



Palliative Care: Daring to be different

Annual Conference 2008

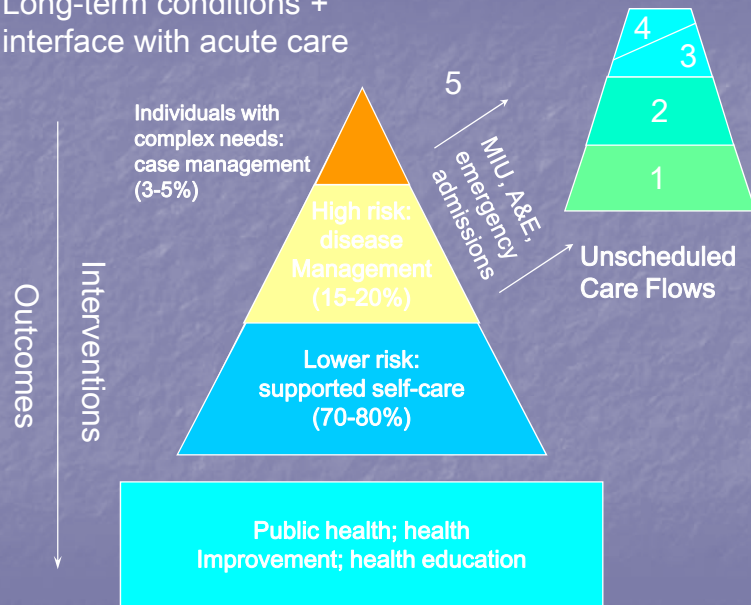
Daring to Ask

"..Behold the Throne of Chaos and with
him Sable-vested Night The consort
of his Reign.."

Paradise Lost

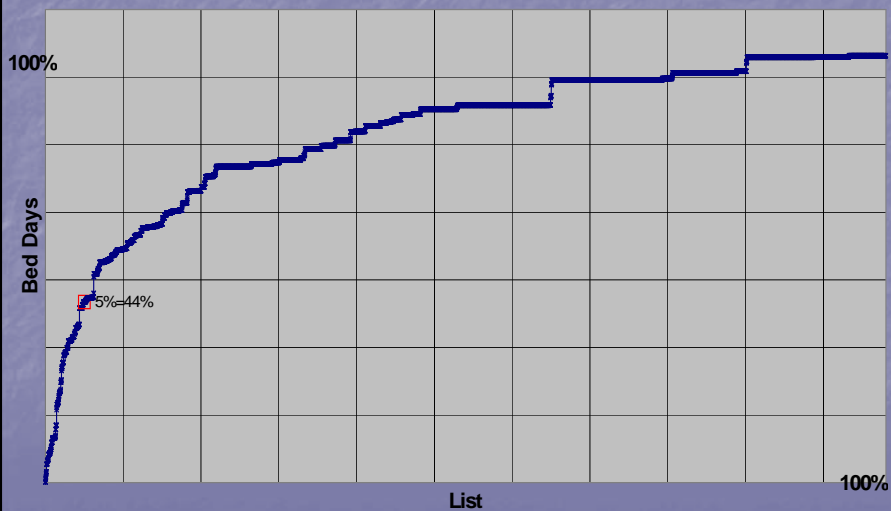
Dr Adrian Baker
Paul Leak
Simon Steer

Delivering for Health Information Programme Long-term conditions + interface with acute care

