



Leeds Palliative Care Network

Dying Well in the Community in Leeds

Ruth Gordon

Leeds Palliative Care Network

Why are we doing this?

- <https://www.youtube.com/watch?v=sd5TuG4bEt8>

Background

This is an update on the work of the Leeds wide Dying Well in the Community Project

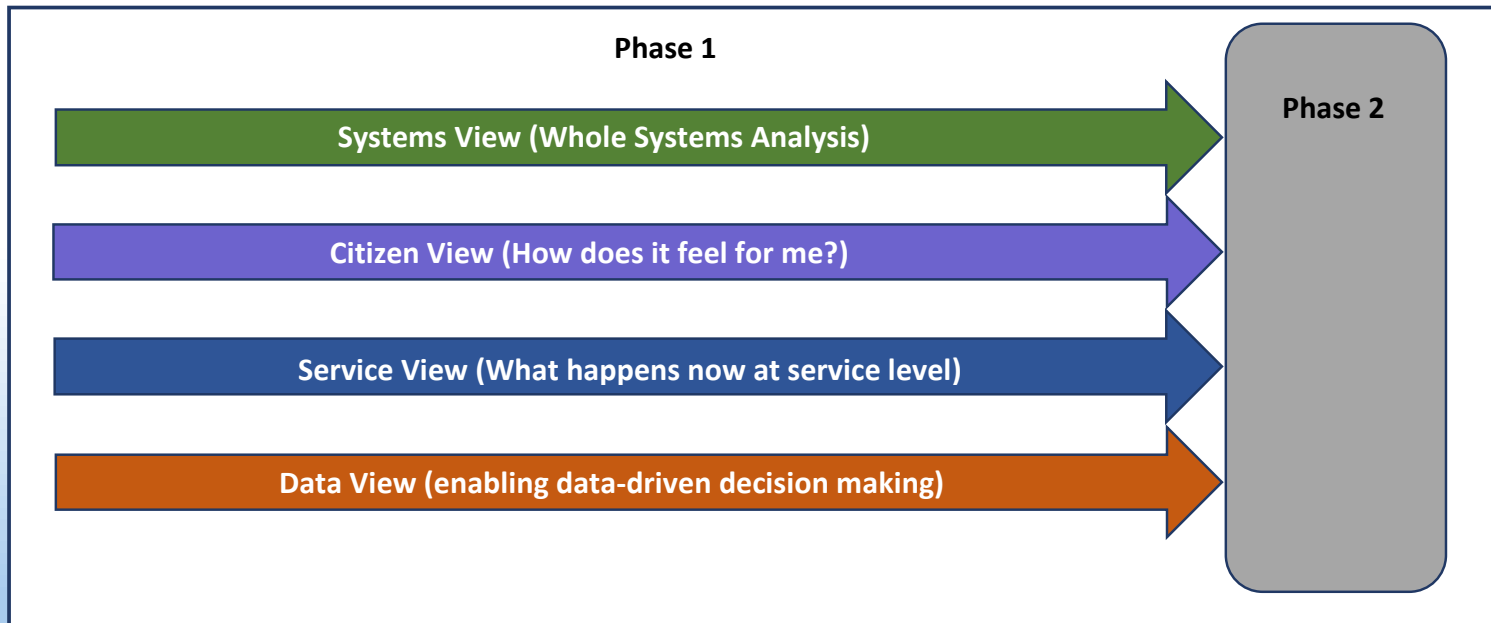
The overall aim of the project is

To improve the transfer of patients between all providers to ensure continuity of care and patient experience

The project has two phases

- Phase 1 is to use a Whole Systems Approach
 - To develop a shared understanding of the whole system for end of life care within the community in Leeds, including interface with hospital-based care.
- Phase 2 is to ensure effective service redesign
 - To make the best use of the resources available to deliver the most effective and compassionate care outside of hospital for those people who are dying and for their carers and families. This will address the findings of the work in Phase 1

