Marie Curie

NHS Mersey Care NHS Foundation Trust

NHS Liverpool University Hospitals NHS Foundation Trust

IMPaCT

Integrated Mersey Palliative Care Team

Model & Implementation

Drivers for Change

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Key Indicators	England	Liverpool	Sefton
Proportion Of People Who Have 3 Or More Emergency Hospital Admissions in The Last 90 Days Of Life	9.1%	9.4% ↑	9.5% ↑
Proportion Of People Who Were Admitted to Hospital In The Last 90 Days Of Life	67.9%	69.9% ↑	72.2% ↑
Proportion Of People Who Died In Their Usual Place Of Residence	44.5%	37.5% ↓	38.6% ↓
Proportion Of People Dying In Hospital	46.0%	52.1% ↑	52.0% ↑
Proportion Of Hospital admissions Ending In Death That were 8 Days Or Longer	49.5%	52.8% ↑	56.4% ↑
Proportion Of Patients who Died Whose GP Identified They Needed Palliative Care By Means Of A Supportive Care Register	45.3%	44.8% ↓	33.8% ↓

Evidence base demonstrates Integrated Palliative Care provides:

- better symptom control
- less caregiver burden
- improvement in continuity and coordination of care
- fewer admissions
- cost effectiveness
- patients dying in their preferred place.

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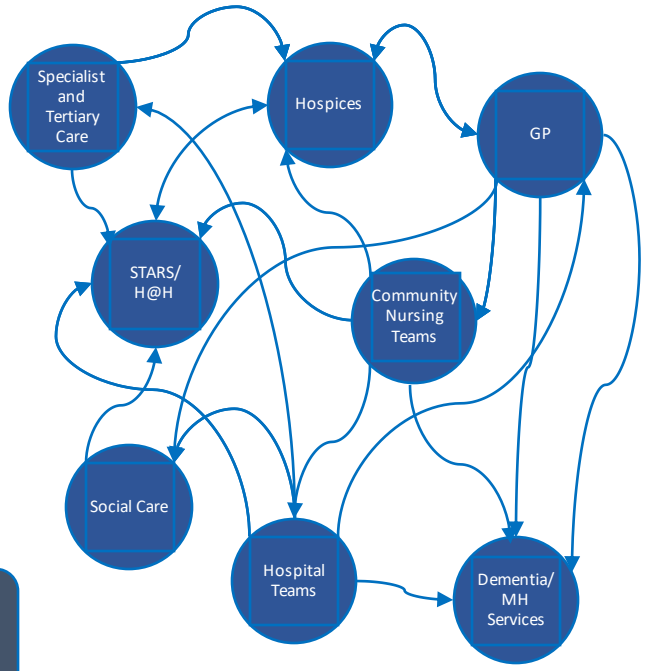
The previous situation

