






# Impact of an hospital-based palliative care service in the community.

<b>Submission date</b> 23/01/2004	<b>Recruitment status</b> No longer recruiting	 Retrospectively registered
		 Protocol not yet added
<b>Registration date</b> 23/01/2004	<b>Overall study status</b> Completed	 SAP not yet added
		 Results added
<b>Last Edited</b> 14/12/2007	<b>Condition category</b> Signs and Symptoms	 Raw data not yet added
		 Study completed

## Plain English Summary

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Prof Geoff Hanks

### Contact details

Department of Palliative Medicine  
University of Bristol  
Bristol Oncology Centre  
Horfield Road  
Bristol  
United Kingdom  
BS2 8ED  
+44 (0)117 928 3336  
G.W.Hanks@bris.ac.uk

## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Protocol/serial number

## Study information

### Scientific Title

### Study hypothesis

This project aims to evaluate the cost and effectiveness of an hospital based palliative care service on subsequent care of advanced cancer patients in the community, in terms of length of index hospital admission, and need for re-admission, quality of symptom control on discharge and at home, quality of life and functional status at home, patient and carer satisfaction, impact on general practitioner/district nurse workload, and eventual place of death. The effects of such a service on the professional satisfaction of the primary care team will also be assessed. The study will be a randomised controlled trial of two levels of intervention by the palliative care team in the United Bristol Healthcare Trust. Assessments will be undertaken both during the hospital admission and after discharge over a 5 month follow-up period or to death.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Quality of life

### Participant information sheet

### Condition

Symptoms and general pathology: Pain

### Interventions

1. The visiting service: (the usual service delivered by the Palliative Care Team.) Initial assessment by a specialist doctor/nurse with detailed advice about problems identified in patient's case notes. Follow-up by telephone and in-person consultations with patient, family and medical and nursing staff caring for patient. Liaison also with community-based health professions and palliative care outpatient follow-up if appropriate. Advice and support provided

only but over and above the normal service provided to hospital patients.

2. The telephone service: A more limited form of intervention devised as the control. No direct contact between the Palliative Care Team and the patient or family. Telephone consultation took place within one working day of referral between a senior medical PCT member and the referring doctor and also between a clinical nurse specialist and a member of the ward nursing staff involved in the patient's care. A second telephone consultation could be made if necessary but with no further follow-up or advice offered.

Patients randomised to either the visiting service or the telephone service in order to compare: pain, symptom control and global health-related 'quality of life'; satisfaction of patients, carers and health professionals; and use of health service resources.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome measure**

Not provided at time of registration

### **Secondary outcome measures**

Not provided at time of registration

### **Overall study start date**

01/01/2001

### **Overall study end date**

31/12/2001

## **Eligibility**

### **Participant inclusion criteria**

1. Patients 18 and over newly referred to PCT
2. Able to understand instructions and provide written consent within one day of referral
3. Physically and emotionally well enough to consider participating in a study and to reflect on their illness experience with a researcher
4. Not likely to be discharged with 24 hours of referral. PCT advice requested urgently
5. No strong preference expressed by the patient or patient's clinician for the visiting service of the PCT only
6. Aware of diagnosis
7. Willing to answer questions and be followed up for 4 weeks

### **Participant type(s)**

Patient

### **Age group**

Not Specified

### **Lower age limit**

18 Years

**Sex**

Not Specified

**Target number of participants**

Not provided at time of registration

**Participant exclusion criteria**

Written consent not provided within one day of referral.

**Recruitment start date**

01/01/2001

**Recruitment end date**

31/12/2001

## Locations

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Department of Palliative Medicine**

Bristol

United Kingdom

BS2 8ED

## Sponsor information

**Organisation**

Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

**Sponsor details**

The Department of Health

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

**Sponsor type**

Government

**Website**

<http://www.doh.gov.uk>

## Funder(s)

**Funder type**

Government

**Funder Name**

NHS Cancer National Research and Development Programme (UK)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Results	23/09/2002		Yes	No