Scottish Acute Palliative Care Network Event

Thursday 16 January 2020

Building on the best

Scottish Partnership for Palliative Care

WE ARE MACMILLAN. CANCER SUPPORT

#sapcn

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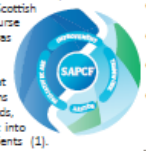
Development of the Scottish Acute Palliative Care Clinical Nurse Specialist Forum (SAPCF)

BACKGROUND

The acute hospital palliative care team collaborates with other healthcare professionals in an advisory, supportive and educative capacity to improve the care delivered to palliative patients and their families. Hospital palliative care teams are also involved in improving service delivery of palliative care through research and audit.

Over the past few decades hospital palliative care teams in the UK have developed inconsistently from different backgrounds and vary in their titles, numbers and structure of healthcare professionals involved. The first hospital palliative care team in the UK was founded in 1981 at St Thomas, London and the first in Scotland in 1996 at the Western General, Edinburgh.

Most hospital palliative care teams consist of clinical nurse specialists as the core backbone of the team with varying levels of support from Palliative Medicine Consultants, Speciality Doctors and other allied healthcare professionals. With increasing clinical workloads the demands on other key dimensions of the service suffer such as education, audit/research, service and quality improvement. In some Scottish hospitals the nurse specialist role can often be very isolated as the service is provided by a lone practitioner, and even in larger teams there can be feelings of isolation due to lack of leadership, direction, strategy and support. It was with this in mind that the founder of the group, an experienced palliative care nurse specialist wanted to heighten the work that hospital based palliative care nurses do and provide a professional forum for networking, providing support, sharing information and collaboration on joint initiatives for practice and service development. The Scottish Acute Palliative Care Nurse Specialist Forum (SAPCF) was developed.

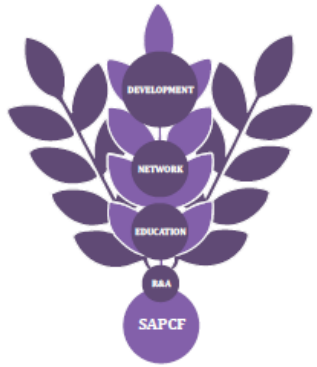


It is well documented that hospital palliative care teams improve the psychological needs, symptom control and insight into the disease of cancer patients (1). Furthermore, it is well evidenced that clinical nurse specialists make a positive impact on patient outcomes and are a pivotal part of service delivery and design (2,3). The work of the SAPCF will continue to build upon what is already known about these teams and work collaboratively to provide a cohesive approach on recommendations for the future delivery of hospital palliative care services in Scotland, including education, research, audit, quality assurance and equity.

AIMS OF THE SAPCF

To promote a unified approach, providing equity of service and best practice approaches for specialist palliative care patients across all hospitals in Scotland irrespective of locality or diagnosis.

To provide a networking infrastructure for all hospital palliative care clinical nurse specialists to allow for peer support, discussion of new and innovative ways of working, dissemination of research and audit, and provide strategic direction for future palliative care services in Scotland.



OBJECTIVES TO FULFILL THE AIMS

The group will fulfil the aims by:

- Leading best practice approaches to the delivery of specialist palliative care in acute Scottish hospitals.
- Publicising and promoting the work of the SAPCF to external stakeholders.
- Establishing sub committees and other work groups as required to fulfil the work-plan of the group.
- Contribute, comment and provide recommendations on the future strategic direction of palliative care in Scotland.
- Partnership working and collaboration to provide peer support.
- Providing educational opportunities for staff working in the acute setting.
- Securing funding without favour or prejudice to support educational events such as study days.
- Acting as a source of information for staff working in the acute setting.
- Undertaking and dissemination of research and audit in palliative care practices across Scotland.

MEMBERSHIP

Any clinical nurse specialist working in a hospital based specialist palliative care team in Scotland will be eligible to join the group. The group is made up of a core management committee and a steering group comprising all the other members. There are currently 30 members with representation from 10 of the 14 health boards across Scotland.