Fragmented: >40 different services

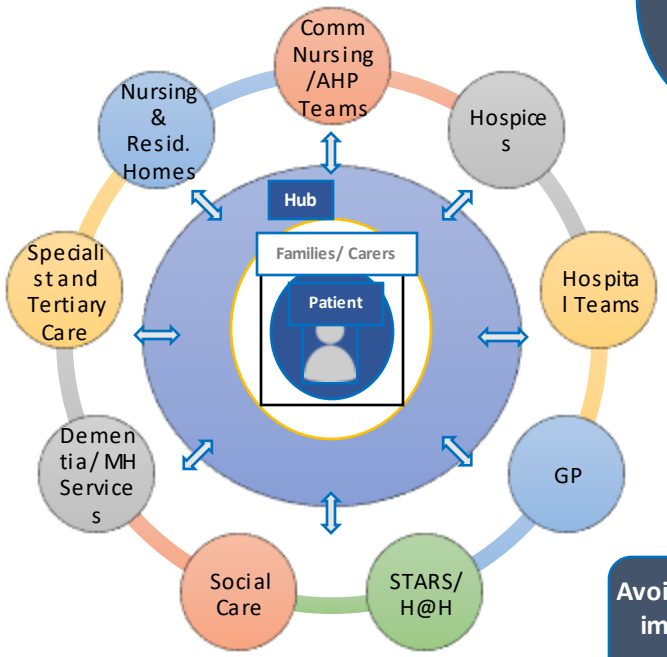


Multiple referrals leading to scope for error and duplication

Increased risk of emergency admissions

The IMPaCT Model

Single contact number for professionals patients and carers



Reduced bureaucracy, improved satisfaction

Avoiding escalation and improved OOH care support

Reactive, inconsistent and poorly co-ordinated care

Proactive, streamlined, co-ordinated service

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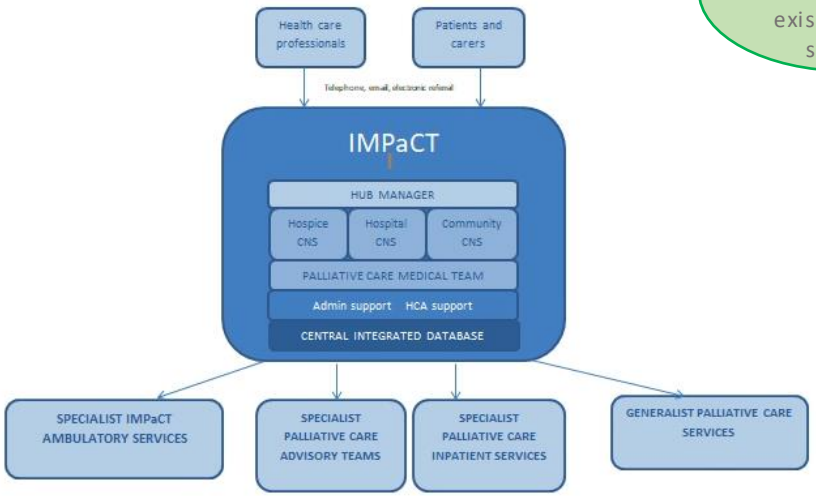
Integrated Service Model



- Shared governance processes sharing learning & compliments
- Citywide weekend & BH huddle using existing on call services
- Nurse-led surveillance clinics & ambulatory medical model
- Responsiveness of services to meet urgent need
- Daily huddles & weekly MDTs to share info
- One phone number – single point of access across city
- Specialist team members co-located in 2 hubs

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IMPaCT Medical Model

Domiciliary Assessment

Home consultation in collaboration with community SPCT and primary care services

For new or follow up patients requiring medical review who are unable to attend Hospice. To support admission decision making

Face to Face Assessment

Woodlands, Marie Curie or LUFT Out-patient consultation

For new or follow up patients requiring in person clinical examination or where virtual assessment not possible/ appropriate

IMPaCT @ Woodlands and Marie Curie Medical Team

9am-5pm Mon – Fri and OOH support

Advisory palliative medicine telephone support to primary, secondary and tertiary services

For urgent and routine medical support with complex symptom control and decision making

Virtual Face to Face Assessment

Attend Anywhere consultation

For new or follow up patients who do not require in person clinical examination and are able to utilise Attend Anywhere software

Telephone Assessment

Telephone consultation

For follow up assessment of patients known to services who do not require face to face review