In Phase 1 four views were taken



Phase 1 WSA

- The objectives of the WSA work undertaken by Leeds Beckett university to support Phase 1 of the project were:
 - help stakeholders develop a shared understanding of the whole system for PEO LC within the community in Leeds, including interface with hospital-based care.
 - help determine key areas for action during Phase 2
 - create a theory of change to help identify areas to monitor

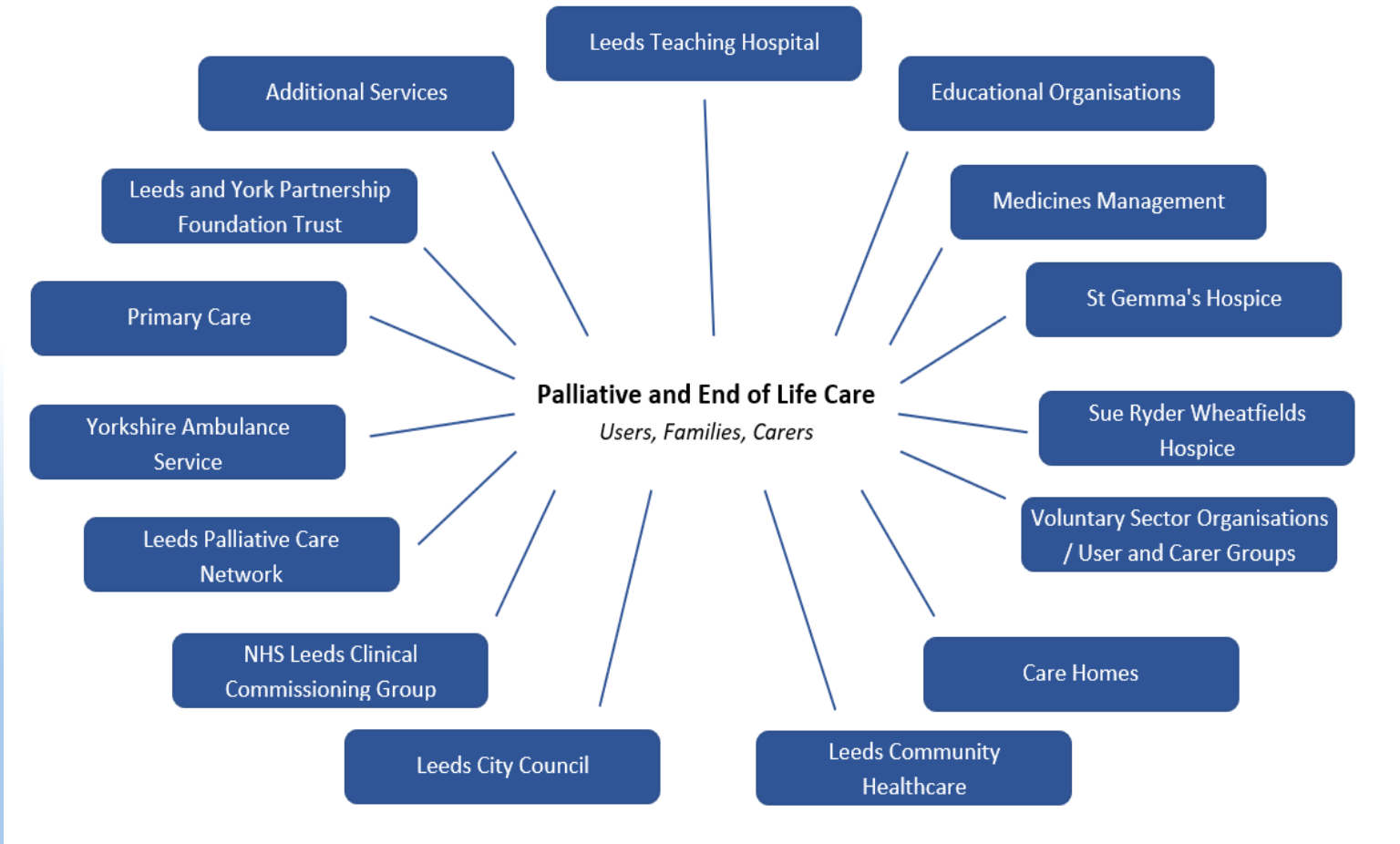
What we did (November to June 2021)

