A collaborative approach to Specialist Palliative Care and the difference this is making in Dudley

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84% of people died in their preferred place of care in 2012/13, which is significantly up on the national average.

If the service was replicated elsewhere, the total cost of care could be reduced by 20%.

The service has resulted in fewer A&E visits and nights in hospital from the people who use it.

By using their different specialisms, team members ensure a person-centred approach and optimum use of time.

Volunteers fulfil many important roles and are a key part of the service.

‘Knowing that there is a team of people who are on call and who know everything about your wife’s illness, and therefore can step in and just deal with anything that comes up, gives you a huge amount of comfort.’

Nigel, husband and carer to a patient in Midhurst
Testing in Different areas 2014-16

Principles:

- Early Referral
- Clinical Interventions
- Care Coordination
- Flexible Teamwork
Managing Uncertainty

Macmillan Specialist Care at Home Pilot
- Aims to improve the way palliative care and end of life services are provided to patients with cancer and other long-term conditions at home or closer to home.

Advance Care Planning
- Patients and their families have an open and honest discussion with staff that will form the basis of the Advance Care Plan document.

Bereavement
- Communicate clearly the opportunities for giving and receiving support during the last days of life and offering support after bereavement.

Priorities for Care
- Holistic assessment and an agreed care plan regularly reviewing needs and preferences ensuring we:
  - Recognise
  - Communicate
  - Support
  - Involve
  - Plan (and do)

Managing Uncertainty
- The care management of patients who face an uncertain recovery
  - Assessment
  - Management
  - Best practice
  - Engagement
  - Recovery uncertain

Education
- To ensure all health and social care staff have the necessary skills, knowledge and attitude to care for the dying.

EPaCCs
- Electronic palliative care co-ordination systems to provide a shared record for health and social care professionals to allow quick and easy access to information.

Rapid Discharge Home to Die
- A rapid discharge tool to guide staff through a seamless pathway and transfer of care for patients who wish to die at home.
“Dudley Macmillan Specialist Care at Home HUB”

3666 referrals (43% non-cancer) in 22 months

99% Contact within 5 days (or 24 hrs if urgent)

Monthly analysis of data

Ongoing streamlining

Single point of access work stream
What Referrers say

- Really helpful, provided excellent help & reassurance
- Found it very helpful in a difficult situation in a patient's home
- Brilliant, got the advice I needed quickly & easily
- Improves continuity
- Reduces Duplication
- Communication and efficiency improved
- Has made the team more accessible and their ability to respond is better

Single point of access work stream
Collaboration work stream

- **Primary Care MDTs** (46 practices)
  - Aligned to member of community team
  - Locality Integrated meetings (5 localities)
  - Named consultant for each locality

- **Specialist Palliative Care MDT**
  - Hospital/ Hospice/ Community

- **Hospital Cancer MDTs**
  - Mortality & Morbidity

- **Respiratory Dementia**
  - System wide frailty group
  - Muscular Dystrophy

- **16 Acute wards**
  - Aligned to member of hospital SPCT
  - EAU - daily presence
Workforce work stream

Potential for champions to disseminate core principles to over 600 other staff

Improved referral of Specialist cases, when Core level already implemented

Improving access to Specialist Palliative Care regardless of setting or diagnosis
Proportion of deaths in Hospital, Dudley Residents, month and Year of Registration, January 2012 to December 2016

Data Source: ONS Mortality Statistics
DEATHS AT HOME (INCLUDING CARE HOMES)

Number of deaths at home (including care homes) registered, as a proportion of all deaths registered (excluding deaths by external causes).

Proportion of Deaths at Home (including care homes), Dudley Residents, Month and Year of Registration, January 2012 to December 2016

The average proportion of deaths at home, including care homes, increased to 46.3% in 2016 from 44.4% in 2015.

Data Source: ONS Public Health Mortality File

Dudley Office of Public Health
Summary of outcomes

3666 referrals in 22 months (43% non-cancer diagnosis)

More people achieving preferred place of death

Hospital deaths reduced

Over 100 palliative care champions
I think before we started the project there was an element of collaborative working across Dudley as a health economy. But bringing the project together has made all parties really buy into collaborative working. I think for me that’s a huge thing, and it helped that we’d got relationships there before.

GP - Project team focus group

“the change that you’ve made has made a huge difference, we no longer feel that there’s any duplication of work”.

Professionals have fed back:
‘Sometimes when you’re in the thick of a problem and you think that you’ve gone down every avenue you possibly can, somebody might be able to come at it from the outside and throw in a new idea that you hadn’t necessarily thought of yet.’

Helen Richings, Project Manager, West Norfolk

‘The community of practice has been running for two years now and that builds up trust. Some of the conversations can be not just about successes but about some things that they wish had gone better. I think there’s more learning then than when discussing successes alone.’

Tudor Humphreys, Macmillan Development Manager
‘Better is possible, it does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. Above all it takes a willingness to try.’

Dr Atul Gawande
Author of ‘Being Mortal’