



# Rapid Access Palliative Care Clinic

**On the road to adopting a trauma  
informed approach to service  
development**

Libby Ferguson

November 24

# Rapid Access Palliative Care Clinic- Drivers for change

Dying in the Margins

Max 'the great escape'

Missingness



## Max and the 'great escape'



Quinn S, Ferguson L, Read D, Richards N. "The great escape": how an incident of elopement gave rise to trauma informed palliative care for a patient experiencing multiple disadvantage. BMC Palliat Care. 2024 Feb 28;23(1):61.

# Missingness

- Pattern of missingness primary and secondary care
- High users of outpatient and hospital care-high treatment burden
- Very high missingness in mental health services, associated with marginalisation –poverty, problem drug use, homelessness
- Low threshold-high fidelity model of general practice defined by ease of access of those most commonly excluded

McQueenie, R., Ellis, D.A., McConnachie, A. *et al.* Morbidity, mortality and missed appointments in healthcare: a national retrospective data linkage study. *BMC Med* **17**, 2 (2019).

# Strategies for delivering trauma-informed palliative care

Recognition of undiagnosed trauma

Recognising missingness

Trusting and honest relationships

Sensitivity to patient autonomy



# Strategies for delivering trauma informed palliative care

Education and training

Flexibility in care delivery

Safety netting approach

Innovation in service development

# Roadmap for Creating Trauma-Informed and Responsive Change

## Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland. The National Trauma Network

- longterm vision for becoming trauma informed and responsive
- support staff wellbeing and practice
- embed power sharing with people with lived experience of trauma
- adapt policies and processes and service design



# Trauma informed lens what would good look like?

## Outpatient services

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Welcoming

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Non judgemental

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No cost

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Accessibility

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Flexibility

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Continuity

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Safety netting



# Start where you are, do what you can with what you've got

## Outpatient services

No additional money or resource

Drop in clinic?  
Not yet!

Rapid access clinic?  
Let's try!

# Rapid access clinic

**Rapid Access Clinic**



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graph TD; A[Rapid Access Clinic] --> B[Refer via Marie Curie on call doctor 07515134307]; B --> C[Call Monday-Friday 9-5pm]; C --> D[Thursday mornings for patients who would benefit from urgent review by Consultant or Senior Palliative Medicine doctor];
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Call Monday-Friday 9-5pm