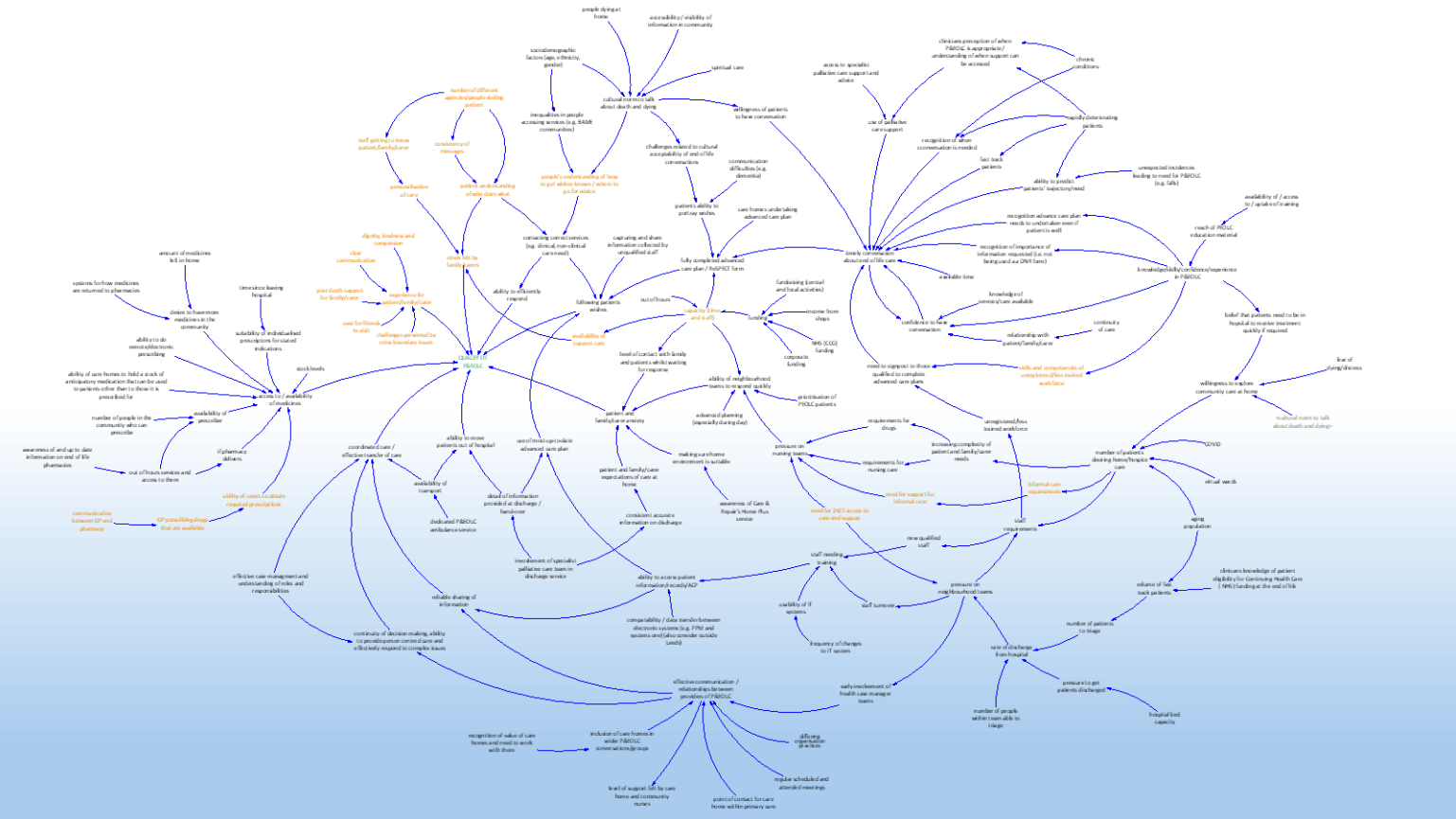
- A series of eight virtual events were undertaken with over 100 people from different organisations, including: acute and community health care, social care, care homes, as well as voluntary and independent organisations.
- Information gathered during these events was initially collated with findings from a Healthwatch Leeds project (exploring the views of families and carers who have received end of life care)

