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
- 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/exclusion criteria
Inclusion 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)
- 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
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<th>Progress</th>
<th>Trial ongoing – plan to complete recruitment of 20-30 patients by May 2019</th>
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| 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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