017.

- Patients are able to engage in setting functional goals
- Most are short time frames (days or weeks) and focus on retaining independence in life activities and situations
- Patient-set goals can direct appropriate rehabilitation intervention

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Workstream 4

Objectives:
- To understand people’s palliative care needs
- To develop a standardised way to measure complex needs and match to healthcare resources

- We followed service users through their palliative care journey, collecting data from the patient, their carer and the staff involved in their care when the patient changed care settings and at different phases of their illness.

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Video’s on carers experiences. How patient and public involvement (PPI) informs a research project design

1. How to improve co-ordination of care
https://www.youtube.com/watch?v=Fn0Yy6mYU0M&feature=youtu.be

2. Supporting families when the news is difficult
https://www.youtube.com/watch?v=v_NxKMlGNgc

3. Bereavement care
https://www.youtube.com/watch?v=0B67kOhHMr&feature=youtu.be

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Current initiatives in EOLC research

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Commission into the Future of Hospice Care/ Lancaster University (Payne et al, 2013)

Recommended a research framework for Hospices:

- Level 3: Generating and leading research
- Level 2: Engagement in research-generated by others
- Level 1: Awareness of research

Palliative & EOLC Priority Setting Partnership: 10 top priorities for further research

- Conducted in 2013
- 1423 responses analysed
- 749 initial (interventional) questions
- Checked existing systematic reviews
- Combined to form 83 questions
- Second short-listing survey: 1331 participants
- 28 questions long-listed
- Final priority setting workshop
- Top 10 priorities for research agreed
  (Report published 2015)

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Palliative & EOLC Priority Setting Partnership

Top 10 unanswered research questions, in order of priority

| 1. The best ways of providing care outside of working hours | 6. Determine needs for patients with non-cancer diseases |
| 2. Access for everyone regardless of where they are in the UK | 7. What core palliative care services should be provided |
| 3. Advance Care Planning - listening to and incorporating patients preferences | 8. The best ways of providing care in the patient’s home |
| 4. Information and training for carers and families | 9. Continuity for patients at the end of life |
| 5. Ensuring staff and health care assists adequately trained, which increases quality of care | 10. The best ways to assess and treat pain/discomfort for people at the eol with specific conditions/difficulties |

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EOLC is an ‘under-researched’ area:
- Funding for cancer related palliative & eolc research below 0.7% of total spend since 2002 (NCRI).
- 0.16% of total health related research activity in the UK in 2014 (UKCRC HRCS grant dataset)

…but new initiatives are helping to increase & support eolc research in the UK:
- Upscaling of investment from research funders & national charities (e.g. Marie Curie, NIHR, Hospice UK)
- Consortium for Hospice and Community Care Research, set up 2017 between NIHR and Hospice UK
- Access to palliative care bill 2016-17 – includes advancing research
- NIHR Clinical research network policy extended to support non-NHS organisations such as hospices from January 2018

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Support for EOLC research

- MORECare statement
  36 best practice solutions to develop and evaluate complex interventions in palliative and EoLC

- National Institute for Health Research
- ENRICH
- hospice UK

http://www.nischr-cancerrg.org/res

Support for EOLC Research

- Research Facilitator, Pilgrims Hospices
  - Advice/Information source
  - Links to potential collaborators e.g Universities, other clinicians
  - Development of funding applications
  - I need to know what research is happening
    - Database
    - Research Facilitation & Governance Forum

- Research Hub on Intranet
- Kent & Medway Palliative Care Research group
- R&D departments/libraries in NHS Trusts

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Thank you for listening
Any Questions…