"Delighted that mum got home on Saturday" - the North Glasgow Palliative Care Fast-track Discharge Service

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Background/context

There are approximately 6, 500 deaths per annum within Glasgow City CHP.[1] Of those, nearly 5,000 may require palliative and end of life care support.[2] The North Glasgow Palliative Care Fast-track service supports hospital and hospice discharge for palliative and end of life care patients to facilitate care and death within a homely setting. This joint partnership service, funded by Glasgow Change Fund, takes an individual and holistic approach to discharge, and works closely with the acute and community sectors.

Service model

- Patient assessment begins in hospital or hospice with the Discharge Liaison Nurse facilitating discharge and personal/social care home support based on individual patient and carer needs.
- Senior Marie Curie Health and Personal Care Assistants (SHPCA) support patients and carers at home for up to three days post-discharge.
- Partners – critical to the service success, the steering group consists of representatives from the acute sector, community nursing, social care providers and Marie Curie.

Service benefits

- Facilitates dying at home, providing emotional and practical support for patients & carers
- High quality discharge experience
-Comprehensive support care package

Key outputs	Target 13/14	13/14 Full year projections
Patients supported to die at home	150	260
Hours provided by SHPC	1000	1300
Potential impact on bed days[3]	400	735

Patient/Carers at the centre of care delivery

"Delighted that mum got home on Saturday night as she was able to watch Strictly Come Dancing, eat some Chinese and spend some quality time with her family in her own surroundings in comfort and peace."

Admission avoidance:

Inappropriate admissions often occur when the patient deteriorates suddenly, or there is anxiety/fear in the patient and/or carer. An unexpected service benefit, admission avoidance has been the result of ue to the close working relationship with community nursing teams. Patients at high risk of admission or readmission also benefit from the service.

The future:

- The service continues to support admission avoidance as well as facilitating discharge for end of life patients.
- The service has recently been expanded to include Glasgow North West CHP. This will double the size of the catchment area.
- The service will support more patients with hospital discharge needs and increase the number of people dying at home.

Losing a loved one is an experience that is remembered forever. We only have one chance to get it right for the patient, the carer and family. The service supports patients and families to achieve their preferred place of care and die at home. This has a positive effect upon the bereavement process.
Discharge Liaison Nurse

Marie Curie Cancer Care

1. Mortality rates for Glasgow CHP taken from General Registrars Office Scotland, 2012 data

2, Calculated using: All cancer deaths + 67% of all other deaths = Number of people requiring palliative and end of life care

3. Estimated by calculating bed days from date of discharge to date of readmission or date of death.