

## Service Specification for 7 day face to face assessments and 24 hour telephone support for patients requiring input from specialist palliative care services

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#### Version History

Version	Date	
0.1	09.07.12	First draft by Lara Barnish
0.1	01.07.12	Discussed with John Speakman
0.1	31.07.12	Discussed at the NSSG (30 <sup>th</sup> July) and sent to Karen Green and David Edwards for comments
0.2	20.08.12	With comments from DE and for consultation with the NSSG and Network Exec.
0.3	12.09.12	Following consultation – recirculated to the NSSG
0.4	17.10.12	Following second consultation sent to NSSG as pdf and for approval at the NSSG 7 <sup>th</sup> November
1.0	28.12.12	Final approved version

## 1 Introduction and scope

- 1.1 In cancer, Improving Outcomes Guidance (usually referred to as IOGs) describe the quality of services that are to be commissioned locally. Specialist Palliative Care Services fall under the auspices of the Supportive and Palliative Care Improving Outcomes Guidance, which was published in 2004. Chapter 9 of this IOG covers Specialist Palliative Care: <http://guidance.nice.org.uk/CSGSP/Guidance/pdf/English>
- 1.2 Within chapter 9 section 9.32 states: 'the team should be staffed to a level sufficient to undertake face-to-face assessments of all people with cancer at home or in hospital, 09.00 – 17.00, seven days a week. In addition, there should be access to telephone advice at all times (24 hours, seven days a week). This is considered a minimum level of service. Provision for bedside consultations in exceptional cases outside of the hours 09.00 – 17.00, seven days a week is also desirable' (p129).
- 1.3 The implementation of the IOGs is measured via the National Cancer Services Standards ('peer review'). These specify the minimum standards for the implementation of the IOG, and further define some of the details as necessary: <http://www.cquins.nhs.uk/?menu=resources>
- 1.4 Scope: This document specifically relates to specialist palliative care services for adult cancer patients, and their relatives & carers. It describes the services that should be delivered to patients requiring specialist palliative care out of normal working hours.

## 2 Service delivery: all patients with specialist palliative care needs

- 2.1 All patients with active palliative care needs should have their care and support planned and regularly assessed in order that the need for out of hours support is avoided where possible.
- 2.2 All acute hospital in patients, with cancer and specialist palliative care needs, should have access to a site specific multidisciplinary team, who will be responsible for planning and delivering the patient's care during normal working hours.
- 2.3 Patients in the community remain under the care of general practitioners and district nurses who will be responsible for planning and delivering the patient's care during normal working hours. Support for the primary care team should be available from specialist teams via their usual specialist palliative care nurse as required. It should be accessible for individual patients by use of a standard referral form and procedure.
- 2.4 All senior cancer care professionals, general practitioners, district nurses and acute hospital ward and outpatient nurses should be competent at managing the general palliative care needs of patients under their care. It is highly recommended that the primary care team should maintain a supportive care register of patients and meet with their specialist nurse on a regular basis using the GSF or similar framework and liaising as needed.
- 2.5 All patients with cancer should have holistic needs assessments (HNAs) regularly, as their condition or needs change. All professionals carrying out HNAs should be working towards Level 2 psychological support. See section 3.11 of the HNA

guideline:

[http://www.birminghamcancer.nhs.uk/uploads/document\\_file/document/4d5a51e2358e98547c00428f/guideline\\_for\\_the\\_implementation\\_of\\_holistic\\_needs\\_assessment\\_for\\_adults\\_with\\_cancer.pdf](http://www.birminghamcancer.nhs.uk/uploads/document_file/document/4d5a51e2358e98547c00428f/guideline_for_the_implementation_of_holistic_needs_assessment_for_adults_with_cancer.pdf). More information on the levels of psychological support can be found here: <http://www.birminghamcancer.nhs.uk/staff/supportive-and-palliative-care/psychological-support-1>.

