Rotherham Palliative Medicine Service

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Fiona Hendry

1 April 2011 – 31 March 2014

No

1. Purpose

This specification describes the services which the commissioner expects to be delivered and maintained throughout the period of the contract. It follows that the provider should notify the commissioner promptly of any in-year failure to deliver the service as specified. Significant changes in service will be subject to formal written agreement to vary the contract.

This specification should be read in conjunction with the Rotherham Hospice overall contract and schedules.

1.1 Aims

The Specialist Palliative Medical Team will provide expert leadership, advice, and symptom management to patients, carers and health care professionals across Rotherham.

1.2 Evidence Base

Palliative Care

Palliative care is the active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.

Consultants in Palliative Medicine provide clinical leadership to palliative care teams. Their role includes direct clinical care, leading palliative care multidisciplinary teams and providing advice to colleagues in primary and secondary care. They are integral parts of hospital, and community palliative care teams and are responsible for inpatients in Rotherham Hospice. Patients are referred and seen depending on need and not diagnosis, and may be seen at any point in their illness from diagnosis, but more usually as they approach the end of their lives. The focus is on quality of life and symptom control and enabling patients to have as good a quality of life as possible until they die.

Consultants in Palliative Medicine also play a role in the strategic development of palliative care.
services, including medical director at Rotherham Hospice, clinical lead, clinical tutor and training and research.

For more detailed description of Palliative Medicine as a speciality/ service under which principles this service will be delivered please refer to;

“Consultant Physicians working with Patients, Palliative Medicine”. Royal College of Physicians Publication

1.3 General Overview
To provide a Consultant led Palliative Medicine service that includes leadership, education and advice to health care professionals, patients and carers. Assessment, and symptom control of patients with palliative care needs regardless of diagnosis, or environment eg within a community, Hospice or Hospital setting.

Client Group:
Any person over 18 yrs in Rotherham requiring Specialist Palliative Medicine consultation or advice.

1.4 Objectives
- Provide leadership and education to generalists and specialist teams
- Provide palliative medical services across all settings 24/7
- Provide medical leadership to The Rotherham Hospice
- To lead the palliative care team according to National evidence based standards

1.5 Expected Outcomes including improving prevention
To provide evidence based palliative care that ensures;
- The avoidance of inappropriate and futile treatment for people with life limiting illness
- Access to a Palliative Care consultant 7 days per week (in line with improving outcomes guidelines 2004)
- The optimisation of medical and pharmacological care to manage symptoms
- Patients die with dignity and are pain free
- The increased opportunity for preferred place of care
- Increased patient/carer satisfaction
- A reduction of inappropriate hospital admissions
- The Rotherham Hospice medical services continues develops to meet changing needs

2. Scope

2.1 Service Description
The Medical team will;
• See patients according to need and not according to setting or diagnosis.
• Be a Palliative Medicine resource for all health care professionals in Rotherham who are 
caring for patients with palliative care needs.
• Communicate in a timely and effective manner with health care professionals and 
patients.
• Work in partnership with the health care team currently looking after the patient.
• Provide 24/7 medical cover. (Commissioning of out of hours medical services is currently 
under review).

2.2 Accessibility/acceptability
The service is available to adults over the age of 18 years, regardless of ethnicity, sexuality, faith 
or gender. It is provided for patients requiring specialist palliative care who have an active, 
progressive, advanced and terminal illness & a complex level of need. The service will 
encourage a positive and sensitive approach to issues of sexual orientation and gender identity 
and ensure that questions and activities do not assume that service users are heterosexual.

The service will work closely with families and carers to encourage appropriate packages of 
support are in place.

The service will strive to ensure that it is fully accessible and responsive to the diverse needs of 
all groups and communities it serves. The service will provide tailored support for black and 
minority ethnic (BME) elders their carer’s and families. Training needs will be identified and 
facilitated that will provide staff with the appropriate training to ensure a culturally sensitive 
approach is adopted. The team will actively engage with the BME community and individuals 
with learning disabilities including their family/carers, with a view to raising awareness of 
palliative medical care to ensure preferred priorities of care is offered

Provide access to Specialist Palliative Medical care and advice for all patients in all settings 
across Rotherham 24/7

