

A Collaborative Way of Caring



Background

Around half a million people die in England each year and many of these patients express a wish for their end of life care to be provided at home.

In June 2017 a group of hospices within West Sussex met to discuss the potential of the West Sussex Continuing Healthcare team commissioning the Hospice at Home teams within this area to provide end of life care for those patients who met Fast Track criteria. Hospices have widely been recognised as providing high quality, evidence based end of life care, where symptoms are assessed and managed effectively, and family members are offered care and support.

In September 2018, two hospices - St Catherine's Hospice in Crawley and St Barnabas House in Worthing - agreed a contract with West Sussex Continuing Healthcare (CHC) to deliver a pilot project. The 12 month pilot project delivered end of life care at home to patients who met CHC Fast Track criteria, within the respective hospice's catchment areas.

Since September 2018, both teams have successfully provided quality, evidence based end of life care to these patients across West Sussex.



now providing care for patients and their families which could potentially span over three months, or more. There is an increased focus on practical elements of ensuring that a person could remain at home for end of life care.

Recruitment

At the start of the pilot, there was an estimation of how many WTE staff members would be required for each team, in order to fulfil the needs of the local community. Initial recruitment to these estimated numbers was extremely successful. However, as with all teams there are frequent changes, as team members resign or life events happen. In the last 12 months of the project, both teams have been required to advertise and recruit, at least every two months.

Successes of setting up a new service

Personalisation and individualisation

Previous experience of accepting patients into the Hospice at Home or Practical Care service who had met Fast Track eligibility, was that the amount of care a patient required was assessed by the health care professional completing the Fast Track application.

With the pilot project, both teams are able to accept the Fast Track, and through their own assessment with the patient, discuss with them directly what input they require from the team. This puts the patient at the centre of their own care, creating both personalised and individualised care.

Throughout this process, it has also enabled both teams to demonstrate what input a patient might not require. At the start of the process, both teams began a period of training and competency in medication management by the HCA team, in order that they could support patients with medications, if required. Throughout the past few months, it has become apparent that support with medication is very rarely required by patients, most of the patients wishing to remain independent in this area, or having family members to assist them.

Access for patients that may not have previously been known to the service

The pilot project has enabled patients, who may not have previously been known to the hospice, to be referred to the hospice, and to have access to all the services that the hospice offers, including specialist symptom control. This has enabled the Hospice to expand its reach to those who may not have previously accessed its services.

Good working relationship with CHC

Throughout the pilot project, both teams have developed an excellent working relationship with the Continuing Healthcare team. The three teams meet on a monthly basis to discuss progress and challenges. This relationship has positive benefits for all teams and has a positive impact on the delivery of patient care.

Collecting information

Both teams collate information on hours of care provided, number of packages of care provided, time to put packages of care in place, admissions to hospital, compliments and complaints. Due to the way in which the hospices record their daily visits, this gives the CHC team an exact insight into how many hours of care are being provided within the local community, which can inform future commissioning.

Friends and families' feedback

Feedback through the Friends and Families Test (FFT) shows that 97% people using the service would recommend it to their friends and family members and qualitative feedback demonstrates quality of care and compassion shown by the teams providing the care. This has been a result of commissioners and providers working positively together for the benefit of those at the end of their lives.

Results

St Barnabas House

Time to respond	0.9 days
Number of patients	199
Hours of care	9,474
Packages of care	199

Up to August 2019

St Catherine's Hospice

Time to respond	0.5 days
Number of patients	113
Hours of care	5,273
Packages of care	113

Up to August 2019

Challenges and Successes

Challenges of setting up a new service

Team culture and transition to new service

Both teams already had well established Hospice at Home and Practical Care services. When both teams entered the pilot project, there was a lot of work required within the team to shift to a new way of working, and a different way of providing care for patients with needs at the end of life. If the need is identified, the team could be providing up to three or four visits per day for the patient. Having previously been focused on the last few weeks of life, the teams were

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