CPCC

• Consultant lead rapid access unit providing short term intervention for palliative care patients with complex needs requiring specialist multidisciplinary input, within the North Down and Ards community area
Referral Source

- Acute Hospital Specialist Palliative Care team on discharge
- Hospital colleagues / other rapid access hubs
- Hospice nurse specialists in community
- Specialist community AHP’s
- GP’s
Staff resource

• Palliative Medicine consultant and specialist nurse 3 sessions per week, Specialist pharmacist 2 sessions per week

• Weekly MDT meeting which includes community palliative AHP’s and NIH nurses

• Referral criteria for MDT discussion

• Advanced and progressive life limiting illness - malignant or non malignant
  Complex symptoms and/or
  Complex AHP needs and/or
  Complex psychosocial issues
Specialist Medical / Nursing / Pharmacy input

• Complex patients seen by consultant or specialist nurse and pharmacist in CPCC or at home or reviewed by phone

• Advisory service for GP’s (telephone or CCG) and hospice nurse specialists (patients discussed at MDT and other patients known to community teams)
Aim

• Symptom management at home and close liaison with hospice. Aim to minimise acute hospital admissions

• Early review after discharge from hospital with hope of shortening length of admission. Continuity of staff and patient care across acute and community settings
Short Intervention

• Patient discharged from CPCC caseload when a stable plan of care established

• AHP and NIH team have a wider community caseload beyond the CPCC patients so when d/c from CPCC caseload are often followed up by individual team members

• Can be easily rereferred back for discussion

• If no follow up planned patient or GP can recontact if further review needed
A consultant led rapid access unit providing short term intervention for palliative patients with complex needs within the North Down and Ards community area, requiring specialist multidisciplinary palliative care input.

The aim is to provide improved continuity between acute and community, facilitating earlier discharge from hospital and enabling patients in community to be managed at home or in an outpatient setting as an alternative to acute hospital admission.

**Referral criteria**

Patient with advanced and progressive life limiting illness – malignant or non malignant

**AND**

Experiencing unresolved physical symptoms **OR** Patient would benefit from a period of palliative rehabilitation or non-pharmacological management or psychological / financial support from the AHP team

**Exclusion criteria**

• Acute problem needing hospital admission
• Patient in stable phase of illness who can be managed by the primary care team
• Short intervention would not be beneficial and longer term follow up by NIH nurses, specialist AHP’s, Marie Curie Day Therapy or Palliative Medicine OPC more appropriate

**Services**

• Palliative consultant and specialist nurse clinics 2 sessions per week
• Multidisciplinary discussion of patients weekly
• Palliative physio and OT clinics

**Referrals**

• Referral form from hospital or community specialist palliative care team emailed to CPCC
• Referrals also received by letter / email from consultant colleagues / other hubs
• Referrals from GP through CCG or vocera advice

**Challenges**

• Gathering data
• Limited referrals from GP’s
• Overlap between rapid access staff and community staff
• Challenges with generic referral form for all MDT staff

**Next steps**

• Establish role of CPCC physio and OT
• Develop nurse led clinics
Palliative care Rapid Response

How much did we do?

- 29 patients required consultant medical intervention (78 reviews)
- 37 F-2-F (Clinic/Domiciliary)
- 41 telephone reviews
- 19 patients required consultant advice outside MDT
- 27 telephone advice calls

A total of 99 patients required palliative care input

- 34 joint Consultant/nurse reviews
- 27 Dr only reviews
- 15 Nurse reviews
- 2 Pharmacist reviews

65 patients had MDT intervention
Total: 218 MDT discussions

An additional 18 patients required advice (from GP and NIH nursing team)

How well did we do it?

