

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 11 May 2021	
Report Title:	Palliative Care Hub Telephone Service Launch Update	Agenda Item: 3.3	
Chief Officer:	Carol Anderson, Chief Nurse		
Clinical Lead:	Prof. Stephen Barclay		
Report Author:	Clare Moody		
Document Status:	Final		
Report Summary:	NHS 111 Option 3 (The Palliative Care Hub telephone service) launched 6 April 2021. It has responded to 177 calls, received excellent feedback, and estimates to have avoided 34 hospital admissions.		
Report Purpose:	For Assurance	x	For Decision
			For Approval
			For Recommendation
Recommendation:	The Governing Body is asked to note the launch of the Palliative Care Hub NHS 111 telephone service and provisional indicators of early success, including where the service has highlighted areas where improvement in other areas of our system could be achieved.		
Link to Corporate Objectives: 2020/22	Ensure everyone has the opportunity to improve their health and well-being		x
	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities		x
	Focus time and resources on areas where people receive most of their health and care services, the community		x
	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.		x
	Deliver our statutory financial commitments as best as possible		x
CAF (Strategic Risk) Reference	Description of Risk		Current Risk Score
CAF12	There is a risk of serious impact to patients as a result of a failure in quality, safety and patient experience in the services that the CCG commissions as a result of the covid pandemic and recovery requirements		20 (R)
Impact Assessments	Equality	n/a	
	Health Inequalities	n/a	
	Health Impact	n/a	
	Data Privacy	n/a	
	Sustainability	n/a	
	Quality	n/a	
Financial Impact	None at present		
Chief Officer/ SRO Sign Off:	Carol Anderson, Chief Nurse		
Chief Finance Officer Sign Off: (if required)	N/a		
Legal implications	N/A		
Conflicts of Interest	In line with the CCG Conflicts of Interest Policy.		
Report history:	Palliative and end of life care transformation report to GB September 2020.		
Next steps:	Governing Body sign off.		

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 3.3

DATE: 11 MAY 2021

TITLE: NHS 111 OPTION 3 (PALLIATIVE CARE HUB TELEPHONE SERVICE) LAUNCH UPDATE

FROM: CLARE MOODY
PROGRAMME MANAGER – PALLIATIVE CARE & END OF LIFE CARE

1 ISSUE

- 1.1 NHS 111 Option 3 (The Palliative Care Hub telephone service) is the CCG response to NICE Quality standard [QS13] End of life care for adults (updated: 07 March 2017) Quality statement 9: Urgent care: People approaching the end of life who experience a crisis at any time of day or night receive prompt, safe and effective urgent care appropriate to their needs and preferences.

2 KEY POINTS

- 2.1 NHS 111 Option 3 launched 6 April 2021, currently operating in the out of hours period.
- 2.2 Working with Herts Urgent Care (HUC), the telephony infrastructure enables access to the service, with no call charges for the patient, and no requirement to be known to hospice services.
- 2.3 NHS 111 Option 3 received 177 appropriate calls in the first month of operation and estimate they have avoided 34 hospital admissions (data to be validated)

3 RECOMMENDATION

- 3.1 The Governing Body is asked to note the launch of NHS 111 Option 3 telephone service and provisional indicators of early success, including where the service has highlighted areas for improvement in other areas.

4 REASON FOR RECOMMENDATION

- 4.1 To celebrate successful launch of a new palliative and end of life care service.

5 BACKGROUND INFORMATION

- 5.1 NHS 111 Option 3 was included within the first phase the transformational project to improve access to, and co-ordination of, care for palliative and end of life care patients.
- 5.2 Arthur Rank Hospice Charity is commissioned to provide the specialist clinical advice, support, and guidance of the service. A team of four specialist palliative care nurses currently answer calls between 5.00pm and 9.30am during the week and 24

hours at the weekend - from 5pm Friday to 9.30am Monday (Tuesday if Monday is a public holiday). Further nurses have been recruited and when in post the service will operate 24 hours a day, 7 days a week, 365 days a year.