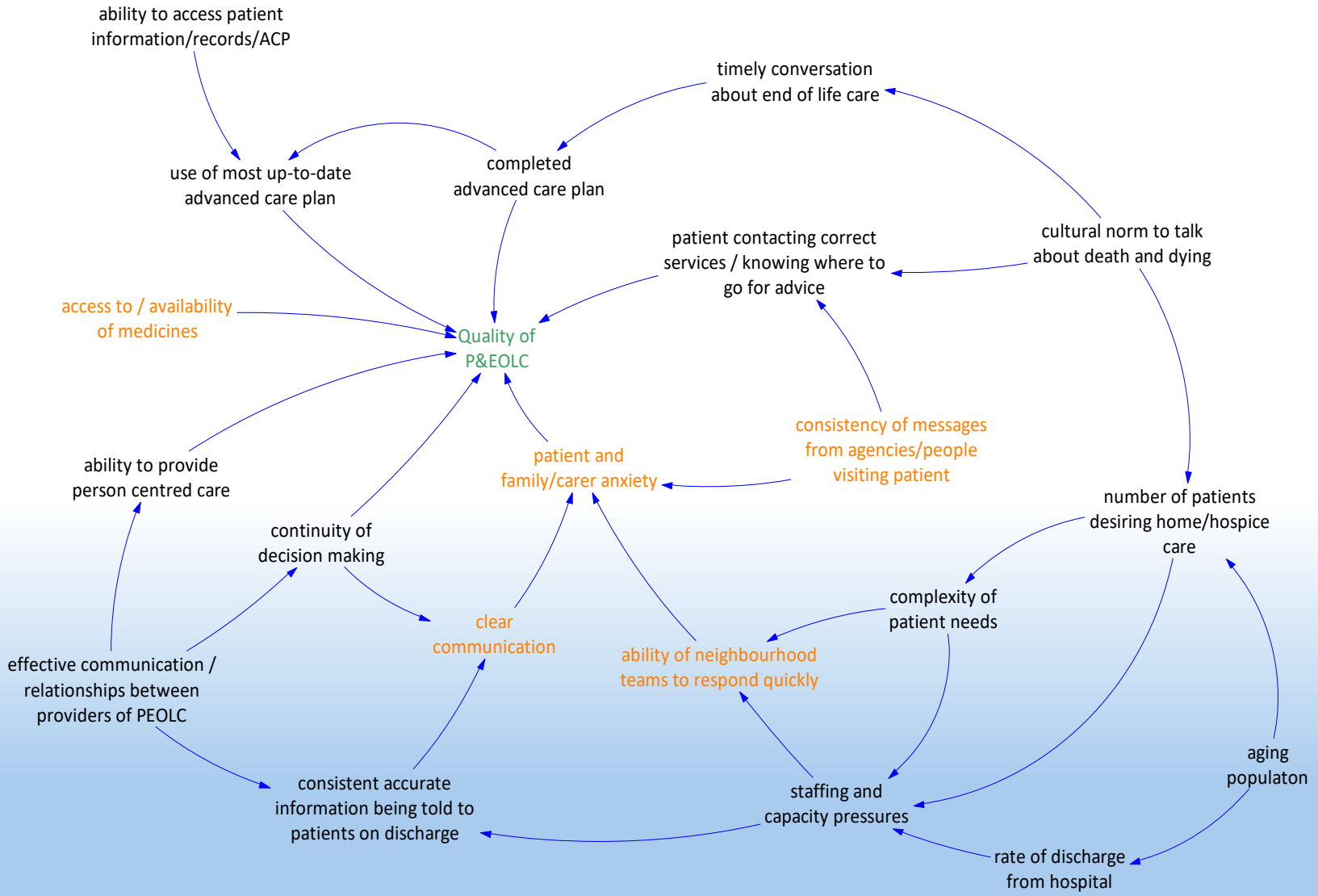
Outputs

- A stakeholder map showing who is involved in the system.
- A systems map showing the many interconnected local factors that make up the systems related to PEOLC in Leeds. This is a visual representation of the many local factors that make up the system related to PEOLC in Leeds. Its purpose is to reveal the underlying interrelationships and structure of a complex system.