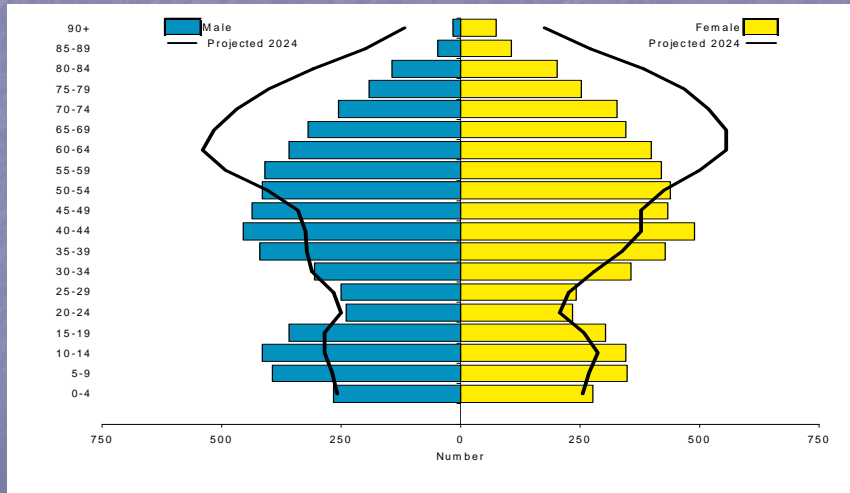


Nairn Case Finder

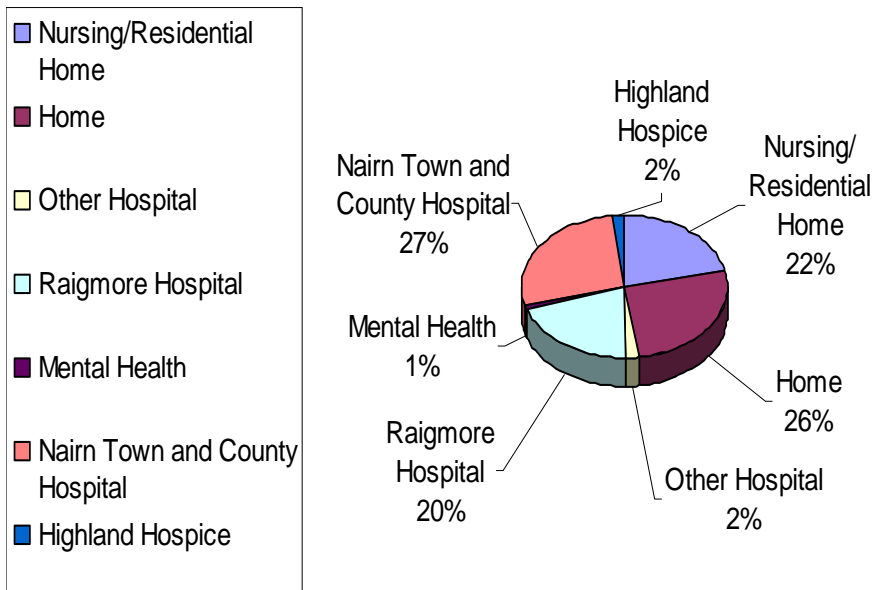
2006/07 Nairn Cumulative Emergency Bed days



**Nairnshire population
Current and projected to 2024**



Location of Death 1996-2000



ANTICIPATING



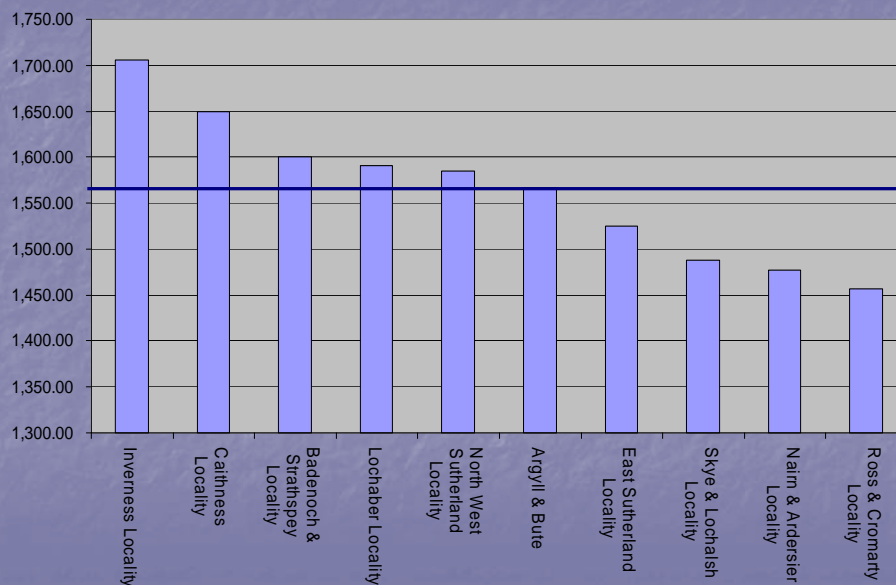
MINORITY REPORT



Models of Care

- Biomedical
- Cure
- Specialist role
- Disease / Illness
- Compliance
- Intensive
- Palliative Chemo
- Biosocial
- Care
- Holistic
- Patient Autonomy
- Concordance
- Time / Choices
- Community Based

