



North West Coast
Clinical Networks
Cheshire and Merseyside

Providing Clinical Review - Out of Hours and Specialist Palliative Care Advice 24/7

Guidance for Specialist Palliative Care Services in the hospital and community settings at weekends and bank holidays

Guidance for providing Specialist Palliative Care Telephone Advice 24 hours per day, 7 days per week

**Version: FINAL VERSION
November 2022**

Background

This service guidance has been developed through the Cheshire & Merseyside Palliative and End of Life Care (PEOLC) Clinical Network in consultation with the wider palliative care community. It reflects the following:

- Association for Palliative Medicine (APM) guidance for 'Night, weekend and bank holiday Specialist Palliative Care Services'
- Ambitions for Palliative and End of Life Care 2021-2026
- NICE guidance for End of Life Care for adults: service delivery (NG142)
- Palliative and End of Life Care Handbook for Integrated Care Boards

The guidance is intended to support best practice. The implications of implementation are for local discussion

Introduction

The Royal College of Physicians and the Association of Palliative Medicine state that where models of 24-hour, seven-day access to care have been implemented, evaluation reveals:

- Improved outcomes and experiences for patients and their families and increasing quality and standards of care.
- Improved access to hospice inpatient admission for patients requiring urgent transfer into a specialist palliative care bed, at weekends and bank holidays.
- Prevention of unscheduled, avoidable acute hospital admissions and A&E attendance.
- Improved support for providers of general palliative care throughout primary and secondary care.

Model of care and staffing for delivery of specialist palliative care across acute hospital trust and community settings at weekend and bank holidays

In line with the Association of Palliative Medicine recommended models of care, Cheshire and Merseyside PEOLC Network recommend the following for providing access to Specialist Palliative Care advice and face to face review at weekends and bank holidays:

- The service should be available for a minimum of 8 hours in each 24-hour period e.g., 9-5. Extended hours may be required to respond to local need
- The weekend and bank holiday service should be delivered by a **minimum*** of one Clinical Nurse Specialist (CNS) at Band 7 or above who has appropriate non-medical prescribing and clinical examination training.

*The assumption is the local service has undertaken an assessment of capacity and demand to be able to respond appropriately to local requirements

- The CNS should have access to advice from a senior clinician in Specialist Palliative Care who may be a Consultant, Associate Specialist, Specialist Grade, Consultant Nurse or senior specialty grade doctor.
- Where the Consultant or senior clinician in Palliative Medicine, whose advice has been sought, considers that the patient requires an urgent review (specialist palliative care or generalist) other than the assessing CNS, they should undertake this themselves or refer on for this to be carried out in line with the locally agreed policy and practice e.g. DN or GP

The staff providing the service at weekends and bank holidays will be part of a multi-professional, specialist palliative care weekday service which includes all the components of specialist palliative care – inpatient, day therapy, outpatients, community support, hospital support and education.

Access to the weekend and bank holiday service will be through a contact point determined locally. The details on how to contact the service will be circulated widely to

GPs, Primary Care Teams, “out of hours services”, Hospital staff and A&E departments. Referral criteria will include, but isn’t limited to:

- Patients with advanced, progressive, incurable disease who have complex physical, psychological, spiritual, social or carer needs.
- Where the above patient and/or family needs are unable to be met by health professionals in the current care setting and may be met by a specialist palliative care service.
- Where the current health professionals require support and advice of the specialist palliative care in respect of, for example patients dying with complex needs, challenging ethical dilemmas, complex communication issues or complex psycho-social issues.

Model of care and staffing for delivery of specialist palliative care advice 24 hours per day, 7 days per week

In line with the Association of Palliative Medicine recommended models of care, Cheshire and Merseyside PEOLC Network provides the following guidance for providing specialist palliative care advice to health care professionals in all care settings, patients and carers.

- There should be a dedicated single point of contact for providing specialist palliative care advice to health and care professionals between
 - the hours of 9am to 5pm
 - the hours of 5pm to 9am
- There should be a dedicated single point of contact for providing specialist palliative care advice to patients and carers between
 - the hours of 9am to 5pm
 - the hours of 5pm to 9am

These contact numbers should be made widely available to health and care professionals and patients known to the specialist palliative care service.

- The dedicated specialist palliative care telephone advice line will be answered by a member of staff who is suitably trained to triage the request for advice to the appropriate health care professional or give advice dependent on the model in place locally.
- The health care professional giving advice will be able to access further advice or escalate the request to a senior clinician in Specialist Palliative Care who may be a Consultant, Associate Specialist, Specialist Grade, Consultant Nurse or senior specialty grade doctor.

The staff providing the service at weekends and bank holidays will be part of a multi-professional, specialist palliative care weekday service which includes all the components of specialist palliative care – inpatient, day therapy, outpatients, community support, hospital support and education.

N.B. It will be the decision of the palliative care specialist as to whether they feel able to give indirect advice based on the information which has been provided to them.

Education & Training

Staff providing SPC telephone advice to Health Care Professionals or conducting face to face assessments should be a Band 6* nurse or above and all staff should have access to a senior clinician.

*Where a CNS contributing to weekend and bank holiday advice and face to face assessment is a Band 6, they should have the skills and competencies to do so and be supervised by a Band 7 colleague or above

It is the responsibility of the employing organisation to ensure staff providing the service have the skills, knowledge and attributes to operate within their role; autonomous working must be based on an individual's competence

There should also be in place a system for multi-professional reflective practice and clinical supervision.

Information Recording and Audit

A robust clinical governance framework is required for all 'out of hours' services. The governance framework should include all SPC providers within the PLACE based Partnership and there should be an operational policy.

The NHSE/I National Palliative and End of Life Care Programme Guidance for Integrated Care Boards Handbook advises the following to be included:

- Outcome information to referrers to the service
- Review of clinical advice given
- Activity data:
 - Number of calls received
 - Number of calls 'advice only' given
 - Number of face-to-face assessments
 - Episodes of rapid access to specialist palliative care, across primary and secondary care
 - Episodes of hospice inpatient admission for patients requiring urgent transfer into a specialist palliative care bed
 - Based on outcome data an assumption on whether
 - an admission was avoided
 - demand on community nursing services, primary care, or other applicable providers in the community was reduced
 - Patient, family, and professional feedback