WORKPLAN 2016-2017

- Raising the profile of the SAPCF including website, poster presentation at conferences, meetings with external stakeholders including SPPC, Scottish Government and Macmillan Cancer Support
- Development of national database (in line with minimum data set for palliative care)
- Review of current working practices, services offered, referral criteria and referral form, levels of intervention

CONCLUSION

Although a relatively new forum it is an exciting time for the group, with a view to working in partnership generating ideas and projects with the vision of providing a specialist palliative care service that is person centred, safe effective, efficient, equitable and timely to any palliative patient in any acute Scottish hospital. We look forward to contributing and influencing the development, delivery and evaluation of local and national strategies, policies and guidelines.

For any further information or questions about the group please contact:
Shona Dickson, Chairperson and Founder on shonasdickson@nhs.net

REFERENCES

1. Higginson, IJ. and Finlay, IG. (2003) What is the evidence that palliative care teams improve outcomes for cancer patients and their families? Cancer. 31 (6) 425-436
2. Berry, L. 2003. Employing more specialist staff improves outcomes. Cancer Nursing Practice. 12 (6) 9
3. National Cancer Action Team. 2010. Excellence in cancer care: the contribution of the clinical nurse specialist. Available from: http://www.macmillan.org.uk/Documents/AboutUs/Commissioners/ScotlandCancerStrategy/CancerActionPlan/ClinicalNurseSpecialist.pdf [accessed June 2016].

Getting to know one another: Mix and Map

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Aims and Expectations for the Day

Photo by Lina Trochez on Unsplash

Aim

To improve palliative and end of life care in acute hospitals

Focus in Scotland:-

To improve shared decision-making (SDM) and information-sharing in the acute medical setting for people with deteriorating advanced disease and their families by:

- A structured approach to communication and information-sharing by hospital teams.
- Collaborative work with patients, families and support groups to develop patient information resources to support active participation in care planning conversations.

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Findings from Scoping and Baselining

1. No systematic identification of people who may benefit from anticipatory care planning
2. Levels of staff expertise and confidence regarding discussing deteriorating health with patients and families vary greatly, but there is enthusiasm for learning and improvement by all ward staff, including experienced consultants.
3. ACP conversations with patients and families are typically conducted by senior staff, with only occasional involvement by junior doctors and nursing staff.
4. The role of nursing and auxiliary staff in SDM through their formal and informal contact with patients and families is largely overlooked.
5. Poor patient awareness and readiness to discuss their future treatment and care is a key barrier to effective SDM.
6. As a result of system pressures nurses are rarely able to join medical ward rounds, thus limiting their critical contribution to SDM processes.
7. Conversations and their outcomes are often poorly documented in notes.
8. Discharge letter templates do not encourage inclusion of ACP-related information or prompts for community-based care professionals, leading to such information being omitted.
9. Staff currently do not make good use of existing information resources, e.g. the Scottish national DNACPR leaflet.

What People Did

- Process changes
- Education activities
- Development and testing of conversation guides

One acute area's change actions

- Effective Communication for Healthcare (EC4H) training
- More structured Treatment Escalation Plan
- Improved learning opportunities for junior medical staff
    - e-Learning
    - Role play
    - Test communication guides
- Updating of ward information resources to include PEoLC issues
- Audit on people for whom AMU admission was not in their best interest
- Culture change – purposeful, deliberate attention to SDM

