Redesigning end of life care services around patient need

David Shaw
@shawontheweb
Marie Curie Cancer Care

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Delivering Choice projects across the UK

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The approach

- Holistic and systematic
- Partnership between stakeholders and commissioners
- Measurable, evaluated results

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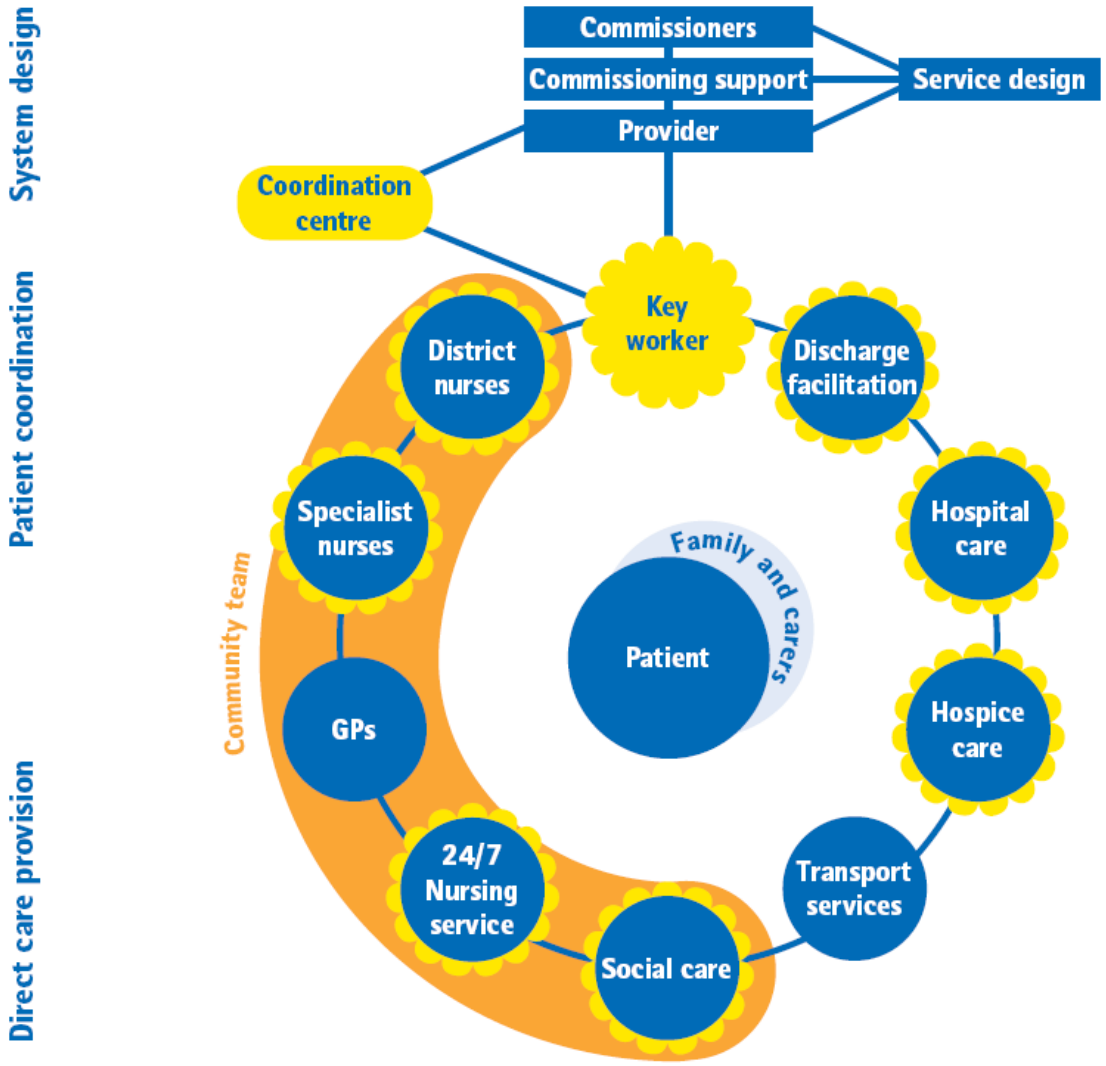
The Marie Curie Integrated Model



