

A PATHWAY TO SUPPORT SAS DELIVERY OF PALLIATIVE AND END OF LIFE CARE IN TAYSIDE



Elinor Brabin, Consultant in Palliative Medicine, NHS Tayside. **Caitlin Cuthill**, East Region Clinical Effectiveness Lead Macmillan Partnership Palliative Care Team. **Scott MacKinnon**, Macmillan Partnership Programme Lead.

Background

The Scottish Ambulance Service (SAS) has a critical role in the delivery of unplanned palliative and end of life care. End of life care demand for the SAS is estimated to be 7% of all workload.

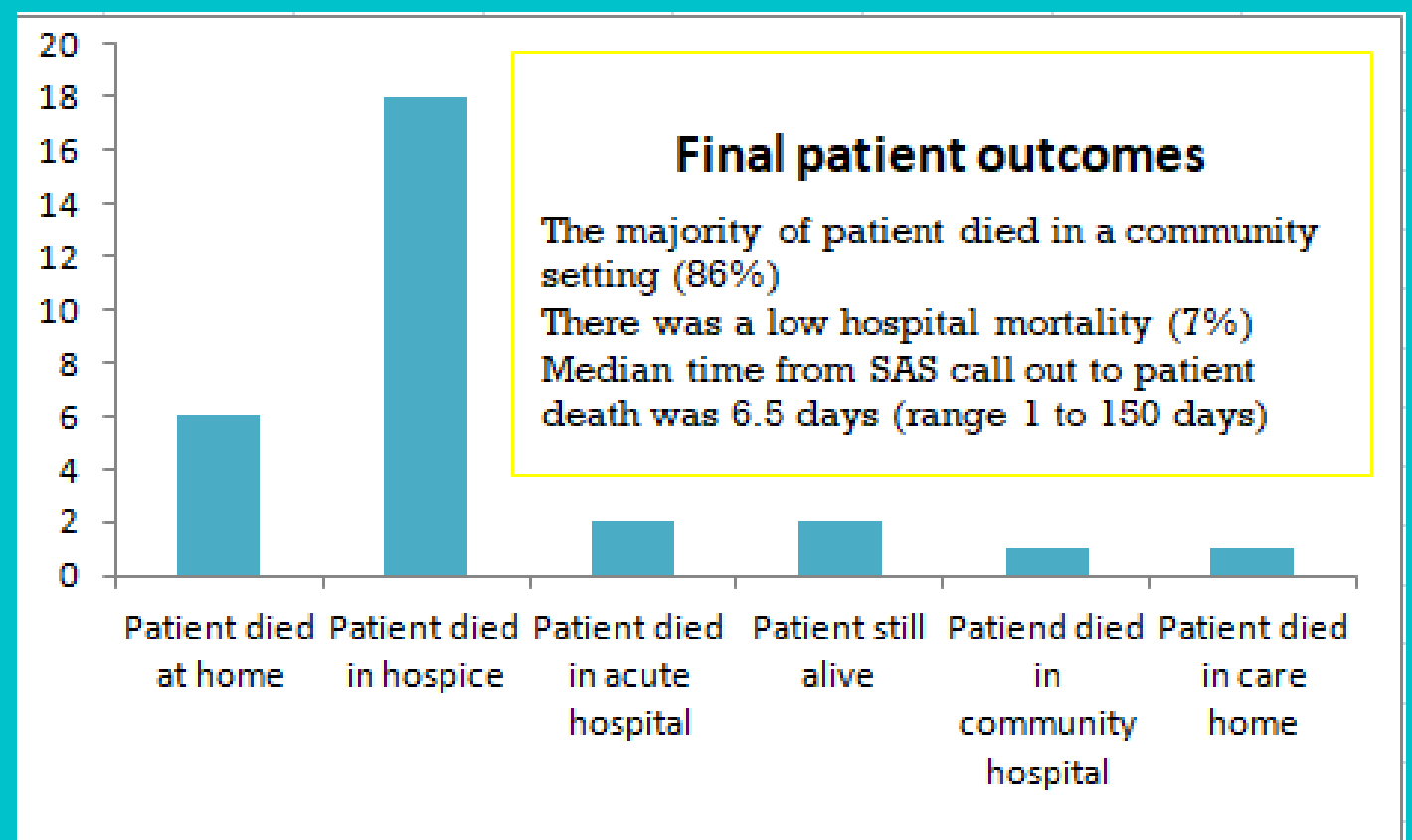
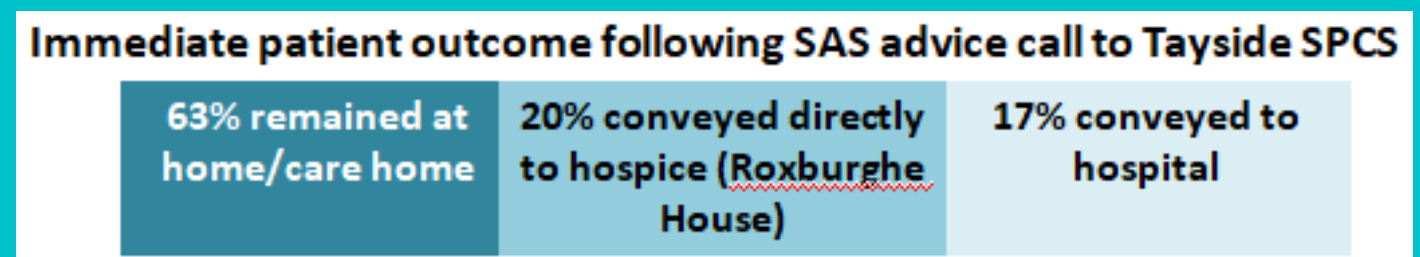
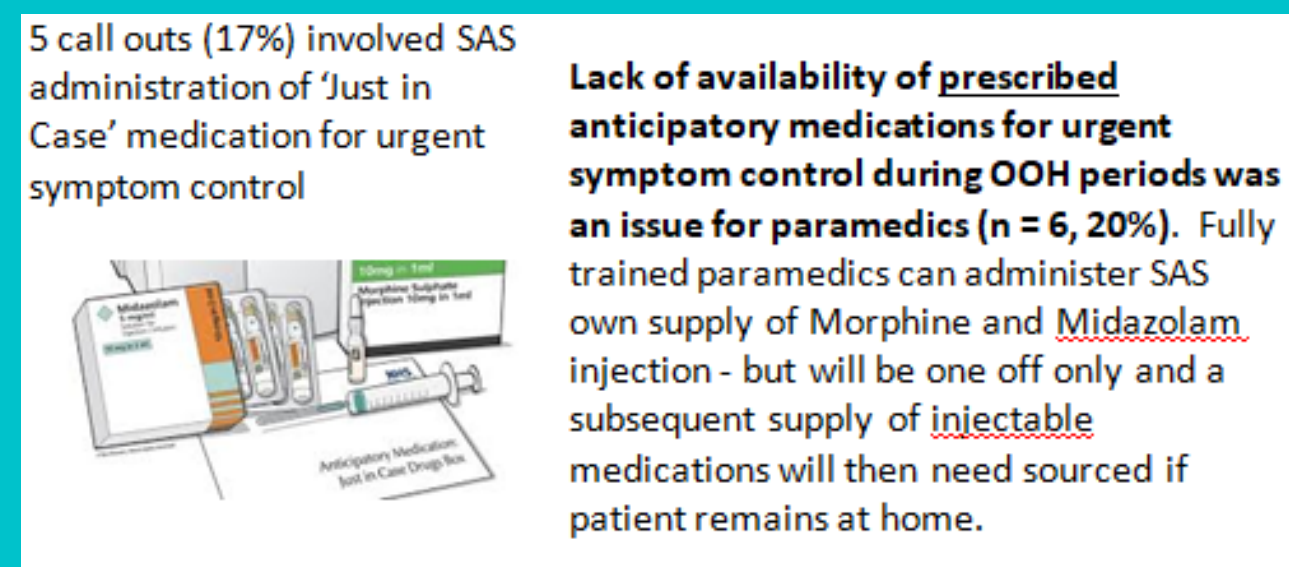