- 5.3 The service is provided in collaboration with HUC, who provide the NHS 111 service to Cambridgeshire and Peterborough residents.
- 5.4 Patients and their family, care staff and healthcare professionals access the service via NHS 111 option 3. It is important to us that patients do not need to be known by, or know of, hospice services to access the telephone line, do not need to pay a call charge to access the service, and do not even have to select option 3 for their call to be triaged and put through to the palliative care team.
- 5.5 The service aims to support patients, their friends, families, and carers that patients receive care in their preferred place and to die in their preferred place. It is widely accepted that for many patients, this is in their own home.
- 5.6 The service launched on 6 April 2021.

6 Patient Stories

6.1 Patient Story 1

- 6.1.1 CH, 91, diagnosed the previous week with terminal cancer. Hub first contact was via East of England Ambulance Service (EEAST) on Friday evening. CH was rapidly deteriorating and wished to be cared for and to die at home. Hub nurses reassured the family and counselled how to administer oral medications. Hub co-ordinated other care services including district nursing, hospice at home, a further supply of medication, and incontinence supplies from a local nursing home, across the weekend. Hub nurses maintained contact with CH's family. CH died at home early Monday morning.
- 6.1.2 CH's son "Quite frankly, especially with it all happening over a weekend, we simply do not know how we would have dealt with the whole thing without you. You and your colleagues, together with the Sue Ryder Hospice at Home team, were the rock that kept us going."
- 6.1.3 EEAST paramedic team "Absolutely fantastic team who went above and beyond for the patient and her daughter. Made a very difficult situation a lot easier for not only us as a crew but also for the family & patient". "absolutely incredible to be able to give this level of service to the patient's daughter as she didn't know where to turn."

6.2 Patient story 2

- 6.2.1 Patient's daughter called Saturday evening for verification of expected death. Daughter had called district nurses who were unable to help. Hub nurse reassured daughter there was no need to panic or to rush, informed of time scales for call back and GP visit. Counselled to place father's arms by his sides, laid flat and to place a small rolled up towel under his chin to close his mouth. Nurse called back to reassure daughter that referral to GP had been made.

6.3 Patient story

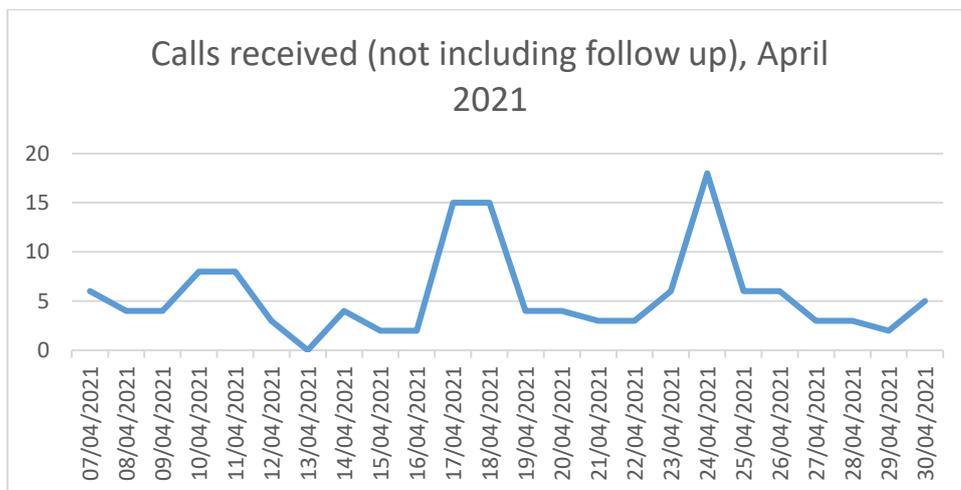
- 6.3.1 Husband telephoned seeking reassurance. He was concerned his wife would die while he slept that night. Hub nurse listened to the husband description of wife's symptoms and assured him that these were expected but did not indicate she would die imminently. The husband was able to rest, his worry reduced.