Phase 1 results







We reviewed these against the next two views of the system

- The LPCN used the systems maps, the commissioned piece of work by Healthwatch Leeds, in conjunction with the service views and analysis of healthcare data, to develop key themes and options for action
- The proposed themes and actions were discussed with 36 stakeholders from across the system, during a virtual workshop

Development of priority areas

Five themes emerged from the four views:

1. Updating the service offer
2. Citywide single point of access
3. Increasing resources
4. Recording one up-to-date Advance Care Plan
5. Improve timely prescribing

Development of priority areas

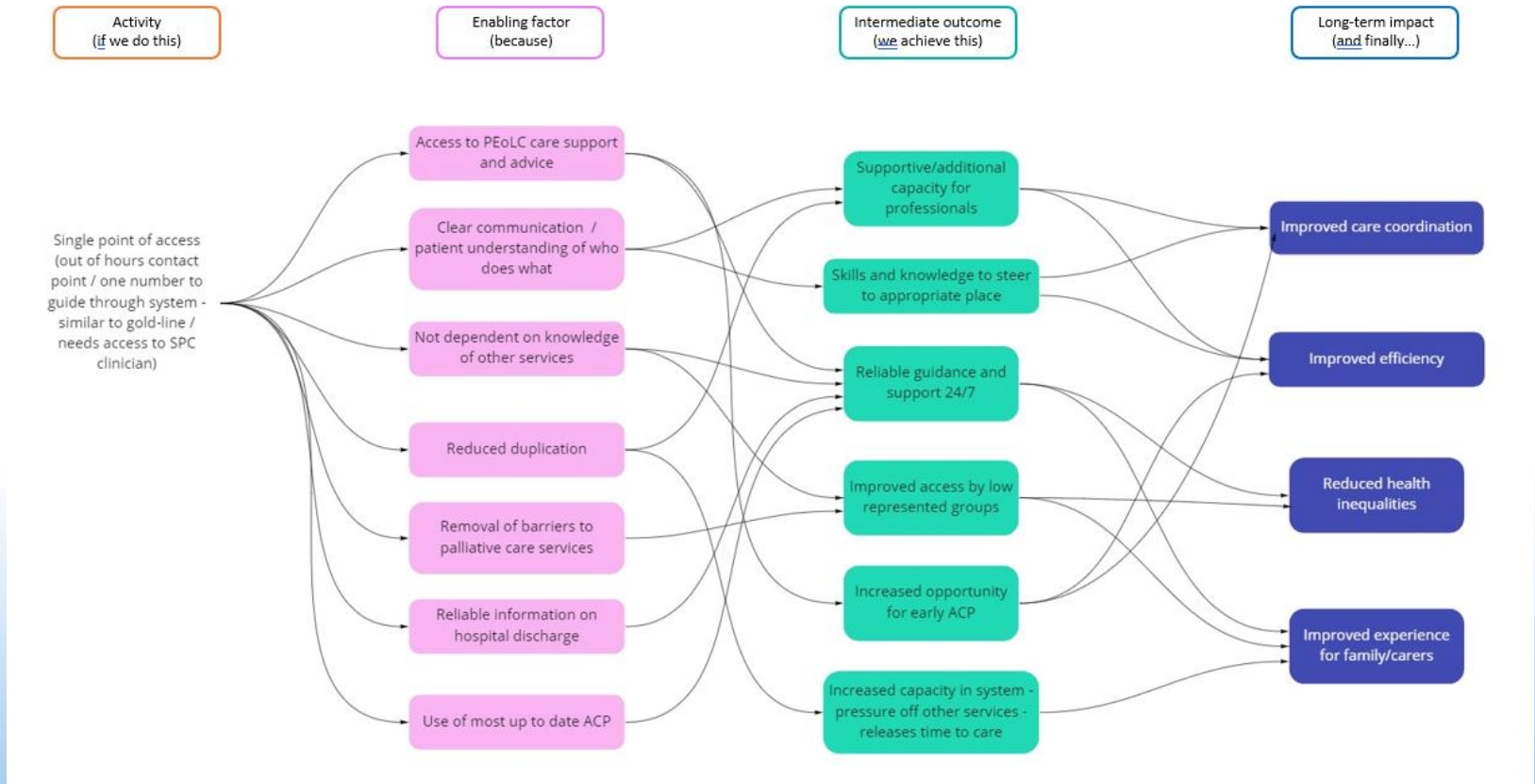
Themes 1-3 were selected for the core of the Phase 2 service redesign. The remaining two themes were identified as already having significant workstreams progressing them.