To access professional development/appraisal via Rotherham Foundation Trust

2.3 Whole System Relationships
To work across the Rotherham health community.

2.4 Interdependencies
• Rotherham Foundation Trust (who will host the employment of the medical team.)
• GP’s
• All community nursing and therapy services.
• Macmillan
• Marie Curie/Liverpool Care Pathway
• Voluntary sector

2.5 Relevant networks and screening programmes
To be part of the Senior Management Hospice team
To be a member of the end of Life Commissioning Group
To lead the End of Life Care Advisory Group
To lead the Palliative Care MDT
North Trent Cancer Network
Rotherham Cancer Centre
National Council for Palliative Care

2.6 Cross Border Care Agreement
Access to the hospice specialist palliative care services is available to patients registered with a Rotherham GP.

Access for patients outside this criterion is at the joint provider and host commissioners discretion

3. Service Delivery

3.1 Service model:
The medical team consisting of 1.85 WTE consultants and 0.7 WTE Speciality Doctor will be employed by Rotherham Foundation Trust and managed by the Rotherham Hospice Trust. The team will be supported by GPwSI (outlined in hospice specification) The team will work across all settings to deliver appropriate, local, palliative care including;

Leadership and Education
Provide Medical Director Leadership to the Hospice Trust
Lead and manage the GP’s with Special Interest employed by the Hospice
Lead the ongoing development of the palliative care team
Provide specialist advice to health care professionals re symptom control or other issues within palliative medicine.

Community Specialist Medical Care
Assessment of patients in their own home at request of patients, GP, or Community Palliative Care Specialist Nurse.

Rotherham Hospice Specialist Medical Care

Inpatient care
Have clinical responsibility for patients at the Rotherham Hospice

Day Hospice
Assessment, treatment and advice and of patients highlighted by Day Care Staff.

Rotherham Foundation Trust Specialist Medical Care
Medical assessment of patients referred by hospital teams to the Palliative Care Team or Consultant in Palliative Medicine.

Weekly out patients clinic at Rotherham General Hospital and ad hoc outpatients at Rotherham
Out of Hours Specialist Medical Care

The team will provide medical cover 24/7 supported by a number of GP’s with Special Interest in Palliative Care. This service is currently under review and is covered in the Hospice service specification.

3.2 Care Pathway(s)

The service is to provide care in accordance with agreed local clinical guidelines.

- Liverpool Care Pathway- Version 12
- Gold Standard Framework
- Preferred Priorities for Care
- Rotherham Palliative/End of Life Care Strategy

See appendix 1

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

A palliative care service for the people of Rotherham

4.2 Location(s) of Service Delivery

Patients main residence (including care homes)
Rotherham Hospice
Rotherham Foundation Trust

4.3 Days/Hours of operation

<table>
<thead>
<tr>
<th>Location</th>
<th>Days/Months</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotherham Hospice In Patient Unit.</td>
<td>365 days a year</td>
<td>24 hours a day</td>
</tr>
<tr>
<td>R. Hospice Day Unit</td>
<td>Mon to Fridays</td>
<td>between 10 am &amp; 3 pm</td>
</tr>
<tr>
<td>RFT Wards</td>
<td>Monday to Friday</td>
<td></td>
</tr>
<tr>
<td>RFT OP</td>
<td>Mondays</td>
<td></td>
</tr>
<tr>
<td>Home Visits</td>
<td>Monday to Friday</td>
<td>By arrangement</td>
</tr>
</tbody>
</table>

4.4 Referral criteria & sources

Specifically for Palliative Medicine Opinion

If patients are referred to
Community Macmillan Nurses
Day Hospice
Hospice
Hospital Macmillan Nurses
Referrers should be made aware that patients may be referred on for Palliative Medicine opinion.

4.5 Referral route
From Consultants or GPs to the Consultant in Palliative Medicine, by letter, fax or by telephone for advice.

4.6 Exclusion criteria
Anyone under the age of 18 years
Anyone who does not have a life limiting illness

4.7 Response time & detail and prioritisation
Contact within two days, seen within one week of contact.

5. Discharge Criteria and Planning

Patients at the end stage of their disease are never discharged from the specialist palliative care service.

