Conference Papers 4

**015** COLLABORATIVE LEADERSHIP - WORKING IN PARTNERSHIP TO IMPROVE THE DESIGN AND DELIVERY OF PALLIATIVE AND END OF LIFE CARE ACROSS EAST LONDON

Ruth Bradley, Dan Farag, St Joseph’s Hospice, London, United Kingdom; Marie Curie Cancer Care

Background In 2012, St Joseph’s Hospice and Marie Curie proactively formed a strategic partnership. Unified by the shared goal of enabling more people to achieve choice at the end of life, the partnership provides the required leadership, to facilitate change and develop across EoLC services.

Aim The partnership aims to:

- improve performance across the East London EoLC system;
- develop a stronger EoLC voice locally through reforms across health and social care.
- Meet the complex and growing demand for services through collaboration, innovation, and community engagement.

Approaches used The partnership identified a number of themes that collaborative leadership could benefit from: Urgent Care; Care in the last days of life; Support for Families and Carers; Coordination of Care.

The partnership has been driving change and stimulating innovative solutions through:

- Bringing together stakeholders from across health and social care, commissioning teams and service users to develop a shared commitment for change.
- Designing new services to better meet local need with multi-borough, multi-disciplinary teams.
- Developing robust business cases to support and inform commissioning.

Outcomes Outcomes of the partnership:

- Raising the profile of EoLC across East London, and placing the hospice at the centre of developments.
- Design of an ambitious EoLC Coordination Centre.
- Undertaking detailed baseline mapping of the support available for families and carers.
- Hosting stakeholder and community events to raise an understanding of needs of families and carers, laying the foundations for change and development.

Application to Hospice practice The value of partnership work to support hospice development:

- The importance of hospices taking a pro-active leadership role in forming networks across East London.
- The value of sharing resources, expertise, learning, and networks to make improvements and facilitate the redesign of care.
- The recognition of the contribution that palliative and end of life care can make to the wider health economy.

**016** BARNSLY HOSPICE - “MAPPING OUR COMMUNITIES”

Richard Barrett, Ian Carey, Laura Conrad; Barnsley Hospice, Barnsley, UK

Barnsley Hospice offers a broad range of services to an adult population of approximately 177,000 individuals across 127 square miles of the borough.

As in many hospices, there exists a wealth of data that, if extracted, analysed and presented in the appropriate manner, has the potential to streamline operations, help focus valuable resource and improve outcomes across all areas. A recent move by the Local Authority to create six new Area Councils’ with localised budget and decision-making responsibilities has been seen by the hospice as an opportunity to take a more focused approach on community engagement with a key aim being to extract and merge relevant data to deliver an overall ‘view’ of demographics, patient activity, fundraising and key stakeholders within each area.

In order to engage with our communities, the hospice primarily needed to engage itself in the process and value of data. Data from different systems was cleansed, refined and combined into a single set and uploaded into the Google Fusion Tables product in order to display it visually on a Google Map. In addition to this, additional datasets were mined from public sites such as Health & Social Care Information Centre in order to enrich and validate the view. The map is layered, allowing various elements to be enabled/disabled according to what the individual viewer wishes to see.

The opportunity to interact with data in a ‘visual’ way has realised several key outcomes with some specific examples including:

- Enhanced engagement in data across the hospice
- Identifying geographic areas that may need additional focus on patient referrals
- Defining targeted fundraising activity
- Producing an overall picture of activity across the different areas

The tools used are, at the time of writing, currently free for non-profits and can significantly assist hospices to realise the potential of the information they hold.
cancer related lymphoedema. However, over time it became apparent that the condition for many of these patients had stabilised and they were living with chronic lymphoedema. This posed a dilemma for the hospice as to whether hospice funds should continue to be used to treat this category of ‘non-palliative’ patients. The hospice undertook a detailed activity analysis of the lymphoedema service and presented this to the NHS commissioning managers. This led to the hospice working with one PCT area to establish an NHS community based non-palliative lymphoedema service. A further, newly formed CCG decided to take a different route to offer a non-palliative service under an Any Qualified provider (AQP) contract.

**Aim** To establish a non-palliative lymphoedema service under an AQP contract as an extension to the existing experienced hospice lymphoedema service.

**Approach used**
- Hospice managers attended AQP stakeholder meeting.
- Submission of tender documentation.
- Acceptance of contract.
- Redesign of current service to accommodate new contract for wider geographical area.
- Recruitment, training of additional staff.
- Set up of data collection to meet requirements of contract.
- Setting up good working relationships with the other 3 commissioned AQP providers.

**Outcomes**
- Patients who are classed as non-palliative have the benefit of an excellent well established palliative lymphoedema service.

**Application to hospice practice.**
- The hospice now receives full funding for non-palliative patients.
- The hospice lymphoedema team are able to access additional training and gain knowledge of different conditions, this ultimately extends the range of skills and experience that they have to hand to support palliative patients.
- Non-palliative patients more prepared to accept hospice care should they have further disease recurrence or their condition deteriorates.
- Opportunity for hospice managers to gain experience in AQP commissioning process.

---

**O19 RECOGNISING DYSPHAGIA RISK AND COMPROMISED NUTRITION IN PATIENTS WITH ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): EXPLORING THE ROLE OF SPEECH AND LANGUAGE THERAPY AND DIETETICS**

Sarah Harvey, Lianne Gordon; St Joseph’s Hospice, London, United Kingdom

Background Patients with advanced COPD have an increased risk of dysphagia and malnutrition. These symptoms are frequently inter-related and can have a detrimental impact on patients’ nutritional wellbeing, frequency of exacerbations and quality of life. Speech and Language Therapists (SLT) and Dietitians possess expertise in the diagnosis and management of dysphagia and malnutrition however their role supporting palliative patients with advanced COPD is not well established.

**Aim** To explore the role of SLT and Dietitian in the screening, diagnosis and management of dysphagia and malnutrition in patients with advanced COPD.

To raise awareness of swallowing and nutrition difficulties in advanced COPD amongst patients, carers and palliative care professionals.

**Approach** Used All hospice patients with a diagnosis of advanced COPD were screened for dysphagia and malnutrition by the SLT and Dietitian over a one month period. Anecdotal qualitative information was gathered on the impact of COPD on aspects of everyday life relating to feeding including shopping, food preparation, fatigue, appetite, ability to eat a meal.

**Outcomes** The majority of hospice patients with advanced COPD presented with a degree of oropharyngeal dysphagia and malnutrition (weight loss and fatigue). Patients were unaware that eating and drinking was affected by COPD, believing that swallowing difficulties and loss of appetite were things they would ‘have to put up with’. Patients were unaware that help was available and had no understanding of the role of SLT and Dietitian in supporting their symptom management.

**Application to hospice practice** SLT and Dietitian appear to have important roles in raising awareness and supporting best management of dysphagia and malnutrition in patients with advanced COPD, to optimise their feeding and nutritional wellbeing.

Hospices caring for patients with advanced COPD should proactively screen for dysphagia and malnutrition to ensure these symptoms are recognised and appropriately managed.