

Marie Curie Fife Hospice at Home Service



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Care and support
through terminal illness

Background

The Marie Curie Fife Hospice at Home Model Pilot is a fully funded Integrated Care pilot in NHS Fife, which complements existing services and initiatives by developing the existing Marie Curie Service for generalist palliative care. The model includes registered nurses, healthcare assistants, health and personal care assistants and trained volunteers. These roles are coordinated by a Clinical Lead Nurse, with support from a volunteer manager and a senior nurse, with responsibility for linking with key members of acute and specialist Multi Disciplinary Teams (MDTs) and Primary Care to prevent admissions and facilitate discharges. The pilot began in April 2014 and ended in March 2016.

An evaluation of the service was undertaken, focusing on levels of activity between July 2014 and June 2015. Comparisons are based on a matched group of patients who died prior to the implementation of the new service.

Services Provided

- **Managed Care Service** – Short and Long periods of nursing care for patients and support for carers
- **Fast Track Discharge Service** – Health and personal care, emotional support and practical assistance following a patient's discharge from hospital, and additional support to prevent hospital admissions or re-admissions
- **Marie Curie Helper Service** – Companionship, emotional support and practical information provided by trained volunteers

Service Highlights

- The Hospice at Home service provided 4,047 visits per year in the pilot evaluation period.
- 322 total patients supported which is an increase of 158 (including Helper)
- An increase of 78% of non-cancer patients receiving Marie Curie Nursing care from 27 to 48 patients per year

How efficient is the new integrated model of care?

Feedback from healthcare practitioners clearly shows that the new service provides the right care at the right time to end of life patients.

*“Sometimes patients feel like beforehand it was a different service coming in, but now more like part of the community team.”
(community based staff).*

*“I recently had a letter from a family who we'd involved Marie Curie Fast Track service [which] meant we got her discharged on Friday afternoon and she died in the early hours of Monday...We wouldn't have been able to get that in place so quickly without Marie Curie.”
(hospital based staff)*

