

This means Community Nurses can use their transferable skills and passion for palliative care, combined with training, skills and support provided within their Marie Curie role, to create a flexible 24/7 palliative care service. This enables high quality end of life care to be delivered even in the smallest island populations and remote areas including Orkney and the Western Isles. In Argyll and Bute we have brought together a range of voluntary organisations and other stakeholders, such as care homes, to work alongside the statutory services, form collaborations and develop new ways of working including carers organisations, care homes and transport planning.

“Marie Curie’s Delivering Choice Programme in Argyll and Bute is a great practical example of integration of health and social care. Working with partners in NHS Highland and Argyll and Bute Council the charity has been able to deliver a more flexible and responsive service. I am really glad that this work has helped, and goes on helping people living with a terminal illness so that they receive the best possible, and widest ranging, care.”

Michael Russell MSP

How we’ve helped

- One in five patients are referred with a non-cancer diagnosis.
- There is greater access to 24/7 services for people in rural communities through increased local clinical coordination of the Marie Curie Nursing Service.
- Partnership working with the NHS effectively uses the limited specialised workforce in the area.
- There is higher quality palliative care for patients and their families across care settings through tailoring services to local need.

Benefits in Orkney

- Since its launch the service has supported 13 patients.
- Patients received 646 hours of care delivered at a cost of £11,263¹.
- Research from Nuffield Trust states that total hospital costs for Marie Curie patients were £1,140 less for each patient compared with the costs for patients who did not receive Marie Curie services (matched controls), suggesting the possibility of wider savings on care costs².

¹ Marie Curie Administrative Database (Patient Connect), 2014/15

² The Impact of Marie Curie Nursing Service on place of Death and Hospital use at the End of Life, Nuffield Trust 2012

“NHS Western Isles is committed to providing high quality care for people throughout their lives and we recognise that end of life care has a huge impact, not only on the dying person, but also on their families. Having Marie Curie Nurses to call on to help patients and families, in addition to our own staff, is invaluable to many families. We are pleased to continue working in partnership with Marie Curie to provide this service in 2015/16 following a successful introduction in 2014.”

Chris Anne Campbell, Associate Chief Operating Officer, NHS Western Isles

Contact

mariecurie.org.uk/regionalcontacts
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We’re here for people living with any terminal illness, and their families. We offer expert care, guidance and support to help them get the most from the time they have left.

Care and support
through terminal illness



Accessing quality care in rural areas



Dave Taylor/Marie Curie

There are often multiple barriers to getting care and support for people who are terminally ill and their families. Local variation in services plays a huge role in the levels of care provision and support available. There's a lot to learn from many of the strategies rural communities use to approach commissioning, such as community engagement, capacity building, co-production and community reliance. Marie Curie is prepared to invest in rural areas with low populations in line with its ethos to support equity of access.

The challenges

Most models of care delivery tend to be developed in response to the needs of suburban or urban populations and rely heavily on infrastructure that isn't present in remote and rural areas. Through our work in Scotland, particularly in Orkney, Argyll and Bute, the Highlands and Aberdeenshire, Marie Curie has

realised that one size does not fit all when delivering care and support. Rural Scotland accounts for 94% of the country's landmass but only 6.5% of its annual deaths. This geographical isolation means terminally ill people experience barriers to care that include a lack of appropriate transport, physical and social isolation, limited out-of-hours services, and limited staff resources and specialist services.

This means that remote and rural areas drive some of the most innovative approaches to delivering services. A collaborative, strategic approach to commissioning, with provider organisations playing an integral part in service design, underpins the way of working in these areas. Those working with patients at the end of their lives in rural areas strive to work together so terminally ill people and their families don't miss out on the care and support that they need simply because of where they live.

What we're doing

Marie Curie is approaching this challenge through partnership working in service design and delivery, and raising awareness with service providers and policymakers. For example, we have an 'optimal use of rural resource' workforce model.