heart failure patients within the specialist palliative care services at the hospice.

The service had six core aims:

1. To establish a heart failure clinic at the hospice;
2. To develop a heart failure monthly meeting focusing on reablement and including planned sessions on fatigue management, breathlessness management etc;
3. To develop a new service planning focus group of heart failure patients and carers co-designing and co-producing future services to meet their identified needs;
4. To support the heart failure team to develop and run a heart failure multi-disciplinary team meeting in partnership with palliative care colleagues;
5. To further develop peer learning between heart failure specialist and specialist palliative care teams;
6. To establish a conversational training programme for primary and secondary health care colleagues focusing on advance care planning and prognostication in heart failure.

The project achieved five of our six objectives during the 18 month period. In addition it produced resources as a legacy to the project including patient designed leaflets for individuals being referred to the hospice, patient designed leaflets for their family and carers about allowing them to try things independently even if it takes longer to complete a task and a DVD on mastering breathlessness.

Both quantitative and qualitative data demonstrated positive outcomes, which have resulted in substantive funding from the hospice to continue the service.

The project team were invited to present the work orally at the 9th Annual Heart Failure Conference in Glasgow in March 2019, generating national interest in this partnership working.

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DOES CHANGE ACTUALLY MEAN CHANGE? HOW DID A NON-PALLIATIVE SERVICE REVIEW INFLUENCE AND BENEFIT THE PALLIATIVE LYMPHOEDEMA SERVICE?

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In January 2018 Dorothy House Hospice Care commenced a service cost project to establish baseline figures and activity that would influence the future negotiations with the Non-Palliative Lymphoedema service. This exercise highlighted that the non-palliative service was not cost effective and was ineffective in being responsive to new referrals and follow-ups.

Due to ineffective diary management, lack of clinics and lack of time to engage with external referrers both the Non Palliative and Palliative Service were affected and response to referrals were poor.

Benefits of service review

- Opportunity to fully cost out a non-palliative service and ensure the service model is cost effective and ensure transparency with contracting and costings;
- Opportunity to redesign services to enable quality improvement to be part of continuous improvement of services;
- Opportunity to integrate Palliative and Non Palliative Services together to utilise fully the skills of the wider team;

- Provide a more responsive and consultative model of care to palliative patients.

Issues

- Conflict of historic model of care and changing processes within provider and commissioning service;
- Withdrawal of non-palliative contract meant reduction in team numbers and staff consultation proceeded;
- Historic expectations of hospice providing services based on thought and not need;
- Conflict about care provision to palliative vs non-palliative patients;
- Loss of experienced staff;
- Lack of non-palliative contract knowledge by external team members created uncertainty within core palliative services.

The future Through valuation and redesign/cost modelling of the non-palliative contract we have been able to fully cost out and design a service that is responsive, safe and provides quality care in a holistic manner. Through remodelling of the service we have been able to create additional time to support existing staff within the hospice to understand palliative lymphoedema and provide support and guidance to the patients etc. based on the lymphoedema service.

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IMPLEMENTING A BESPOKE AND DEDICATED TRIAGE PROCESS FOR REFERRALS TO A HOSPICE LYMPHOEDEMA CLINIC

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Aim To improve the patient experience for anyone diagnosed with cancer or a life limiting illness who has been referred to the hospice for lymphoedema treatment.

To provide a more personalised, responsive service, allowing patients a more appropriate appointment in their preferred clinic location to reassure them and provide education at an earlier time point.

Description The team developed a bespoke triage process and improved the patient experience by mapping the existing lymphoedema service referral process and developing clear aims, objectives and key performance indicators.

A new process and criteria was designed, tested, implemented and evaluated with the aim of improving the response of the first contact. We provide patients with an earlier opportunity to access other hospice services to improve their whole experience.

All referrals are triaged by a lymphoedema specialist by telephone within one week of receiving the referral and a bespoke template is then used to identify the level of need and to determine the priority of care required.

Evaluation The results have shown this change in service delivery has dramatically improved the process of referrals and has had a positive benefit to the patient and carer experience by addressing all forms of physical and emotional distress as demonstrated in our Service Quality Health Survey.

This has reduced the number of inappropriate referrals and the team has been able to signpost patients to other hospice services in a more timely way, thereby reducing waiting time, multiple telephone contacts and unnecessary visits and enabling a more personalised and responsive service.