

The Paediatric Palliative Care Team

- Medical Staff:
 5 Consultants (all part time)
 2 Clinical fellows
 1 Paediatric sub-speciality trainee
- Nursing staff:
 7 Clinical Nurse Specialists
- Admin:
 3 administrators
- Pharmacy:
 1 pharmacist



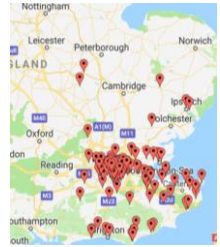
Bereavement Team:
 3 Bereavement Counsellors



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How the paediatric team differs from adult services

- Large geographical area
- Long term management
- Community and hospital
- Many patients for full active management



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Innovations & Development

- Cardiac Pathway
- Transfers out of hospital for extubation
- Antenatal pathway
- Hub and Spoke network development



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Guy's and St Thomas' Hospitals and Community service

Integrated service supporting adults with progressive life-limiting conditions across Guy's and St Thomas' hospitals and the communities of Lambeth and Southwark*. In addition to providing outpatient services across the much wider geographical network served by the Trust.



St Thomas' Hospital, Westminster, SE1 7EH Home to one of the largest critical care units in the UK and one of the busiest Emergency Departments	Guy's Hospital, Great Maze Pond, SE1 9RT Guy's is a major elective centre specialising in cancer, urology, renal and ENT.	Guy's Cancer Centre, SE1 3SS Home to our SPC Outpatient clinics and is one of the UK's leading centres for Cancer treatment and research.	Townley Rd, East Dulwich, SE22 8SW Two densely populated boroughs, with a joint population larger than that of Manchester, though in half of the space. Rich social and ethnic mix with higher levels of "Deprivation compared to the national average"	Lambeth and Southwark Boroughs
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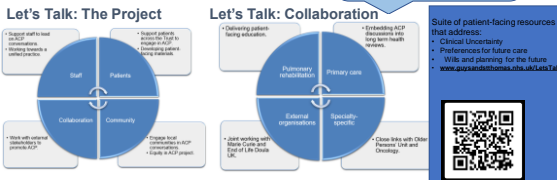
*Pallhome and EoL cover entirety of both boroughs, Comm Pall care including virtual ward cover north of the boroughs
 **source Guy's & St Thomas' Foundation & CQC inspection report

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Let's Talk: Advance Care Planning

- Our vision
- Planning for the future is something that anyone can do, at any time.
 - Patients deserve to have the information and support they need to make decisions about their future care.
 - Healthcare staff deserve to have the knowledge and skills to support patients make decisions about future care.

It was helpful that staff recognised that these conversations can be challenging and that further information is needed to support".
 Daughter of patient



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Let's Talk: Equitable Care

Project Scope

Challenge	Options	Capability & resources	Benefits	Timeline
Identify and address the diverse range of advance care planning, palliative & EoL educational and professional training & resources for patients & staff	Develop and deliver educational and training materials for staff	Capacity & resources	Improved patient and staff understanding of advance care planning	2022-2023
Engage and educate patients and public	Develop and deliver educational and training materials for patients	Capacity & resources	Improved patient understanding of advance care planning	2022-2023
Engage and educate staff	Develop and deliver educational and training materials for staff	Capacity & resources	Improved staff understanding of advance care planning	2022-2023
Engage and educate community	Develop and deliver educational and training materials for community	Capacity & resources	Improved community understanding of advance care planning	2022-2023
Engage and educate partners	Develop and deliver educational and training materials for partners	Capacity & resources	Improved partner understanding of advance care planning	2022-2023

Other Innovations at GSTT

Marie Curie Volunteer Companion service

- Companionship and emotional support
- Practical support
- Stepping in so families or carers can take a break
- Information on further support and advice
- Call: 020 3370 2208 (8am to 10pm Monday to Sunday)
- The hours of operation for the service: Sun to 10pm Mon-Sat
- *Subject to volunteer availability



Jeanne Bate Matron for Palliative and End of Life Care (from March 2023) and previous Advance Care Planning Project Facilitator CNS (January 2022 to March 2023), Guy's and St Thomas' NHS Foundation Trust <https://www.guysandstthomas.nhs.uk>
 Elena Ivany Advance Care Planning Project Facilitator CNS, Guy's and St Thomas' NHS Foundation Trust <https://www.guysandstthomas.nhs.uk>

