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PRESS RELEASE

New guidance will improve supportive and palliative care services for adults with cancer

The National Institute for Clinical Excellence has issued guidance for the NHS in England and Wales on how supportive and palliative care services should be provided for adults with cancer. It advises those who develop and deliver cancer services on how to make sure that patients, families and carers are well informed, cared for and supported.

Supportive care means helping patients and their families cope with cancer and its treatment. Palliative care means alleviating pain and discomfort when it is not possible to cure the cancer. Key recommendations include:

- Patients and their carers should have access to a range of specialist services that help them cope with cancer and its treatment
- There should be processes in place to make sure that all healthcare professionals involved in a patient's care inform each other about developments affecting that patient and work together to provide coordinated care.
- To help patients and carers navigate their treatment and care there may be benefits in appointing a "key worker" to each patient
- Whenever possible, significant information should be given to patients by a senior health professional who has received advanced level training and is assessed as being an effective communicator.
- People with advanced cancer, and who are dying from cancer should have access to specialist care 24 hours a day, seven days a week wherever they are being cared for
- The needs of family and other carers should be met, including offering support after someone has died
- Good quality information should be available free of charge to help people affected by cancer make decisions about their care

- People affected by cancer should be involved in developing cancer services

Professor Alison Richardson, Professor of Cancer and Palliative Nursing Care and leader of the guidance development team, said: “Anyone who has

experienced cancer understands the importance of supportive and palliative care provided by a very wide range of health and social care professionals. The evidence shows that in addition to receiving the best treatments for their cancer, patients want to be treated as individuals, with dignity and respect, and to have their voices heard in decisions about treatment and care. They expect to be offered psychological, social and spiritual support and to be enabled to die in the place of their choice, often their own home. They want to be assured that their families and carers will receive support during their illness and, if they die, following bereavement. This guidance lays the foundations for ensuring access to supportive services that can make a real difference to patients and their carers.”

Professor Mike Richards, National Cancer Director, said: “One of the key aims of the NHS Cancer Plan is to ensure that people with cancer get the right professional support and care as well as the best treatments. Today’s evidence based recommendations set out how this can be achieved. Implementation of this guidance is now being taken forward both at a national and local level so that patients and their carers can benefit as soon as possible.”

Professor Amanda Ramirez, Professor of Liaison Psychiatry, Guy’s, King’s and St Thomas’ School of Medicine, said: “People affected by cancer have individual needs for information, face to face communication, psychological, social and spiritual support. We need to offer supportive care in a way that is tailored to those individual needs. This Guidance provides us with the framework for doing this.”

Ms Sylvia Berry, user representative on the Guideline Editorial Board, said:

“The guidance, and particularly the public versions, offers a chance for all of us affected by cancer to increase our awareness and focus on the issues most important to us and which can change a potentially devastating experience into a more constructive cancer journey. It has been a great privilege for me to have been the user representative bringing our perspectives of these issues to the guidance process. Most importantly it has been a great opportunity to highlight the huge amount of personal skills and resources which users have and which can be developed to work in true partnership with our health and social care teams especially in the planning of future services.”

Mr Peter Tebbit, National Palliative Care Development Adviser, National Council for Hospice and Specialist Palliative Care Services, said: “The National Council for Hospice and Specialist Palliative Care Services warmly welcomes the publication of the Guidance. It is a landmark document in that it sets out for the first time at national level what palliative care services should be commissioned by the NHS for any given population. It will bring the voluntary sector and the NHS into closer collaboration with benefits to patients and carers of greater continuity of care. Its implementation will both improve the quality of services and reduce inequalities in access to them.”

Professor Peter Littlejohns, Clinical Director at NICE, said: “Supportive and palliative care is about providing support at all stages of a person’s experience with cancer. This guidance for the NHS in England and Wales clearly sets out what supportive and palliative care services should be available to people with cancer and those who care for them. The guidance is based on a service model involving Cancer Networks as the vehicle for delivery of the Cancer Plan and should be taken into account by local NHS organisations when they are planning, commissioning and organising services for cancer patients.”

Ends

For more information call Lucy Betterton on 020 7067 5903 and 07747 865 562

Notes to Editors

About this guidance

1. ‘Improving supportive and palliative care for adults with cancer (cancer service guidance)’ can be found on the NICE website at www.nice.org.uk.
2. Cancer service guidance supports the implementation of *The NHS Cancer Plan* for England, and the NHS Plan for Wales *Improving Health in Wales*. The service guidance programme was initiated in 1995 to follow on from the Calman-Hine Report, *A Policy Framework for Commissioning Cancer Services*. The focus of the cancer service guidance is to guide the commissioning of services and is therefore different from clinical practice guidelines. Health services in England and Wales have organisational arrangements in place for securing improvements in cancer services and those responsible for their operation should take this guidance into account when planning, commissioning and organising services for cancer patients. The recommendations in the guidance concentrate on aspects of services that are likely to have significant impact on health outcomes. Both the objectives and resource implications of implementing the recommendations are considered. This guidance can be used to identify gaps in local provision and to check the appropriateness of existing services.

About NICE

3. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.

4. NICE produces guidance in three areas of health:
 - the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals
 - the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
 - whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.
5. NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).
6. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.