1. Updating the service offer
2. Scoping citywide single point of contact
3. Increasing resources
4. Recording one up-to-date Advance Care Plan
5. Improve timely prescribing

What we did (January to March 2022)

- A theory of change involves articulating the many underlying assumptions about how change will happen
- Prior to the workshop, a draft theory of change was produced by core members - analysing the variables and inter-relationships from the systems map
- This draft theory of change, was honed to provide a basis for evaluation and review in Phase 2

Outputs



- It is intended to be a working document and is being refined in Phase 2 as the understanding of the system grows.

Service development for the 3 key themes

- Updating the service offer
 - Working to integrate community services in local areas
 - Developing a glossary of terms
 - Ensuring that all staff are able to recognise and support people who are at the end of life
- Scoping Citywide Single Point of Contact for Palliative and End of Life care
- Working to maximising efficiency and increasing resources available to support death in the community
- Agreeing a clear process for recording one up to date ACP that is updated and kept as a single version
- Ways to improve timely prescribing both in terms of identifying that anticipatory end of life medicines need to be made available to the patient and also in the process for ensuring that prescriptions are written and filled in a rapid manner.

Approach

- Review of previous work including published evidence and national documents
- Observing services providing palliative and end of life care & meeting staff including:
 - LCH, hospices, consultant on call, YAS, Local Care Direct, LTHT, Care homes
- Explored other regional and national solutions

Key findings

- There is a need to support people who are at the end of life with a Single Point of Contact for Palliative and End of Life Care in Leeds
- There is support for this across the system
- A variety of options for delivery of this have been identified
- Additional resource would be needed as locally existing services are stretched and demand is increasing
- Some staff lack knowledge regarding existing services in Leeds and when best to contact for specialist support

What can we learn from existing services regionally and nationally?

- Nationally there are significant drivers for implementation of a 24/7 solution
- SPOC services vary in terms of design, scale, links with other services but all noted an increasing need and a requirement for access to an urgent response service alongside SPOC
- Existing services are stretched and demand is increasing
- Existing services report an increasing role in co-ordination and that calls are generally for advice and support, both to families and patients plus advice on clinical decisions, access to information and support in decision making for other professionals.

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Approach

- We were not able to undertake this work across the whole of Leeds as it is too large
- Funded by the LPCN, we looked for two LPC areas that were keen to focus on end of life care – one with links to St Gemma's and one with links to Wheatfields
- A third area linked to the third hub for LCH will be considered in the future

Benefits of the community approach

- Demographics
- Simplicity
- Honesty
- Relationships and connections
- Scaling up
- Share learning

Seacroft

- Structure and timeline
- Core Group

Workstream 1: baseline understanding of roles and responsibilities

Workstream 2: public and professional information offer and social marketing campaign

Workstream 3: training

Morley

- Agreed with LCP and PCN
- Emerging themes – Advance Care Planning, information, primary care involvement in last few weeks
- Inaugural workshop event planned for September

Next Steps

- We have an event to review whether we have met the aims of the project on 13th July
- Actions following on scoping of the SPOC – we have £20 k to improve integration of services
- Locality projects – Seacroft is being made sustainable and “how we do things around here”, Morley is getting going and then we will think about the third area
- How we go about sharing the learning

Thank you – any questions?

On your post it notes

- Please identify
 - What should the focus be for the work (in your view) for the next 12/18 months
 - If today has made you think about changing in either your professional approach or in your life please note it? (no need to share)