6. Prevention, Self-Care and Patient and Carer Information

7. Continual Service Improvement/Innovation Plan

<table>
<thead>
<tr>
<th>Description of Scheme</th>
<th>Milestones</th>
<th>Expected Benefit</th>
<th>Timescales</th>
<th>Frequency of Monitoring</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of Measurement</th>
<th>Frequency of Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insert relevant Vital Signs indicators</strong></td>
<td>Improve choice of place of care</td>
<td>&lt;60%</td>
<td>% of deaths in hospital</td>
<td>Quarterly</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------------</td>
<td>------</td>
<td>-------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&gt;40%</td>
<td>% of deaths at home</td>
<td></td>
</tr>
</tbody>
</table>

| **Insert relevant indicators from National Indicator Quality Improvement Programme** | Palliative medical care | 24/7 access |

| **Insert selected indicators from Transformation Guides** |

<table>
<thead>
<tr>
<th><strong>Service User Experience</strong></th>
<th>Carers/relatives Bereavement survey</th>
<th>&gt;70%</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Young carers survey</td>
<td></td>
<td>Annual</td>
</tr>
</tbody>
</table>

| **Experience Improvement Plan** |

<table>
<thead>
<tr>
<th><strong>Equality Impact Assessments</strong></th>
<th>EIA performed</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>development of action plan</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

| **Reducing Inequalities** | Increase service to include non cancer patients | % of patients who do not have cancer | Quarterly |

| **Reducing Barriers** |

| **Personalised Care Planning** | All patient contacts will generate a written record and when the patient is in the Community a letter to referrer | 100% | All patients will have an advanced care plan |

| **Outcomes** |

<table>
<thead>
<tr>
<th><strong>Local indicators</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase choice of preferred place of care</td>
</tr>
<tr>
<td>Liverpool Care Pathway</td>
</tr>
<tr>
<td>Service improvement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence of PPC offered</th>
<th>&gt;80%</th>
<th>&gt;90%</th>
<th>Quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals to PC service on the LCP</td>
<td>5%</td>
<td>Random sample</td>
<td>Individual care plans</td>
</tr>
<tr>
<td>After death analysis</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Performance &amp; Productivity</strong> |</p>
<table>
<thead>
<tr>
<th>Insert relevant indicators from Transformation Guides</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Productivity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unplanned admissions</td>
<td>Decrease of inappropriate emergency admissions</td>
<td>&lt;10% of patients on LCP</td>
<td>EOLC register</td>
</tr>
<tr>
<td>Access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All patients accepted for referral to the service</td>
<td>Contacted within 2 working days.</td>
<td>&gt;90%</td>
<td>Systome patient record</td>
</tr>
<tr>
<td>Improving outcomes guidance</td>
<td>Seen within 7 working days (from date of contact)</td>
<td>&gt;85%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access to a PCC 7 days per week</td>
<td>&gt;95%</td>
<td>Consultant Rota</td>
</tr>
<tr>
<td>Support for professionals</td>
<td>Number of structured educational sessions delivered</td>
<td>Training records</td>
<td>Internally 3 months Commissioner Annually</td>
</tr>
<tr>
<td>Additional Measures for Block Contracts:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff turnover rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 9. Activity |  |  |  |
| 9.1 Activity |  |  |  |
| Activity Performance Indicators | Method of measurement | Baseline Target | Threshold | Frequency of Monitoring |
|-----------------|-----------------|-----------------|-----------------|
| EOLC register | Number of patients on district wide EOLC register |  |  | Quarterly |
| EOLC register | Number of patients placed on the district wide EOLC register |  |  | Quarterly |
| Access 24/7 | Number of calls OOH |  |  | Quarterly |
| Access 24/7 | Number of admissions OOH |  |  | Quarterly |
9.2 Activity Plan / Activity Management Plan

Performance review of Consultant in Palliative Medicine will be with the Rotherham Hospice Trust.

The service as a whole will be subject to annual review including production of a Rotherham Hospice Trust annual report.

9.3 Capacity Review

10. Currency and Prices

See finance schedule

10.1 Price

<table>
<thead>
<tr>
<th>Basis of Contract</th>
<th>Currency</th>
<th>Price</th>
<th>Thresholds</th>
<th>Expected Annual Contract Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block/cost &amp;volume/cost per case/Other________</td>
<td>£</td>
<td></td>
<td></td>
<td>£</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>£</td>
<td></td>
<td>£</td>
</tr>
</tbody>
</table>

*delete as appropriate