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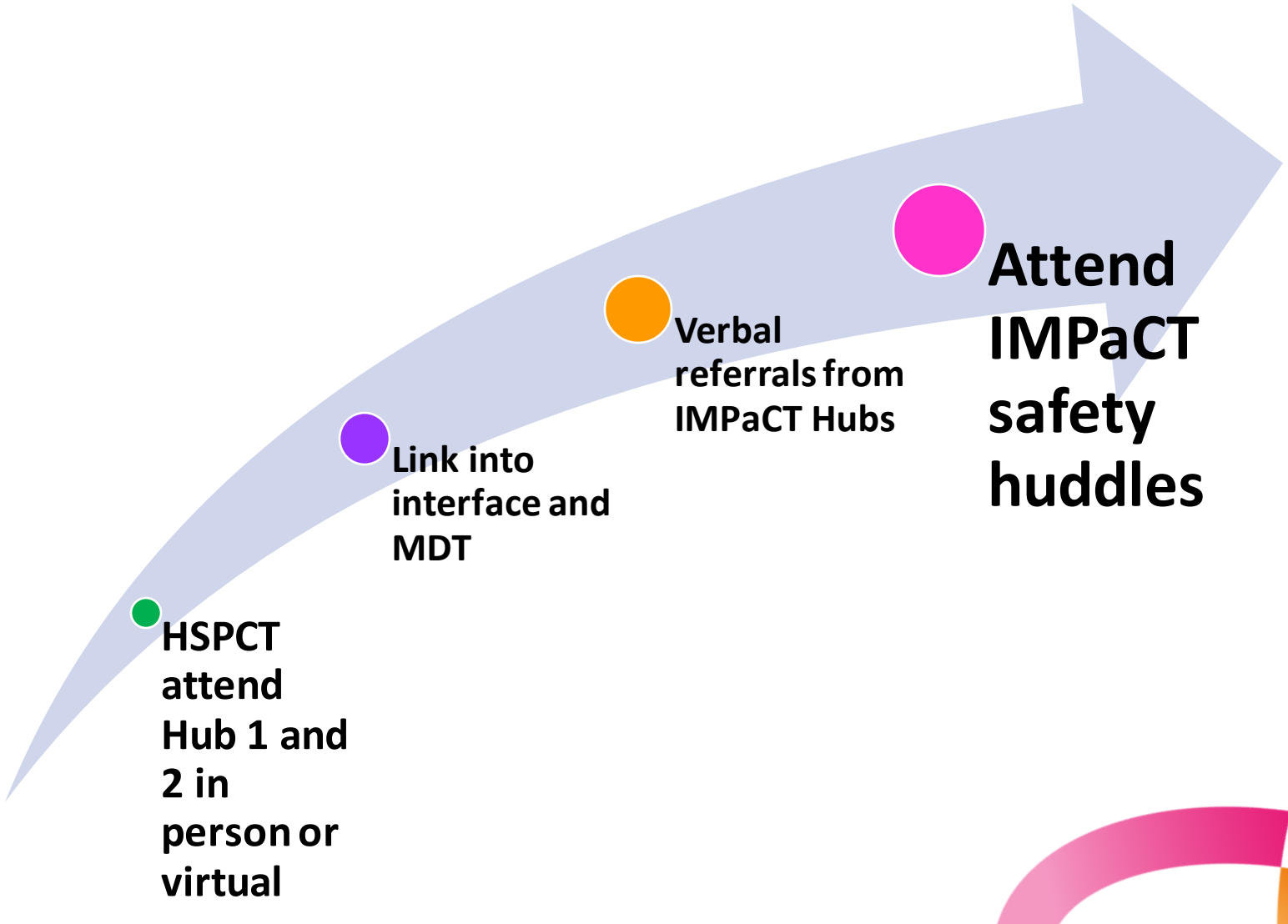
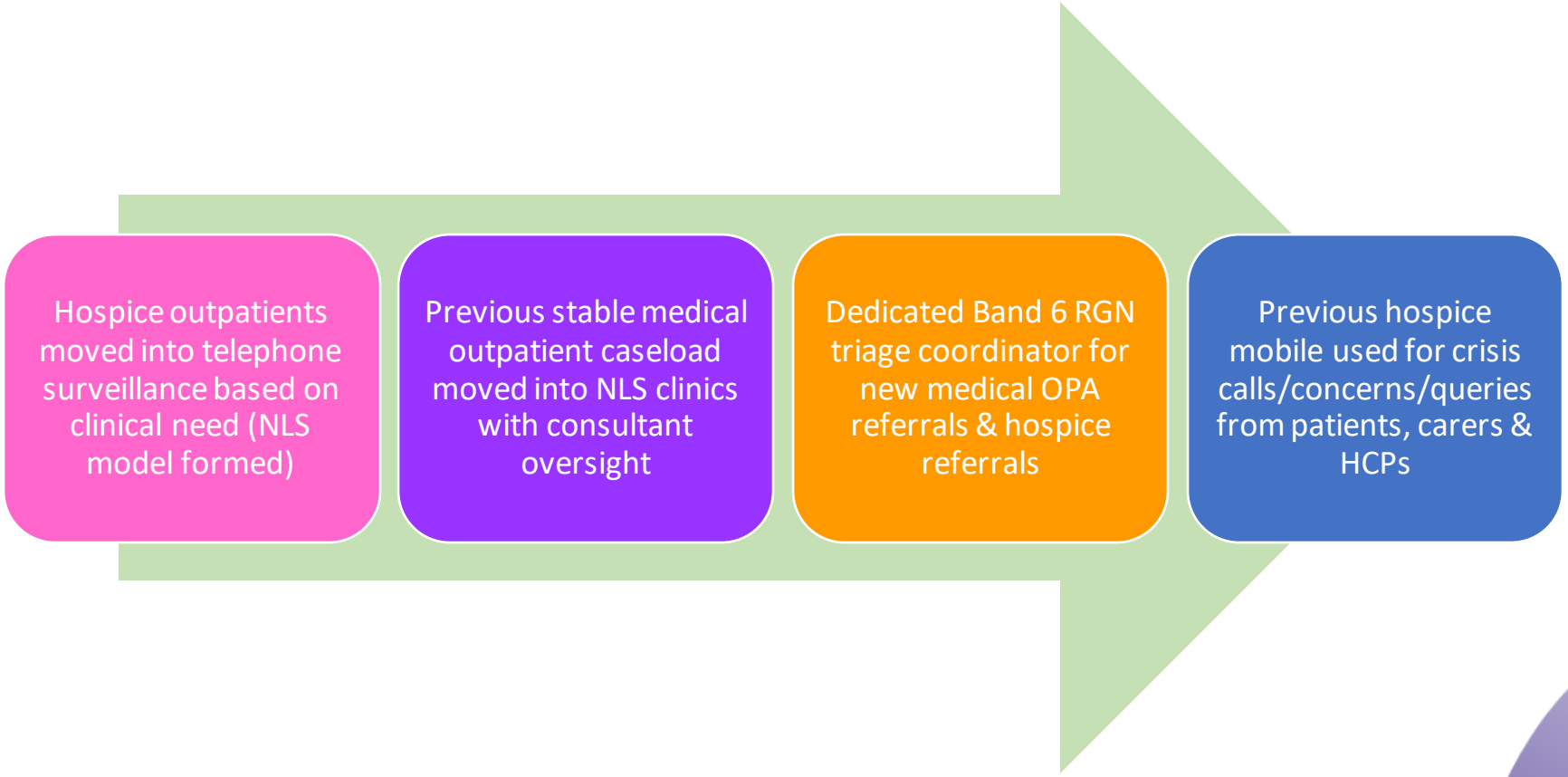
Hospital SPCT