Scottish Partnership for Palliative Care

EC4H Effective Communication for Healthcare www.ec4h.org.uk

Good conversations about ACP & DNACPR

Dr Kirsty Boyd
Consultant in Palliative Medicine and EC4H Programme Lead Tutor

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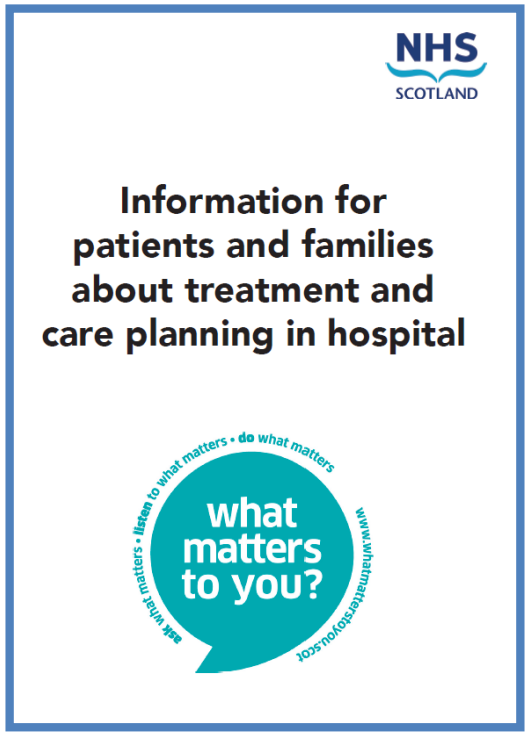
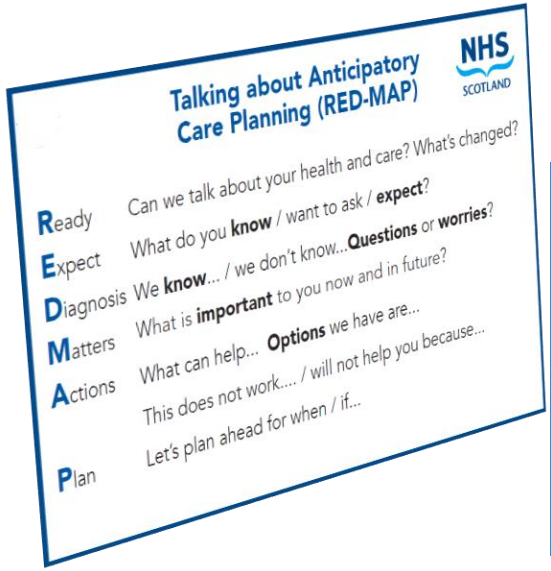
Building on the best

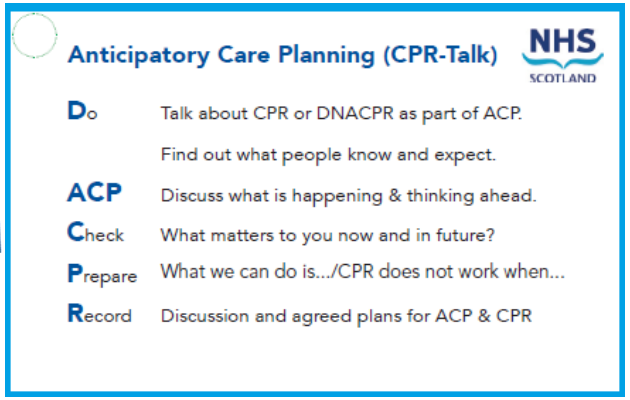
Good conversations about ACP & DNACPR

RED-MAP	
R eady	Can we talk about your health and care? What's changed?
E xpect	What do you know/ want to ask/ expect?
D iagnosis	We know.../ We don't know... Your questions/ worries?
M atters	What's important to you now and in future?
A ctions	What can help... Options we have are… This does not work... / will not help you because...
P lan	Let's plan ahead for when/ if....

Good conversations about ACP & DNACPR







Evaluation

"Each hospital has come up with a different approach to improvement, and for us here that has fostered a sense of ownership related to the changes we're making.
That's a really important approach to take."

The nurses didn't used to be involved in this, and as a result some information would be missed, or picked up wrongly by other members of the team. Now everyone is involved in the conversations, so everyone is working from the same page.

"We're working at over 100% capacity just now, our winter beds crisis is still impacting on us. So in terms of getting other things done, without additional resources it's really difficult.

"BotB has impacted on us as staff, because we talk about the concept of optimal care now, and we didn't before."

Key Learning 1

- Evidencing activity and impact is a big challenge
- Timescales are long
- Competing priorities (and crises)
- Many ward staff are very interested and engaged
- The programme has been a catalyst for change
- Evidence of positive impact for people and their families

Key Learning 2

- Channel more resources to ward level
- Extra resources needed to measure change and evidence impact.
- Value and measure cultural change as well as process and activity change.
- Availability of local resources should be conditional on clearly identified local leadership and plan
- Increase input and feedback from the public, patients and families.
- Sustain activity for a longer period

Building on the Best Phase 2

- Overarching aim:
  - To improve palliative and end of life care on hospital wards in Scotland and by doing so, improve the experiences and outcomes of patients and their families.

- 3 Workstreams to achieve this aim:
  - Establish a multidisciplinary network for leaders of care towards the end of life in hospitals.
  - Support and fund local QI projects.
  - Undertake a strand of public engagement activities in collaboration with Good Life, Good Death, Good Grief and other stakeholders.

