

Snapshot Questionnaire of the Experience of General Internal Medicine Physicians with Regards to Acute Oncology

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INTRODUCTION

- 2008 NCEPOD report investigating deaths within 30 days of chemotherapy:
 - 27% of deaths were found to have been either caused or hastened by systemic anticancer treatment (SACT).
 - Only 35% of patients were judged to have had good care.
- 'National Chemotherapy Advisory Group' (NCAG) was then established.
- NCAG advised that all hospitals with an Emergency Department should establish Acute Oncology Services (AO/AOS), aiming to improve the care of cancer patients receiving unscheduled, acute inpatient care.
- Varying models of AO services have been developed across the UK, evolving according to local needs, structure and resources.
- As the focus on AO increases and training becomes formalised it is important to understand the status quo and areas of unmet need from an acute/general physician's perspective thus in the development of services such considerations can be taken into account

METHODS

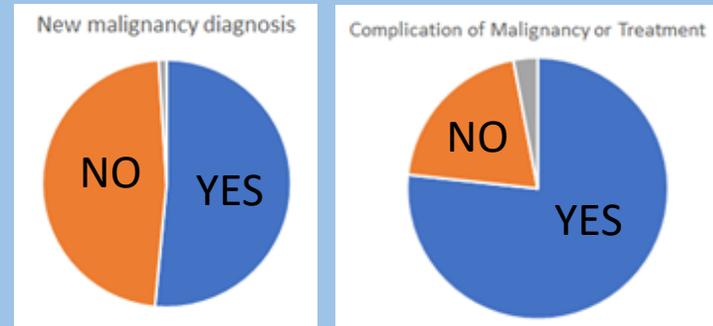
- Snapshot summary questionnaire delivered via Survey Monkey platform.
- Posed to Consultant Physicians who sit on the General Internal Medicine Speciality Advisory Committee (GIM SAC) at the Joint Royal Colleges Postgraduate Training Board (JRCPTB).
- Open for responses for a total of 14 days in January 2020.
- Distribution to the 66 SAC members was conducted via group email.
- Members were invited to share the survey with colleagues.
- Results reviewed via thematic analysis. Open comments and feedback were encouraged.

PARTICIPANTS

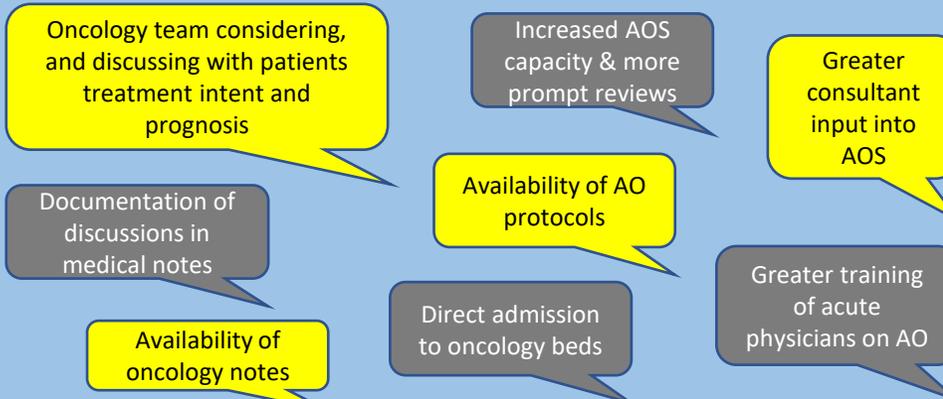
- 103 survey responses from physicians throughout all regions of the UK.
- 82 were consultants and 19 registrars.
- Respondents were equally distributed between district general hospitals and university teaching hospitals all of which had an Emergency Department (ED).

RESULTS

- **79.6% of clinicians were aware of a formal Acute Oncology Service (AOS) within their current trust.**
- The majority (81.6%) of patients who present acutely with an existing diagnosis of cancer either with a complication of treatment (Type 2) or malignancy (Type 3) are seen initially by acute medical services as opposed to AOS
- **Were patients felt to have been seen by oncology team in a timely way?**



- As an acute/general physician, what do you think would improve the care of patients already under the care of oncology services when they develop intercurrent illness?



Biggest challenges for acute physicians in caring for acutely unwell cancer patients?

Ascertaining prognosis, perceived lack of planning for patient deterioration

Lack of knowledge regarding SACT and complexities of treatments

Complexity of patients

Accessing oncology advice in a timely way.

Increasing no. of oncology patients acutely

Accessing oncology notes

Split site working

CONCLUSION

- ❑ UK General physicians were aware of AOS.
- ❑ The majority of patients with an existing malignant diagnosis received review from AOS in a timely manner.
- ❑ Most initial care is given by acute and general physicians. Increased support to these colleagues through improved information sharing, education, and better accessibility for advice about patients would be highly beneficial, enabling teams to provide optimum care for the growing population of cancer patients.