Nurse Surveillance Implementation



IMPaCT @ Woodlands Pilot July Onwards

WBSC Nurse-Led Surveillance:

NEW TO SPC SERVICES	Requires a non-urgent SPC Holistic Assessment	Performance Status 1-2, PPS >60% PoI Stable/Unstable	Access into Hospice non-IPU services e.g. PT/OT/Comps
PREVIOUS WBSC/MED OPA CASELOAD	Requires SPC Key Worker, but no requirement for CSPCT	Performance Status 1-2 PoI Stable/Unstable PPS >50%	Wants to stay linked in with Hospice Services/needs regular low level F/U
HOSPITAL DISCHARGE, NOT REQUIRING OR CONSENTING TO CSPCT	Requires SPC Key Worker F/U beyond DN input	Performance Status 1-3, PPS >50%, PoI Stable/Deteriorating	Either only one off NLS call or consent to regular NLS

ANY PATIENT UNDER NLS MAY OR MAY NOT BE UNDER DNs AS REQUIRED
IF PoI MOVES TO DETERIORATING/DYING – REFERRED ONTO DNs +/- CSPCT

Nurse-Led Surveillance Referral Criteria

- GP within North Liverpool, South Sefton, or Kirkby catchment areas (please discuss any central Liverpool referrals with Consultant, IMPaCT Clinical Services Manager or ASPCT Team Leader)

- New to specialist palliative care and **requires a non-urgent** palliative care Holistic Needs Assessment

or