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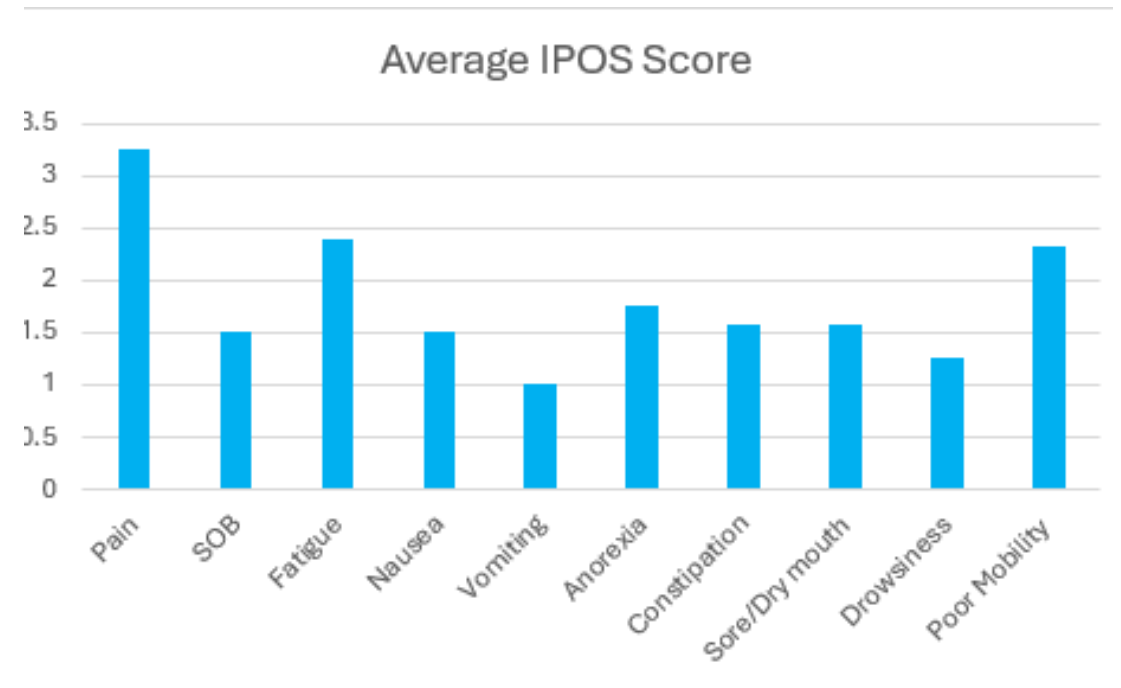
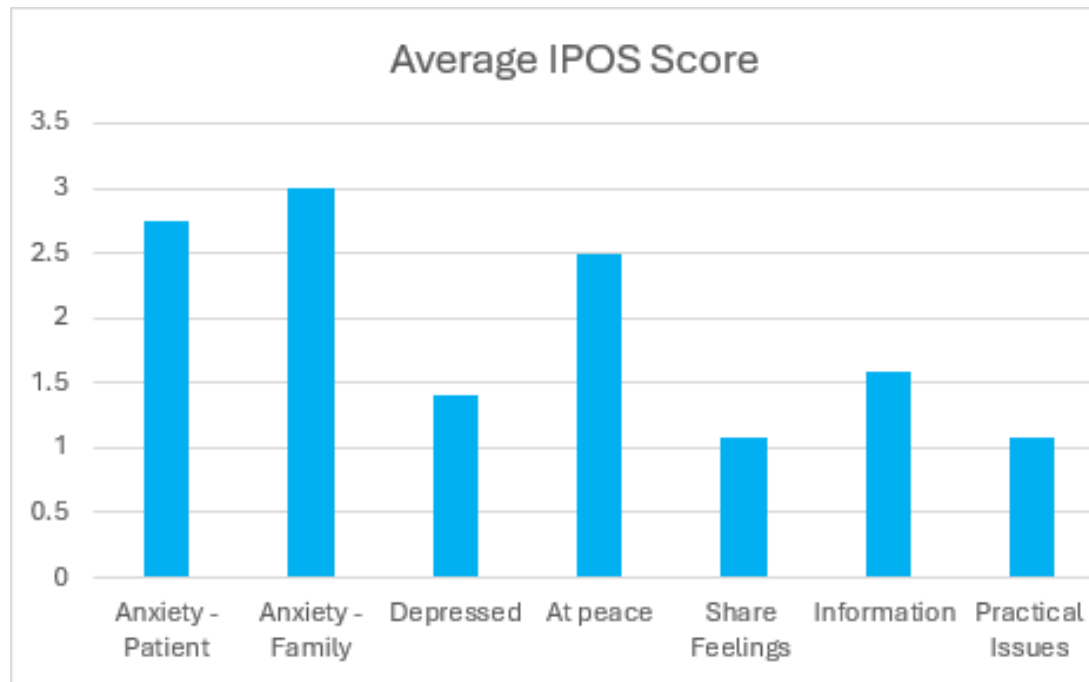
# Rapid Access Clinic

- Logistical challenges
- New registration process
- New referral pathway
- Training for admin team and on call doctors

## First few weeks

- 1-3 pts per week
- 9 new, 4 existing
- Ages 36-91 (mean 61)
- Referral for pain, SOB
- Referrals from CNSs oncology/ lung cancer
- Hospital consultants, Pall Med consultants  
GRI and BWOSCC, GP

# Physical and psychological symptom burden



# Evaluation and Future plans

- Further communication with referrers
- Routine data, demographics, IPOS, SIMD
- Service user feedback
- Service user interview
- Staff interviews
- Long term commitment to the roadmap and ongoing work to embed a trauma informed approach

# Acknowledgements



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- Rapid access steering group  
MCHG