



24/7 Care and Specialist Advice for Palliative and End of Life Care: Commissioner's good practice guide

March 2023

1. Aim

This guide aims to support commissioners by providing the key principles of effective 24/7 care and advice services.

Commissioners can use the principles as a method of ensuring that they have appropriate systems in place to meet the care needs of people at any time of day, any day of the week, and in any setting.

There is an expectation that as individual ICBs consider these principles, they will apply them with due consideration of local needs of their whole population and the existing health and care services in place.

2. Context

In June 2022, the Health and Care Act included a new requirement for all Integrated Care Systems (ICSs) to commission palliative and end of life care (PEoLC) for the whole population.

[The Palliative and End of Life Care: Statutory guidance for integrated care boards](#) was developed and published to support ICBs in these responsibilities. The guidance specifically includes the commitment for ICBs to:

“...engage in defining how their services will operate population needs 24/7”.

Furthermore, the [Fuller Stocktake report](#) recommends:

“streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it”

The Handbook for Integrated Care Boards provides further guidance on commissioning 24/7 for PEoLC. Section 6 of the handbook sets out why 24/7 is important, what good looks like, and provides suggested ICB actions for the implementation of care and

advice out of hours. The handbook is available on the Palliative and End of Life Care Network FutureNHS platform. You are required to request access and can do so by contacting england.palliativeandendoflife@nhs.net.

3. The benefits of good 24/7 provision

Benefits of 24/7 provision include:

- Care responses are timely, appropriate and skilled
- Improved experience for the person, carers and those important to them
- Improved experience and confidence for the professionals caring for people
- Reduced avoidable admissions and transfers of care
- It can facilitate safe discharge
- It can integrate with and/or support other out of hours provision
- It can reduce health inequalities.

4. Defining 24/7 Care

The definition of 24/7 and the scheduling of care needs within it will vary from place to place but this guide will use the following as a broad definition:

Unplanned or unscheduled care: this is care that has not been planned or scheduled. It may be an unplanned or unforeseen change in care needs, required outside of usual planned care schedules (often 6.30 pm to 8am), 7 days a week, and on bank holidays.

For the purposes of this guide, 24/7 provision is classified into:

1. **Face-to-face care provision**
2. **Access to specialist palliative care advice.**

Settings for 24/7 PEO LC provision may be inclusive of:

- Hospital
- Hospice
- Home
- Care homes
- Intermediate care beds
- Other (such as sheltered housing, homelessness shelters).

5. Key principles of face-to-face care 24/7 provision

This guide shares a series of good practice principles that commissioners can examine and map current provision against. Commissioners can use the principles as a method of ensuring there are appropriate systems in place to meet the care needs of people at any time of day, any day of the week, and in any setting.

Face-to-face services for PEoLC:

- are available for people of all ages in all settings and during:
 - scheduled care times (7 days per week, often 8am to 6.30pm but will vary locally)
 - unscheduled care times (7 days per week, out of scheduled care hours)
- are provided by qualified practitioners who are not necessarily specialists but
 - who have up to date training to ensure they have knowledge, skills and confidence in caring for people with palliative and end of life care needs, and;
 - who have access to specialist palliative care advice and support
- are responsive and timely to meet the needs of people with palliative and end of life care
- are coordinated with other care teams who have contact with the person e.g., community nursing, district nursing and personal assistants
- are linked with existing unplanned care services that are non PEoLC specific and have escalation procedures in place where urgent care is required e.g., ambulance
- are able to access and have the ability to update as required:
 - the person's health and care records,
 - the person's personalised care and support plan and/or advance care plan
- are culturally aware and staff have competencies and confidence to meet people's cultural needs
- are able to provide and contribute to a seamless experience for the person, those important to them and unpaid carers
- are able to advise on care transfers
- are able to make informed decisions about changes to care
- can administer medicines including subcutaneous injections and infusions
- can access the necessary equipment for PEoLC and have expertise to support and instruct others in using the equipment

- have means of travel to reach all areas within the locality
- have access to pharmacy services that enable medicines for symptom management in people approaching the end of their life to be dispensed at any time of day or night
- are sustainable regarding funding sources and available qualified workforce
- include arrangements for all staff to have education, training, CPD, supervision and support.

6. Key principles of 24/7 Specialist Palliative Care Advice

This guide shares a series of good practice principles that commissioners can examine and map current provision against. Commissioners can use the principles as a method of ensuring that they have appropriate systems in place to meet the specialist advice needs of professionals caring for people with PEOLC needs, at any time of day, any day of the week, and in any setting.

24/7 specialist palliative care advice service:

- provides access to a qualified healthcare professional, available 24 hours a day, 7 days a week, who:
 - has access to the person's health and care records and advance care plan, and,
 - has the right level of competence to make informed decisions about changes to care
 - has access to more senior specialist advice whenever required
 - has information about local systems and services
 - works in partnership with the person, their carers and those important to them
- provides advice for all professionals providing PEOLC care (including hospices and care homes), GPs, local agencies, and trained caregivers with concerns
- provides a telephone number which can be widely shared and promoted with appropriate professionals and relevant agencies
- clearly sets out any eligibility criteria but avoids 'only those known' to the service
- has escalation procedures in place where urgent care or very specialist advice is required e.g.,
 - ambulance or transfer processes with appropriate workforce in place for managing i.e., on-call senior managers

- escalation to on-call specialist palliative care consultants for complex calls where the service is staffed by nurses or other professionals
- utilises clinical staff with:
 - knowledge and expertise in PEOLC symptom management
 - knowledge of the available local services for PEOLC
 - knowledge of medicines for PEOLC and how (prescriber and prescription) they can be obtained
 - knowledge of equipment for PEOLC needs (in multiple settings) and suppliers
 - up to date knowledge of legal frameworks such as Mental Capacity act, Lasting Powers of Attorney, Advance Decision to Refuse Treatment, safeguarding requirements and The Children's Act
 - knowledge and competent use of the local personalised care and support planning systems and documents including symptom management and advance care plans
 - communication skills and training for PEOLC
 - clinical leadership skills and clinical supervision capability
 - ability to work autonomously (but has awareness of when to seek further specialist support and advice)
- matches call density with appropriate staffing levels
- is sustainable regarding funding sources and available qualified workforce 24/7, 7 days a week
- includes arrangements for all staff to have palliative and end of life care education, training, CPD, supervision and support
- is developed with appropriate equipment, IT infrastructure, and premises including:
 - appropriate phone systems which can order calls, inform staff of calls waiting, answer machine facilities, call transfer, and allow collation of activity information and other statistics such as number of calls, time to answer etc
 - workforce equipment such as workstations for staff, headsets etc
 - premises with appropriate spacing for taking calls
 - access to information systems including SystemOne, EMIS, PPM etc

- where appropriate co-location with other teams to build relationships and improve integrated working
- clearly sets out clinical governance arrangements for the service
- Uses data and insight from the service and calls received to inform future delivery models, sustainability, and impact.

Note regarding carer advice: Advice services for carers and people close to the person can be incorporated into the above model but in many areas the specialist palliative care 24/7 advice service is for professionals only. Therefore, people receiving care, their carers, and those close to them need to have clear instructions of who to contact 24/7 if they require urgent help or advice. This may be a GP or nursing service, 111 or a dedicated number.