Resources and references

- Building on the Best
  https://www.palliativecarescotland.org.uk/content/building-on-the-best/

- Effective Communication for Healthcare
  http://www.ec4h.org.uk/

- NES Realistic Medicine
  https://learn.nes.nhs.scot/18350/realistic-medicine

- 4 videos for professionals about using the RED-MAP communication guide.
  https://www.spict.org.uk/other-resources/

- Hospital doctors' experiences of caring for dying patients
  https://www.rcpe.ac.uk/sites/default/files/jrcpe_48_4_gray.pdf

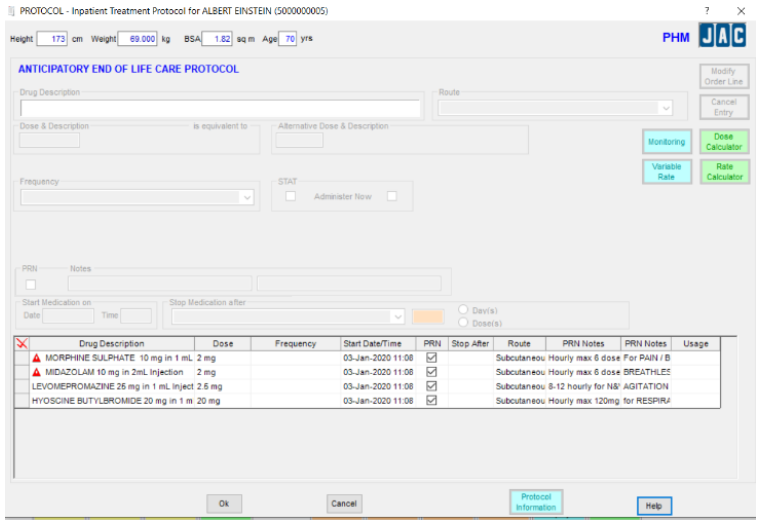
Short Stories Showcasing work undertaken from across Scotland

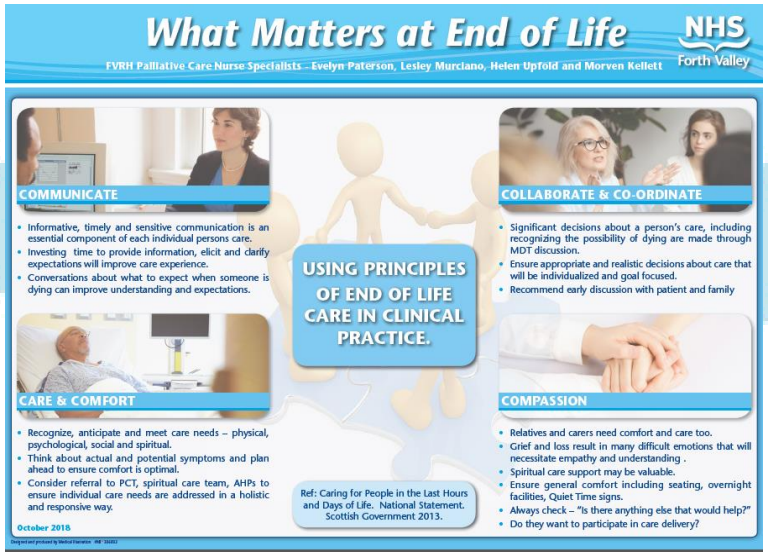
- Evelyn Paterson, NHS Forth Valley
- Marianne MacLeod, NHS Fife
- Paul Graham, NHS Lanarkshire

‘Quick Wins’

