



Evaluation of a Non-Malignant Palliative Care Interest Group



Contributors

J. Boyd, Community Palliative CNS, Dr Máire O'Riordan, Consultant in Palliative Medicine (formerly ACCORD Hospice), Mary Mackay, Audit Facilitator, Helen Simpson, Nursing Director

ACCORD Hospice, Morton Avenue, PAISLEY PA2 7BW

Email: janice.boyd@accord.org.uk

Aim

The aims of the group were to develop productive relationships between specialist palliative care services and health professionals who specialise in non-malignant conditions to allow two way learning, information sharing, development of communication networks between the services and support of the professionals. The second aim was to develop the provision of specialist palliative care services for patients with non-malignant disease in a planned sustainable way.

Background

Historically specialist palliative care has been provided for patients with cancer but there is recognition that palliative care should be offered on need not diagnosis and that access should be available for any advanced, progressive or incurable condition across all care settings (The Scottish Government, 2008).

People are living longer with poor health, with both malignant and non-malignant conditions and have significant physical, psychological and social palliative care needs regardless of diagnosis (The Scottish Government 2007 & 2010).

Palliative care services needed to examine how to include patients with non-malignant conditions, without overstressing existing resources. Caring for patients with more chronic than advanced progressive conditions where there is the difficulty of prognostication and lack of specialist skills from palliative care in non-malignant diseases.

Methodology

The non-malignant interest group was set up in Feb 2010 as a pilot project initially facilitated by a medical consultant, with involvement from ACCORD community clinical nurse specialists (CNS's), patient & family support counsellor and hospice education lecturer.

Invitations were sent to CNS's working with patients with non-malignant conditions. Meetings were held monthly for four months. The aim of the pilot project was to provide a forum to discuss the palliative care aspects of everyone's work in a supportive and confidential environment.

Participants were consulted on areas for discussion and elaboration. The sessions covered: complex case discussions, symptom control, drug management, ethical and psycho-social issues, gold standards framework, journal discussions, supporting ourselves and others to provide palliative care to patients.

Results

An evaluation questionnaire was sent out to all 17 participants at the end of four months, the response rate was 76%. Overall attendance was 50% and the majority (77%) found the meetings very helpful, the remaining 23% found the meetings quite helpful.

The areas that were found to be most helpful were the opportunity to share practice and experiences, being able to network, finding out about the roles of other nurse specialists, peer support and widening knowledge base.

The CNS's felt practice had improved by having increased confidence in holding difficult conversations, being more aware of other nurse specialist's roles and providing opportunities for collaborative / partnership working.

The comments given for the overall value of the meetings were "clinical supervision without the title, peer group support of a fairly isolated group

of nurses, opportunities for collaborative / partnership working, helps build confidence, reassuring, an opportunity to discuss cases that can cause distress to patients, carers and nurse explored in a useful way".

Suggestions for improvement included more input from other clinical nurse specialists, keeping meetings informal but also with a some planning to ensure that meetings are productive and useful, with specialities taking turns to present.

Conclusion

All respondents wished for meetings to continue, the main benefits were opportunities to share practice with peers in an informal setting providing an

opportunity for CNS's to build relationships with other professional groups involved in the provision of palliative care to patients with non-malignant disease, providing a meaningful way to implement "Living and Dying Well"(2008) by partnership and collaborative working between Specialist Palliative Care and non-malignant specialists.

NON - MALIGNANT PALLIATIVE CARE INTEREST GROUP

NEED NOT DIAGNOSIS



The Way Forward

Meetings restarted in November 2010, six meetings were held, evaluation is being undertaken. Membership is expanding to include colleagues from other backgrounds who are involved in the care of patients with progressive non-malignant disease.

References

The Scottish Government. Living and Dying Well: A national action plan for palliative and end of life care in Scotland. Edinburgh 2008

The Scottish Government. Better Health, Better Care: Action Plan. Edinburgh 2007.

The Scottish Government. The Healthcare Quality Strategy. Edinburgh 2010.