Locality Total £/head



The Nairn Anticipatory Care Pilot

Non Recurrent Investment £125k

- **To pay for New Post**
 - 1.2 WTE Case Manager (Nurse/OT/SW);
- **Gaps in Primary Care Infrastructure**
 - 1 Physiotherapist;
 - 0.75 OT;
 - Equipment budget;
- **Gaps In Local Authority Provision**
 - 2 WTE Care Assistants / Emergency Home Care

Case Manager

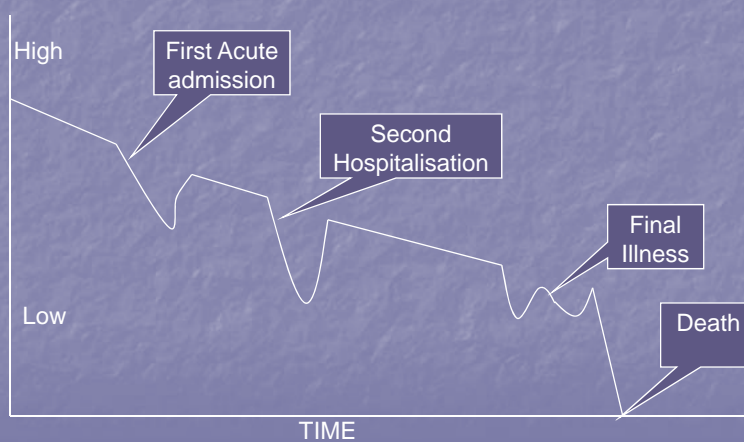
- eSSA & ACP
- Complete EQ-5D
- Who, where, how, what, why, when
- Coordinating and reviewing role

The Anticipatory Care Plan (ACP)

- Carer or Cared for status, what happens ?
- Acute medical problem
- Acute surgical problem
- Discussion of condition by professional
- Preferred Place of Care
- Resuscitation status

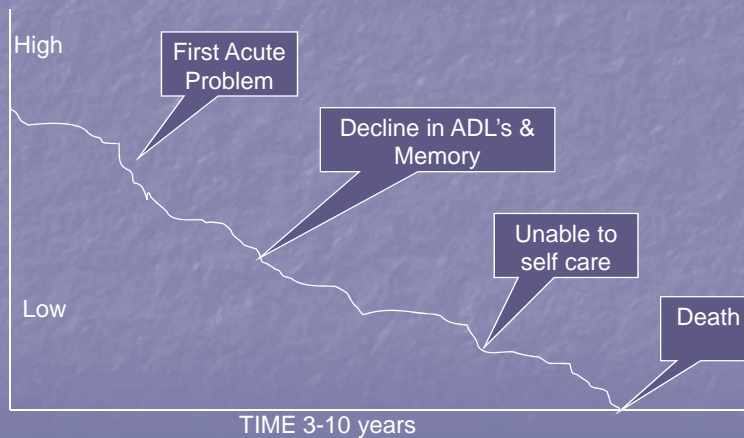
Heart Failure / COPD

Function



Frailty / Dementia Trajectory

Function



Care Assistants

- Hands on care
- Coached & educated by
 - Nurses, CMHT, Physio, OT, Dietetics, SALT, GP's
- Nutrition problems, falls,
- Income maximisation (CAB)
- Enhancing safety
- Social Services Substitution

