

See it, say it, share it

Recognising acute hospital admission as a key milestone in the treatment journey of a person living with cancer

April 2023

In January 2023, Macmillan Cancer Support, the Royal College of Physicians (RCP), the Society for Acute Medicine and the UK Acute Oncology Society organised a multi-professional meeting at The Spine to discuss the impact of acute admission on people living with cancer.

Key call to action: Every person living with cancer admitted into hospital through an urgent or emergency care pathway should be offered a conversation about contingency planning, their prognosis and future care plan by a healthcare professional.

Why is this important?

An acute hospital admission for a person living with cancer can be an important turning point in their illness. **People dying of cancer are at higher risk of acute hospital admission towards the end of their life** and for people with three or more emergency admissions in the last 3 months of life, **more than half have cancer as the underlying cause of death**. An emergency admission is a flag for readmission risk.

When a person living with cancer is admitted into hospital through emergency and unscheduled care, this often marks a turning point in their illness. Healthcare professionals should:

See it – recognise an acute admission as a point of transition for a person living with cancer.

Say it – take the opportunity to talk to the patient and their family about the risk of further admissions and what matters to them.

Share it – ensure this conversation is the basis of an advance care plan to be shared more widely.

When healthcare professionals take the opportunity to talk to these patients about what matters to them, it can improve patient experience, reduce unwanted hospital admissions and empower people to make an informed choice about their future care. This is even more important when a patient is living with treatable but not curable cancer. Or if they have multiple health conditions. Patients with an advance care plan can access financial, emotional and medical help that might not otherwise be available, linking them with support services and improving continuity of care.

In the last year of their life, people living with cancer can expect to spend around 25–30 days in hospital, almost entirely following emergency admission. Almost half of these patients will die in an NHS setting when we know that **most people would prefer to die at home**.

At a glance

- **Around one-fifth of hospital beds** are occupied by people who have some sort of cancer-related problem.
- 70% of patients **reviewed by acute oncology services** die within 12 months.

- Three-quarters of people who **die with cancer have at least one emergency admission** in their last year of life, with one in six (17%) being admitted in an emergency at least three times.
- Yet escalation of care discussions take place in only **29% of admissions for people living with cancer**.
- **Asking patients about their preferred place of death** encourages them to consider end-of-life options.

Acute oncology services are patchy across the UK. In some areas, the care provided to patients is well resourced, with access to nurses, doctors and therapists. In other areas, the service is provided by a single nurse with no clinical support or cross-cover. With limited resource at the hospital front door, it is very difficult to ensure that the impact of an acute admission is captured and discussed at multidisciplinary team (MDT) meetings, which means that these important turning points in the cancer journey are missed from the bigger picture of treatment and prognosis.

People living with cancer and their carers may be unprepared for new and acute problems that require an urgent response. Solutions require shared decision-making underpinned by honest and open conversations, better access to information and improved communication between care settings, teams, patients/carers and professionals.

Why aren't these conversations happening already?

Healthcare professionals often say that they do not feel confident discussing advance care with people who are living with cancer. This might be because they have less experience or expertise in cancer (which has become a highly specialist area of medicine with many novel treatments making prognostication difficult). Others felt that it was more appropriate that the patient's oncology team should have these conversations but acknowledged that it often isn't happening in either the acute or outpatient setting.

Three calls to action

- Healthcare professionals involved in the care of people who are acutely unwell with cancer should recognise an episode of unplanned care as a probable point of transition in a person's cancer journey.
- Personalised care for people with cancer who become acutely unwell should include a discussion about their future risk of admission and holistic needs. If their prognosis is limited, they should receive the appropriate palliative care and financial support that they are entitled to.
- Cancer site-specific teams should collect and report data on the rate of unplanned care for patients living with cancer. Transitions must be recognised by oncology services to help avoid repeated unplanned emergency care in the last year of life.

In a nutshell

Where a person living with cancer is admitted into hospital in an emergency, healthcare professionals should recognise that this is likely to be a point of transition in a person's cancer journey. These people have an increased risk of future unplanned admissions, unmet palliative care needs and death.

Healthcare professionals working in cancer care should take the opportunity to have a conversation with the person about what matters to them and their family. The outcomes from this discussion should be captured and form the basis of an advance care plan that can be shared more widely with other NHS teams

Resources

[Best practice for palliative and end of life care | Macmillan Cancer Support](#)

[Talking about dying: how to begin honest conversations about what lies ahead | RCP](#)

[Cancer care at the front door: the future of acute oncology in Wales | RCP](#)

[Acute oncology: increasing engagement and visibility in acute care settings | RCR, RCP, ACP](#)

[Cancer patients in crisis: responding to urgent needs | RCP, RCR](#)

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