- Anticipatory/End of Life Electronic Prescribing Protocol

- ‘Whole team’ collaborative approach to improving end of life care





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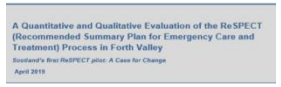
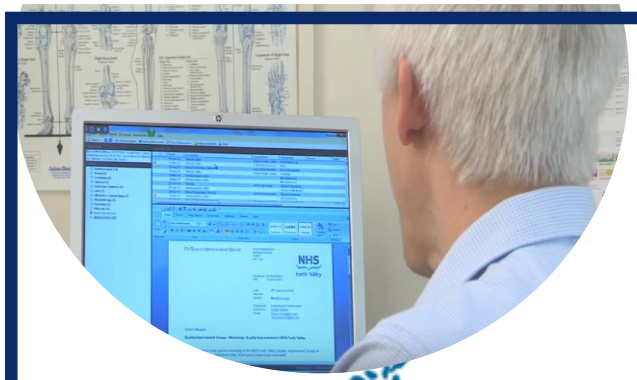
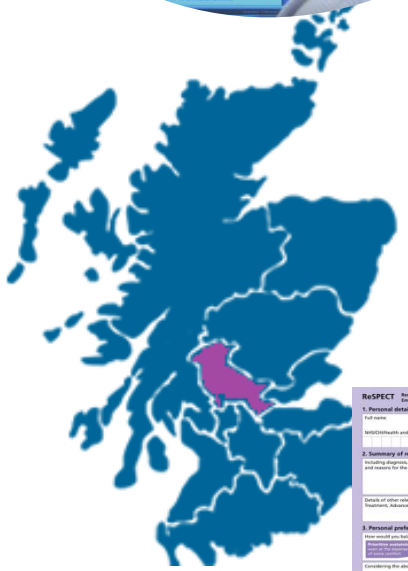
“The long game”: Innovation and cultural change



NHS Forth Valley

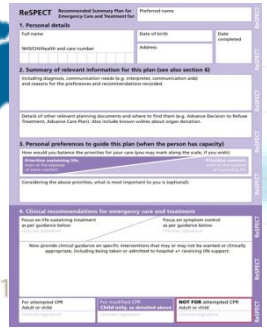




SCOTTISH AMBULANCE SERVICE

social work scotland
leading the profession

Forth Valley Vision



ReSPECT
Recommended Summary Plan for Emergency Care and Treatment
My ReSPECT is stored

INVESTORS IN PEOPLE | Gold Until 2021

DIGITAL SERVICE
NHS EDUCATION FOR SCOTLAND

Why Carer support in acute hospital?

- Carers (Scotland) Act 2016- came into force April 2018- duty on NHS boards to involve carers prior to discharge
- Patient / family=Unit of care
- By supporting the carer discharge has more chance of success
- Often the patient's main concern
- Carers do not always feel well supported -impacts on health and coping in bereavement
- Setting realistic expectations
- Healthcare savings.
- Recording interventions- direct contacts.

Do we assess carer support needs?

- Challenges of carer assessment in the acute setting
- Where ? How? Who? What?
- Is the carer aware they are being assessed?
- Is it person centred? Is it relevant ?
- Outcome- where do we document? Governance issues? What happens next?

- **In Fife**: CSNAT www.csnat .org –Training to obtain licence
- Use of sticker and hand held record
- 3 month audit

  49 assessments offered (8 not returned)

  Main concerns identified -Knowing what to expect in the future/knowing who to contact/Equipment required

compassionate
LANARKSHIRE

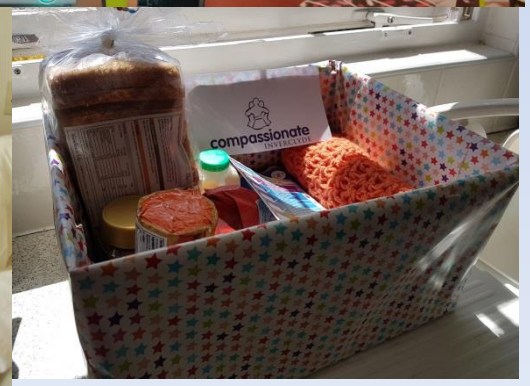
Compassionate Inverclyde's Aim:

" To create Scotland's first Compassionate Community. A community where everyone recognises that we all have a role to play in supporting each other in times of crisis, end of life and loss.

