

Coordinated, responsive district nursing in Fife: a critical enabler of palliative care and deaths in homely settings

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What:

In 2019, a District Nurse Palliative Care Helpline (DNPCH) was established in Fife, facilitating 24/7 urgent care and support in the community for people with advanced illness.

Why:

Urgent unmet health and care needs are common at the end-of-life and are a source of patient and caregiver distress. Unmet needs frequently necessitate unscheduled care contact and hospital admission. This is at odds with most people's preferences for home-based care.

How:

Patients are registered with the Helpline by senior clinicians responsible for their care. A care bundle including injectable medications, a drug kardex and a DNACPR form is completed. A patient and caregiver information resource includes the 24/7 phone number.

This integrated service is delivered by call handlers in Urgent Care and District Nursing teams.

Evaluation:

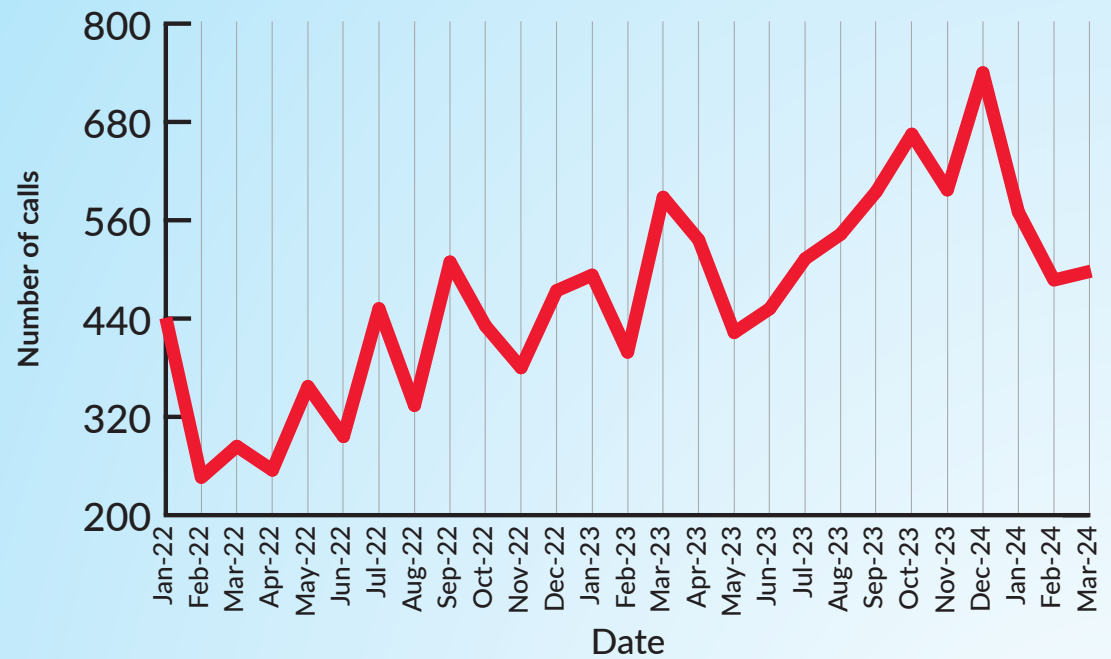
A collaborative evaluation was undertaken with Fife Health and Social Care Partnership clinicians and Public Health Scotland Local Intelligence Support Team (LIST) Analysts. Here, we focus on patterns of DNPCH usage, equity of access and impact.

A retrospective cohort study including data for all Fife decedents between January 1st 2022 and March 31st 2024 was conducted, linking routine health datasets.

Findings:

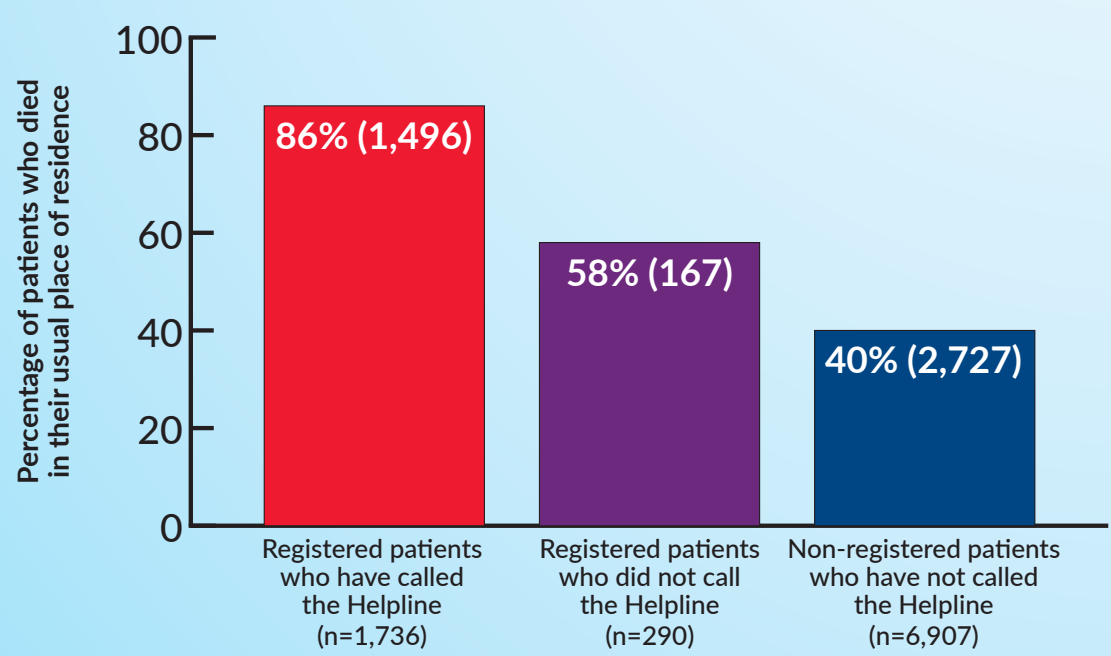
The DNPCH received **12,557 calls** in the 26 month period relating to at least **1,730 patients**. See Figure 1

