

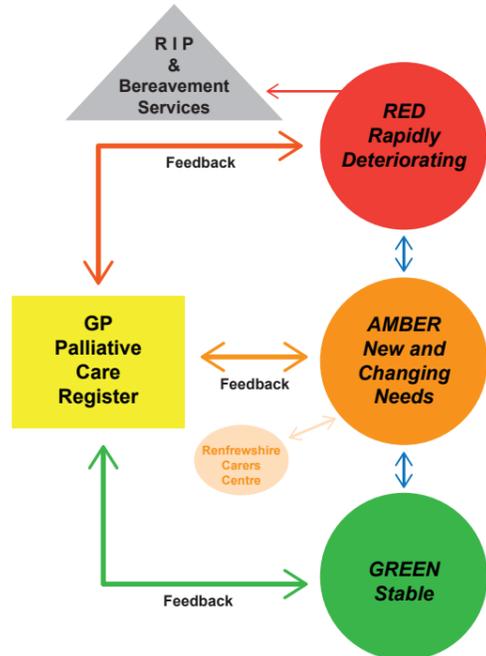
Testing a WISeR approach to community palliative care

Redesigning community palliative care for people with new and changing needs

AIM
To promote equal opportunities for holistic person centred assessment, access to services and support via the introduction of a model of care that identifies and streams people with palliative care needs offering a proactive, coordinated, integrated model for palliative or any complex care that is fit for the future.

THE VISION
'A consistent response, so that no-one is missed, that gives people with palliative care needs and their families, the opportunity to identify and discuss their concerns as well as plan ahead, should they wish to do so.'

The Model



Those patients who have had sustained irreversible decline or sudden severe irreversible decline – may be expected to live for weeks.

GP's, District Nurse, Care at Home and Clinical Nurse Specialist co-ordinate care using GGC guidance at end of life documentation to produce an individualised care plan. Carer needs reassessed.

Those patients whose condition is deteriorating (due to irreversible causes) and whose need for palliative care is clearly changing - may be expected to live for months.

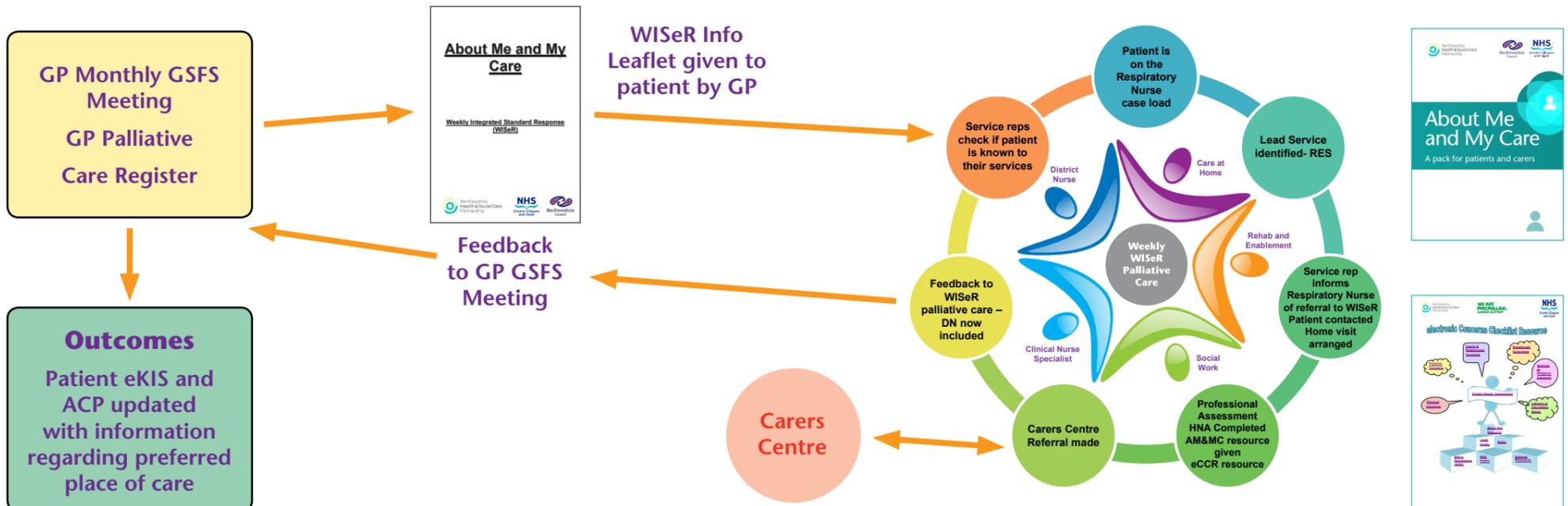
Refer to the WISeR palliative care for multidisciplinary discussion and allocation.
See WISeR palliative care below

Those patients whose condition and their need for palliative care are not currently changing - may be expected to live for six months or more.

This is the next stage of development - signposting to community connectors and sources of information including the electronic Concerns Checklist Resource (eCCR) with the opportunity to have a person centred holistic assessment, and be given About Me and My Care, a resource to help patients and carers co-ordinate their care.

Weekly Integrated Standard (e) Response (WISeR) Palliative Care

A new integrated weekly forum lasting up to an hour, of health and social care professionals to facilitate coordination and resource allocation to pro actively meet the changing needs of amber patients and their carers.



Evaluation Methodology, Outcomes and Conclusions

We used **focus groups and observation** to evaluate the work to date, with all doctors in the GP practice (n=6), and all professionals who attend the WISeR palliative care meeting (n=5) taking part. Overall the response from all professionals involved is overwhelmingly positive recognising that this way of working delivers the following outcomes:

WISeR Professional:
'There cannot ever be negatives when health teams meet up and discuss things together rather than individual disciplines.'

GP:
'Communication between agencies involved has been very good, it does not constantly have to come to GP and things can be done without our input, great advantage.'

- Improved /increased access to assessment and services for patients and carers**
"Communication between agencies involved has been very good, it does not constantly have to come through the GP, things get done without our input, great advantage" Participating GP
- Time savings benefits for GPs initially**
"Time saving for the doctor as you can feel confident you are passing their (the patient and their family) needs on and these will be dealt with" Participating GP
"getting things sorted in an hour saves me time in the long run chasing things up" WISeR professional
- Crisis prevention**
"we have already proved that this has prevented crisis, it is helpful that we are getting all this information" WISeR professional
- Improved communication**
"the big positive is that it is an MDT approach in a service where they (other services) don't talk to each other routinely. Getting to know each other and what others do is a huge bonus for staff and patients" WISeR professional
- Improved integrated working and problem solving**
"I am no longer in a bubble with lots to deal with for this patient, you are all there and its the wider team" WISeR professional

GP:
'Knowing that you can pass holistic needs over to others and they will be taken care of makes a big difference to us. Very positive.'

WISeR Professional:
'Initially it was the thought of another meeting which we don't have time for. However, having come and seen the benefits of getting things sorted in that hour it saves me time in the long run chasing things up.'

This redesign is implemented within existing local structures and with existing local clinical staff.
The WISeR model promotes new ways of working for existing staff providing a common language and forum to identify changing needs and work in an integrated, proactive, person centred way. In return for the relatively small investment of the required administrative support the potential impact on outcomes for patients and on integrated working could be transformational.
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