Ordinary people helping ordinary people

No-one Dies Alone

- Project Board
- Pilot
  - 1 Acute Hospital
  - 2 Community Hospitals
- Recruit & Train Volunteers
- Brief Staff about NODA



Scottish Acute Palliative Care Network Pt 1
Exploring purpose, activities and potential areas of work

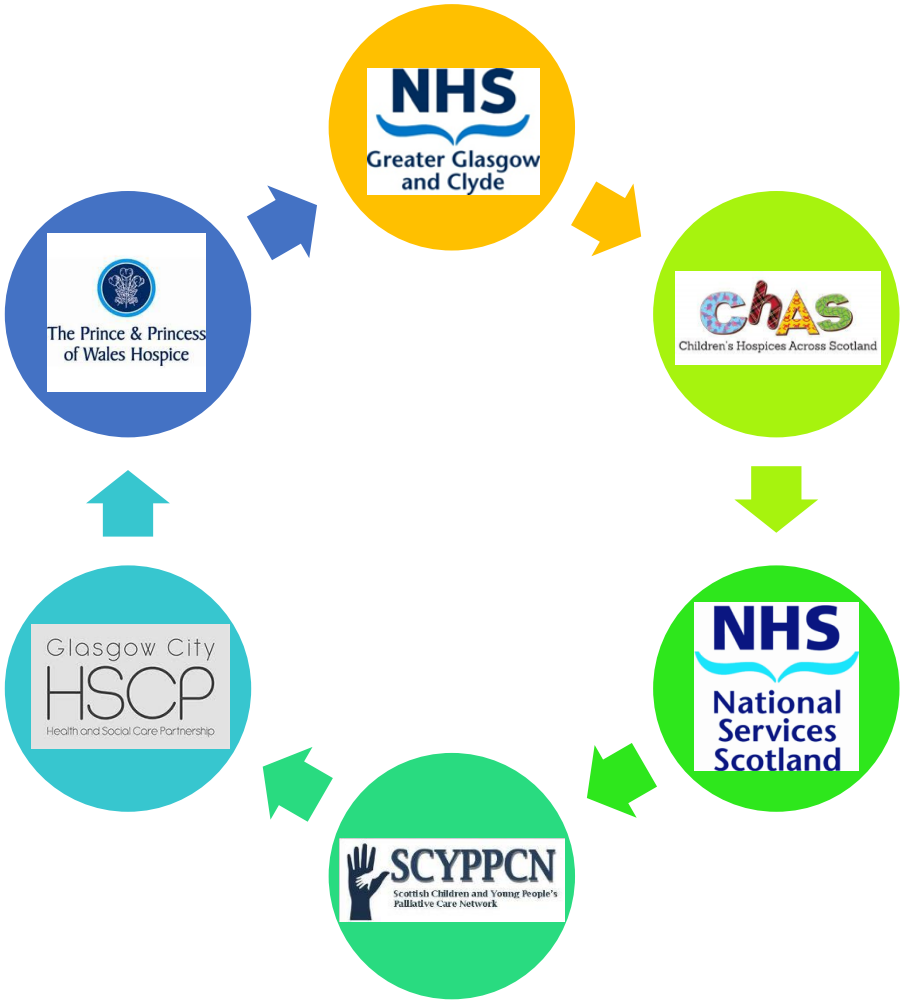
Group Discussion

- What do you wish to gain from the SAPCN?
- What could you or your team contribute to the SAPCN ?
- What activities/work/collaboration should the SAPCN undertake?
- What should the top 3 initial priorities be for the SAPCN?

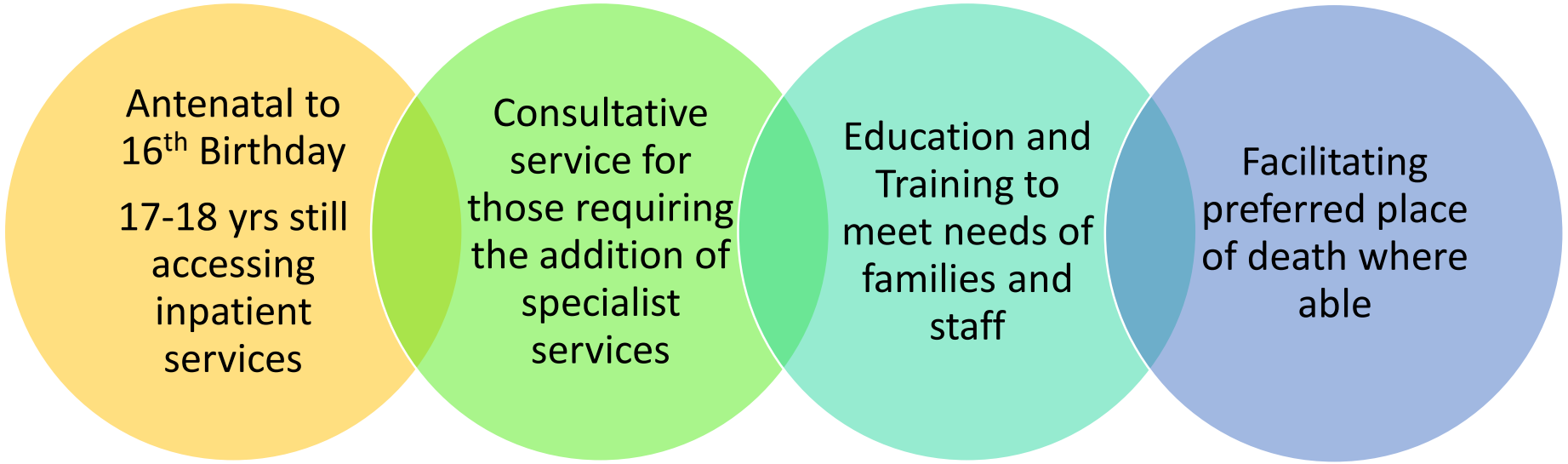
Short Stories Showcasing work undertaken from across Scotland 2