Measures

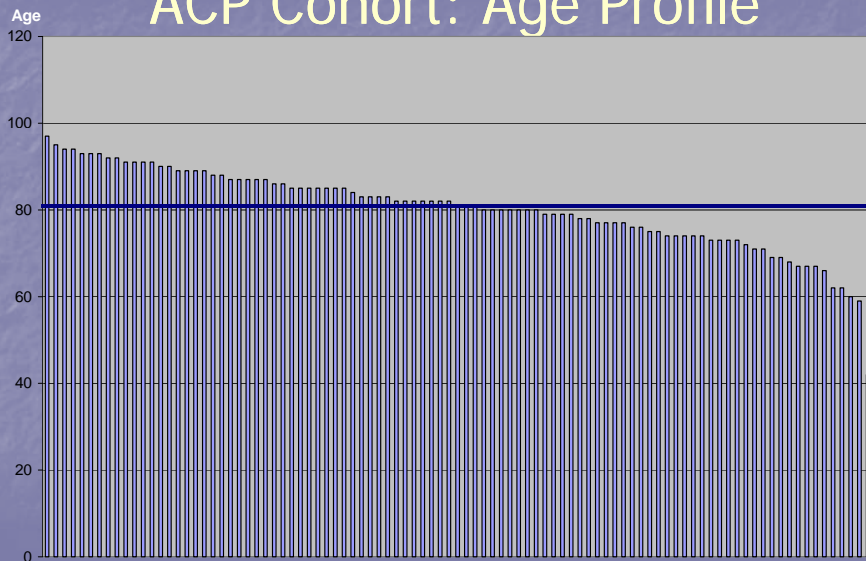
Outcomes

1. Health Status: EQ-5D
2. ACP was it followed?
3. Preferred Place of Care. Did we deliver?
4. Qualitative: Interviews

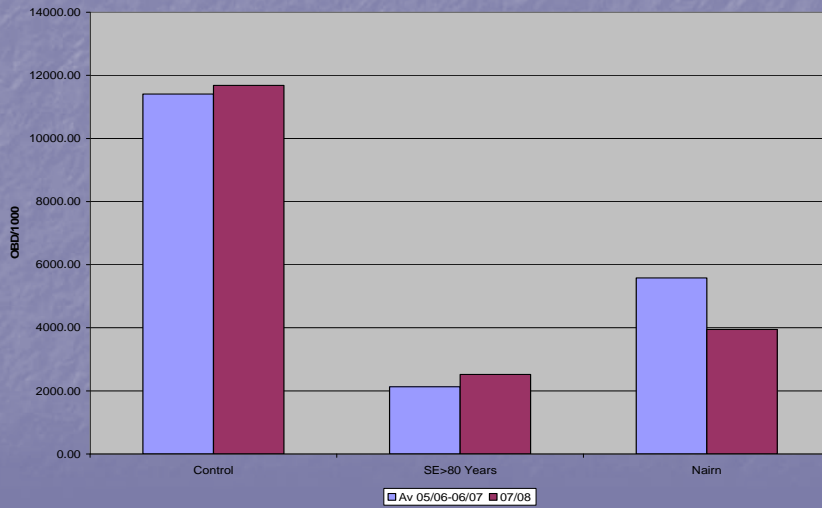
Outputs

1. Bed Day rate
2. Admitted rate
3. Admission rate
4. Re-admission rate
5. Delayed Discharges

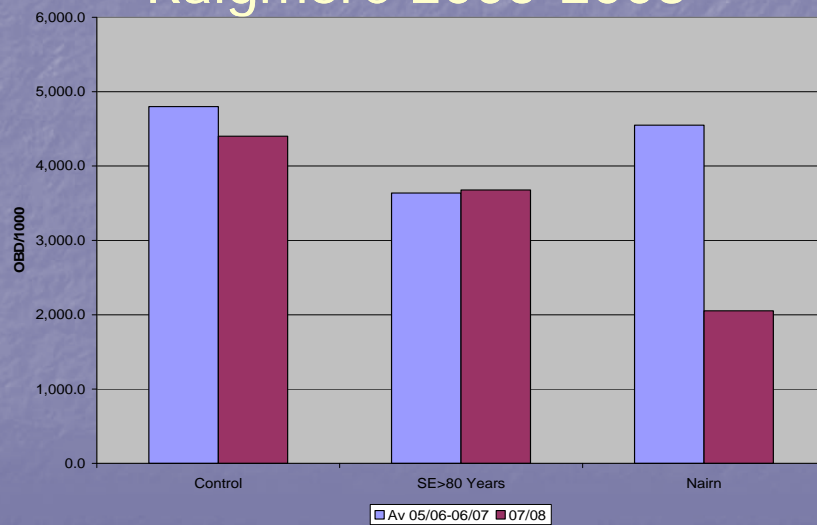
ACP Cohort: Age Profile



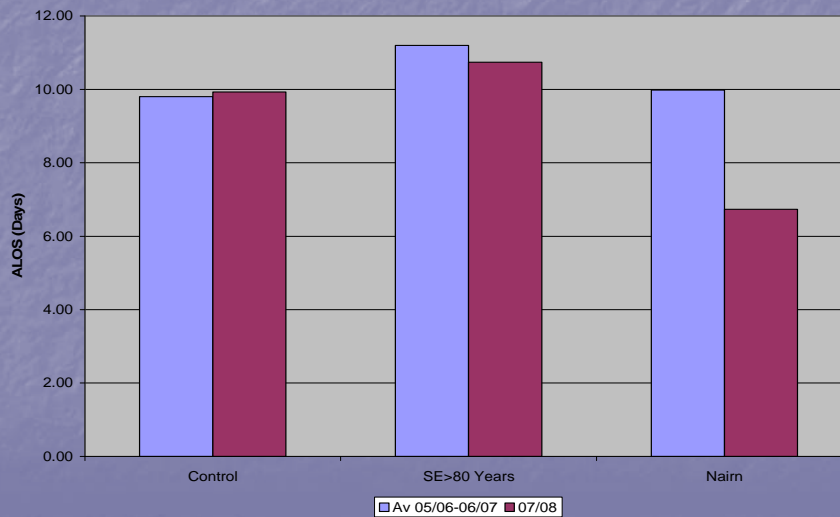
Change in Community Hospital use over 2005-2008



Change in Bed Day Rates in Raigmore 2005-2008



ALOS in Raigmore 2005-2008



Qualitative Evaluation

- University of Stirling, CCRC
- June 2008 after 1st year
- Acknowledged benefit to patients, carers and families
- Staff empowered, committed and focused on providing care locally
- Anticipatory and Reactive elements

eSSA



80 Yr Old Non-Smoking Unmarried Female with a Stroke Living In a Care Home

Before

After

2005/06 & 2006/07:

- 13 Admissions in Raigmore
- 24 Bed Days in Raigmore

10 Months 2007/08:

- 4 Admissions in Raigmore
- 3 Bed Days in Raigmore

Work in Progress

A 74 year old female who missed the ACP

- Chronic Renal Failure – Stage 5
- On dialysis 3 years
- Admitted to Nursing Home, deteriorating condition
- GP discussion with family, all considering and wanting to cease dialysis
- Admitted for 3 weeks – June 08
- Returned to Nursing home
- Dialysis continued
- Arrested on Unit – 11 August 08
- Crash team call and resus attempted, patient intubated, unsuccessful.

