

REINVIGORATING COMMUNITY PALLIATIVE CARE IN INVERCLYDE



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BACKGROUND

This is an ongoing service development initiative at Ardgowan Hospice, an independent hospice in the West of Scotland, serving a population of over 76,000.(1) We introduced a dedicated advice line for health and social care professionals in January 2023 to improve access to specialist palliative care (SPC) advice and facilitate timely referrals following feedback from primary care. This initiative has been well-received by colleagues in both primary and secondary care. We re-evaluated our community palliative care offer in August 2023. This led to the recognition that our clinical workload was high and that we needed to prioritise education alongside our clinical work. This poster summarises how we approached this issue.

WHAT DID WE DO?

TREAT

- We streamlined our clinical documentation to ensure it met the team’s needs.
- We recruited a physiotherapist, who is also based in local rehabilitation services – strengthening local partnerships.
- We introduced a daily triage discussion to ensure that patients are reviewed by the right professional, in the right place, at the right time.
- We continue to support the development of non-medical prescribers within the team.

EDUCATE

- We developed a rotational staff nurse post within the Community team to give Inpatient Unit nurses an opportunity to experience community palliative care while future-proofing our services.
- We facilitated a regular nursing home Palliative Care Champions education program based on the NES Education Framework. This is an ongoing initiative aimed at staff nurses and senior carers based in nursing homes.

ADVISE

- We have continued to promote our Healthcare Professional helpline.
- We have expanded our patient helpline with a dedicated number so it is now available 24/7. We have supported our Inpatient Unit colleagues to cover the helpline out-of-hours.
- We participate consistently in local hospital admission avoidance strategies such as working with a local Health and Social Care initiative to support nursing home with decision making around deteriorating patients.

IMPACT EVALUATION - AUG 23 TO JULY 24

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- We received 279 referrals to the Community Hub. 60% of these referrals were received via the Healthcare Professional Helpline.
 - We reviewed 284 unique patients. This represented an increase of 100 unique patients compared to the corresponding period the previous years (Aug 22 to July 23).
 - We also offered a significant increase in reviews of patients in nursing homes (11 to 49).

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- We received positive feedback about the nursing home Palliative Care Champions program and rotational staff nurse post.
 - We supported multiple elective placements from students from various disciplines (medicine, nursing, paramedics) with positive feedback. These placements focused on the complex ecosystem of community palliative care and the need for collaborative working.

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- We received 692 helpline calls about 455 unique patients from health and social care professionals. Most calls were from district nurses (37.7%).
 - 39.5% of calls were to request SPC review (usually alongside clinical advice), followed by 32% for clinical updates and 23% for clinical advice only.
 - These calls generated 250 referrals to the hospice. 67% were triaged to the Community Hub team and 23% were triaged to the Inpatient Unit. Secondary care was the major source of referrals (61.2%).

HOW DID IT FEEL FOR THE TEAM?

“I’ve felt very supported since starting in my new role as a CNS. I’ve been able to put my learning and knowledge into practice to provide good quality palliative care. – CNS”

“It has been a steep curve but the team have pulled together to embrace the changes. The drive to provide excellent care has always been at the centre of it all. – ACNS”

“I enjoy being an active member of the multidisciplinary Community Hub team. Looking forward to establishing physiotherapy as an integral component of quality assured palliative care. – Physiotherapist”

“My change in clinical role has been very rewarding. There have been many new challenges which have been made easier by working within a supportive team. I feel that I have made the right decision to work within a different team in the hospice. –CNS who moved into this role from IPU”

NEXT STEPS

- We are introducing a Rapid Response CNS role for urgent in-person specialist palliative care reviews.
- We continue to work closely with primary care – for example, we are introducing caseloads linked to specific GP practices and DN teams. We hope this will help build consistent relationships with our primary care colleagues, and aim to support teams with tailored educational opportunities.
- We are considering the impact of our service on avoiding unnecessary hospital admissions and how we measure this.

REFERENCES

1. www.nrscotland.gov.uk. (n.d.). Inverclyde Council Area Profile. [online] Available at: <https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/inverclyde-council-profile.html>.