- Caroline Porter, Glasgow's Children's Hospital & CHAS
- Jennifer Gray, NHS Tayside
- Claire O'Neill, NHS GG&C

Glasgow Children's Hospital - Paediatric Supportive and Palliative Care Team




Complex pain and symptom management
Anticipatory Care Planning and supportive decision making
End of Life Care


Antenatal to 16th Birthday
17-18 yrs still accessing inpatient services
Consultative service for those requiring the addition of specialist services
Education and Training to meet needs of families and staff
Facilitating preferred place of death where able

My Role as an Acute Palliative Care Pharmacist

Jennifer Gray

Specialist Clinical Pharmacist for Neurosurgery, Palliative Care and Pain Services

Ninewells Hospital

Dundee

Current Role

- Conduct patient symptom assessment and drug therapy management
- Provision of medication counselling to patients, caregivers, and families
- Discharge Planning/Liaising with primary care
- Medicine Information
- Supply Issues Management
- Attendance at weekly MDT meetings
- Intrathecal Medication
- Qutenza Treatment
- Education and Training

Ambitions for the Future

- Pharmacist led Symptom Control Clinic for outpatients
- Improve medication prescribing process for inpatients

Inspiring Leadership

Leading self, leading with others in a palliative care setting.

NHS Greater Glasgow and Clyde

The Prince & Princess of Wales Hospice

ACCORD Hospice

Inspiring Leadership

- 2016 Facilitators identified the challenges Clinical Nurse Specialists raised often similar.
- Jan 2017 Inspiring Leadership 1st Cohort 10 band 6 CNSs
- Jan 2019 2nd cohort band 7 11 CNSs and AHPs now WoS
- Feb 2020 3rd cohort starts band 6 CNSs, AHPs WoS and now open to Pall Med STs.
- ....2021 Scotland wide cohort....advertise through this network....

