A Review of NHS Ayrshire and Arran Hospital Palliative Care Team TRAKCARE data 2021-2022

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Nationally, work is ongoing into the creation of a palliative care minimum data set but is still some way away from completion. The NHS Ayrshire and Arran Hospital Palliative Care Team (HPCT) recognise the importance of data collection in evidencing workload, capacity and value and moved from a paper-based referral system to the TRAKCARE on-line referral system on 12/05/21. This poster presents some of the data from the first 10 months of using the new system.

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Challenge and approach

Challenge: The NHS Ayrshire and Arran HPCT is one team, providing support to both University Hospital Ayr (UHA) and University Hospital Crosshouse (UHC). The current paper-based referral system no longer met the needs of the evolving HPCT.

Aim: To ascertain if the new referral system provides the HPCT with meaningful data for an evolving service.

Method: A retrospective review of all referrals received via the new on-line referral system using a quantitative data collection methodology.

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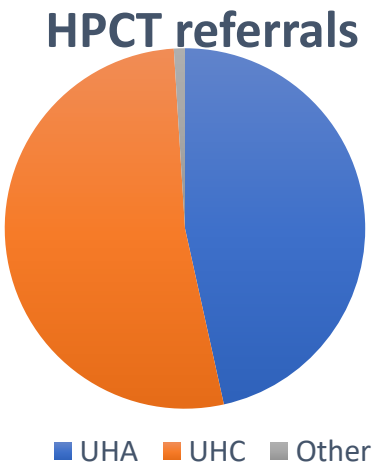
Results

Between 12/05/21 and 31/03/22, the HPCT received 790 referrals. 368 (47%) from UHA and 418 (53%) from UHC. There were 3 referrals from elsewhere.



- The average number of referrals were 76 per month (35 at UHA and 41 at UHC). 83% of patients referred to HPCT had an underlying malignancy while 17% had no malignancy.
- Reviewing the HPCT caseload over the last 10 months shows that the mean number of patients on the caseload across both sites per week was 18 (range 13-22). Mean number at UHA was 16 (range 12-20) and at UHC was 20 (range 14-27).
- During the data collection period, Covid-19 continued to have an impact on how often patients could be reviewed in person, as well as family contacts and HPCT staffing levels.
- Numbers of referrals also do not take into account complexity of patients, how long they remained on the caseload, or how many interactions the referrals resulted in. Future work will aim to capture this data.

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Conclusions

The new way in which the HPCT is receiving referrals appears to be capturing most of the data that is helpful to an evolving service. It also means that the HPCT can access referrals from whatever site team members are physically present.

However, a few gaps have been highlighted which will be the focus of ongoing data collection:

- The complexity of patients referred to HPCT
- The number of interactions per patient and/or family
- The length of time on caseload.

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