7 Partner feedback

- 7.1 Sharon Allen, Chief Executive Arthur Rank Hospice Charity said “The feedback from people, families and healthcare professionals shows that in it’s first three weeks of operation, this service is providing a much needed offer. We have heard so much feedback from the community about how lonely and frightening it can be in the early hours of the morning, not being able to contact someone who can help, being able to offer this timely intervention now is wonderful. Working together with paramedics and other healthcare professionals, particularly the Hospice at Home teams provided by Arthur Rank Hospice Charity and Sue Ryder Thorpe Hall it is so positive to know that now more than 50 avoidable hospital admissions have been prevented. Arthur Rank Hospice Charity is delighted to be working in partnership with the CCG and HUC to provide this vital service and look forward to July when the service will be provided 24/7”
- 7.2 HUC Head of IUC said “This gives carers and patients one easy number to call at times of worry and anxiety, when they need to talk to someone quickly for advice and reassurance.
- 7.3 The service allows the specialist nurse to calm a situation and offer support, if needed the nurse can seek advice from the out of hours doctors and refer the patient back through to call back from the GP.”
- 7.4 EEAST Clinical Lead said “This service enables clinicians from EEAST to be able to discuss palliative concerns and supports shared decision making to enable the best outcome for the patient and their families. Very often when EEAST are called it’s for an emergency situation and the ambulance service would have no prior knowledge of the patient, the HUB allows a clinician to clinician discussion which enables specialist advice and support patients within the community.”

8 Activity data collected by the Palliative Care Hub Team April 2021

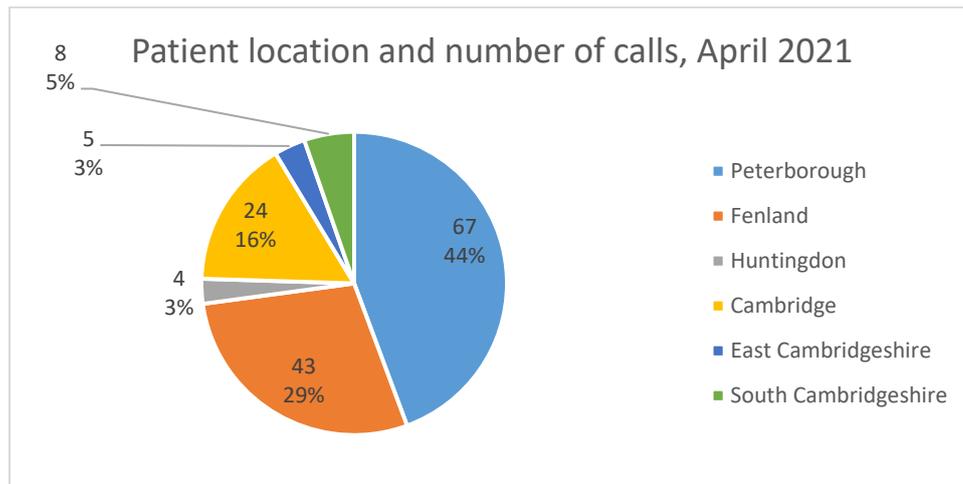
- 8.1 The Team have received a total of 331 calls. 177 calls related to palliative care; the Team and HUC are following up the reason for 154 calls not related to palliative care. Some factors are patient related but others appear to be technology based. Many of these inappropriate calls are routed back to NHS 111; but the Team have proceeded to help those patients where rerouting the call would have been to the patient’s detriment e.g., mental health crisis.