Figure 1: Monthly calls to the Helpline.



- 83% of first calls were made in the last month of life, with most in the last 10 days of life.
- Access to the Helpline was equitable based on user geography, age and socioeconomic status. People with cancer were over-represented (61% calls).
- Two-thirds of calls were in the so-called 'out-of-hours' period. 58% of calls were made between 6pm and 9am. Busiest daytimes were Saturday/Sunday.
- 86% of Helpline users died in their usual place of residence [vs. 40% of people (6,907 decedents) not registered with the Helpline]. See Figure 2

Figure 2: % of deaths in usual place of residence.



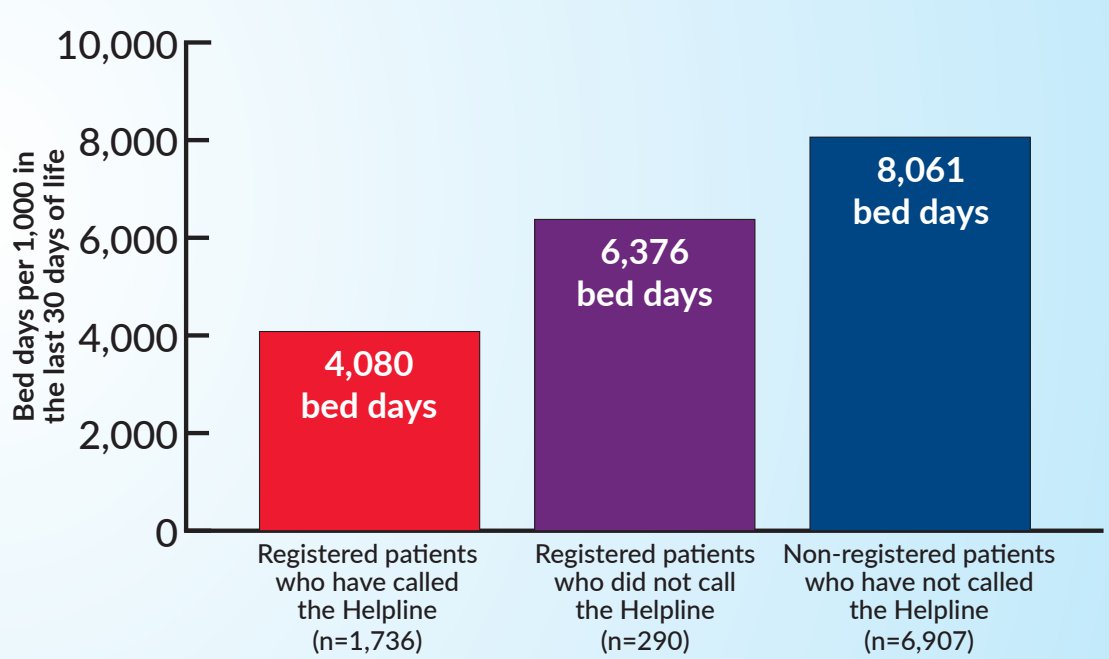
- Uncontrolled symptoms were the commonest reason for calls. See Figure 3

Figure 3: Reasons for calls to the Helpline.



- People using the Helpline spent 50% less time in hospital in their last month of life than people not registered. See Figure 4

Figure 4: Bed days per 1,000 patients in last 30 days of life.



Conclusion:

The DNPCH exemplifies the value of accessible, responsive and equitable community nursing support and care coordination for people at the end-of-life, and requires an agile, skilled, 24/7 workforce.

Next Steps:

In Fife, a local priority now is to improve identification of people with non-cancer conditions who may benefit from the Helpline.