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Palliative care, Denmark Hill

- Nearly 1000 inpatient beds, predominantly serving the populations of Southwark, Lambeth and Lewisham.
- We rank as the 17th busiest hospital in the UK and have one of the largest no. of intensive care beds in the UK (90+).
- There is never a 'normal day'....
- Many specialist services, national and international. These include: being one of 8 hyper-acute stroke centres in London; a major trauma centre with helipad, specialist haematology / bone marrow transplant services; a liver transplant centre and a specialist neurosurgery centre. Significant investment in services, but lack of investment into palliative care to support!
- Our team comprises: 1 senior admin / service manager, 1 admin role, 5.25WTE palliative medicine consultants (including 3 clinical/academics), 9 clinical nurse specialists, 2 palliative care social workers; 1 practice development nurse; 1 matron and 1 nurse consultant. We receive more than 1,500 referrals a year from across the site (average case load 40-50 patients). We have a much higher percentage of sick younger people in comparison to many sites (27% of referrals are for patients aged 24 to 65 years)
- Seven day on site CNS service (8-6) supported by medical teams.
- Co-located with the academic department in the Cicely Saunders Institute.
- Integral to the Clinical Academic Group.

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Where do we want to be?



- Hold on to what we have and avoid attrition through the hospital financial position.
- Prioritise staff well-being.
- Continue / build on collaborative working with PRUH, GSTT, broader community.
- Aiming to move from a reactive to a more proactive service; aim to prioritise inclusivity.
 - Identifying key areas for biggest impact.
 - Need to support new AMU when open alongside the expanded ITU service.
 - We want to increase our input into complex decision making in ITU, complex haematology patents (CAR-T treatments), transplantation.
 - Exploring options for Diversity nursing post.
 - Streamlining educational / visitor 'offer'.
 - Increasing clinical input across Clinical Academic Group within King's Health Partners.
- What could we do better?

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PRUH Palliative Care Team




500 beds

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Specialist palliative care in a DGH

- ▶ Multidisciplinary team
 - ▶ 3.8 WTE consultants, 5.9 WTE Band 7 CNS, 1 Band 8a, 0.8 WTE SW, 1 WTE admin
- ▶ Cover PRUH and Orpington hospital
- ▶ SPC referrals
- ▶ 1400-1500 referrals a year
- ▶ Majority of caseload non malignant/multimorbid/frail
 - ▶ 40% cancer diagnosis
- ▶ Referrals can be late in hospital admission
- ▶ 7 day CNS service but challenging to cover
- ▶ Part of KCH – work closely with DH/CSI team

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Innovations and Challenges

- ▶ Maintaining a 7 day service
 - ▶ Staff well-being
 - ▶ Ongoing discussions about expansion of CNS Team
- ▶ Palliative care in frailty
- ▶ Palliative care at the front door
- ▶ Education
 - ▶ EOL faculty, SIM, regular offer to MDT teams

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Specialist Supportive and Palliative Care Team RBHH

Innovations and Developments

- A service evaluation is being carried out taking the form of a needs assessment to identify unmet palliative care needs amongst patient accessing care at Harefield Hospital.
- Successful bid to the Showing we Care for funding for a years pilot to provide clinical supervision to all clinical members of the team. Aim to evaluate and deliver a business case for Trust funding at the end of the pilot. Thanks to Lillian Zoubiri.
- Following a successful application to the RBH charity funding for one years funding a 0.5 WTE clinical academic research nurse was recruited into the team who is now completing a project to improve the management of the symptom of breathlessness amongst patients at HH and RBH.
- At Euro ELSO in April and at the Association of Palliative Care Congress in June last year oral and poster presentations were made for the work done at both sites to provide enhanced support to families of patients in ITU on ECMO.



