

NHS Fife, Specialist Palliative Care Day Service Care Bundle Initiative

A local story

Context

In light of evidence that of the 1% of people in Scotland who die each year, 80% will have palliative care needs and 20% will not receive it, NHS Fife's specialist palliative care service saw the invitation to participate in the Living Well in Communities (LWiC) palliative care programme as an excellent opportunity for focused work on improving identification and coordination for people who may benefit from a palliative approach, in alignment with the Scottish Government's vision, set out in its [Strategic Framework for Action on Palliative and End of Life Care](#), that "by 2021, everyone in Scotland who needs palliative care will have access to it".

An early challenge for Fife's specialist palliative care team was to isolate only one initiative, from its many ideas, for a robust quality improvement approach within the eighteen month timescale for the programme since, up until then, the service's improvement work had been largely dynamic in nature. Supported by Maxine Jones, Associate Improvement Advisor, the service collated its ideas into a strategic work programme and several potential community-based improvement initiatives were scoped during the course of the first year. Whereas some showed early promise, and proposals were developed, various constraints ultimately precluded their suitability for the LWiC programme in the timescale given. Looking closer to home, earlier work led by specialist palliative care's hospital advisory team, in which the Palliative Performance Scale and Phase of Illness (PPS/PoI) had been successfully introduced in the acute hospital setting as a common language for describing the stages of advanced illness and care needs, and had led to improved care planning and earlier discharge from hospital, it made sense for the approach to be adopted across the entire specialist palliative care service. In summer 2018, a test of PPS/PoI showed promise in triggering MDT review for people attending specialist palliative day service and led to the development of a care bundle which was tested over the course of the ensuing six months.

Day Service in Fife

For people living with life-limiting conditions, specialist palliative day services can play an important role in supporting people to live as well as they can at the stage of life they are at. Typically, palliative day services provide support with physical, psychological, social and spiritual needs, and coordinate care between patients, carers and professionals. An important element is for people to find day service a valuable experience that allows them to engage with others who share similar experiences and to be supported to achieve their personal outcomes in a restorative environment.

In Fife, specialist palliative day service is based at Victoria Hospice in Kirkcaldy. Serving a population of more than 370,000 people in Fife, day service has capacity for 48 people over the course of the week, delivered by a team of specialist palliative care medics, nurses, allied health professionals, counsellors, complementary, art and music therapists and supported by local volunteers. Similar to many palliative day services in Scotland, the biggest challenge for day service in Fife has been in finding the right balance between supporting the needs of an often frail and vulnerable patient group while, at the same time, enabling independent living and preventing dependency. The delivery of an enabling model of day service

relies on the effective identification, planning and coordination of care that is geared towards achieving what matters to the person.

Figure 1: Seven care bundle components

		
<p>NHS Fife’s specialist palliative day service has introduced a ‘care bundle’, comprising seven components, geared to better coordinating care for people attending day service.</p>	<p>The care bundle ensures that every person attending day service has a conversation that identifies their:</p> <ol style="list-style-type: none"> 1. Personal outcomes 2. Future care preferences 3. Preferences for resuscitation 4. Preferred place of care <p>Professional input is designed around personal outcomes and preferences to enable people to live as well as they can.</p>	<p>To support people to achieve their personal outcomes, care bundle components also ensure:</p> <ol style="list-style-type: none"> 5. Their palliative status is monitored 6. They receive timely multidisciplinary review 7. Their preferences and progress are shared with relevant care providers.

In summer 2018, PPS/PoI was tested in day service as part of a wider initiative to adopt the approach across the entire specialist palliative care service and it quickly became apparent that it showed promise in triggering timely multi-disciplinary team (MDT) review for all people attending day service. Since the purpose of MDT review is to plan and coordinate care towards achieving what matters to the person, the initiative evolved to ensure that all people had in place key information for optimal MDT care coordination geared to supporting people achieve their personal outcomes (Figure 1). The key elements for this included documented:

- PPS/PoI,
- Personal outcomes
- Anticipatory care plan
- DNACPR status
- Preferred place of care
- Timely MDT
- Electronic key information summary (eKIS)

Together, these seven components formed a care bundle with the following project aim: *“By April 2019, to have overall compliance of 80% on day service care bundle components, to improve care coordination that better supports people to achieve their personal outcomes”*.

Impact

Compliance with the care bundle components has been audited every two weeks since testing began in August 2018 and, since then, every component has seen an improvement: overall care bundle compliance has increased from 30% to 80% over the course of six months, already achieving the initiative's target for 80% overall compliance by April 2019 (Figure 2), and care coordination has improved for all people attending day service up to this point since every person is being triggered at appropriate times for MDT review, and care bundle status is reviewed at the same time (Figure 3).