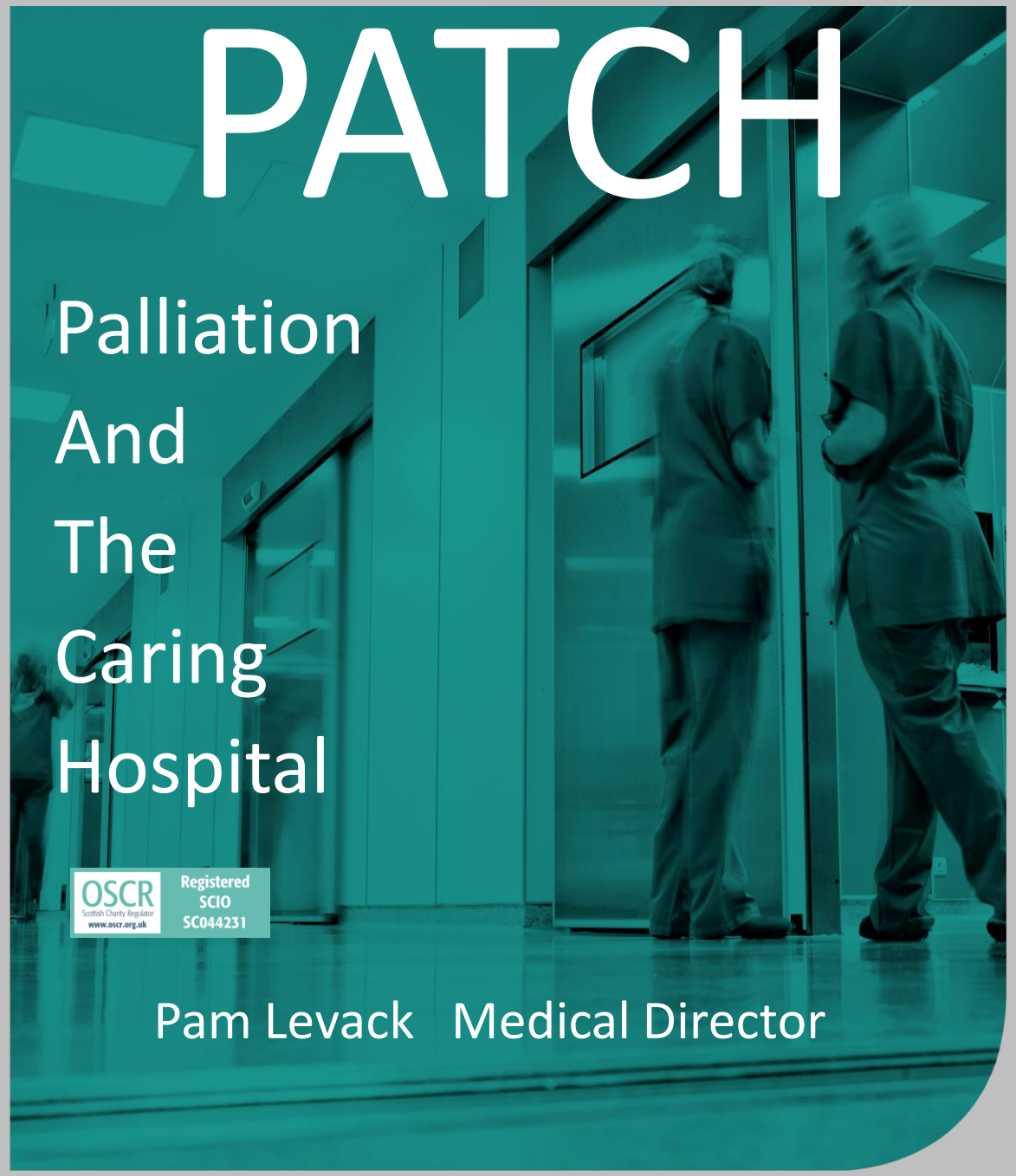
Inspiring Leadership

Programme design

- Focus Groups identified key themes of programme, this was linked with **leadership behaviours** set out in the NHS Scotland Leadership Qualities Framework
- 360, Myers Briggs encourage linking to PDP
- Master classes – QI, influencing skills.
- Action learning sets
- Quality Improvement project- embed QI methodology into roles
- Q and A with a leadership panel – raising strategic awareness
- Burdett grant has funded 1st 2 cohorts and evaluation.

National Context

- Richard Mead (Marie Curie)
- Pam Levack (PATCH)


PATCH
Palliation
And
The
Caring
Hospital
OSCR
Scottish Charity Regulator
www.oscr.org.uk
Registered
SCIO
SC044231
Pam Levack Medical Director

PATCH

BUSY IN THE BORDERS!

We work closely with the Margaret Kerr Unit, Macmillan and Marie Curie

So far we have:

Funded palliative care courses for 24 nurses across the Scottish Borders.

1st PATCH Nurse in Scotland

Scottish Acute Palliative Care Network Pt 2

Group Discussion

Network Practicalities

Co-chairs:

Deans Buchanan, Palliative Care Consultant, NHS Tayside

Marianne MacLeod, Specialist Occupational Therapist, NHS Fife

Claire O'Neill, Macmillan Lead Nurse and Clinical Service Manager for Palliative Care, NHS GG&C

Next Steps

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Launch of Quality Improvement Project Fund

- All projects should be focused on an area of improvement of palliative care.
- Any acute clinical area can apply

- Projects to last between 6-12months

- 2 sizes of grants:
  - Up to £1,000
  - Up to £10,000

https://www.palliativecarescotland.org.uk/content/bobscot-grants/


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