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

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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](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](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

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: 

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 7th 2012
Appendix 1 Contact details of OOH SPC Services:

These services combined cover the entire Network

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Operating Hours</th>
<th>Contact Numbers</th>
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</thead>
<tbody>
<tr>
<td><strong>BSMH</strong></td>
<td>7/7 (telephone and visiting service)</td>
<td>5pm – 9am (telephone service)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0121 472 1191</td>
</tr>
<tr>
<td><strong>HEFT: Good Hope Hospital</strong></td>
<td>Mon – Fri 8am to 4pm</td>
<td>Telephone as for St Giles’ Hospice – goodwill arrangement.</td>
</tr>
<tr>
<td></td>
<td>0121 424 7316</td>
<td></td>
</tr>
<tr>
<td><strong>HEFT: Heartlands Hospital and Solihull Hospital</strong></td>
<td>Mon – Fri 8am to 4pm</td>
<td>No service funded at present</td>
</tr>
<tr>
<td></td>
<td>BHH 0121 424 2442</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SH 0121 424 4127</td>
<td></td>
</tr>
<tr>
<td><strong>JTH</strong></td>
<td>7 Days 9am – 5pm</td>
<td>0121 465 2000</td>
</tr>
<tr>
<td></td>
<td>0121 465 2000</td>
<td>0121 465 2000</td>
</tr>
<tr>
<td></td>
<td>In-Patient Unit Nursing staff with access to on-call Dr**</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MCHS</strong></td>
<td>The 9-5 service is 7/7 community visiting and is contacted on 0121 254 7800</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0121 254 7800</td>
</tr>
<tr>
<td><strong>SGH</strong></td>
<td></td>
<td>01543 432 031</td>
</tr>
<tr>
<td><strong>SGWH</strong></td>
<td></td>
<td>01543 432 031</td>
</tr>
<tr>
<td><strong>SWBH: Community Team</strong></td>
<td>Mon-Fri 8am to 4pm</td>
<td>Primecare* 0121 232 8387</td>
</tr>
<tr>
<td></td>
<td>Bradbury House</td>
<td>*Please note that Primecare does not offer a SPC service</td>
</tr>
<tr>
<td></td>
<td>0121 612 2928</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon-Fri 4pm to 6pm &amp; Sat-Sun 8am to 6pm (visiting service) are to be contacted via Team Mobile 07896793814</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outside of these hours Primecare* 0121 232 8387</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Please note that Primecare does not offer a SPC service</td>
<td></td>
</tr>
<tr>
<td><strong>SWBH: City Hospital</strong></td>
<td>Mon-Fri (5 day) 8-4</td>
<td>No service funded at present</td>
</tr>
<tr>
<td></td>
<td>0121 507 5296</td>
<td></td>
</tr>
<tr>
<td><strong>SWBH: Sandwell Hospital</strong></td>
<td>Mon-Fri (5 day) 8-4</td>
<td>No service funded at present</td>
</tr>
<tr>
<td></td>
<td>0121 507 2511</td>
<td></td>
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| **QEH NHSFT** | Monday to Friday 8am to 5pm  
Saturday 8.30am to 4.30pm  
0121 371 4548 | Monday to Sunday On Call Palliative Medicine Consultant available via switchboard 0121 371 2000 |
| **WHT: Community Team** | Monday to Friday 9am to 5pm  
01922 602620  
Weekends & Bank Holidays  
01922 602620 0r contactable via Walsall Manor Hospital switchboard  
01922 721172 | 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  
Please note that parts of this service are covered by staff experienced in PC but are not constants in PC or the equivalent. |
| **WHT: Walsall Manor Hospital Team** | 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 | Compton Hospice for consultant/specialist registrar advice: 5pm-9am  
Telephone number: 0845 2255497  
Please note that parts of this service are covered by staff experienced in PC but are not constants in PC or the equivalent. |
Appendix 2: Algorithm for contacting the 24/7 specialist palliative care telephone advice service – hospital patients

1. **Patient has complex symptoms and/or “end of life” concerns**
   - Patient not under the care of the hospital specialist palliative care team
   - Management plan no longer appropriate, or implemented with no improvement.
     - Presenting issues resolved / manageable
       - Continue to review the patient
     - Patient issues not resolved: contact SpR or consultant in charge of, or on call for, the patient and request medical review.
   - Patient already under the care of the hospital specialist palliative care team
     - Review SPC management plan (in notes)
     - Management plan still appropriate – implement and review.
     - Presenting issues resolved / manageable
       - Continue to review the patient
     - Urgent specialist palliative care advice still required
       - SpR or consultant in charge of, or on call for, the patient to perform medical review - and then to contact the out of hours on call palliative medicine physician via hospital switchboard
Appendix 3: Algorithm for contacting the 24/7 specialist palliative care telephone advice service – hospice patients

Patient requires review before the next working day

Review SPC management plan (in notes) and patient using the west midlands guidelines for the use of drugs in symptom control: [http://www.birminghamcancer.nhs.uk/staff/clinical](http://www.birminghamcancer.nhs.uk/staff/clinical).

Management plan no longer appropriate, or implemented with no improvement.

Patient issues not resolved: contact ‘1st on’, on call.

Urgent specialist palliative care advice still required

“1st on” on call to contact the out of hours on call palliative medicine physician (NCCG or consultant) with a clear outline of the issues that need to be urgently addressed

Management plan still appropriate – implement and review.

Presenting issues resolved / manageable

Continue to review the patient
Appendix 4: Algorithm for contacting the 24/7 specialist palliative care telephone advice service – community patients

Patient requires review before the next working day

Review SPC management plan (in notes) and patient using the west midlands guidelines for the use of drugs in symptom control: [http://www.birminghamcancer.nhs.uk/staff/clinical-guidelines/supportive-and-palliative-care](http://www.birminghamcancer.nhs.uk/staff/clinical-guidelines/supportive-and-palliative-care)

Management plan still appropriate – implement and review.

Management plan no longer appropriate, or implemented with no improvement.

Presenting issues resolved / manageable

Continue to review the patient

Patient requires review before the next working day

Issues not resolved: contact hospice palliative care OOH service

Issues not resolved: contact hospice palliative care OOH service

Urgent specialist palliative care advice still required

“First on” on call to contact the out of hours on call palliative medicine physician (NCCG or consultant)

Consultant or NCCG

‘1st on’ on call

Palliative care contact via the hospice

Community Staff (GP, DN, OOH GP)