Figure 2: Care bundle: overall compliance

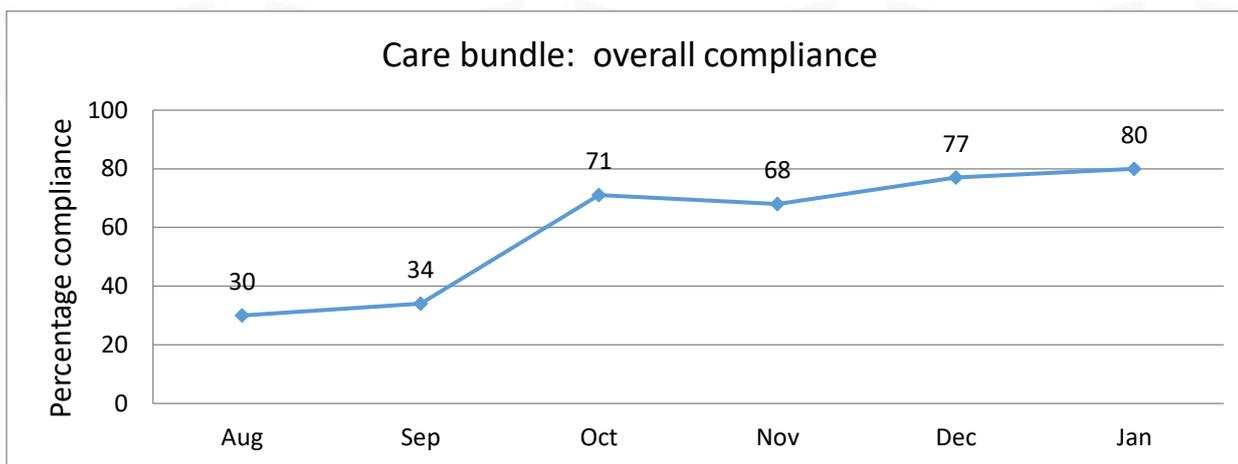
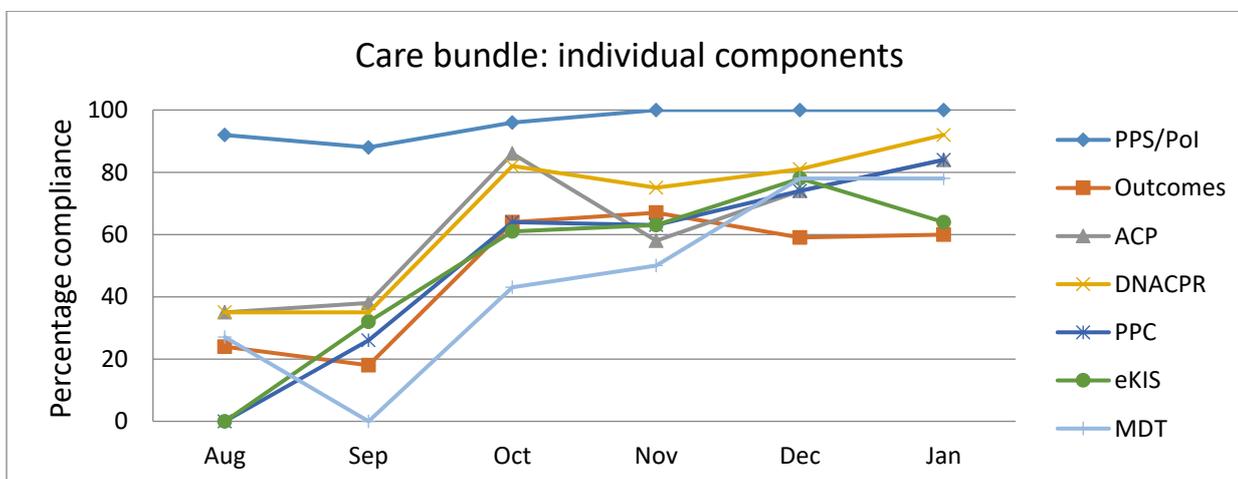


Figure 3: Care bundle: individual components



Learning

Although compliance with all components of the care bundle has improved, some have been easier to implement than others. For example, components that relied on process only, such as recording PPS/Pol at each attendance and triggering MDT review, were easier to implement than those relying on changing practice: identifying personal outcomes, particularly for long-established day service patients, proved more challenging for some staff than expected given the palliative nature of the patient group. Subsequent personal outcomes training helped the team explore what a different type of conversation might look like for this often frail and older patient group and consider how enabling approaches might best be designed into a new day service model. Even though compliance with the personal outcomes component of the care bundle improved from 24% to 60% in the first six months of the test period, it is recognized that since the

ultimate aim of the initiative is to better support people achieve their personal outcomes, there is still room for improvement.

Next steps

The next phase of the initiative will draw from the expertise of multi-disciplinary team members whose assessment skills naturally align with a personal outcomes approach due to the nature of their professional training. In spring 2019, a test of change is planned for an allied health professional (AHP)-led model of day service that focuses on supporting people to identify and achieve their personal outcomes. We anticipate this next phase will open up new avenues in the development of Fife's enabling day service model.

Find out more

For more information on our work in Fife, please contact Maxine Jones, Associate Improvement Advisor at maxine.jones9@nhs.net.