

An evaluation of a Specialist Palliative Care Service implemented in a community setting in the East of England



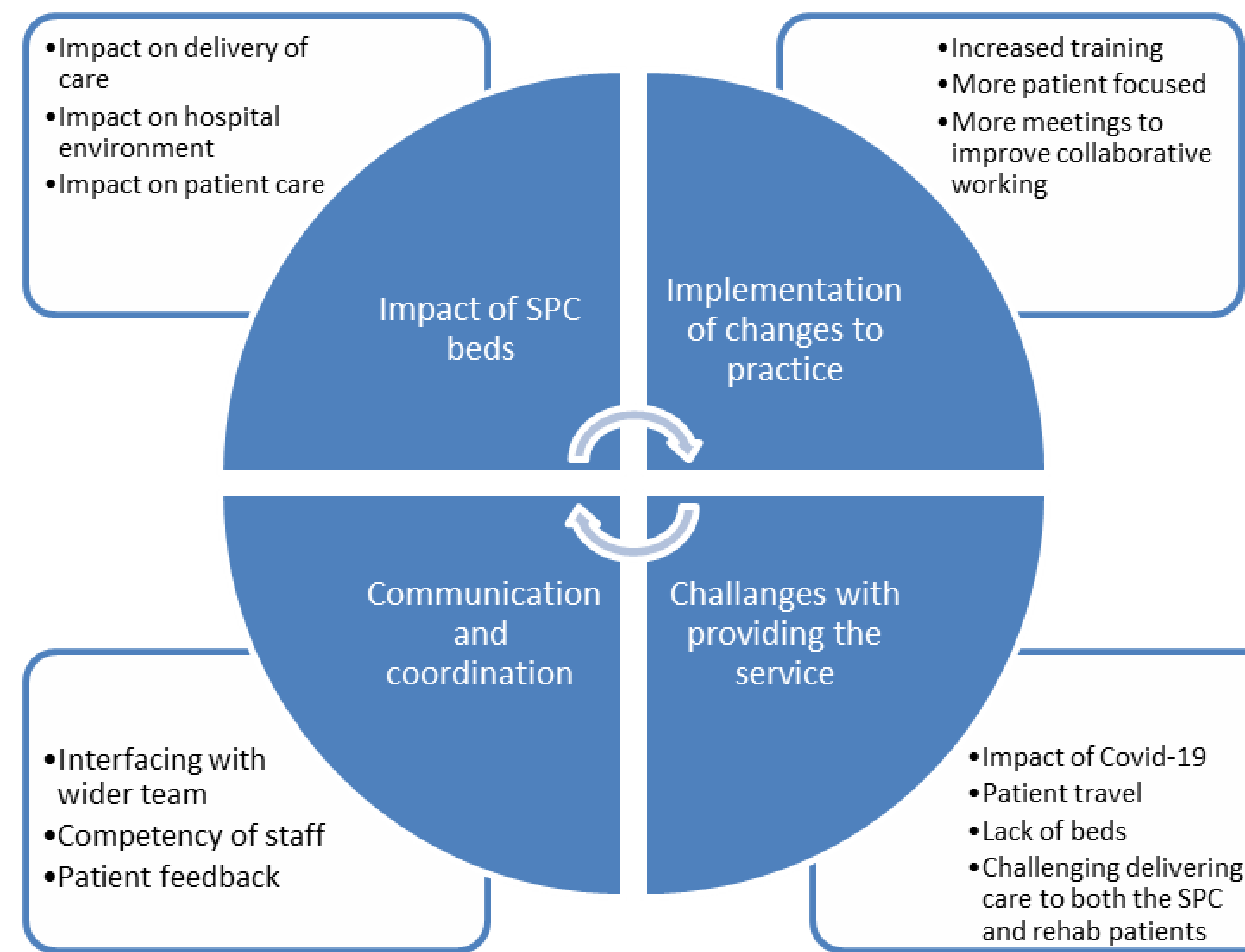
Aim

The aim of this service evaluation was to review the SPC service following two years of implementation across the ICS.

Background

- To try and address the ambitions outlined in the NSPC framework (2021), a new specialist palliative care service was created in Great Yarmouth and Waveney.
- Previously in this area, there was no hospice provision available to provide care for patients with SPC needs.
- Two local organisations (a community Interest company and a county-based hospice) used a collaborative approach to develop an innovative SPC service within a community hospital.
- This service included:
 - Six SPC beds in an inpatient unit in a community hospital alongside rehabilitation beds.
 - Care provided by generalist staff with support of a SPC team from a hospice.
 - The upskilling of staff.
 - Adoption of screening tools, assessments, and outcomes measures.
 - Establishment of a 'compassionate neighborhood'.
 - A OneCall 24-hour Helpline.

Qualitative findings



Methods

A multi-method approach was used to evaluate this service:

- Existing data sets that had been collected by the local hospice since the implementation of the service over a 2-year period, were used to explore and describe referral patterns and usage of the service.
- Qualitative interviews with 25 participants (Patients and carers n = 10, SPC staff members n = 4, community service providers n = 8, stakeholders n = 3) were used to collect the thoughts and experiences of those involved with the service.

Discussion and next steps

Quantitative findings clearly demonstrate that the SPC service was needed and used effectively.

Qualitative findings propose that patients and carers endorse the service and suggest they received very high-quality care. The data illustrated how staff from both SPC, and generalist teams have worked collaboratively together. Training has been provided by the SPC to some members of the generalist team and this has enhanced the knowledge and skills of staff in supporting patients with SPC needs.

This model of care is novel as it has SPC beds based in a community hospital which does not exist anywhere else in the UK. The findings of this evaluation highlight that such a model is effective and could be recreated in other areas of the UK.

Quantitative findings

1,800
Referrals to SPC service

64
Average days patients engaged with service

19,712
Calls to the OneCall 24-hour helpline