### 3 Service delivery for the 7 day face to face (visiting) service: 12-1E-108r

#### 3.1 All Patients

- 3.1.1 All patients with specialist palliative care needs (see 3.2.2) should have access to a 7 day visiting specialist palliative care service.
- 3.1.2 Each 7 day visiting service should be available from 9am – 5pm, 7 days a week.
- 3.1.3 The service should include visits to patients at home, or in hospital, for direct review by a specialist palliative care staff.
- 3.1.4 The 7 day visiting service should be covered by a member of the specialist palliative care team that meet any of the following criteria:
  - a. a clinical nurse specialist in palliative care
  - b. a consultant in palliative medicine
  - c. a senior non-consultant career grade (NCCG) in palliative medicine
  - d. a registrar (ST3) in palliative medicine

#### 3.2 Referral to the 7 day visiting service

- 3.2.1 All clinical teams (including primary and secondary care) should be eligible to refer patients to the specialist palliative care team, who will assess the urgency of the referral and visit appropriately.
- 3.2.2 The following patients should be referred to the specialist palliative care team (for more information please refer to the guideline for referral, admission and discharge to specialist palliative care services at the following link: <http://www.birminghamcancer.nhs.uk/staff/clinical-guidelines/supportive-and-palliative-care>)
  - a. Patients with complex problems (see below), beyond the scope of current clinical team in hospital or primary care regardless of diagnosis, should be referred to specialist palliative care services.
  - b. Patient's complex problems can arise from multiple domains of need: physical or psychological symptoms, or spiritual/emotional distress. Those with complex social needs resulting from their illness, or whose families show exceptional emotional distress, may also be referred.
  - c. **In Summary, the patient has a diagnosis of advanced, or complex, life limiting illness and:** has symptom control problems, which are escalating and are felt to be unmanageable within the generalist palliative care experience of their current clinical team. These symptoms may be physical, psychological, spiritual, social, or family and carer orientated issues.

- 3.2.3 Process to follow: the guideline for referral, admission and discharge to specialist palliative care services describes the process to follow to refer a patient for face to face assessment by a member of the specialist palliative care team at the following link:  
<http://www.birminghamcancer.nhs.uk/staff/clinical-guidelines/supportive-and-palliative-care>).

## **4 Service delivery for access to a specialist in palliative care out of normal working hours: 12-1E-107r**

### **4.1 All Patients**

- 4.1.1 All patients with specialist palliative care needs (see 3.2.2), and the professionals caring for them, should have access to a specialist palliative care service that is available 24 hours a day, 7 days a week. Outside of 'usual working hours' this can be provided by a telephone advice service.

- 4.1.2 Clinical governance safeguard policy for the 24/7 service:

The 24/7 service should be covered by members of the specialist palliative care team that meet the following criteria:

- a. a consultant in palliative medicine
- b. a non-consultant career grade (NCCG) in palliative medicine

There may be other staff involved in the service, for example a clinical nurse specialist or registrar may be on-call, with access to a senior doctor / consultant in palliative medicine.

### **4.2 Referral to the 24/7 telephone advice service**

- 4.2.1 Outside of usual working hours clinicians that have followed the protocol outlined in appendices 2 – 4, and have been unable to help resolve the patient's issues, should access the 24/7 telephone advice service.
- 4.2.2 As a minimum this service is for access via clinicians (patients or carers wishing to access the service should do so via their GP, district nurse or hospital team). Teams should consider developing the 24/7 service to include access by patients and carers.
- 4.2.3 Process to follow: follow the algorithm in appendices 2 ([hospital patients](#)), 3 ([hospice patients](#)) and 4 ([community patients](#)) - and then call the number for the locality ([see appendix 1](#)).

## 5 Waiting times and monitoring arrangements

### 5.1 Response times should be as follows:

#### a. SPC referral

There should be capacity for the team to carry out a 7/7 face to face assessment within 24 hours of referral where this is deemed necessary. Other, less urgent referrals will be triaged and visited or telephoned as appropriate in line with the referral urgency request made by the referrer.

