The hospice movement has engendered a multi-disciplinary team (MDT) approach to the delivery of palliative care and the evolvement of the Palliative Care Clinical Nurse Specialist (PCCNS). Advancements in palliative care and better symptom management have seen a change in the PCCNS role so that patients and carers are now often seen from diagnosis to post bereavement. It is ever more essential that PCCNSs are skilled in co-ordinating and communicating with the MDT, patients and families.

With this in mind in 2008 a review of the islands PCCNS service was carried out to identify any gaps in the service; explore user’s perceptions and expectations; consider the team leader role and produce recommendations to service development.

At the time, four community PCCNSs were attached to GP surgeries within a geographical area, while two PCCNSs provided a service to the local hospitals. The comprehensive review confirmed that the service was valued by patients and health professionals on the island, but highlighted that more time was needed for the team leader to provide leadership, supervision and planning and for the PCCNSs to embrace education, audit and consultancy work.

It was felt that an integrated nursing approach (where the PCCNSs followed their patients both in hospital and the community) would eliminate duplication of effort in gathering information and relationship building, thereby releasing time for other duties and improving communication. Caseloads were redistributed and a 6 month pilot was initiated.

Service users and the PCCNSs were canvassed at the end of the pilot. The general feedback was that the patient experience was better and that communication and the PCCNSs job satisfaction had improved. The team elected to continue working in this new way therefore enhancing the patient and family experience and providing a seamless service.