Name	Early integration of palliative care into the management of patients with advanced liver disease
Type of project	Multi-centre pilot study of joint palliative care/hepatology consultations across 3 sites: Bristol Royal Infirmary, Queen Elizabeth University Hospital (Glasgow) and Royal Free Hospital (London)
Aims/objectives Inclusion/exclusion	 Recruit 20-30 patients to trial if model can be set up within current service framework Assess the impact of early involvement of palliative care specialists on patients' symptoms, mood and quality of life Assess acceptability of joint consultation to patients and their carers Create an opportunity for knowledge and skill sharing between specialists in hepatology and palliative care Inclusion criteria:
criteria	 Diagnosis of cirrhosis (any aetiology) with refractory ascites or >1 admission with decompensated liver disease (variceal bleed, jaundice, ascites, reversible encephalopathy) in preceding year Exclusion criteria: Lack of capacity, inability or refusal to provide informed written consent to
	 participate in research Diagnosis of hepatocellular carcinoma or any other malignancy
Description of intervention	 1-hour joint consultation with a hepatologist/gastroenterologist and a palliative medicine consultant. Consultation takes place in a private room, either on the ward during an inpatient admission, before/during/after paracentesis or during a specifically booked outpatient clinic (maximum 3 patients on list). Consultation follows basic template across all three sites, though adapted to individual patient needs using IPOS questionnaire as guide. Ongoing palliative care input arranged if required. QOL and anxiety/depression screening questionnaires administered prior to consultation and again after 2-4 months.
Measures used to assess progress	 Hospital Anxiety and Depression Scale (HADS) Integrated Palliative care Outcome Score (IPOS): https://pos-pal.org/maix/ipos_in_english.php Carer Experience Questionnaire (CES): http://www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP/CES/index.aspx Feedback from both consultants immediately after the consultation Feedback from patient +/- carer 2-4 months post consultation
Resources required	Funding: No specific extra funding Staff: recruitment performed by patient's usual clinical team. Consultation with consultant hepatologist and a consultant in palliative medicine (1hr per consultation) Facilities: private room either on ward or in clinic Paperwork: measures freely available but CES and IPOS need to inform of plan to use

Progress	Trial ongoing – plan to complete recruitment of 20-30 patients by May 2019
Lessons learnt	Literacy levels for patients often lower than previously realised
	 Patients often have practical concerns regarding benefits etc therefore written resource produced with contact details for local services/charities that can assist with benefits advice + carer support) High carer burden but also many patients (especially with ARLD) do not have a
	regular carer - may impact on advance care planning
Future plans	n/a
Resources produced	Patient leaflet (local) – practical advice for patients including advice about benefits
	assistance and carer support available locally
	British Liver Trust leaflet on supportive and palliative care in ESLD
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