Creating a community AHP service for patients receiving Hospice input: ensuring patients are being seen at the right time by the right person

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Abbreviated abstract: Setting up a Hospice AHP community service in response to COVID, and working with our internal and external partners to ensure the right patient is seen at the right time, by the right AHP with the right skills.

Related publications:

1. Re-mobilise, Recover, Re-design: The Framework for NHS Scotland Scottish Government, 2020
2. You Matter Because You are You: An Action Plan for Better Palliative Care, Cicely Saunders International, 2021

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Background

The Hospice AHP (Allied Health Professional) Team, which comprises OT, Physio and Rehab assistant, historically, has not had a community caseload. The vast majority of its work and caseload was in the IPU.

During COVID, admissions to the in-patient unit (IPU) dropped quickly and significantly. At the same time, our NHS community rehab team colleagues were redeployed from the community setting to community hospitals to support discharges from acute hospitals.

As a result, patients who required AHP input were not receiving it (because they weren't coming in to the IPU, or being seen in the community).

Concurrently, there is an increasing strategic drive to move more services closer to the patient.

Aims

- To ensure patients in the community who are under Hospice care, and who require AHP input, are being seen at the right time by the right AHP.
- To support our Clinical Nurse Specialist (CNS) colleagues to navigate the local community AHP landscape.
- To support patients in the community who are under Hospice care to work towards and achieve goals that are important to them.

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Techniques and Methods

We engaged with NHS community rehab leads to agree on referral criteria to ensure patients are being seen by the appropriately skilled and resourced AHP services; and to avoid duplication.
We set up internal processes and procedures to mobilise our AHP staff to enable them to see patients in the community.
We worked alongside our CNS colleagues to share referral criteria and support them in making appropriate referrals to the appropriate AHP team to ensure patients are seen by the right AHP with the right skills in the most timely way.
We used goal setting as a way to capture personal outcomes and ensure intervention was person centred.

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Results and Conclusions

Goals achieved	Patient feedback	Referrer feedback
"To make life easier with transfers"	"I can't believe how much you have done for us and the difference it has made"	"Continuity of hospice service/s for patient and their carer/s.
"To see if I am able to sit up in my chair and look out into my garden"	"We can't thank you enough for everything you've done, and how quickly you've put things in place"	"Being able to chat things through with the team to decide which AHP service is best is helpful"
"To see my dog one last time before I die"	"Seeing mum in her own home made such a difference because it gave the team insight into our home conditions"	"Referral process easy and allows direct dialogue with AHP team."

The Hospice now has a well established AHP community service. CNSs know how and when to refer to the Hospice AHP community team, and when to refer to NHS AHP community teams, ensuring the patient is seen by the right person at the right time. The team has supported many patients to achieve goals that are important to them and in doing so helped them to live well until they die.

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