Developing a 7 day service within specialist palliative care services

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Why a 7 day service?

• NICE palliative and supportive care guidance (2004), stated that ‘SPC should be staffed to a sufficient level to undertake face to face assessment at home or in hospital during normal hours, 7 days a week’. This has been further endorsed by National End of Life Care Strategy (2008), the National Care of the Dying Audit (2016), specialist palliative care commissioners report (2016) and is a CQC requirement.

• York Teaching Hospital NHSFT launched a pilot 7 day SPC service across York and Scarborough acute, and York community and the aim was to have a clinical nurse specialist available for all three areas from November 2015 between the hours of 9 am -5pm. The pilot was achieved within current establishment
The aims:

1. To determine the need for, and use of, a seven day Specialist Palliative care Team (SPCT) service
2. To ensure that patients, families and healthcare professionals receive consistent and continuing access for urgent SPC advice from the SPC CNS team.
3. To address the barriers to accessing quality out of hours specialist palliative care, by providing care taking a joined-up approach
4. To make recommendations for the on-going viability of a seven day CNS service.
The outcomes are:

- To improve access to service, improve quality of care, help to reduce avoidable hospital admissions, support rapid discharge from hospital, and increase place of death in the usual place of residency.
Specific reasons for referral on a weekend or bank holiday would include:

- Escalating or intractable pain or symptoms which have not been resolved by giving appropriate treatment eg intractable vomiting, dyspnoea, acute agitation
- Medication advice for patients already on specialist or unusual drug regimes
- Support for complex social and emotional carer needs that cannot be resolved by telephone contact
The process:

- Pre audit of collection of possible need prior to commencing the pilot from different sites
- Examination of the literature reviewing 7 day specialist palliative care
- Staff engagement throughout the process and HR consultation period
- 6 month data collection recording every contact, measuring the impact of the response
- 6 month of soft data collection, recording staff feedback, evidence of any effect on the 5 day service and an intention to examine patient/carer experience
<table>
<thead>
<tr>
<th>Quality Requirement</th>
<th>Time period</th>
<th>method</th>
<th>notes</th>
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</thead>
<tbody>
<tr>
<td>Of the patients referred into the service, number of patients who die in their preferred place of residence</td>
<td>Pilot period</td>
<td>Quarterly performance report</td>
<td>Local data and process required to capture information</td>
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<tr>
<td>Number of avoidable hospital admission for people referred into the service</td>
<td>Pilot period</td>
<td>Quarterly performance report</td>
<td>Local data and process required to capture information</td>
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<td>Reduction in number of bed days from an acute admission</td>
<td>Pilot period</td>
<td>Quarterly performance report</td>
<td>Local data</td>
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<tr>
<td>Number of patients referred into service with palliative care diagnosis other than cancer</td>
<td>Pilot period</td>
<td>Quarterly performance report</td>
<td>Local data and process required to capture information</td>
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<tr>
<td>Number of patients assessed and cared for by the service over weekend period</td>
<td>Pilot period</td>
<td>Quarterly performance report</td>
<td>Local data</td>
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<td>Staff experience</td>
<td>Pilot period</td>
<td>6 month report</td>
<td>Local data</td>
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<td>Patient experience</td>
<td>Pilot period</td>
<td>6 month report</td>
<td>Local data – in conjunction with health watch</td>
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Results

The data collected provided significant information, highlighting patient and staff need for the 7 day service.

Figures of patient contact between November 2015-April 2016

Reasons for referral

- Symptom Control
- Carer Support
- Signposting
- Admission
- OTHER (SPECIFY)
Outcomes

- Discharge facilitated
- Transfer to hospice
- Facilitated transfer to Nurse Led Beds
- Symptom management
- Prescription written
- Prevention of GP visit
- Urgent psychological needs addressed
- Patient assurance given
- Education provided to staff members
Staff feedback

• Specialist palliative care Nurse feedback
• Overall 99% of the staff agreed the 7 day service was essential
• 100% of CNS agreed that there was significant improvement to patient experience
• 100% of CNS agreed that there was significant improvement to staff support
• Concerns identified were; compassion fatigue of current staff, impact on education delivery, impact to normal Monday to Friday services
Patient feedback

• Health watch
• Limited uptake therefore poor evidence
• Small numbers ‘ felt reassured, good to talk through plans at a weekend, my Mum could come home because of X SPC CNS putting all the plans in place, a hospice bed was found, relief seeing the nurse arrive’
Recommendations

- Staff agreement to extend the pilot for a full year as difficult to gain a full picture in 6 months
- To re-advertise the community element of the pilot to community services due to the slow uptake initially
- Full HR and Staff review in September to decide if this is the correct model using data
- Review staffing through using the Calderdale model
- Recommend a business case to address the staffing and discussion with the CCG’s reflecting on the recent commissioning report from NHS England
- Repeat audit measuring activity and outcomes