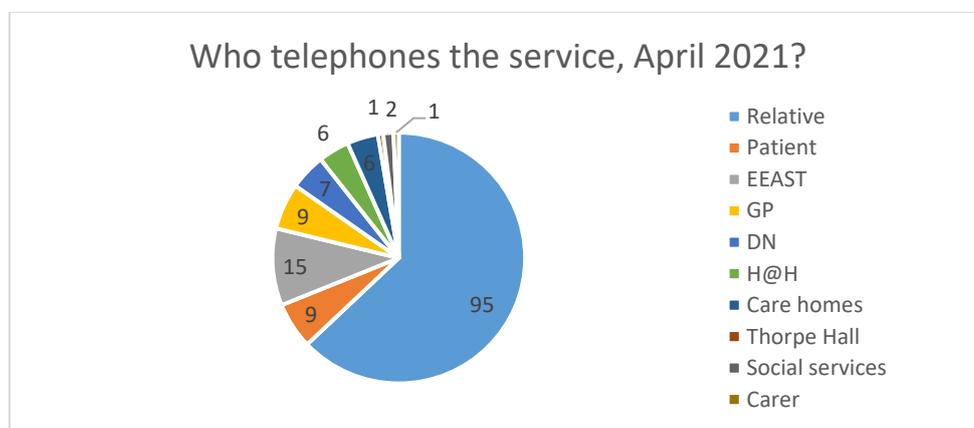
- 8.2 Initially, patients registered in Peterborough generated 90% of the calls, but over the month this has reduced. Although based on 2015 population estimates¹, 23% of

¹ [Cambridgeshire Insight JSNA core data set 2019](#)

population live in Peterborough. The Team need to explore what is driving need in Peterborough.

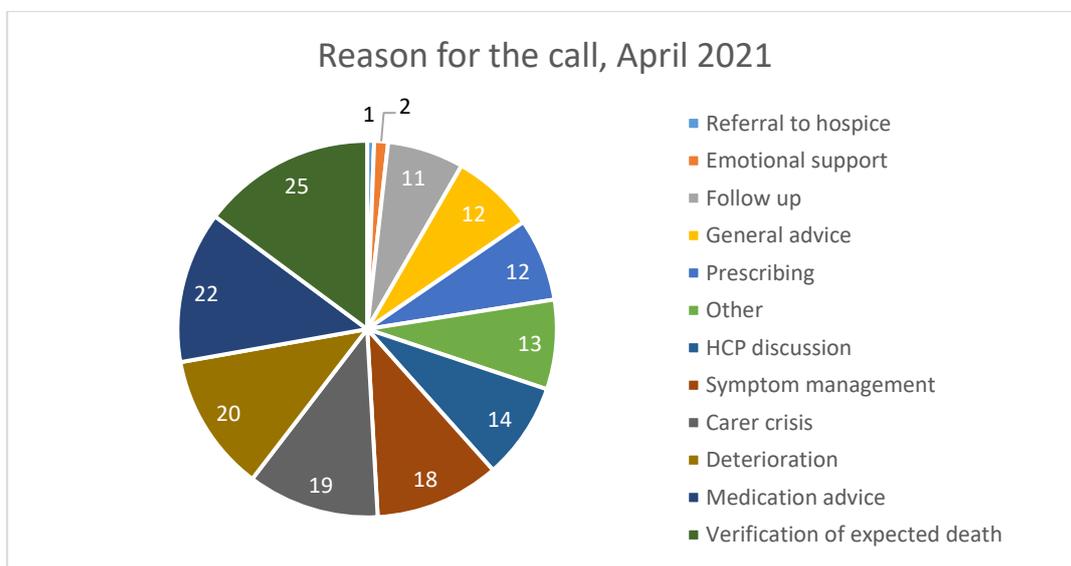


8.3 Almost two thirds, 63%, of the calls to the service are made by a relative of the patient. 10% of the calls are from EEAST ambulance colleagues.



8.4 Added to together, prescribing and medication advice account for the greatest number of calls. Narrative feedback highlights continuing concerns with timely anticipatory prescribing and accessing medication out of hours. These will be investigated with the CCG Medicines Optimisation Team.

8.5 The Hub Team estimate their interventions have avoided 34 hospital visits.



9 CONCLUSIONS

- 9.1 We acknowledge that the service is not fully operational, however NHS 111 Option 3 has demonstrated that patients and families within the first month of the launch have gained increased outcomes around preferred place of death, reduced admission to an acute setting in the middle of the night and at weekends, however, noting that a continuous improvement cycle needs to be completed in order that it does not become failure of its own success.
- 9.2 The service continues to collect valuable data about other care the patients and their families receive during their palliative and end of life experience which we need to acknowledge and use to improve those services.

Author *Clare Moody*
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6 May 2021