Partnership working between Marie Curie Cancer Care and NHS Lanarkshire delivers quality care and patient choice. We are seeing a shift of care from hospitals to the community. By working together and looking at new ways of providing services, we will achieve more flexible, timely palliative care delivered in the patient’s preferred location.

Frances Leckie, Associate Director of Nursing, Primary Care Division, NHS Lanarkshire, Scotland.

www.mariecurie.org.uk
Why Marie Curie Cancer Care?

Services developed by Marie Curie Cancer Care are centred on supporting the NHS in meeting a growing demand. They deliver greater flexibility, responsiveness and cost effectiveness, while building on our proven track record of delivering a quality service.

The economic challenges facing the NHS are widely recognised. However, end of life care remains a government priority, and integral to this is increasing the number of patients who are able to die at home where that is their choice. Demand for the associated services is rising, both in percentage terms and in real terms as the population ages.

Marie Curie Cancer Care is dedicated to the care of people affected primarily by cancer, and to enhancing their quality of life through its care and research. We believe that everyone with cancer and other illnesses should have the high quality care and support they need at the end of their life, in the place of their choice.

We are specialists in providing high quality, scaleable, end of life care services to cancer and non-cancer patients alike, and contribute to work throughout the United Kingdom. Last year we addressed the needs of over 22,000 patients and their families, and our nine hospices provided expert care to nearly 7,000 patients. Overall, we delivered more than 2.5 million hours of care to patients and their families.

Our approach for the commissioning and delivery of services is focussed on use of the care pathway for the end of life, a method which is strongly recommended by strategies across the UK.

Developing new services

Marie Curie Cancer Care is committed to continuing to develop innovative services that enable more patients to receive quality end of life care at home or hospice, and to working with the NHS and its partners to achieve this. Our new services are geared to supporting the NHS in meeting the growing demand. They offer greater flexibility, responsiveness and cost effectiveness, while building on our proven track record of delivering a quality service. Since we are a charity, our fundraising allows us to provide services to the NHS at an attractive, below cost rate.

Delivering choice

With our long experience of working in partnerships, we are also seeking to increase the scope of joint working through our Delivering Choice Programme. Designed to enable more people be cared for at home, the programme develops unique, patient-centred service models that identify the routes to the best possible palliative care across a range of service providers.

What Marie Curie stands for

‘Putting the patient first’ is at the heart of what we do. The charity’s reason for existence, providing care, continues to drive us. We fund over £70 million of care every year, as well as funding our management, fundraising and support costs, so our services must deliver both value and quality.

Pioneering better patient care

Since we began in 1948, we have seen innovation as the key to improvement, and pioneered advances in patient care. The changing expectations of patients and their families will demand that we are even more flexible and responsive, and our research and service development programmes will enable us to meet these requirements.

The research that has always underpinned our activities is now focused on the area of delivering end of life care.

One example of our contribution to promoting improved care is the Liverpool Care Pathway, developed by our Palliative Care Institute in Liverpool in partnership with the NHS and the University of Liverpool. Such work is based on evidence gained from delivery and from independent evaluation of our Delivering Choice Programmes in Lincolnshire and Leeds.

We support and work within good practice initiatives such as the Gold Standards Framework.

Local partnerships

Working in partnership with other organisations is fundamental to our service. In terms of both funding and service operation, our principal partners are local NHS Boards and CHPs. Referrals from District Nurses, GPs, and other health professionals ensure that our work is focused closely at local level. We also work with organisations such as the British Heart Foundation, social care providers and other independent charities. Our Delivering Choice Programme is expressly designed to bring all the local providers together to improve service delivery through systematically reviewing needs, setting up the most effective services, and coordinating care.

Bridging gaps

Following the charity’s decision in 2008 to enable equity of pricing for non-cancer patients who require end of life care, we
are working to bridge gaps in provision for those with all terminal illnesses. As a result we now care for more non-cancer patients.

The publication of the End of Life Strategy for England identified the Marie Curie Delivering Choice Programme as an excellent example of providing care for terminally ill people. The strategy reinforced the Next Stage Review’s recognition of end of life care as a high priority for the NHS, and provided an additional investment of £286 million over the next two years.

