University Hospitals of Morecambe Bay NHS Foundation Trust

Document Type: **Guideline**	**Unique Identifier:** CORP/GUID/026
Document Title: **Specialist Palliative Care Team**	**Version Number:** 1.2
	Status: Ratified
Scope: All UHMBT staff	**Classification:** Organisational
Author / Title: Joy Wharton Macmillan Lead Palliative Care Nurse	**Responsibility:** Palliative & End of Life Care
Replaces: Version 1.1, Specialist Palliative Care Team, Corp/Guid/026	**Head of Department:** Dr Nick Sayer, Consultant Palliative Care
Validated By: Palliative Care Group	**Date:** 13/10/2015
Ratified By: Procedural Document & Information Leaflet Group	**Date:** 21/10/2015
Review dates may alter if any significant changes are made	**Review Date:** 01/02/2019 (Extended - Form 157/2018)

Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** 1,2,3,4,5 Principles	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** 2,3 Staff Pledges

Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**

Document for Public Display: Yes

Reference Check Completed by……Frances Sim……..Date……9.10.15…….

To be completed by Library and Knowledge Services Staff

BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

Palliative care is the active holistic care of patients with any life limiting or advanced progressive disease. The goal of palliative care is achievement of the best quality of life for patients and their families, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments[1].

Palliative care aims to:

- Affirm life and regard dying as a normal process
- Provide relief from pain and other distressing symptoms
- Integrate the psychological and spiritual aspects of patient care
- Offer a support system to help patients live as actively as possible until death
- Offer a support system to help the family cope during the patient's illness and in their own bereavement

1.1 Providers of Palliative Care[2]

Palliative care is provided by two distinct categories of health and social care professionals:

1. Those providing the day-to-day care to patients and carers in their homes and in hospitals
2. Those who specialise in palliative care eg the Specialist Palliative Care team (SPC) comprising Consultants in Palliative Medicine, Advanced Nurse Practitioner and Clinical Nurse Specialists in palliative care.

Those providing day-to-day care should be able to:

- Assess the care needs of each patient and their families across the domains of physical, psychological, social spiritual and information needs.
- Meet those needs within the limits of their knowledge, skills, and competence in palliative care.
- Know when to seek advice from or refer to specialist palliative care services.

2. PURPOSE

2.1 Aims of the Service

- To provide strategic leadership for palliative and end-of-life care within the Trust and Strategic Clinical Network, promoting quality and equity of access for patients with life limiting conditions (cancer and long-term conditions) and developing guidelines, audit and outcome measures.
- To provide evidence based specialist palliative care in the Trust through direct clinical support to patients with complex palliative care needs.
- To provide indirect support for patients through advice, support and ongoing training for health care professionals providing general palliative care to patients.

- To provide integrated and flexible teamworking across professional boundaries.

2.2 The Specialist Palliative Care Team (SPC)

Palliative and End of Life Care in the Trust is led by a Consultant in Palliative Medicine. His role is split between the Trust, community services and local hospices, with implications for cross-site working. Time is spent liaising with GPs and colleagues in primary and secondary care.

An Advanced Nurse Practitioner is the Lead Palliative Care Nurse.
The Clinical Nurse Specialists are badged by Macmillan Cancer Support, and are known as 'Macmillan Nurses'[3].

The SPC team influence patient care by a variety of means and the roles encompass clinical, consultative, teaching, leadership, audit, governance,service development and research functions. The primary concern of the SPC team is to bring the highest standard of clinical care to the patient and is central to the delivery of high quality palliative care in University Hospitals of Morecambe Bay NHS Foundation Trust.

The SPC team offer an advisory and supportive service without taking over care from the patients' primary physicians and hospital teams.The SPC team provide advice and support with pain and symptom management for people with palliative care needs through to end of life care. They support the person with palliative care needs, their family, and the nurses and doctors who are looking after them. As specialists they do not routinely undertake medical or nursing care but are there to assess complex needs, give advice to other healthcare professionals and support people with palliative care needs to understand their treatment options and plan their future care.

- Provide holistic needs assessment incorporating physical, (treatment plan for pain and other symptoms) psychological, social and spiritual needs to optimize the quality of life and facilitate a dignified death for patients with life limiting disease.
- Improve and enhance communication between patients, their families and generic health care professionals when there is on-going uncertainty regarding health issues.
- Provide ongoing education for health care professionals, both formal and informal, thereby empowering other professionals to develop/update their skills in the provision of the general palliative care of all patients. Education and training is regularly provided as a core element of the role of the SPC team.
- Contribute to developing Palliative Care Services through evidence based and reflective practice and lead the service in line with national and local service developments
- Work as part of a Multidisciplinary team.

3. SCOPE

3.1 Service Outcomes

A patient-centred focus is fundamental to palliative care practice: helping patients to express their wishes and achieve their preferences in relation to symptom management and end-of-life care, within a multicultural context.

- Patients will have increased support at a most vulnerable point in their life.
- They will benefit from a holistic specialist palliative care assessment of their and their carers needs.
- They will receive optimum evidence based medication and expert management of symptoms.
- Patients will follow, when appropriate, a palliative care plan with advance care planning, preferred place of care documented, and will be registered on the end of life register.
- They will receive onward referral to appropriate agencies to ensure patient and carers needs are addressed
- Users of the service will report satisfaction with the service and demonstrate the above expected outcomes.
- Health care professionals will exhibit an increased knowledge of palliative care as a consequence of on-going educational programmes.
- The service will work towards the achievement of national targets and standards for end of life care.
- The service will seek to involve patients and carers in making service improvements, including through seeking feedback from patients and carers.