- Already known to specialist palliative care but no longer requires frequent specialist face to face visits
- Able to undergo telephone assessment and follow up calls (can be done via NOK with patient consent – please discuss with ASPCT triage coordinator to determine appropriateness)

Nurse-Led Surveillance Referral Criteria

- **Has ongoing complex palliative care needs**, including monitoring of symptoms or needs psychological distress, but not requiring very frequent medication changes or undergoing active titration of symptom control medication
- Discharged from hospital, requires specialist palliative care key worker and follow up beyond District Nurses only, but does not require face to face input from Community Specialist Palliative Care Team.
- Palliative Performance Scale >50%, Performance Status 1-2.
- **Not in the Dying or Deteriorating Phase of Illness.**
- May be requiring intermittent intervention from other ambulatory specialist palliative care services including medical and therapy teams.

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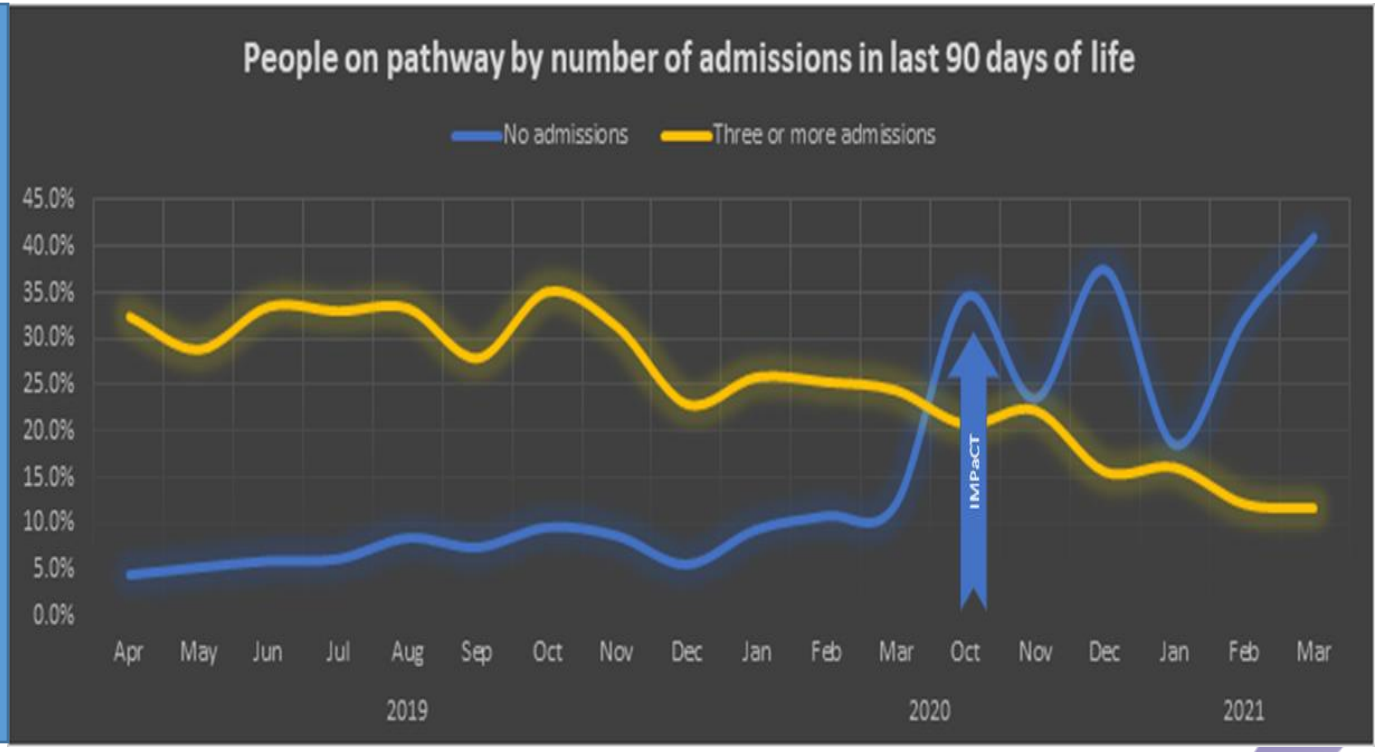
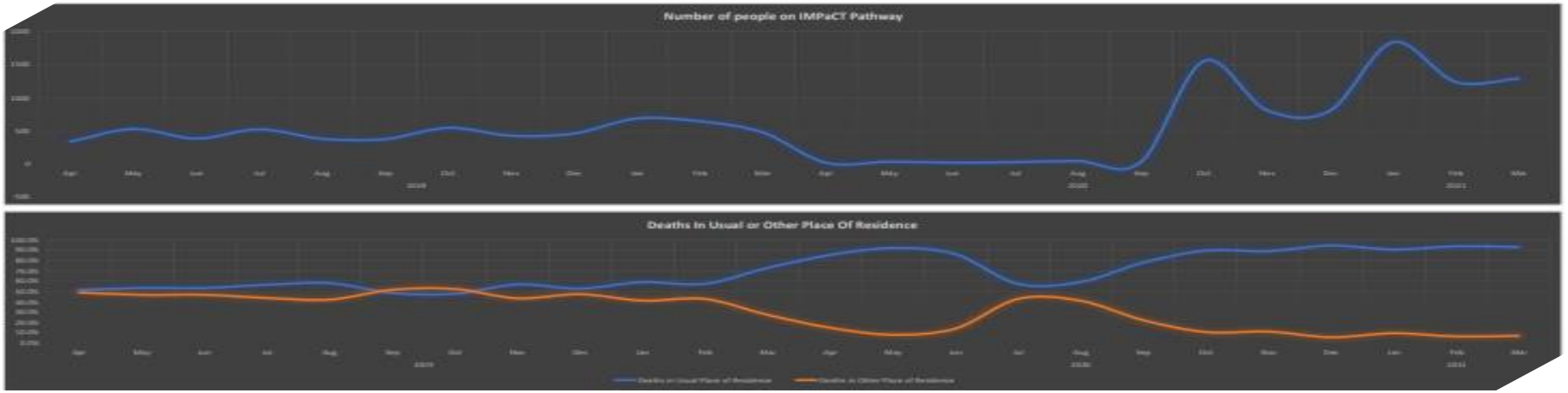
Demonstrating Improvement