Investing in care and efficiency

Over the last three years our nursing service has delivered 50 per cent more care. As further growth will require faster, more efficient referrals, we have commissioned a new IT system for our national referral centre. By streamlining processes, this investment will provide greater local flexibility and the control that nursing managers need to optimise care on a daily basis. Once the system is established, we also plan for District Nurses to have direct access to bookings and management information.

Excellent hospices

Our hospices are local centres of excellence, and undergo continuous upgrade and replacement. The Marie Curie Hospice, Hampstead has created individual rooms from communal wards – meeting patient aspirations and allowing for greater occupancy and turnover. Our new Glasgow Hospice opens in 2010 and will offer truly excellent facilities for both in-patient and outpatient services.

Making best use of skills

In response to requests from the NHS, we are changing our nursing workforce profile to enhance the Senior Healthcare Assistant’s role. Our expert Marie Curie RNs can still provide care for more complex patients in the community through our new Rapid Response and Reactive services. In our hospices we continually review staff structures and levels to ensure that increasingly complex cases of pain control and symptom relief are effectively managed, and to develop ways for this expertise to be more widely accessed by patients in the community. Our Liverpool hospice offers two outreach medical clinics in the city’s socially deprived areas, while our Newcastle hospice offers a specialist programme in different locations across the region – improving equity of access for hard-to-reach groups.

The value of volunteers

The skills and experience of volunteers already make a huge contribution to our work, and we are developing more ways in which volunteers can help patients and their carers. While volunteers will never replace our highly skilled nurses, they provide additional support to help keep patients in their homes and ensure that expert nursing care is used in the most beneficial way.

Effective coordination

In Leeds, our Delivering Choice Programme has helped improve partnership working and coordination among local care providers. A dedicated discharge facilitator coordinates services to ensure patients receive care and support after discharge. A palliative care ambulance provides a responsive transport service for patients nearing the end of life. After discharge, the Marie Curie Nursing Service supports patients and carers for the first 24 hours. In addition, a team of generic workers supports community services by providing ongoing health and social care in the patient’s home. These services have proved so effective that they are in long-term use by NHS Leeds.

Marie Curie Cancer Care offers an integrated range of services for 2009/10. District Nurses can draw on the flexible package of national services to meet regional needs and local delivery.

<table>
<thead>
<tr>
<th>Nursing Service</th>
<th>Hospice Service</th>
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<tbody>
<tr>
<td>• Planned – Our core service, now offered day and night, bookable up to two weeks in advance</td>
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<tr>
<td>• Reactive – Overnight shifts offered at short notice, helping avoid emergency referrals by out of hours services</td>
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<tr>
<td>• Multi-Visit – Short episodes of care for up to two hours duration, maximising resources and reaching more patients and carers</td>
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<tr>
<td>• Rapid Response – Urgent home visits usually offered 24/7, preventing unnecessary hospital admissions</td>
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<tr>
<td>• Discharge Liaison – Marie Curie RNs who facilitate patient discharge and enhance coordination of services</td>
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• In-patient – Specialist palliative care for patients who need full time assessment of needs

• Outpatient – For patients with a number of needs such as pain management, symptom control, physical or psychosocial support

• Community – Specialist palliative care in the patient’s home
Marie Curie Cancer Care is recognised for delivering a quality service, and we welcome the increasing emphasis on quality. We score 94 per cent ‘excellent’ with patients for quality of care and our patient helpline; and District Nurses rate our service at 90 per cent.

Our nurses are all highly experienced in end of life care, and along with hospice staff, are properly screened, inducted, reviewed and provided with ongoing development.

Our quality and clinical governance standards meet best practice requirements set out by the NHS and regulators. Through regular reviews with the NHS, we monitor service quality using key performance indicators, and support this with management information and analysis.

We currently produce an annual report on quality, which from 2010/11 will provide details on clinical governance activity, staff recruitment and retention, and other workforce information. It will also cover patient demographic profiles, along with details of referrals to specialist palliative care services and how we responded.