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Redesigning services - Somerset DCP

- Highly collaborative working at senior and frontline levels
- Project team competency and approach
- Sufficient funding
- Well run services

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Somerset services introduced

	Somerset	North Somerset
Care facilitators		✔
Care coordination centre	✔	✔
Care generic support workers		✔
Care pathway and palliative care framework	✔	✔
Adastra register and recording of keyworker	✔	✔
Out of hours advice and response line	✔	
Discharge in-reach nurses	✔	

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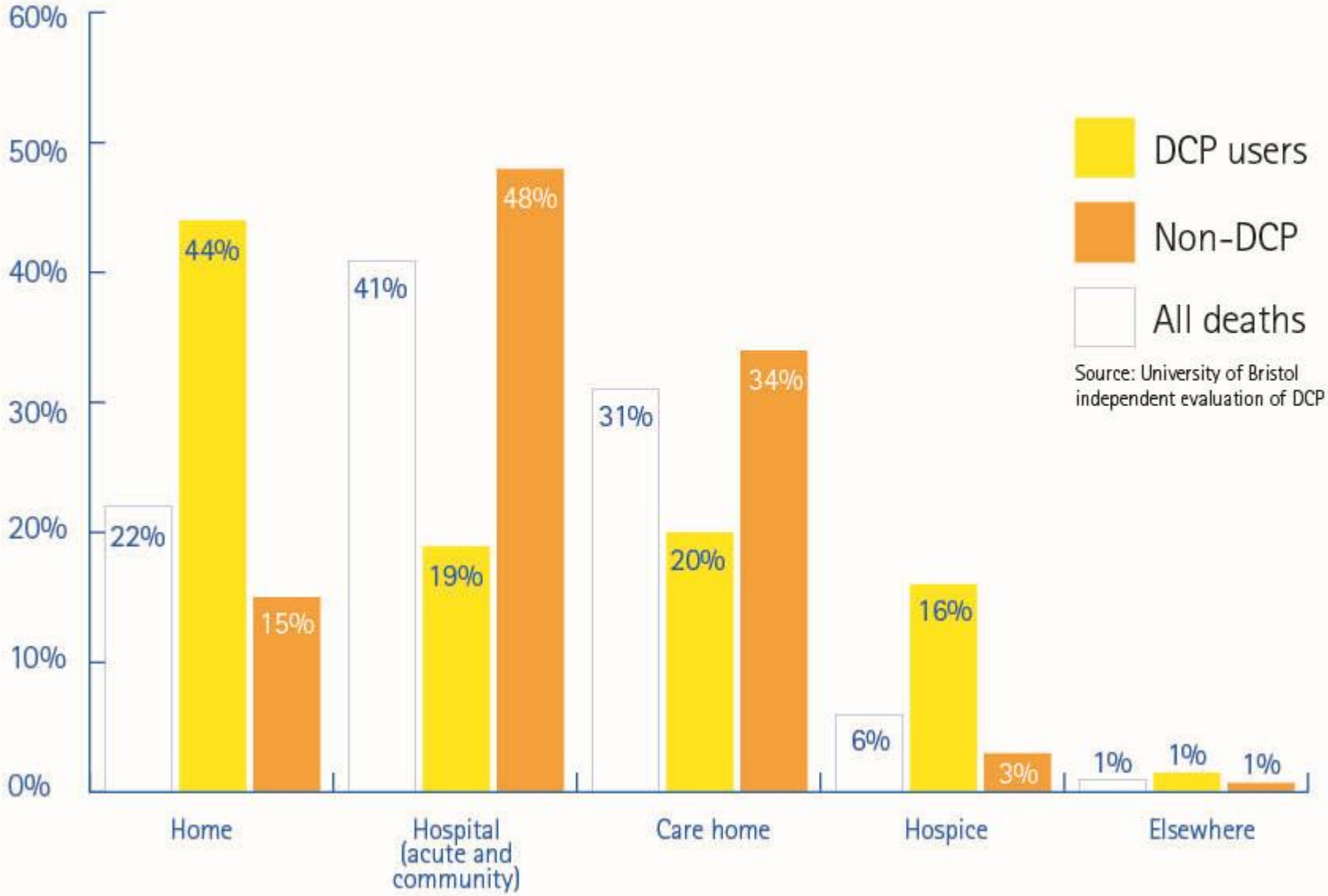
Deaths in **Somerset** | Sept 11 to Feb 12
DCP service users vs non-users