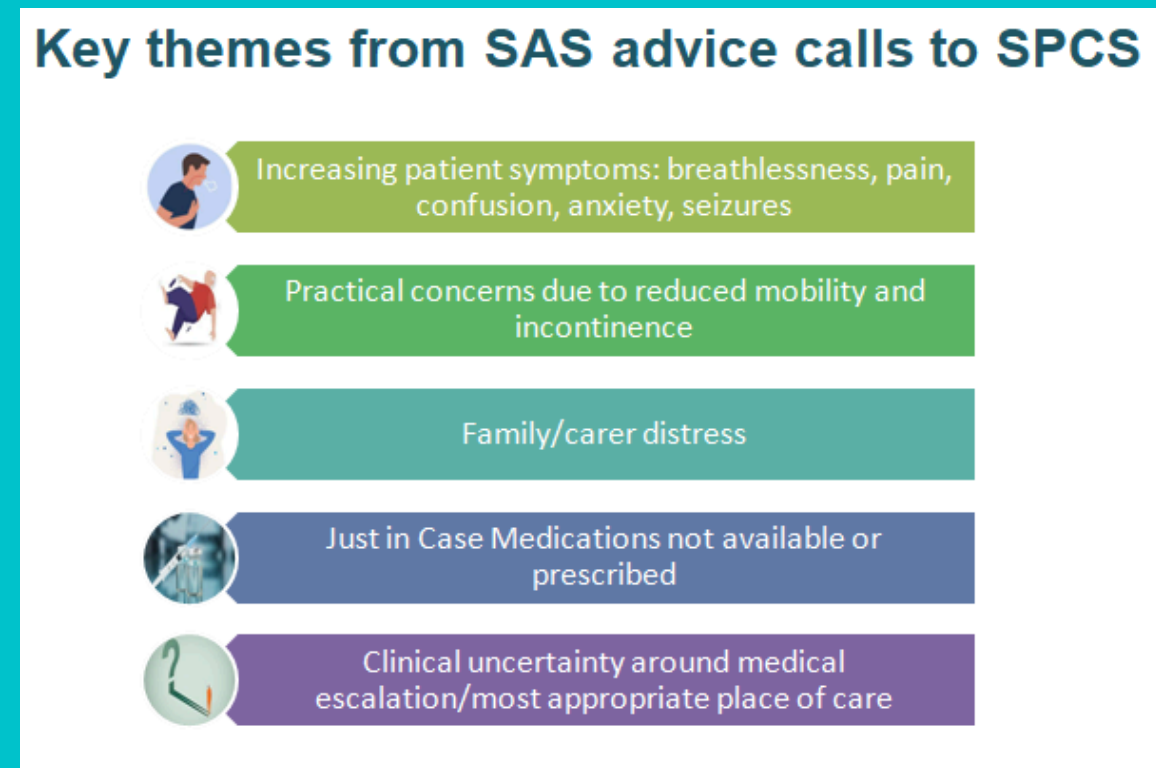
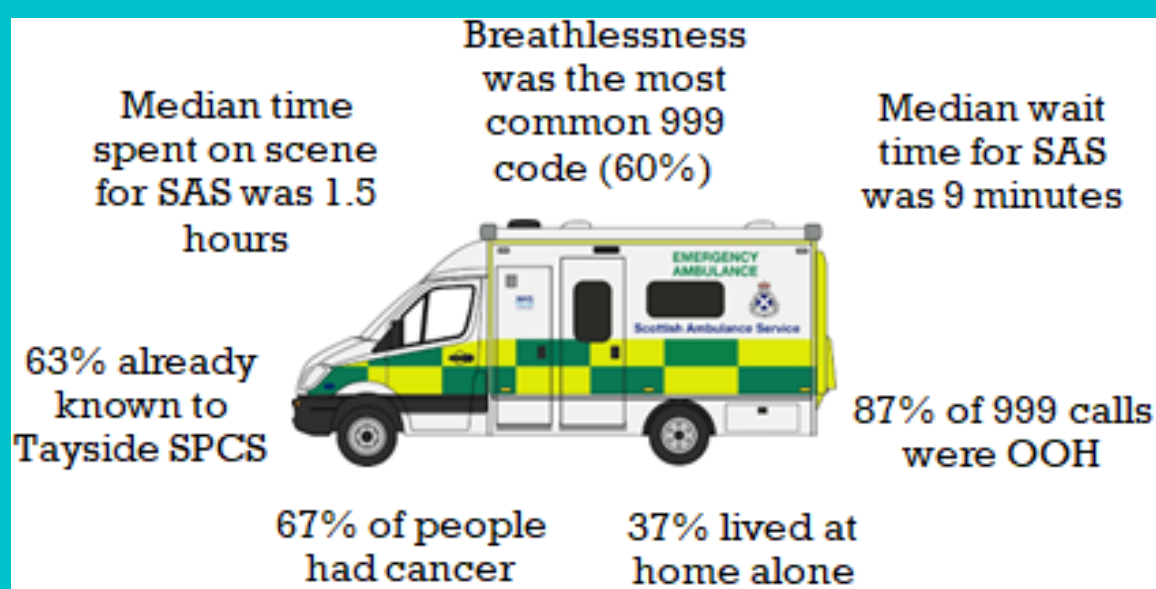
NHS Tayside has collaborated with the SAS and Macmillan Cancer Care to develop a multiagency pathway which includes access to specialist palliative care advice and alternative pathways to hospital admission.