Reducing unplanned hospital admissions

- Patients with 3 or more emergency admissions in the last 90 days of life has **decreased from 27.5% to 16.2%.**
- Patients with no admissions **increased from 9.4% to 30.5%**





Improved Coordination

- **2.5x more people supported** at any time by IMPaCT Providers
- Hospital 39% increase caseload; Community 23%; Hospice 105%
- Increased numbers of patients on supportive care register

More people dying in preferred place

- Increase from 640 to 1183 patients supported to die at home
- Increase from 177 to 259 patients supported in care homes

Staff working effectively

- Reduced duplication of contacts and timely access to care
- Enabling specialist support and high quality EOL care for patients and professionals across primary, community & acute

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Headline measures and improvements in outcomes

Average unplanned admissions in the last 90 days of life:

44% reduction year-on-year

306 admissions a year prevented

Proportion of deaths in hospital:

12% reduction year-on-year

Despite the overall increase in hospital deaths

Proportion of people on Supportive Care Register:

38% increase year-on-year

Earlier identification making a difference

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IMPaCT 2022-23 in Numbers

IMPaCT
Integrated Mersey Palliative Care Team

Number of patients Supported:

North 1145
South 1849
Total 2994

Percentage of all contacts where acute hospital admission advised: 1.4%

Number of Patients discussed in Daily meetings

North 2150
South 673
Total 2823

Out of hours phone calls

North 940
South 364
Total 1304

Total Number of Contacts (requests for help)

North 4995
South 4508
Total 9503

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