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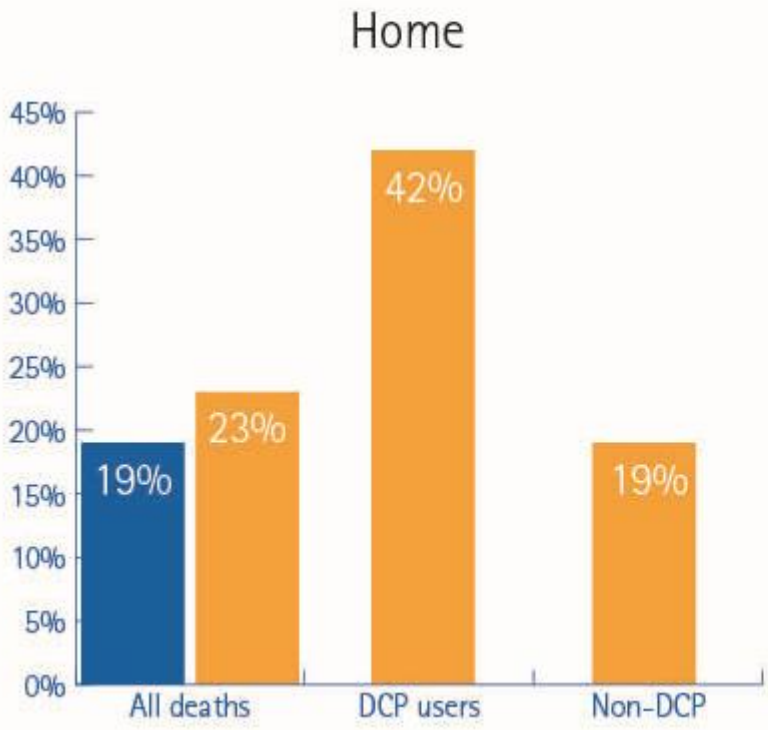
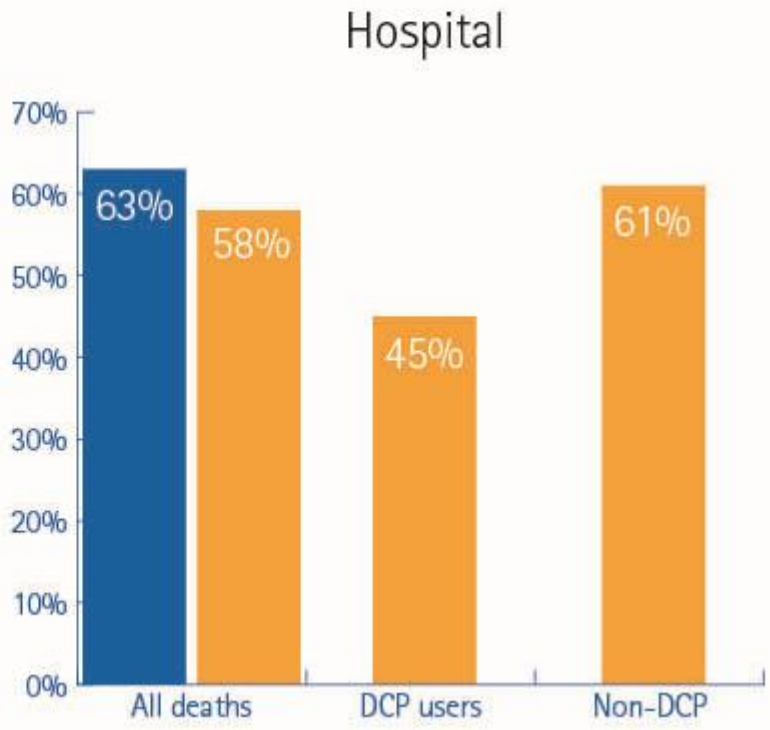
Deaths in the Boston area of **Lincolnshire**
Before (05/06) and after (06/07) the introduction of DCP