78 Yr Old Married Male Smoker with Hypertension, CHD, Diabetes, Heart Failure & Stroke Living at Home

Before

2005/06 & 2006/07:

- 3 Admissions in Raigmore
- 44 Bed Days in Raigmore
- 1 Admission & 1 Transfer to Nairn
- 39 Bed Days in Nairn

After

6 Months 2007/08:

- 1 Admission to Raigmore
- 1 Bed Day in Raigmore

Opportunities

- Dovetails with LTC and Mental Health
- Increase patient autonomy / choice
- Gold standard palliative Home care including complex care packages
- Gold Standard palliative Nursing home care
- Extended Community Hospital care
- Disease specific consultant care
- Single patient record for Health and Social Care

Does culture change work?

- Emphasis on group affiliation, teamwork, coordination
 - More likely to be associated with implementation of quality improvement
- Emphasis on formal structure, regulation, and reporting arrangements
 - Negatively associated with quality improvement

Threats

- More Middle Management
- Spending Crisis from historic work patterns, but business as usual
- Cuts to frontline AHP and Nursing posts in Community.
- Cut Marie Curie Availability and Funding
- "No money to continue projects"
- £165 / patient at Board level in "Corporate Services"

£50M in NHS Highland

Conclusion

- Anticipating and planning works
- Deserved and appreciated by Patients, Carers and Families
- The community health and social care team delivering current best practice to the individual are the only people who can fulfil this role



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