BEDDED COMMUNITY SERVICES TOOLKIT (WALES) BUNDLE D - PALLIATIVE & END OF LIFE CARE

Supporting an individual's choice for place of care and ultimately, place of death, is a key priority in delivering palliative and end of life care. Specialist and core community support in the person's own home or in a hospice environment are generally the primary options.

However, the local community hospital or other commissioned facilities, can also provide a valuable option for 'close to home' support for the individual and their family/carers. Indeed, in some areas in Wales, it may the most readily (or only) accessible bedded 'close to home' facility.

SPECIFIC CONSIDERATIONS (in addition to the Core Bundle for all bedded community services)

Plan for bedded community services to be an option to support patient choice. The role that bedded community services may play in delivering palliative and end of life care closer to home, will be dependent on:

- Local needs analysis; and
- Gaps in the range of provision available. Such provision will include the specialist community palliative care teams and hospice care.

Examples of the potential use of community bedded services include:

- Longer stays (than those offered by hospices) for symptom control, e.g. for individuals with complex presentations and co-morbidities;
- Bedded facilities for younger people who may not wish to receive their short-term support in a care home environment;
- Specialist respite care (other than that which can usually be delivered in care home settings); and
- Supporting an individual's choice of preferred place of care and death.

Ensure safe and prompt access. To ensure that the bedded community service is the most appropriate place to the individual's needs, clear access criteria are recommended for this core function.

The Standard Operating Procedure (SOP) must clearly identify the type of service it intends to provide, and a clinical governance model that maximises prompt access routes for:

- The ambulance service (to avoid unnecessary conveyance to acute settings, NB where advanced care plans are in place);
- General Practitioners;
- The District Nursing Service;
- Specialist Palliative Care Teams; and
- Secondary Care consultants.

Whilst the service can be delivered by generalists, specialist palliative care advice should be accessible 24/7 anywhere in Wales.

Create an environment that supports dignity and comfort. Bedded community services should maximise the opportunity for family and community support for the individual. Facilities must be provided to allow family/carers to remain at the bedside if desired.

Privacy and dignity must be respected, and single rooms provided wherever possible (unless the individual states a preference otherwise).

Similar services to those provided in the hospice environment, such as complimentary therapies and carer support, should also be accessible to individuals receiving their care in a bedded community service.

Make good palliative care and end of life support everybody's business. Effective delivery of this core function requires a collaborative approach to clinical reasoning and decision making. The bedded community service must align to, and create a wider team with, specialist community services.

Each health board should identify a nominated lead, with responsibility for the oversight of palliative and end of life care in all settings, including bedded community services, to ensure quality and equity of patient experience.

All staff working in bedded community services providing palliative and end of life care should receive training in:

- Communicating with patients and families;
- Advance Care Planning (e-learning module available);
- Basic symptom control, including non-pharmacological techniques – which can also be taught to families/carers; and
- End of Life care.

Registered nurses should also complete the following training:

- End of Life module;
- Use of the Care Decisions Tool for the last days of life;
- Managing the deteriorating patient;
- Use of syringe-drivers;
- Airway management/support for tracheostomy patients (if the intent is to provide care for this type of patients, as set out in the needs assessment and SOP);
- Advanced symptom management;
- Verification of Expected Death (subject to SOP etc.).

Where available, Specialist Palliative Care Teams can be utilised to deliver this training. It must be made available to providers of commissioned services and well as community hospitals.

Provide access to rehabilitation and psychological support for all. Individuals in receipt of palliative care must be afforded the opportunity to maximise well-being, self-care, and independence, to explore the emotional impact of their disease and plan for their future care (including their death).Access, for the individual and their family/carers, will therefore be required to a full range of multidisciplinary team support, including Specialist Palliative Care teams, allied health professionals, social workers, and psychologies.

Maximise third sector support. Consider using volunteers, as part of the service team, for social and emotional support.

They can also provide valuable bereavement support for families and carers e.g. via 'check and chat' services.

LOCAL BEDDED COMMUNITY SERVICES PLANNING & COMMISSIONING CHECKLIST: PALLIATIVE & END OF LIFE CARE

 **Core Function 4: Palliative and End of Life Care** **Specific requirements in addition to the overarching principles and requirements for bedded community services**		
Expectation	**Action required to fully deliver:**	**Priority level:** High/Medium/Low
The SOP/Service Specification clearly sets out the palliative/end of life function the bedded community service will deliver.		
There are clear lines of accountability to the health board's nominated lead for palliative and end of life care.		
There are defined access routes for: • WAST • GPs • District Nurses • Secondary Care		
Access to specialist advice is available 24/7		
Facilities are in place to support family and carers to remain at the bedside.		
Single rooms are available (subject to patient preference)		
Access is provided to complementary therapies		
Third sector support is available, including bereavement 'check & chat' support for families and carers.		
All staff should receive training in: • Communicating with patients and families • Advance Care Planning • Basic symptom control • End of life care		

Core Function 4: Palliative and End of Life Care (continued)

Specific requirements in addition to the overarching principles and requirements for bedded community services

Expectation	Action required to fully deliver:	Priority level: High/Medium/Low
Registered nurses should receive training in: • End of Life module • Use of the Care Decisions Tool for end of life care • Syringe drivers • Airway support management for patients with tracheostomy (if providing this level of care) • Advanced symptom management • Verification of expected death		
The same training should be available to staff providing this service in a community hospital or commissioned facility.		

SUGGESTED PERFORMANCE IMPROVEMENT MEASURES FOR CONSIDERATION

BEDDED COMMUNITY SERVICES : PALLIATIVE & END OF LIFE CARE (in addition to overarching measures)

HOW MUCH DID WE DO?	HOW WELL DID WE DO IT?
Number of community beds available for palliative and end of life care Number of referrals for palliative/end of care received Number of individuals receiving palliative/end of life care in bedded community services Number of referrals to third sector and volunteer support	Patient/family satisfaction scores/PREMS % of people who identified the community bedded facility as their preferred place for palliative care support, received this service % individuals who identified the community bedded facility as their preferred place of death, received this service. % of individuals/families who want it, receiving third sector or volunteer support Numbers/% staff receiving the suggested training Staff retention/sickness/satisfaction
IS ANYONE BETTER OFF?	
Number of individuals receiving palliative care returning to their usual place of residence Number of individuals in receipt of palliative care, who feel supported in maximising their well-being, self-care and independence. Number of individuals receiving their end of life care in their place of choice Number of individuals receiving palliative/end of life care who transfer from the bedded community service to secondary care (balancing measure)	% of individuals receiving palliative care returning to their usual place of residence, where this is their stated preference % individuals in receipt of palliative care, who feel supported in maximising their well-being, self-care and independence. % individuals receiving their end of life care in their place of choice % individuals receiving palliative/end of life care who transfer from the bedded community service to secondary care (balancing measure) PROMS