

# A feasibility study of Sheffield Profile for Assessment and Referral for Care (SPARC): a holistic needs assessment questionnaire

<b>Submission date</b> 04/05/2011	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 05/07/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 29/03/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-study-testing-questionnaire-work-out-care-needs-people-using-supportive-or-palliative-care-service-sheffield-sparc-feasibility>

## Contact information

### Type(s)

Scientific

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

NA

# Study information

## Scientific Title

A feasibility study of an holistic needs assessment questionnaire in a supportive and palliative care service using the Sheffield Profile for Assessment and Referral for Care (SPARC)

## Acronym

SPARC

## Study objectives

The Academic Unit of Supportive Care is undertaking a research study about holistic needs assessment. We are carrying out a study with patients referred for supportive or palliative care, to learn if using the SPARC questionnaire improves their care.

The study aims are:

1. To determine the effect of holistic needs assessment on health related quality of life and self identified concerns in patients referred for supportive and palliative care
2. To determine the effect of holistic needs assessment on interventions, consultations and referrals within supportive and palliative care
3. To measure the difference at baseline assessment between patients identified as cancer survivors, those living with a long term condition and those receiving end of life care, in terms of their concerns, quality of life and need for supportive or palliative care
4. We hope to learn if using SPARC makes a difference in quality of life, and in referrals for help; whether it makes a difference how early on it is used, and whether the experience is different for different groups of patients

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Bradford Research Ethics Committee, REC ref: 10/H1302/88 - approval pending as of 05/05/2011

## Study design

Randomised waiting list 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**

Not available in web format, please use the contact details below to request a patient information sheet.

## **Health condition(s) or problem(s) studied**

All patients (cancer and non cancer) referred to the service

## **Interventions**

1. The study will be carried out with in-patients, out-patients and in community settings, to assess whether using the SPARC tool makes a difference to symptoms and concerns, quality of life, needs identified, and being referred for help.
2. SPARC is a multidimensional screening tool which gives a profile of needs to identify patients who may benefit from additional supportive or palliative care, regardless of diagnosis or stage of disease
3. SPARC is intended for use by primary care, hospital teams or other services to improve patient management, either by current professional carers or by referral to a specialist team
4. It covers:
  - 4.1. Physical and psychological symptoms
  - 4.2. Spiritual issues
  - 4.3. Activities/independence
  - 4.4. Family, social and treatment issues
5. Its aim is to identify patients who could benefit from additional supportive or palliative care
6. We will use SPARC in addition to the usual care that people receive
7. Some patients will complete the questionnaire straightaway, others will receive it after a period of two weeks
8. For everyone, care will continue as normal
9. The responses given on the SPARC questionnaire will be followed up by one of the usual care team to ensure that needs identified are addressed
10. Participants will fill in three short research questionnaires as part of the study, repeated after two weeks, four weeks and six weeks
11. Once people have opted to participate in the study, they will be allocated either to the group receiving SPARC straight away, or to the group which receives it after two weeks (randomly decided)
12. A small group of participants will be invited to take part in interviews

## **Intervention Type**

Other

## **Phase**

Not Applicable

## **Primary outcome measure**

1. The difference in score between the patient Measure Yourself Concerns and Wellbeing (MYCAW) on the patient self-scoring visual analogue scale at baseline and the two-week follow up
2. Assuming the changes in the score (baseline to week 2) are normally distributed, a t-test will be carried out to test the null hypothesis that the difference between the intervention and control groups in the mean score on the first symptom nominated on the scale at baseline and two weeks is zero
3. To detect a medium difference between two independent sample means requires a minimum of 64 individuals in each group with scores at baseline and two weeks (Cohen, 1992). Therefore,

a total of 128 patients will have to be recruited.

4. In order collect both baseline and follow-up data from 128 patients, 500 patients will be recruited to the study, assuming that approximately one quarter will be able to participate at the two-week follow-up.

5. The calculation for the sample size has taken account of the attrition to be expected in this population overall, although with varied survival rates, we can also expect to recruit sufficient numbers of patients able to give useable follow-up data. The statistical analysis will therefore be predominantly descriptive, with correlations drawn between specific demographic and medical variables with SPARC scores.

### **Secondary outcome measures**

1. The change in scores in the EQ-5D at the two time points
2. Changes in the enablement scores (PEI) at the two time points
3. Comparisons will be made between the intervention group and the waiting list control
4. Outcomes in patients entering the service in different ways, as inpatients where input is requested, as inpatients on the Palliative Care Unit, and as outpatients, will be explored
5. The pattern of actions taken and referrals made as a result of the SPARC screening tool will be examined, by analysis of the clinical record
6. Comparisons will be made regarding MYCAW patient nominated concerns, EQ-5D, and the PEI at baseline between patient groups (long term conditions, cancer survivors, and people needing end of life care)

### **Overall study start date**

01/01/2010

### **Completion date**

30/07/2012

## **Eligibility**

### **Key inclusion criteria**

1. Any diagnosis (cancer and non-cancer)
2. Any referral to the service
3. Patients 18 years old or above
4. Patients able to give informed consent

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

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

Follow up data from n=128 patients (n=500 patients required taking account of attrition)

**Total final enrolment**

225

**Key exclusion criteria**

1. Incapable of giving informed consent
2. Incapable of completing SPARC even with the help of a relative or informal carer
3. Under 18 years old

**Date of first enrolment**

01/01/2010

**Date of final enrolment**

30/07/2012

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

University of Sheffield

Sheffield

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**Sponsor information****Organisation**

University of Sheffield (UK)

**Sponsor details**

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**Sponsor type**

University/education

ROR

## Funder(s)

### Funder type

Charity

### Funder Name

Macmillan Cancer Support (UK)

### Funder Name

Sheffield Teaching Hospitals NHS Foundation Trust (UK)

## Results and Publications

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

### Individual participant data (IPD) sharing plan

Not provided at time of registration

### 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	01/11/2015		Yes	No
<a href="#">Plain English results</a>		31/01/2017	29/03/2022	No	Yes