Before DCP | Post-DCP

Source: Improving choice at end of life (King's Fund, 2008)





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Hospital usage

- Emergency admissions in the last month of life were 39 per cent lower for DCP users than for non-users
- A&E attendances 34 per cent lower

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Qualitative feedback

- "Family, carers and professionals consistently reported excellent quality and co-ordinated care"
- *"The care package was almost as if you could see a clock mechanism and everything was moving just smoothly."* *(family member)*

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Equity of services

- DCP service users came from all levels of deprivation
- Distribution of deprivation scores similar for DCP users and non users in North Somerset and Somerset
- Report recommendation – increase uptake of services across the board

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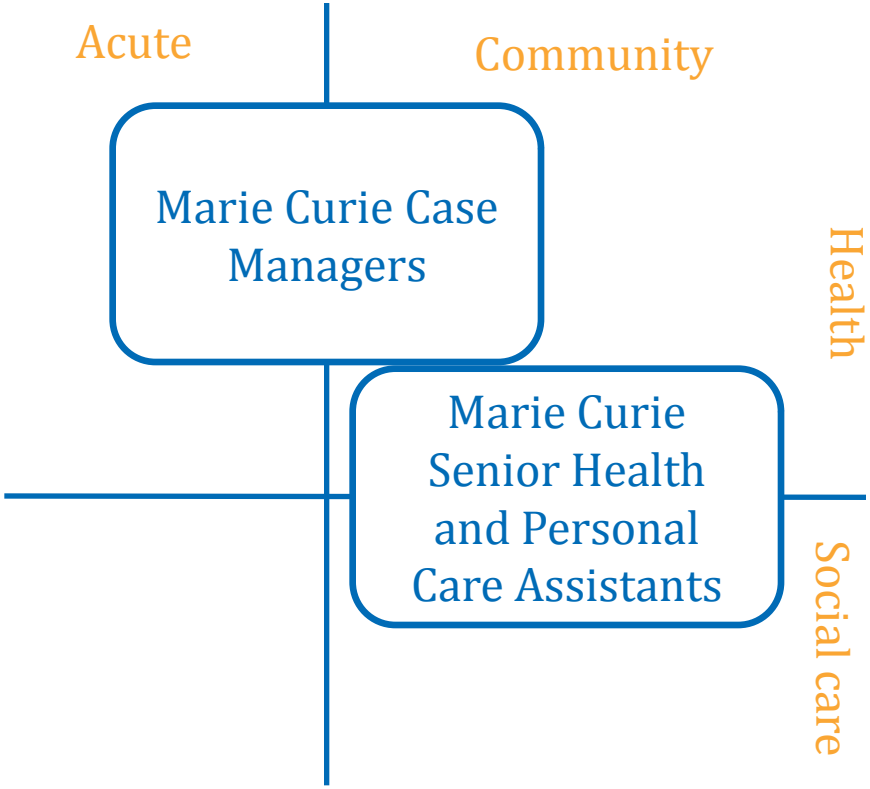
Designing services that cross boundaries



Supported discharge

- Better patient and carer experience
- Reduced deaths in acute settings
- Reduced length of stay in hospital
- Seamless transition from hospital to home
- Better utilisation of resources

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Lothian Fast Track Discharge Service

Partnership between NHS Lothian, Lothian local authorities, St. Columba's Hospice and Marie Curie Hospice and nursing

- Identified high level of unplanned hospital admissions, discharge delays and inadequate community care
- Marie Curie Discharge Liaison Nurse co-ordinate care
- Health and social care resources implemented rapidly to cover up to seven days immediately after discharge
- Evaluation underway

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Liverpool Partnership Programme

Partnership between Royal Liverpool and Broadgreen University Hospitals NHS Trust and Marie Curie

- Indentifies similar issues to Lothian
- Team of Discharge Case Managers introduced, working between the Trust and Marie Curie Hospice
- Complemented by Health and Personal Care Assistants for 72 hours following discharge
- Evaluation 2014

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End of Life Care Atlas

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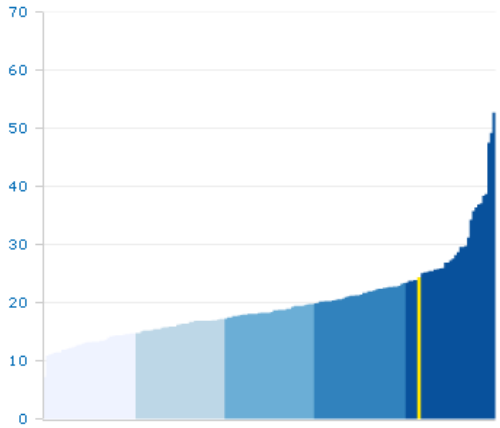
End of Life Care Atlas

Print | Feedback | Help!