NHS
Guy's and St Thomas'
NHS Foundation Trust

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Specialist Supportive and Palliative Care Team RBHH

Staffing

- Consultant in Palliative Medicine
 - Royal Brompton- 0.8 Whole time equivalent (WTE)
 - Harefield – 0.7 WTE
- Band 8a Team Leader- 1.0 WTE
- Nurse Band 7- 6.0 Whole time equivalent (WTE) (0.4 practice educator)
- Admin Band 4-1.0 WTE
- Currently at full establishment
- Band 8a and one Band 7 post sponsored by MacMillan



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Specialist Supportive and Palliative Care Team RBHH

Challenges

- Managing uncertainty in two tertiary cardiothoracic hospitals
- Dying often diagnosed late in patients journey
- Over 50% of patients referred die in intensive care unit
- Lack of a seven day service
- No medical support for pall care OOH nursing on call at HH
- Stand alone Consultant in Pall Med at HH



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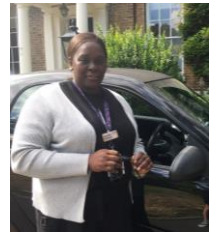
Royal Trinity Hospice
Current and Future Service Innovations

Helen Brewerton Head of Specialist Community Nursing
Sam Lund Medical Director

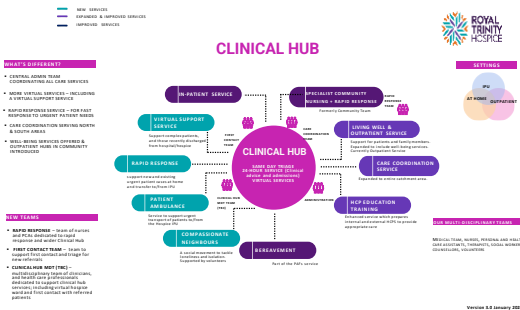
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Patient Services

- Inpatient, community and living well
- 5 year growth strategy to reach more patients
- Transform Programme launched April 2022 to revise our model of care aiming to:
 - Make best use of our existing workforce model and facilities, utilising digital and virtual working
 - Extend our reach across all of our diverse communities
 - Strengthen our collaboration with partners using innovative pathways
 - Invest in expanding our services, workforce and facilities



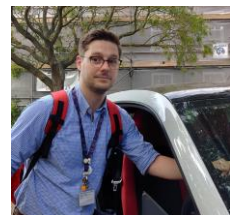
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Current Highlights and Innovations

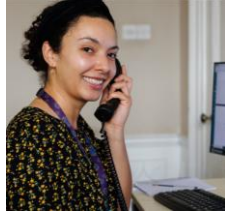
- Living well service
- Community Engagement
- Rapid response service
- Increased skill mix in community team (especially PCA role)
- Advancing practice CNS role supporting development of new CNSs
- Substantive medical role in community team and increased rotational roles
- SPOA and care coordination



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Future Innovations

- Virtual Support Service
- Trinity Ambulance
- Overnight rapid response service



University Hospital Lewisham (UHL)

Team and service	UHL service	Innovations & development	Challenges/discussion points
<ul style="list-style-type: none"> Lewisham and Greenwich NHS Trust – UHL, GEM and Lewisham community nursing UHL - DGH hospital palliative care service ~400 adult beds Cancer unit <p>UHL team</p> <ul style="list-style-type: none"> 1 wte band 8a lead nurse 6 wte band 7 CNS* (2.4wte vacancies) 1 wte consultant 1 wte administrator No dedicated AHP, SW or discharge co-ordinator role Limited access to psychological support No separate 'end of life' service 	<ul style="list-style-type: none"> 24/7 service 7-day CNS visiting Consultant on call rota KCM/GSST/UHL (not contracted) Increasing referrals 2022-2023 ~900 referrals 2023-2024 projected >1000 <p>Annual referrals</p>	<ul style="list-style-type: none"> Team working / cohesiveness - good staff retention Co-ordinator/triage role Managing increasing demand – clinical and non-clinical / education Maintaining 7-day service (so far) National audit participation (NACEL + other) Intermittent research participation (non-drug) 	<ul style="list-style-type: none"> Workforce/recruitment/succession planning Palliative care data How do we continue to meet increasing demand? Roles and responsibilities - increasing expectations of SPC services Advance/future care planning and UCP – whose role? Hospital discharge processes including FT CHC Case mix - cancer/non-cancer/critical care/dying - final days- Jack of all trades??