3.2 Working with other Specialties[4]

Close cooperation between specialists in palliative care and those in other disciplines, especially oncology,surgery, gerontology, cardiology, renal medicine,respiratory medicine, mental health, radiology and orthopaedics, is required. Specialist palliative care teams are small, so it is rarely possible for these teams to provide comprehensive consultant input to all multidisciplinary teams (MDTs) in acute hospitals. Consultants in palliative medicine rely on good working relationships and communication with colleagues in other disciplines. Communication with primary care is crucial, and incorporates the use of EPaCCS, end of life alerts, and telephone advice. Advice and guidance, including out of hours telephone support is especially important in supporting community care providers such as GPs and District Nurses to give excellent palliative care.

4. GUIDELINE

4.1 Referral Criteria and Sources

Criteria for referral is for patients with a palliative diagnosis (such as cancer or life limiting conditions eg heart disease, dememtia, respiratory disease, stroke etc), who have complex problems such as symptoms which are felt to be unmanageable within the palliative care experience of their current clinical team. These symptoms may be physical, psychological, spiritual, social or family and carer orientated issues.
Some clinical examples:

- Patients who have a high symptom burden
- Patients who have had an adverse reaction to opioids
- Patient who has a learning disability
- Patient who has a high level of distress
- Difficult family issues
- Patients with renal failure affecting treatment choices

Referrals can be made in person by ‘bleep’ and by phone or FAX.

Referrals are accepted from: patients themselves and medical staff, ward staff including AHPs, CNSs, carers/relatives, social workers, hospice team, with permission from the patient and awareness of the patient's lead clinician.

We are happy to discuss any patients who might benefit from referral to the service. If unsure whether the patient meets the referral criteria we would be pleased to advise[5].

4.2 Out Patients

The Consultant in Palliative Medicine provides an Out Patient Service for community patients.

4.3 Contact Details

The SPC team offer an advice and referral service 9am until 5pm, Monday to Friday, except Bank Holidays
We will respond to referrals within one working day.
Contact details are available on the intranet: http://tinyurl.com/oy78abk

Out-of-hours telephone advice is avaialble from local hospices (St Mary's Hospice Ulverston and St John's Hospice Lancaster).

4.4 Discharge

There is effective collaboration with other professionals/agencies to ensure the patient is appropriately supported when they are discharged following an episode of care.

The SPC team may make referrals to the hospital discharging team, Community Macmillan team, Hospice services, Chaplaincy and Bereavement Nurse as required.

Patients are discharged from the SPC team when:
the patient's existing problems have resolved
the patient's needs are now being met by the ward team
the patient dies

5. ATTACHMENTS	
Number	**Title**
1	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

No.	References
1	World Health Organisation (WHO) WHO Definition of Palliative Care [Online] Available at: http://www.who.int/cancer/palliative/definition/en/ (accessed 9.10.15)
2	National Council for Palliative Care. Palliative Care explained. [Online] Available at: http://www.ncpc.org.uk/palliative-care-explained (accessed 9.10.15)
3	Macmillan Cancer Support. Macmillan Clinical Nurse Specialists [Online] Available at: http://www.macmillan.org.uk/Aboutus/Healthandsocialcareprofessionals/Healthandsocialcareroles/How_to_become_a_Macmillan_Nurse.aspx (accessed 9.10.15)
4	Wee, Dr B and Gomm, Dr S. (2013) Palliaitve medicine, Royal College of Physicians. [Online] Available at: https://www.rcplondon.ac.uk/sites/default/files/palliative_medicine.pdf (accessed 9.10.15)
5	Macmillan Cancer Support. Macmillan Nurses :how to get support. [Online] Available at: http://www.macmillan.org.uk/information-and-support/coping/getting-support/macmillan-nurses#tcm:9-46702 (accessed 9.10.15)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS

Name	Job Title	Date Consulted
Dr Nick Sayer	Clinical Lead Palliative Care UHMBT	
Joy Wharton	Macmillan Lead Palliative Care Nurse	
Jennifer Culley	Macmillan Palliative Care CNS	
Gerard Kenyon	Macmillan Palliative Care CNS	
Elaine Hemingway	Macmillan Palliative Care CNS	

10. DISTRIBUTION PLAN

Dissemination lead:	Joy Wharton
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING Is training required to be given due to the introduction of this procedural document? No		
Action by	**Action required**	**Implementation Date**

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
1.1	03/10/2017	Page 2	BSF page added	01/10/2018
1.2	12/12/2018	Page 1	Review Date extended – form 157/2018	01/02/2019

Appendix 1: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	no	
	• Ethnic origins (including gypsies and travellers)	no	
	• Nationality	no	
	• Gender	no	
	• Culture	no	
	• Religion or belief	no	
	• Sexual orientation including lesbian, gay and bisexual people	no	
	• Age	no	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	no	
2.	**Is there any evidence that some groups are affected differently?**	no	
3.	**If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?**	no	
4.	**Is the impact of the policy/guidance likely to be negative?**	no	
4a	**If so can the impact be avoided?**	NA	
4b	**What alternative are there to achieving the policy/guidance without the impact?**	NA	
4c	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the HR Equality & Diversity Specialist, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the HR Equality & Diversity Specialist, Extension 6242.