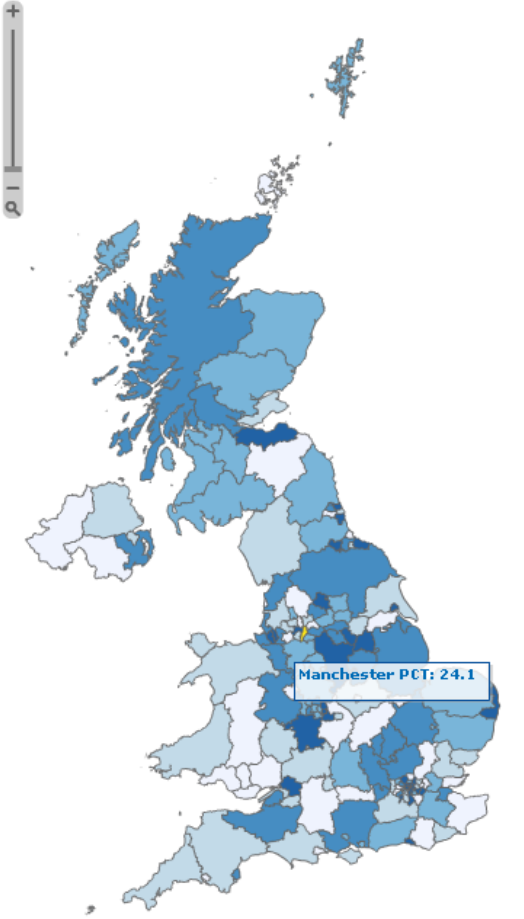
All areas chart - hover to highlight an area



Legend and overlays

- 7.1 - 14.6
- 14.7 - 17.1
- 17.2 - 19.8
- 19.9 - 23.3
- 23.4 - 52.6

Select areas here - (hold ctrl for multiple)



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Currently viewing: Estimated % of all deaths on palliative care register

Select indicators here - button below map gives details

Indicator	PCO	Value	UK average
▶ Population profile			
▼ Identification			
Estimated % of deaths with PC need on a PC...			
Estimated % of all deaths on palliative care ...			
▼ Palliative care need			
% of individuals with a palliative care need - ...			
▼ Patient and family experience			
VOICES data on experience, overall quality ...			
VOICES, Coordination of care: hospital & G...			
VOICES data on experience, Pain & sympto...			
VOICES data on experience, Support for car...			
▶ Spend			
▼ Place of death			
% Home deaths 2008-10			
% Care Home deaths 2008-10			
% Hospice deaths 2008-10			
% Hospital deaths 2008-10			
% deaths in All Other Places 2008-10			

Policy report | Select region | Indicator info | Download data

Indicator categories

- Population characteristics

Age, gender, ethnicity, deprivation etc

- Palliative care need

% of local population with palliative care need

- Identification

% of deaths with PC need on a QOF register

- Patient and family experience

VOICES data on experience, co-ordination, pain

- Costs

Declared PCT spend, 8+ day hospital admissions

- Place of death

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Atlas: variations identified

- Co-ordination of hospital and community care – 24% to 48% of users say they work well together
- Three-fold variation in % of local population who have palliative care needs – from 0.3% to 1.0%
- Identification of patients on a palliative care register – from 8% to 53% of all deaths in an area

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Supporting resources

- End of Life Care Atlas

Other resource

- Briefings
- Roundtables
- Service design support

Visit our stand or visit:

www.mariecurie.org.uk/commissioning

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Thank you

Questions

david.shaw@mariecurie.org.uk

@shawontheweb

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