#### b. 24/7 enquiry

Telephone enquiries should be answered within **1 hour** of the call being made if it is not answered immediately

### 5.2 Monitoring

a. Activity levels for each month will be a requirement for quarterly monitoring meetings.

b. The provider will be expected to supply the data listed below at least five working days before the date of the quarterly monitoring meeting. As a minimum data collection should include:

- Number of new referrals to the service by age / sex / ethnicity /postcode
- Number of contacts by age/sex/ethnicity/postcode/diagnosis
- Median and modal time from referral to assessment expressed as working days
- Source of referrals
- Intervention levels as decided at first appointment
- Outcome evaluations.

**The service specification was agreed at the NSSG on November 7<sup>th</sup> 2012**

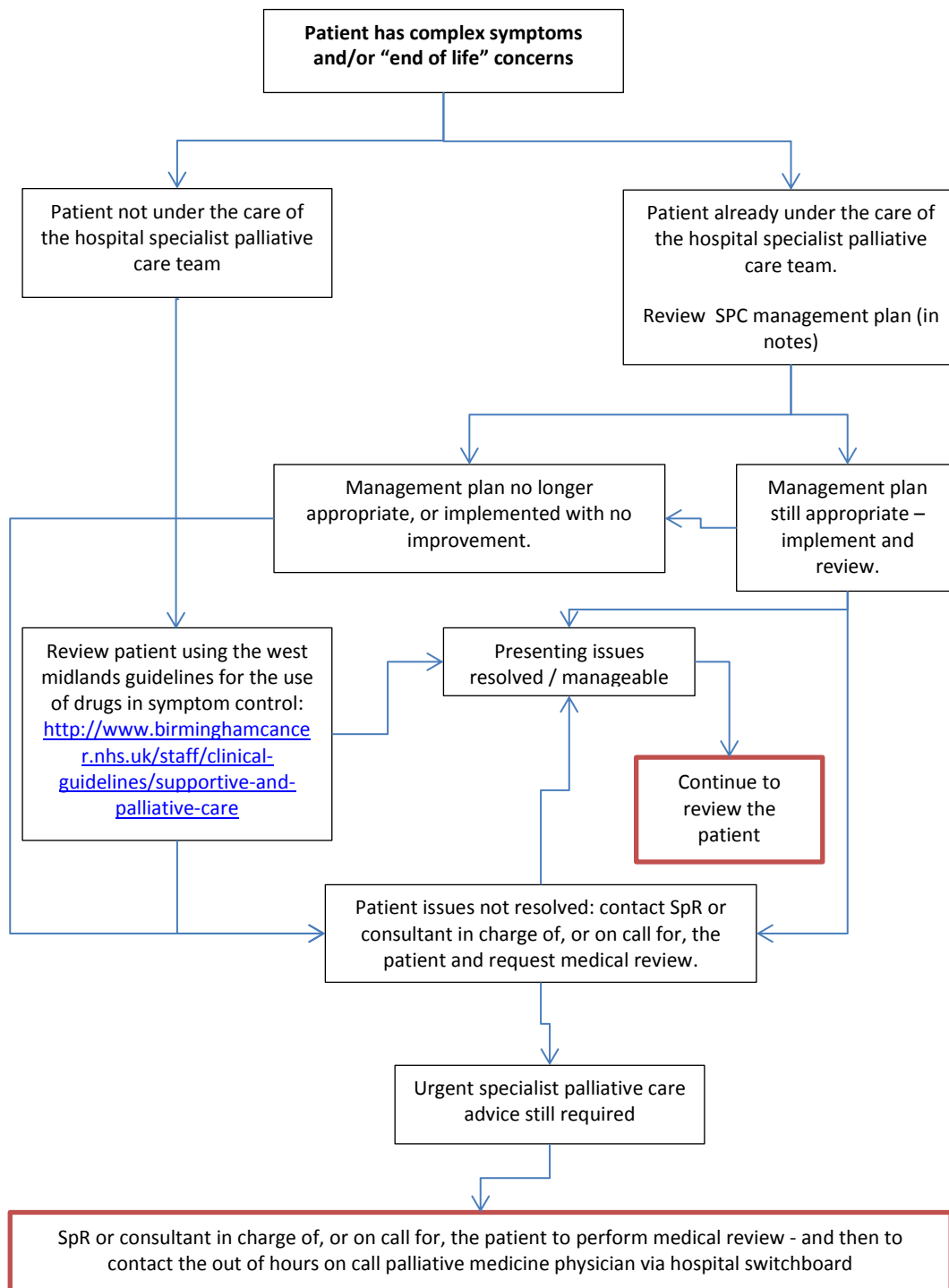
Appendix 1 Contact details of OOH SPC Services:

**These services combined cover the entire Network**

	<b>7/7 (telephone and visiting service)</b>	<b>5pm – 9am (telephone service)</b>
BSMH	0121 472 1191	0121 472 1191
HEFT: Good Hope Hospital	Mon – Fri 8am to 4pm 0121 424 7316	Telephone as for St Giles' Hospice – good will arrangement.
HEFT: Heartlands Hospital and Solihull Hospital	Mon – Fri 8am to 4pm BHH 0121 424 2442 SH 0121 424 4127	No service funded at present
JTH	7 Days 9am – 5pm 0121 465 2000	0121 465 2000 In-Patient Unit Nursing staff with access to on-call Dr** **please note that the on-call Drs have an interest in and experience in palliative care but are not all Consultant PC clinicians or equivalent.
MCHS	The 9-5 service is 7/7 community visiting and is contacted on 0121 254 7800	Overnight we have an OOH helpline for patients carers and professionals with back up of on call doctors**. 0121 254 7800 **please note that the on-call Drs have an interest in and experience in palliative care but are not all Consultant PC clinicians or equivalent.
SGH	01543 432 031	01543 432 031
SGWH	01922 602 540	01922 602 540
SWBH: Community Team	Mon-Fri 8am to 4pm Bradbury House 0121 612 2928  Mon-Fri 4pm to 6pm & Sat-Sun 8am to 6pm (visiting service) are to be contacted via Team Mobile 07896793814  Outside of these hours Primecare* 0121 232 8387  *Please note that Primecare does not offer a SPC service	Primecare* 0121 232 8387  *Please note that Primecare does not offer a SPC service
SWBH: City Hospital	Mon-Fri (5 day) 8-4 0121 507 5296	No service funded at present
SWBH: Sandwell Hospital	Mon-Fri (5 day) 8-4 0121 507 2511	No service funded at present

