

Reshaping our Hospice Community Services

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1 BACKGROUND

St. Vincent's Hospice provides specialist inpatient and community palliative care to the people of Renfrewshire and North Ayrshire.

Existing community model (2023):

- Community team comprised two part-time Clinical Nurse Specialists (CNS), supported by the hospice Medical team, and line managed by the Director of Care & Quality
- CNS team hybrid working since the Covid-19 pandemic
- Incoming community referrals triaged at 3x weekly Teams meetings, led by the medical team

Issues identified with this service model:

- Delays in time to first contact from CNS
- Lower morale within team and increased stress factors
- Sub-optimal communication between hospice teams e.g. community to inpatient and vice versa
- Lack of resilience in the system creating challenges for professional and service development

2 PROPOSED CHANGES

National Lottery funding was secured in 2023, helping to create two new posts within the community team:

1. **Lead Community Nurse** – responsible for line managing CNS team, supporting with community workload, professional and service development. Ambassador role, reaching out to colleagues in primary and secondary care.
2. **Triage Nurse** – responsible for leading triage meetings, reviewing and gathering information for all referrals for CNS and IPU, managing IPU waiting list, providing a consistent first point of contact for community patients and referrers.

Other proposed service changes:

- Triage meetings to be held daily, Monday to Friday
- CNS team to be based fully on site again
- Promote patient reviews in on-site Supportive Care Clinic

3 RESULTS: APRIL TO JUNE 2024

TRIAGE NURSE STATISTICS

 **760 calls made**

225 TRIAGE TELEPHONE CALLS

417 TELEPHONE CONSULTATIONS

118 ADVICE CALLS TO PROFESSIONALS

IMPROVED TIME TO FIRST CNS - PATIENT CONTACT *

Urgent referral Target – contact within 48h
Routine referral Target – contact within 5 days



* Aim - 100% compliance with targets. ** Missed by one day.

QUALITATIVE FEEDBACK

"The service provided to our patients and the support to our clinicians is amazing"

"We want to particularly highlight the work of Carole Buchan and the community team"

Local GP Cluster Lead

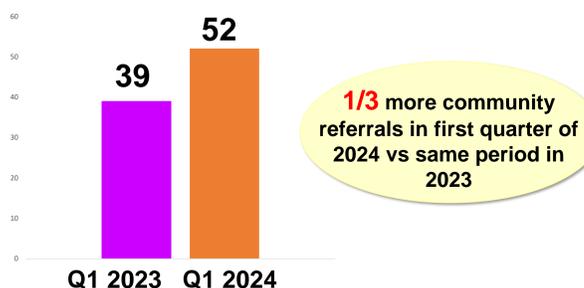
"The new community structure has given us the opportunity to contact and prioritise referrals much quicker. I feel more able to manage my caseload, as well as participating in other projects"

SVH CNS

"The transfer of information between the community and IPU has improved. I feel it has made the patient journey much smoother"

IPU Nurse

INCREASED CNS REFERRALS



42 CLINIC REVIEWS

CNS team saw 42 patients F2F in the Supportive Care Clinic, a resource which was previously only utilised by the medical team

4 CONCLUSION AND FUTURE DIRECTIONS

- The restructure of our community service, with the introduction of a Community Lead Nurse and a Triage Nurse, has already demonstrated wide ranging impact for our organisation and stakeholders. Referrals are triaged more efficiently, with almost 100% of patients referred to the community team now being contacted within 24h of a referral being received.
- The number of referrals to the community team also increased significantly in the first quarter of 2024, up by over 30%. This is likely due to improved communication with primary and secondary care colleagues, and better awareness of the community services offered by the hospice. The CNS team feel more supported in their roles, and have engaged in personal and service development projects, such as future care planning and care home liaison collaborations.
- We now aim to build on the momentum of the past six months, promoting earlier referrals to our services and developing our working relationships with other local specialist services, including dementia, Parkinson's and oncology teams.