# The Service

**Please describe the 24/7 service including: Where services are provided e.g. home, community, hospice, hospital?**

Population served is 235,000.

All settings are included - hospital, community, care homes (117 care homes 3580 beds), hospice advanced progressive life limiting illness of any cause. The service provides:

- 09:00 to 17:00, 7/7 face to face assessment and telephone advice (specialist nurses);
- 24 hour 7/7 telephone advice and signposting for patients and carers;
- 24 hour 7/7 medical advice and consultation if needed for health professionals;
- 24 hour 7/7 admission to hospice inpatient unit for symptom control / crisis management;
- 09:00 to 17:00 Monday to Friday and 09:00 to 14:00 weekend education support and resource for health professionals.

**Is the service for the public, patients and families or just for health professionals?**

The service is accessed by public, patients, families, professionals during normal office hours.

There is access for professionals 24/7. This is an ex directory telephone number. The patient should already be known / been assessed by these professionals.

**How do you ensure equality and equity in service provision?**

There are already lots of links via primary care and hospital services, and community access for all malignant and non malignant cases.

The service is not marketed as emergency service - emergency services are provided by primary care and District Nurses. However, the service provides a 24/7 service to support them.

**Do you involve patients, their carers or those important to them involved in the planning of their treatment? If so, please describe how this is achieved?**

Patients and those important to them are involved in 24/7 services in the same way as they are in 9-5 services. All have holistic assessment and individual plans for care.

There are no specific groups regarding service changes but the team take feedback from patients Within Queenscourt and the acute hospital and act upon that feedback.

There is a focus group in place for day therapy services.
**How is the service staffed? e.g. doctors, nurses, therapists. Does the service provide integration between health, social care and the voluntary sector? Does the service integrate with local initiatives regarding ‘urgent and emergency’ care?**

It’s just an extension of the daytime services – Palliative Care Nurse Specialist at weekends, doctors 24 hrs, inpatient staff man telephones.

There are two elements to the specialist nursing service, face to face and telephony. These services are available 9-5 / 7 days per week.

There is 24/7 access to advice for healthcare professionals through Queenscourt hospice.

The transform team (specialist nurses and other professionals) provide a 7 day service to support education / service change within the acute hospital.

There is 24/7 admission to the hospice.

---

**Implementation**

**Who funds the service? e.g. NHS / charitable sector.**

Part charitable, part NHS funded. Some parts of the service are contracted, some are not. However, the clinical commissioning group provide funding for the specialist nurses.

It is an integrated service between the hospice / community provider and hospital services. Therefore, contracting and funding arrangements are complex.

The service is unable to separate costs from the whole integrated service costs at this time.

**Can you please describe the organisational and governance arrangements that are in place to deliver the service? e.g. what follow up arrangements are there if calls are taken in the out of hour’s period?**

The following describes how the service achieve governance framework:

Clinical governance is a framework for establishing responsibility and accountability within organisations. Where services are integrated the framework also has to extend to establish responsibility and accountability across organisations.

NHS and voluntary organisations need to be committed, at a high level, to integrated working (whilst retaining their individual character, purpose and in the case of the
voluntary sector maintaining their charitable objects to satisfy the Charities Commission), recognising that it is of positive benefit and not threat to them. Services then need to able to feed into the governance frameworks within all the organisations they represent and within which they are situated. With appropriate statistical collection, cross boundary audit, regular appraisal, professional development and clinical supervision across the whole team this should be achievable.

### Are there any considerations required when implementing this service?

Good interoperable IT systems would make everyone's job a lot easier, more efficient and more thorough. The service works with a shared multiprofessional Specialist Palliative Care Service IT system which cannot be accessed remotely or from mobile connections. No consent issues because the system cannot share anything electronically. No EPaCCs in place.

### Outcomes

<table>
<thead>
<tr>
<th>How long has this service been running?</th>
<th>What quantitative performance measures are used to measure success?</th>
<th>What qualitative performance measures are used to measure success?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has been running for 7 years.</td>
<td>51% of ALL deaths (not just those known to Specialist Palliative Care Service or Gold Standard Framework) are in usual place of residence compared to 43% in hospital – this has risen over a period of five years from there being more deaths in hospital than in usual place of residence.</td>
<td></td>
</tr>
</tbody>
</table>

### Are you able to share any patient or relative testimonials or feedback regarding the service?

- 'Overwhelmed by the support of everyone involved in mum’s care. Especially the Transform team in getting mum home, but also the A&E team for their support, the DN team for all their help and H@H for their assistance and care’

- 'Delighted Mum was able to get back to nursing home via Rapid End of Life Transfer’

- 'Delighted with care and support he (husband) received and pleased he was able to die at home and very grateful for District Nursing Care’

- 'It makes a difference knowing that someone is thinking of you, and Mum and wasn’t just a name in a big organisation’
For further information please contact:

Dr Karen Groves
West Lancs, Southport & Formby Specialist Palliative Care Services
karen.groves@nhs.net
Telephone Number : 01704 517922