Pathway Development

The pathway signposts SAS Clinicians to various response options: GPOOH, District Nursing, Emergency Department in Ninewells Hospital (Flow Navigation Centre), Tayside Specialist Palliative Care (SPCS). 24/7 direct access to Specialist Palliative Care advice available for patients across Tayside. 24/7 direct admission option to Roxburghe House (SPC inpatient unit) in Dundee. Pathway uploaded onto SAS mobile app and available to SAS clinicians since May 2023.

AUDIT OF SAS ADVICE CALLS TO SPECIALIST PALLIATIVE CARE

30 advice calls from SAS to Tayside SPCS between May 23 and Dec 24 were reviewed and patient outcomes described



Examples from SAS Summary notes

'Assessed patient as having breathlessness, incontinence and general discomfort. Patient expresses wish not to attend hospital. Crew contact palliative pathway and are advised to administer patients own JIC medications which have good effect and patient is able to sleep. OOH GP updated and worsening statement given. Patient's wife given direct palliative care number if any further issues before contacting own GP the next day.' SAS Clinician Summary. Patient died at home from renal failure.

"General deterioration, breathlessness and distress. JIC in situ but no prescription for administration by DNs. Signposting and symptom control advice to support EOLC at home. Administer Morphine 2mg sat. Referral made to DNs and GP for review." SPCS CLINICIAN SUMMARY, patient died at home in Angus from multimorbidity

Key Takeaway Message

24/7 specialist palliative care advice pathways are an important mechanism for SAS clinicians to access guidance and reassurance around clinical decision making and administration of injectable medications. In this audit, the pathway was associated with low hospital conveyance and mortality. Responsive access to inpatient palliative care should be available OOH for patients when home based end of life care is not achievable and hospital admission is not wished or appropriate.