Experience of Patients and Carers

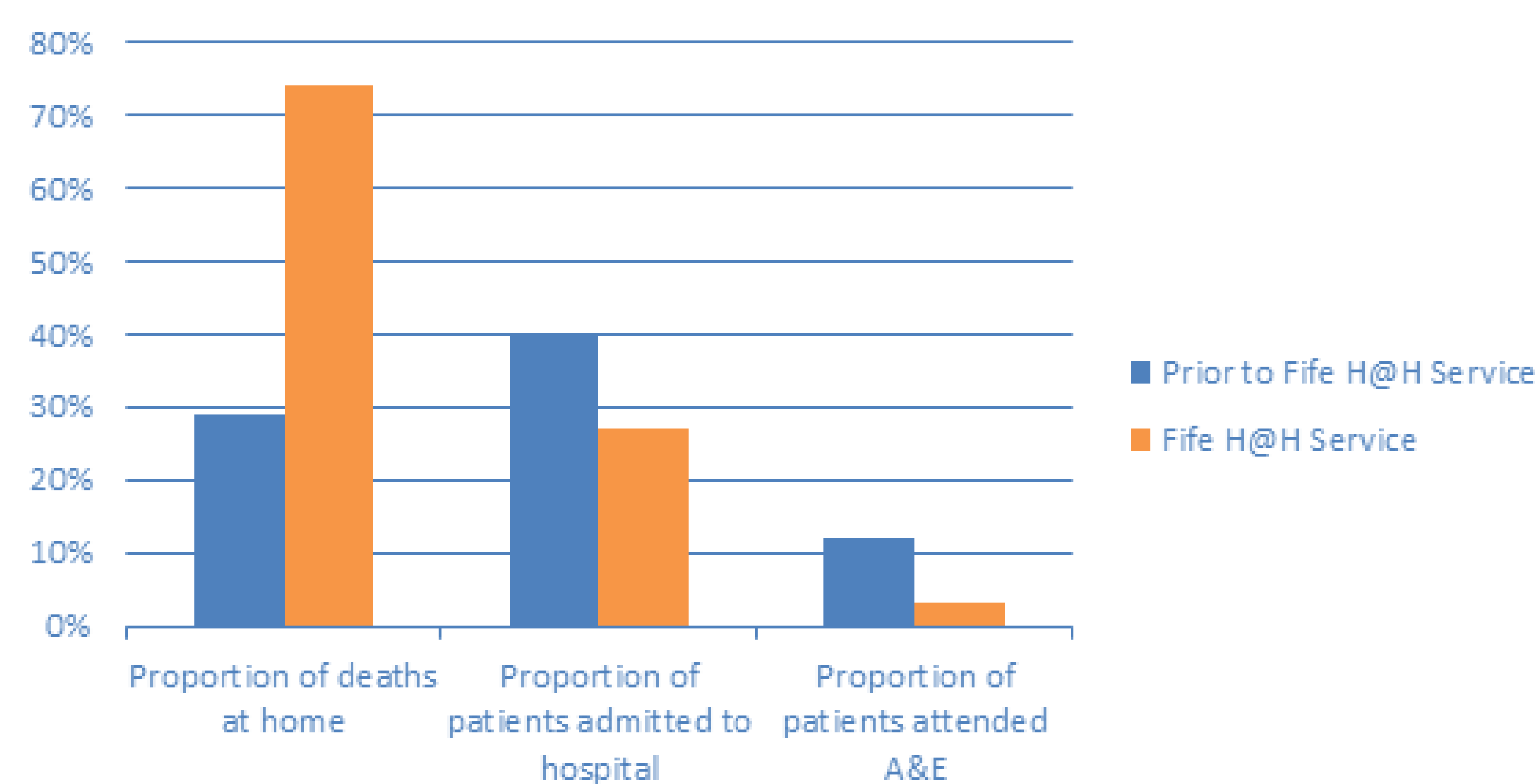
- 92% of patients and carers stated they are 'extremely likely' to recommend the service
- 82% of patients and carers said the service had reduced their feelings of anxiety or worry
- 91% of patients and carers said the service allowed them to be cared for in their preferred place

What is the impact on spend on end of life care?

- 73.7% of patients receiving care in the pilot died at home in comparison to 29.1% of patients dying at home in the matched control group.
- 19% of patients receiving care in the pilot died in hospital in comparison to 57% of patients dying in hospital in the matched control group
- The pilot group spent approximately 3 days of their last month in hospital in comparison to 6 days for the matched control group
- The Marie Curie Hospice at Home model has reduced hospital costs for end of life care in Fife by £182,283 by reducing avoidable hospital admissions

Patient Place of death

Outline of key figures for comparison between pilot patients and those in the matched group (n=153 for each group). Note, H@H is Hospice at Home



What is the impact of the Integrated Health Pilot on Health Care in Fife?

Patients supported by the Hospice at Home model of care experienced significantly fewer admissions to hospital (27% compared to 40%) and experienced significantly fewer A and E attendances (3% compared to 12% in the control group). Overall, patients supported by the Hospice at Home model of care spent 24% fewer days in hospital compared to the control group.

Conclusions

The Marie Curie Integrated Care pilot has implemented seamless care across agencies through a strong line of communication and information sharing. It has benefited a large number of patients and carers, offering them choice about the level of services they want and where they want to receive them, with the vast majority being able to die in their place of choice. It has reduced patient and carer levels of anxiety as a result of the Marie Curie nurses and helpers who are described as professional, sensitive, caring and helpful. Healthcare professionals are enthusiastic about the service and its positive impact on patients and carers and their own work. By providing personal care, the service has reduced the burden on district nurses who could focus on important clinical care. The service has reduced hospital admissions in the pilot group compared to a control group, moved care into the community and has the potential to significantly reduce NHS costs.

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