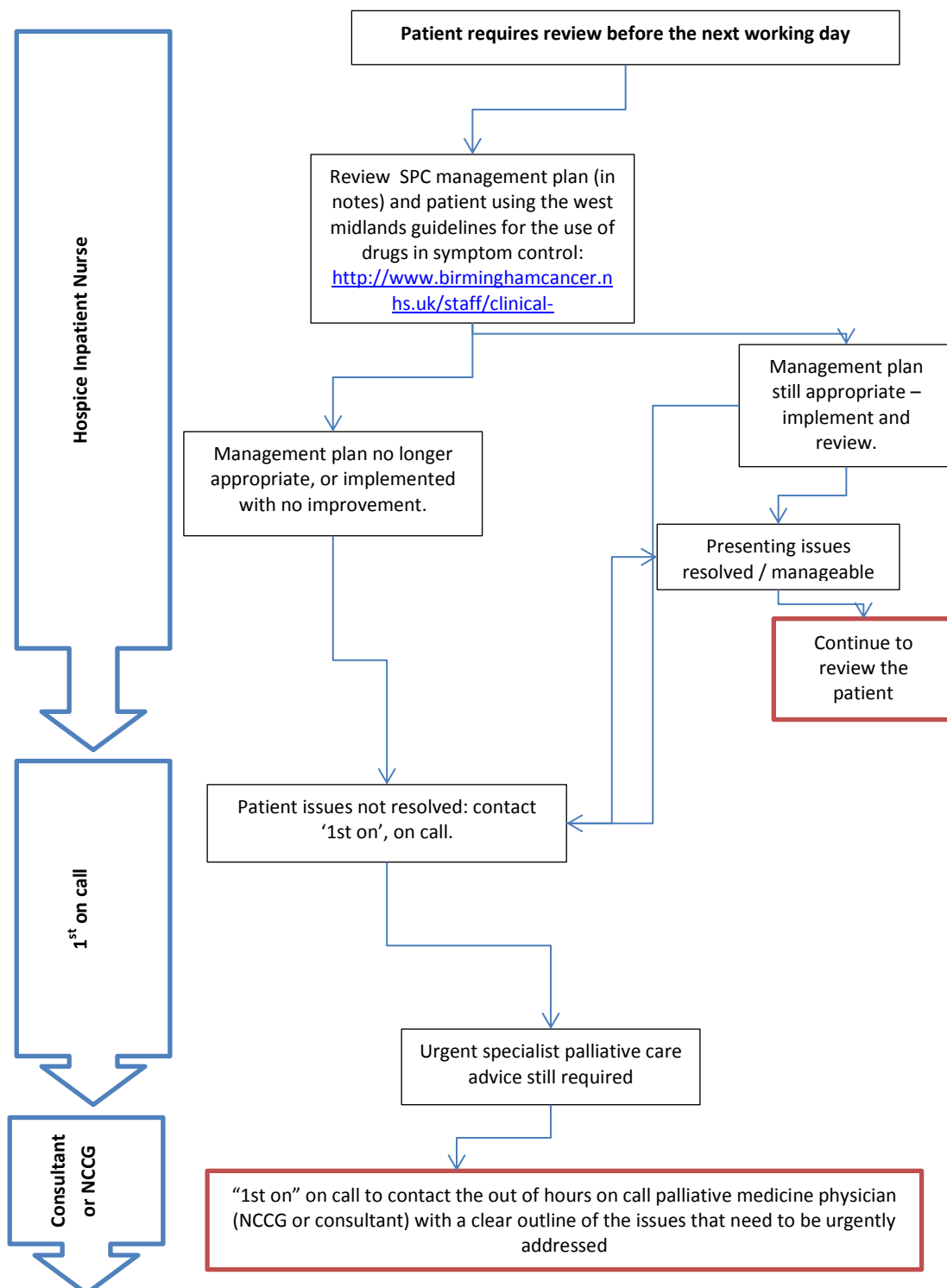
<p>QEH NHSFT</p>	<p>Monday to Friday 8am to 5pm  Saturday 8.30am to 4.30pm  0121 371 4548</p>	<p>Monday to Sunday On Call  Palliative Medicine Consultant  available via switchboard 0121  371 2000</p>
<p>WHT: Community  Team</p>	<p>Monday to Friday 9am to 5pm  01922 602620    Weekends &amp; Bank Holidays  01922 602620 Or  contactable via Walsall Manor  Hospital switchboard  01922 721172</p>	<p>Monday to Sunday including  bank holidays:  On call service 5pm to 9pm  Contactable via Walsall Manor  Hospital switchboard:  01922 721172    Compton Hospice for  consultant/specialist registrar  advice: 9pm – 9am  Telephone number: 0845  2255497    <b>Please note that parts of this service are  covered by staff experienced in PC but are  not constants in PC or the equivalent.</b></p>
<p>WHT : Walsall  Manor Hospital  Team</p>	<p>Monday to Friday 9am to 5pm  01922 656253  Or bleep via switchboard  01922 721172    Weekends inc. bank holidays  9am to 5pm  01922 656253  Or bleep via switchboard  01922 721172</p>	<p>Compton Hospice for  consultant/specialist registrar  advice: 5pm-9am  Telephone number: 0845  2255497    <b>Please note that parts of this service are  covered by staff experienced in PC but are  not constants in PC or the equivalent.</b></p>

## Appendix 2: Algorithm for contacting the 24/7 specialist palliative care telephone advice service – hospital patients





## Appendix 3: Algorithm for contacting the 24/7 specialist palliative care telephone advice service – hospice patients



## Appendix 4: Algorithm for contacting the 24/7 specialist palliative care telephone advice service – community patients

