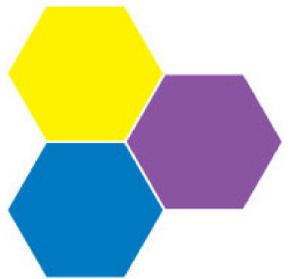


Working together to improve Hospital – Hospice transfer of care

Leeds Palliative & End of Life Care
Managed Clinical Network
Working Together. Improving Care.



Background

In 2016 Leeds Palliative & End of Life Care (EOLC) provider organisations committed to working in partnership through a Managed Clinical Network, to deliver and improve EOLC services for patients and their families across Leeds.

Priority themes were established engaging all stakeholders. A key area of improvement focused on the discharge process from hospital to both Leeds hospices, whilst also improving the quality of patient and family experience. All stakeholders recognised the importance of right time, right care, right place, particularly for this patient group.

Method

A 'Transfer of Care' (TOC) working group was formed in July 2017, with key membership from Leeds Teaching Hospitals Trust (LTHT), St Gemma's Hospice (SGH), Sue Ryder Wheatfields Hospice (WFH) and Yorkshire Ambulance Service (YAS). Each organisation identified individual leads responsible for implementing change.

In order to drive the identified objective and to help develop a shared vision, a work stream lead was appointed. The leadership role was essential for ensuring stakeholder reflection and commitments in achieving desired outcomes.

The group undertook an initial scoping exercise collectively identifying the strengths, weaknesses, threats and opportunities of the current TOC pathway. Collectively the group identified and agreed areas for innovation and service improvement:

- Develop a citywide e-referral system
- To improve the transport booking process
- To develop a Hospital-Hospice daily virtual referral meeting (via skype)

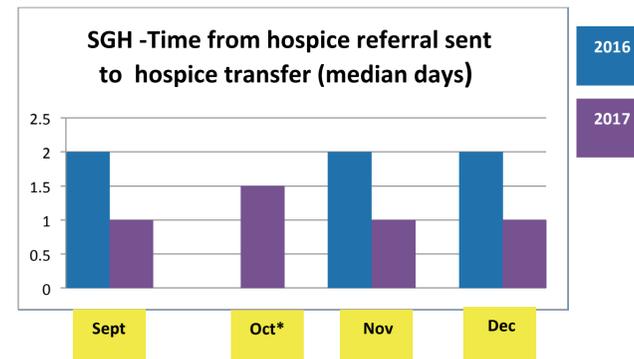
A comprehensive work plan was developed which applied a very practical approach to change management. The TOC group set ambitious timeframes for delivery. The work stream lead acted as the co-ordinator and point of contact for each organisation, acting as the 'listening ear' to all organisational issues during a rapid change process.



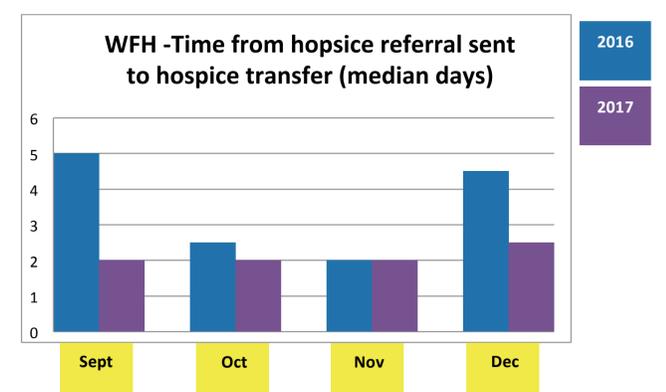
Results

Developing a citywide e-referral system

- Improved workforce efficiency
- Developed a more cost efficient process.
- Reduced unnecessary duplication
- Improved Information Governance Standards



* October 2016 not available



Improved transport booking process:

- Increased appropriate use of Leeds Palliative Care Ambulance Service with associated reduction in the use of Patient Transport Service (PTS).
- The Leeds Palliative Care Ambulance Service being utilised effectively across time available.

Hospital – Hospice daily virtual referral meeting:

- Enriching partnership working and integration across the city.
- Collaborative understanding of clinical pressures within different environments.
- Virtual meeting enabling 'real time' debate, conformation and challenge.
- Collaborative bed allocation, enabling care to be responsive to patient need.

Limitations

- A requirement for ongoing evaluation and data collection.
- Currently Sue Ryder Wheatfields Hospice are not participating in the daily virtual meeting, but will be exploring the possibility over the next few months.

Next Steps

- Further development of e-referral processes across inpatient and community services.
- Further development of virtual meeting involving both hospices and LTHT.
- Scope possibilities for improvements to 7 day / out of hours working.

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The Leeds Teaching Hospitals NHS Trust

Sue Ryder Wheatfields Hospice

