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| **Summary Abstract :**  **Interim Results for feasibility study**  PILOT-IMPLEMENTATION: Serious Illness Care Programme UK: Implementation of a communication model for patients with advanced cancer, a feasibility study  **1. BACKGROUND**  The Serious Illness Care Programme (the programme), developed in the US by Ariadne Labs, is a ‘systems wide’ complex intervention to support communication and individualised care planning, between clinicians and patients with serious illness [1]. In collaboration with Ariadne Labs the programme has been developed for use within the UK, with pilot implementation funded by NHS England. Within the programme, clinicians are trained in use of a Serious Illness Conversation Guide (the guide), to structure conversations with patients/families.  A feasibility of the UK programme is underway, within Clatterbridge Cancer Centre NHS Foundation Trust.  **2. AIM**  Assess the acceptability and feasibility of The Serious Illness Care Programme UK when implemented within one cancer centre in the North West of England.  This study will seek to collect data on the use and experience of the Programme, with the following objectives:   * Assess feasibility of study measures:   + Proportion of patients identified as eligible for serious illness conversations that go on to complete the study measures.   + Use data collected from study measures to illustrate any indicative improvements in communication and patient outcomes. * Qualitative data on the experience of engaging in conversations using the Serious Illness Conversation Guide. |  | 3. **METHODS**  This study will use a mixed methods approach to explore the acceptability and feasibility to clinicians and patients of the SICP-UK intervention. The specific methods are as follows:  Quantitative measures at two time points:   * Patients: 1) Quality of communication [15]; 2) Quality of life [16]; 3) Anxiety [17]; 4) Depression [18,19] * Clinicians: 1) Confidence [20]; 2) Attitudes to care [21]; 3) Acceptability of the Programme   Qualitative Narrative Interviews to explore the use and experience of the Programme, from the perspective of both ‘user’ groups: multi-disciplinary cancer team and patients.  **4. INTERIM FINDINGS**  At the time of publication 7 patient qualitative interviews have been conducted, with a target of 20 patients. Data collection is still ongoing and full project results will be published in the research literature once completed.  **MAIN HEADLINES** experience of participating in the serious illness conversation   * **Patient recruitment is currently ongoing, with a target to undertake 20 patient qualitative interviews from ongoing serious illness conversations within Clatterbridge Cancer Centre.** * These interim results highlight the value that patients place in having these conversations. Patients described feeling ‘valued’ as a person rather than the sole focus being on their disease and plans for treatment or care, as well as the ‘time to talk’ specifically with their consultant, and the fact that it enabled them to ‘think about’ and address the reality that they may not survive their illness. |

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| * Results from this study suggest that these conversations should be viewed as central to providing high quality care to patients with serious illness.   **5. CONCLUSION**  Results from this study suggest that continuation of the Serious Illness Care Programme UK within Clatterbridge Cancer Centre should be promoted. In order to influence the way care is delivered to patients with serious illness and their families, clinicians and policy makers need to have confidence that programmes and initiatives promoted as best practice are sufficiently evidence based; therefore it is essential that the implementation of the UK programme is underpinned by a robust research programme to establish the evidence base prior to wider investment and use.  **6. REFERENCES**  1. Bernacki, R., Hutchings, M., Vick, J., Smith, G., Paladino, J., Lipsitz, S., Gawande, A.A., and Block, S.D. (2015) ‘Development of the Serious Illness Care Program: a randomised controlled trial of a palliative care communication intervention’, *BMJ Open,* 2015 5:e009032. doi:10.1136/bmjopen-2015-009032.  2. Engelberg R, Downey L, Curtis JR (2006) Psychometric characteristics of a quality of communication questionnaire assessing communication about end-of-life care. *Journal of Palliative Medicine* 9(5):1086-98.  3. Steinhauser KE, Clipp EC, Bosworth HB, McNeilly M, Christakis NA, Voils CI, Tulsky JA (2004) Measuring quality of life at the end of life: validation of the QUAL-E. *Palliative and Supportive Care* 2(1):3-1. |  | 4. Spitzer RL, Kroenke K, Williams JB, et al (2006) A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine* 22;166 (10):1092-7.  5. Spitzer RL, Kroenke K, Williams JBW (1999) Patient Health Questionnaire Study Group. Validity and utility of a self-report version of PRIME-MD: the PHQ Primary Care Study. *JAMA* 282:1737–44.  6. Spitzer RL, Williams JBW, Kroenke K, et al (2000) Validity and utility of the Patient Health Questionnaire in assessment of 3000 obstetric-gynecologic patients: the PRIME-MD Patient Health Questionnaire Obstetrics-Gynecology Study. *American Journal of Obstetric Gynecology* 183:759–69.  7. Mason S and Ellershaw JE (2004) Assessing undergraduate palliative care education: validity and reliability of two scales examining perceived efficacy and outcome expectancies in palliative care. *Medical Education* 2004; 38: 1103–1110.  8. Merrill J, Lorimor R, Thornby J, Woods A (1998) Caring for terminally ill persons: comparative analysis of attitudes (thanatophobia) of practising physicians, student nurses and medical students. *Psychological Reports* 83:123–8. |