Background

The Lothian Palliative Care Redesign Programme was a complex partnership initiative that sought to create a whole system approach to enhancing the delivery of palliative care in Lothian. In order to achieve this, eight projects were funded:

- Expansion of specialist palliative care services including:
  - Redesign of the Marie Curie Edinburgh Hospice
  - Introduction of 7 day CNS service in both Marie Curie and St Columba’s Hospice
  - Local co-ordination of the Marie Curie Nursing Service
  - Introduction of the Marie Curie Helper service
- Introduction of palliative care training and education for local authority care staff
- Evaluation of an Anticipatory Care Questionnaire
- Earlier Identification of patients through GP IT systems
- Health Promoting Palliative Care
- Improvement of Workplace policies for carers
- Capturing Feedback on Palliative and End of Life Care
- Lothian Approach to End of Life Care

Methodology

In evaluating the programme, alongside a review of project reports, a combination of quantitative and qualitative methods were utilised, including semi-structured interviews with stakeholders, service data for hospice services, patient and carer feedback alongside comparative data matching of patients from NHS Scotland’s Information Services Division (ISD).

Results

Hospice and Nursing Service Redesign

Analysis from ISD compared patients receiving hospice and nursing care before and after the redesign changes. Results include:

- Patients spending more time at home in the last 6 months of life
- 3,979 fewer hospital bed days utilised

<table>
<thead>
<tr>
<th>Time Period 1: Sep 14 - Aug 15</th>
<th>Time Period 2: Jan 16 - Dec 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hospital Bed Days Utilised</td>
<td>1,384</td>
</tr>
<tr>
<td>McNS Only</td>
<td>1,250</td>
</tr>
<tr>
<td>MC Hospice Only</td>
<td>1,267</td>
</tr>
<tr>
<td>MCNS &amp; MC Hospice</td>
<td>1,247</td>
</tr>
<tr>
<td>St Columba’s</td>
<td>1,264</td>
</tr>
<tr>
<td>Total</td>
<td>6,421</td>
</tr>
</tbody>
</table>

- 249 fewer admissions to hospital
- 5% reduction in Accident & Emergency attendances
- Improvement in appropriateness of Accident & Emergency attendances
- Increased numbers of patients receiving care from Marie Curie Nursing Service, leading to an increase in number of patients dying at home
- Reduction in number of patients dying in hospital
- 60 families provided with befriending support through the Marie Curie Helper Service

Programme level results

- 514 care assistants attending single day training course
- 49 care assistants completing an in-depth online palliative care module
- Over 3,000 hours of training provided to frontline care assistants
- The refined Anticipal software resulted in 0.82% of patients in GP practices being identified as palliative
- An additional 170 patients having an Anticipatory Care Plan in place
- 64% of acute events in care homes managed appropriately and in line with residents KIS
- Partnership developed with VOCAL, launch of a Facebook page providing support to 49 employed carers to date
- Increased awareness of palliative care including:
  - Development of a resource library
  - Training provided for health professionals in palliative care
  - Community engagement with sports clubs, including Edinburgh Rugby and Hibernian FC
- Ongoing work to develop tools to capture and respond to patient and family feedback
- Development underway to introduce a local approach to delivery of end of life care

Learning and Conclusions

The Lothian Redesign Programme has brought changes to the delivery of palliative care across all settings in Lothian. It has benefited a large number of patients and carers, offering improved services and building foundations for future developments. By implementing a number of projects, the programme has impacted on the practice of numerous staff groups, creating conditions for continued joined up working in future. By continuing to embed the successes, it is hoped that the number of patients receiving palliative care in the setting of their choice will continue to increase.