OPTCare Elderly – Improving palliative care services for older people in the community: developing and evaluating short-term integrated palliative and supportive care (SIPS)

Who did the study and why?

This study was led by Dr Catherine Evans and Professor Irene Higginson, through a partnership between King’s College London and Sussex Community NHS Foundation Trust, and funded by the National Institute for Health Research (NIHR)*.

People are increasingly reaching advanced ages and live with frailty and progressive difficulties with their health. Palliative care is recommended to support older people to live as well as possible and die with dignity, as well as providing support to their carers.

Palliative care focuses on preventing, detecting and relieving distressing physical, emotional, social and spiritual issues for patients and their families. Older people prefer to remain in their usual place of care at the end of life, rather than moving to an inpatient hospital. However, uncertainty surrounds how to achieve this.

The aim of this study was to develop and test a new service called Short-term Integrated Palliative and Supportive Care (SIPS) for frail older people with non-cancerous conditions living at home or in a care home. The new service was to be delivered by a specialist in palliative care such as a Macmillan Nurse, working with primary and community services like general practitioners and district nurses.

Key Findings

**Phase 1 (Developing SIPS)**

There is a reliance on hospital care at the end of life for older people, despite the majority preferring to remain in their own home or a care home.

Older people who have discussed end of life care preferences, or who identify a skilled key health professional they ‘can rely on to get things done’, are less likely to move to hospital, remaining instead at home or in a care home.

**Phase 2 (Evaluating the feasibility of SIPS)**

A palliative and supportive care service was possible to deliver and evaluate, and showed potential benefits for frail older people and their carers within community settings.

We found SIPS care reduced symptom distress of the five key symptoms we explored, particularly patient anxiety.

We still need to better understand the best time to provide this service to maximise benefit for older people and their families.

SIPS care is considered acceptable by patients and families, and clinicians as a way to deliver specialist palliative care to older people with advanced non-cancerous conditions.

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What did we do?

**Phase 1** aimed to gather ideas on the ‘new’ SIPS care service using a postal survey completed by 443 bereaved relatives of people aged 75 years or over. We were interested in how people thought health services could be better provided to support older people live well in their last months of life, and their carers. We then discussed the results of the survey with older people and carers, professionals providing services and members of voluntary groups to find out what they thought were the best ways to create the SIPS care service.

**Phase 2** looked at how to deliver SIPS care, and how it benefitted patients and families. This involved 50 older people with deteriorating health, and their carers, who received either the SIPS care service, or continued with their usual care. The SIPS care service involved up to three visits to the older person at home or in a care home over 12 weeks by a palliative care team, working with GPs and district nurses, to review the older person’s care and support. We wanted to see how well the new service compared with usual care in improving older peoples’ and their carers wellbeing, and to see if there were any differences in the services used and how much they cost.

What did we find?

**PHASE 1:** We found that older people living with respiratory diseases, or those who experienced severe breathlessness were most likely to be moved to hospital towards the end of life. Older people who expressed a preference, however, were less likely to want to move to hospital if they had a key skilled health professional they could rely on to *get things done*. They preferred to stay in a community setting, usually at home or in a care home.

People involved in the group discussions agreed that the SIPS care service should have several outcomes. It should aim to improve older people’s symptoms, encourage discussions about preferences for end of life care, and reduce the burden on carers. They agreed that delivery of specialist palliative care to older people with non-cancerous conditions was acceptable. To maintain continuity of care, this could be delivered for a short time working with the GPs and district nurses.

**PHASE 2:** We found that older people with deteriorating health who were likely to benefit from palliative care could be identified by GPs. Also, the SIPS care service could successfully be delivered by the palliative care teams by working with the GPs and district nurses. This specialist palliative care involved a full assessment of a patient’s and their family’s needs. The delivery of care, treatment and its reviews were done by the multi-disciplinary team who were advised and supported by the district nurses and GPs. When points of crisis arose, such as worsening of breathlessness, the specialist palliative care team provided an important point of contact. This led to prompt changes in the care and treatment required. This improved communication helped to reduce anxiety, though we saw little change in reducing the carer burden.

Who reviewed our research to make sure it was done well?

This study is published in two different journals called ‘Age and Ageing’ and the ‘Journal of the American Geriatrics Society’. This involved the study being reviewed by independent experts to make sure it was done well and worth publishing. Both publications are available for free at:


What could be done next?

The findings helped to inform a larger trial called OPTCARE Neuro, evaluating SIPS care for people with neurological conditions in the community (http://bit.ly/2hOuwNc). The findings from OPTCARE Neuro and OPTCare Elderly will inform how to improve access to specialist palliative care, and outcomes, for people living with non-cancerous conditions, like frailty and dementia.

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