- 26 patients remain on palliative care case load
- 32 patients discharged

- 41% of patients remained at their preferred place of care (PPC) (13/32)
- 34% did not have PCC reported (11/32)
- 25% did not remain in PPC (8/32)

- 62.5% reported symptoms had improved (20/32)
- 37.5% had on-going symptoms (12/32)

- 62.5% had a stable plan of care
- 37.5% unstable plan of care

Symptom control / need for equipment/ support

Reports period: Apr22 – Jun22
**Palliative care Rapid Response**

**Is Anyone Better Off?**

71% (n=46) patients **avoided** admission

29% patients **admitted** (n=19)
Average: 14.5 day stay

11 referred to hospital palliative care team (PCT):
5 within 2 days,
3 within 3-5 days admission, 2 >5 days,
1* transfer to other hospital

**How?**

- Symptoms managed at home (n=41)
- Direct hospice admission (n=5)

**Why?**

- Sepsis requiring antibiotics (n=4),
- Uncontrolled nausea and vomiting (n=1)
- Falls (n=3)
- Poor swallow and constipation (n=2)
- Jaundice (n=1)

5% admissions **avoidable**

**Who organised admission?**

- Oncology team (n=2)
- GI team - post OGD (n=1)
- Patient/Family (n=2)
- ED attendance (n=11)
- Unclear (n=3)

16 admitted in hours, 2 admitted OOH

**Outcomes**

- 12 discharged:
  - 10 discharged home;
  - 2 to Hospice;
  - 6 died in hospital
  - 1 remain in hospital

Bed days saved from early discharge 43 (n=6)
Bed days saved from patient review in community 171 (n=20)
Bed days saved from direct admittance to hospice 101 (n=5)

Follow up post-discharge CPCC (n=8)
Tel review after discharge (n=1)
Readmitted (n=1)
Case Example

• 73 year old man
• Referral from GI CNS
• Intrahepatic cholangiocarcinoma
• Liver capsule pain
• Seen in CPCC 6 days later – Analgesics altered and trial of steroids, bloods checked
• Tel r/v 5 days later – pain improved
• CNS 5 tel reviews over following 3 weeks – reducing steroids and managing s/e
• Further phone review – nausea and constipation – meds changed and face to face review planned
• MST increased. Antiemetics altered
• Bloods and CXR
• CTPA requested
• AB commenced
• Follow up telephone review
• Laison with GP
• Hospital admission avoided
## Patient Feedback

<table>
<thead>
<tr>
<th>My experience today was...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent and caring. Professional in all manner</td>
</tr>
<tr>
<td>Excellent face to face consultation with Dr Anderson and her colleague</td>
</tr>
<tr>
<td>Very informative and helped me understand the medication more</td>
</tr>
<tr>
<td>No issues. Professional. Friendly. Helpful. Thoughtful. Understanding and considerate to my needs</td>
</tr>
<tr>
<td>Much appreciated. I had been in a lot of severe pain</td>
</tr>
<tr>
<td>As always, all of the above boxes ticked over the page. Some extra specific information and starting new extra pain relief meds</td>
</tr>
<tr>
<td>What went really well today was...</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>Dr Anderson and her staff allow plenty of time to discuss issues and check my well being whilst attending their check ups. I never feel rushed and plenty of time to discuss my concerns</td>
</tr>
<tr>
<td>Review of pain relief medication including dose focus as necessary. Explanation of probable cause of pain/swelling in left leg and foot</td>
</tr>
<tr>
<td>The friendly staff and the information provided. They spoke to us in terms that we could understand</td>
</tr>
<tr>
<td>Listened to my pain issue</td>
</tr>
<tr>
<td>Very beneficial as the pain relief was excellent. I felt very supported</td>
</tr>
<tr>
<td>Anything else about today you would like to tell us...</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Dr Anderson, Attracta and all staff treat me with great respect and dignity and make me feel important and this gives me a great boost to my well being</strong></td>
</tr>
<tr>
<td><strong>A good and very helpful appointment at the Community Palliative Care Centre</strong></td>
</tr>
<tr>
<td><strong>Just to mention the friendly nature by which we were welcomed by the receptionist and all staff</strong></td>
</tr>
<tr>
<td><strong>Staff are very helpful. Nothing is too much trouble. Very understanding. Still aiming to get pain under control</strong></td>
</tr>
<tr>
<td><strong>This review meeting takes time to help and explain matters to me. I value this repeat review and totally rely on its supporting me</strong></td>
</tr>
</tbody>
</table>
Recent Developments

• Rapid Access Physio and OT
• Allows joint review and clinics in CPCC
• CNS sessions with NMS money – greater focus on early discharge from hospital and follow up post discharge
• Bed days saved
• Ongoing CNS input if funding allows