

Sue Ryder Integrated Community Palliative Care Pilot – March 2019

The following briefing gives an overview of a community palliative service being piloted by Sue Ryder in the South of the county. For the past year it is an additional service, funded by the charity and ran alongside current services. Oxfordshire Clinical Commissioning Group (OCCG) has agreed that Sue Ryder can extend their Palliative Care Hub pilot for another year until the end of March 2020.

Background

In April 2018 Sue Ryder launched an Integrated Community Palliative Care Pilot to expand existing community services available from its hospice in Nettlebed, in South Oxfordshire.

The Palliative Care Hub provides a single point of access via a central contact telephone number for patients, carers and healthcare professionals. The service incorporates planned Clinical Nurse Specialist (CNS) support, Hospice at Home, Clinical Nurse Specialist Rapid Response and a fast track Continuing Health Care service. All of the inpatient beds at the Nettlebed Hospice remained open.

While Sue Ryder provided a seven day CNS planned support service to patients in the community, before the launch of the service, there was no hospice at home service in the area and no face-to-face rapid response out of hours.

The pilot includes the following services:

Palliative Care Hub: 8am-8pm Sunday-Wednesday and 8am – 2am Thursday, Friday and Saturday:

- Single Point of Access - coordination for patients requiring palliative and end of life care in South East and South West Oxfordshire.
- Triage
- Responding to end of life phone calls from patients, careers, family, health and social care professionals
- Telephone assessment, advice and support to patients, family, clinicians
- Proactively managing those patients who are end of life and discharged from hospital
- Home visit to provide assessment, symptom control and care planning
- Liaison with GPs, district nurses and other health care practitioners
- Specific ongoing engagement and coordination with Sobell House Hospice regarding patients in the South West locality of Oxfordshire.

Planned Clinical Nurse Specialist (CNS) service (8am-8pm 7 days a week) provides:

- Supporting patients in the community with complex care needs, including home visits and phone support
- Prescribing and coordinating medical assessment

- Complete overview of patients in the community and tracking of their progress
- Supporting patients in nursing homes

Rapid Response Clinical Nurse Specialist service (8am-8pm 7 days a week) provides:

- CNS rapid home visits and phone calls in response to crisis calls to the Hub, which require a response within 2 hours.
- Focused on rapid deterioration, symptom management, carer support and medicines management.

Hospice at Home service (8am-8pm 7 days a week) delivered by registered nurses and nursing assistants, with CNS support as required provides:

- Rapid assessment
- Face to face crisis visits
- Crisis support
- Over-night sitting work in partnership with other professionals
- Regular holistic assessment
- Fast track end of life care
- Support rapid hospital discharge

Care includes

- Personal care such as washing, toileting and monitoring of symptoms
- Social support and respite to carers
- Support with simple social activities.

The service works alongside the community team including clinical nurse specialists, occupational therapy, physiotherapy, family support, befriending, social worker and spiritual lead.

Latest developments

Since launching the pilot, Sue Ryder has reported a 25 per cent increase in community nursing activity across South Oxfordshire, as well as supporting patient discharge from hospital and decreasing unnecessary hospital admissions. The CNS team also works with local nursing homes to support better end of life care. Feedback from patients and their families has been positive.

Sue Ryder has engaged with OCCG and other Oxfordshire healthcare providers to ensure full integration with other community services. It is measuring the impact of the pilot service and reporting regularly to OCCG and stakeholders. OCCG is also monitoring and evaluating the service.

Due to workforce recruitment challenges, the full roll-out of the service has been slower than anticipated. Sue Ryder will therefore continue the pilot for an additional 12 months to fully evaluate and demonstrate its outcomes.

With the pilot on-going and more people receiving care in the community the general occupancy levels of the inpatient beds at Nettlebed have dropped to around 40% on several occasions, with an average of 58% occupancy over the last six months.

As such, Sue Ryder will be temporarily reducing the number of beds on the inpatient unit; they will have six operational beds for the rest of the pilot. We, along with Sue Ryder, will continue to closely monitor occupancy levels and demand. We have been assured contingency measures are in place to meet any spike in demand for inpatient care.

OCCG is continuing to work closely with Sue Ryder and other key stakeholders to monitor and evaluate the impact on patients of the community palliative care pilot and reassure the community as it progresses.

27 March 2019