PALLIATIVE MEDICINE DOCTOR AND PARAMEDIC JOIN TO FORM A PALLIATIVE CARE RAPID RESPONSE CAR. A PILOT STUDY

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Aim To pilot a palliative medicine doctor and paramedic working together within the community to respond to urgent ‘999’ calls. Is the concept feasible, beneficial to patients and cost effective? 

Method Four palliative medicine doctors across South Wales partnered the End of Life Care Lead Paramedic for WAST (EO’B) to form a PCRRRC. Potential patients were identified from the list of contemporaneous logged calls for paramedics to respond to. The PCRRRC responded to any calls where it seemed likely that it could have a positive impact upon the care of patients. 

Result During the four pilot shifts the PCRRRC attended four calls and gave telephone advice to three calls. In total 21 hours of doctor time was spent ‘on the road’. The anecdotal feedback from the four doctors was mixed. There was not felt to be an overwhelming need for the service but on two occasions it did have an impact upon decision making, including two decisions not to admit patients. The experience improved doctors’ insight into paramedic care of patients with palliative care needs. 

Conclusion This is a small feasibility study with inherent biases. The PCRRRC concept is feasible and can benefit acute clinical decision making but this pilot suggests that it is unlikely to be an efficient use of resources. There are benefits of the PCRRRC model for learning, co-ordination of care, and facilitating shared decision making. We are considering other interventions to improve the interaction between palliative care teams and WAST.

KEY INFORMATION SUMMARY (KIS) GENERATION FOR PEOPLE WHO DIED IN SCOTLAND IN 2017: A MIXED METHODS STUDY

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Introduction Key Information Summaries (KIS), introduced throughout Scotland in 2013, are shared electronic clinical summaries used to guide urgent care in the community and emergency hospital admission. The percentage of people with a KIS at the time of death can act as an indicator of access to palliative care.

Aims 1. To estimate the extent of KIS generation for people who die with an advanced progressive condition. 2. To explore GP perspectives of commencing and updating a KIS.

Methods A retrospective review of the electronic records of all patients who died in 18 Scottish general practices in 2017;