



We know about

end of life care

Marie Curie is helping commissioners meet their end of life care quality and efficiency objectives. Find out how we can help you.

Marie Curie
Cancer Care



We know about end of life care

Commissioners are under increasing pressure to meet QIPP's £20 billion efficiency savings by 2015, while at the same time meeting demand and improving quality. For end of life care QIPP has adopted the indicator for the proportion of deaths in usual place of residence as a reflection of both quality and productivity. They have done so because there is evidence to suggest that this is the most cost-effective way of providing care.¹

Marie Curie can deliver excellent services to patients and families in your area to help you to meet NICE quality standards and QIPP indicators for end of life care.

The 2008 End of Life Care Strategy highlights the need for better planning and delivery of services to give people a choice about where they receive care and where they die. Most people in England die in hospital (53%)², their least preferred option.³ The high cost of hospital care compared to that in the community and the scale of unmet demand for palliative care services make intelligent commissioning decisions more important than ever.⁴

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We know that our patient-centred service design, aimed at increasing community nursing, can improve home death rates and reduce hospital death rates at no extra cost.⁵ There is also growing evidence that increasing spending on community nursing services for end of life care patients produces net savings for the NHS. We need more evidence, but comparing the estimated cost of specialist in-patient palliative care for adults at £425 per day⁶ with estimates for community care at £145⁷ makes a strong business case.

Increasing spending on community nursing services for end of life care patients produces net savings for the NHS.



Notes:

- 1 The Operating Framework for the NHS in England 2012/13 November 24, 2011
- 2 Deaths registered in England and Wales in 2010, Office for National Statistics
- 3 Local Preferences and Place of Death in Regions within England 2010, Barbara Gomes, Natalia Calanzani, Irene J Higginson
- 4 The Palliative Care Funding Review estimates between 92,000 and 142,000 people have unmet palliative care needs each year. Palliative Care Funding Review, Thomas Hughes-Hallett and Professor Allan Craft 2011
- 5 Addicott R, and Dewar S, Improving choice at end of life, King's Fund (2008)
- 6 Unit costs of health and social care (2010) University of Kent
- 7 Based on district nursing, specialist nursing and outpatient attendance costs from the Unit Costs of Health and Social Care 2010 (University of Kent) and Marie Curie data for community nursing costs



In-patient palliative care for adults per day = £425

Estimates for community care = £145

Increasing spending on community nursing services for end of life care patients produces **net savings** for the NHS

Our expertise

Established in 1948 – the same year as the NHS – Marie Curie Cancer Care is one of the UK's largest charities. Marie Curie Nurses care for patients and families in the community across the UK. Our nine hospices provide specialist in-patient and outpatient care, together with day therapies and support for carers and families. We also invest in high-quality palliative care research to benefit people with cancer and other life-limiting illnesses towards the end of life. Our research facility in Liverpool was instrumental in the development of the Liverpool Care Pathway.

Patients at the end of life often have complex health and social care needs. A coordinated and integrated service helps to provide high-quality individualised care when they need it most.

Marie Curie is well placed to support you in developing high-quality, end of life services to meet the national framework⁸. From designing fully integrated services across your geographical area, to providing nursing services to complement your existing services, Marie Curie has the workforce and skills to ensure your patients receive the care they need.

Since 2004, our service design specialists have been bringing together providers from the public, independent and voluntary sectors to pioneer new ways of working together through the Marie Curie Delivering Choice Programme. This initiative has changed the way palliative care is delivered in over 18 sites across the UK, including Lincolnshire, Leeds, London and Somerset.



We can design **fully integrated services** across your geographical area or complement your existing services



We care for people
with cancer and other
life limiting illnesses

Patients and families come first



86 per cent of our patients
and carers rated our services'
pain relief as good
or excellent

Marie Curie is committed to putting people at the centre of decisions about the care they receive. Our engagement with patients and families has a direct impact on services and leads to improved patient and family experience.

Our annual survey in 2011 found 93 per cent of patients and families felt they had been involved in decisions about care either always or most of the time. More than 90 per cent rated the overall experience of the care from the Marie Curie Nursing Service as very good or excellent and 86 per cent rated our services' pain relief as good or excellent.

The pilots of the National Survey of the Bereaved – soon to be the key national measure of patient outcomes in end of life care – found that for patients living at home, pain is often poorly controlled (relieved completely for only 16 per cent of patients). Marie Curie's 2011 user survey found that 86 per cent of patient and families accessing the Marie Curie Nursing Service rated the relief of pain as very good or excellent. They also rated Marie Curie's emotional and spiritual support very highly.

“Marie Curie’s reputation counts for a lot with patients and families. Caring for someone at home who may be in pain is an emotional strain for carers. Knowing that they will be supported by nurses who work specifically in palliative care makes a huge difference.”

Neil Griffiths, Assistant Director of Joint Commissioning,
NHS East Riding of Yorkshire

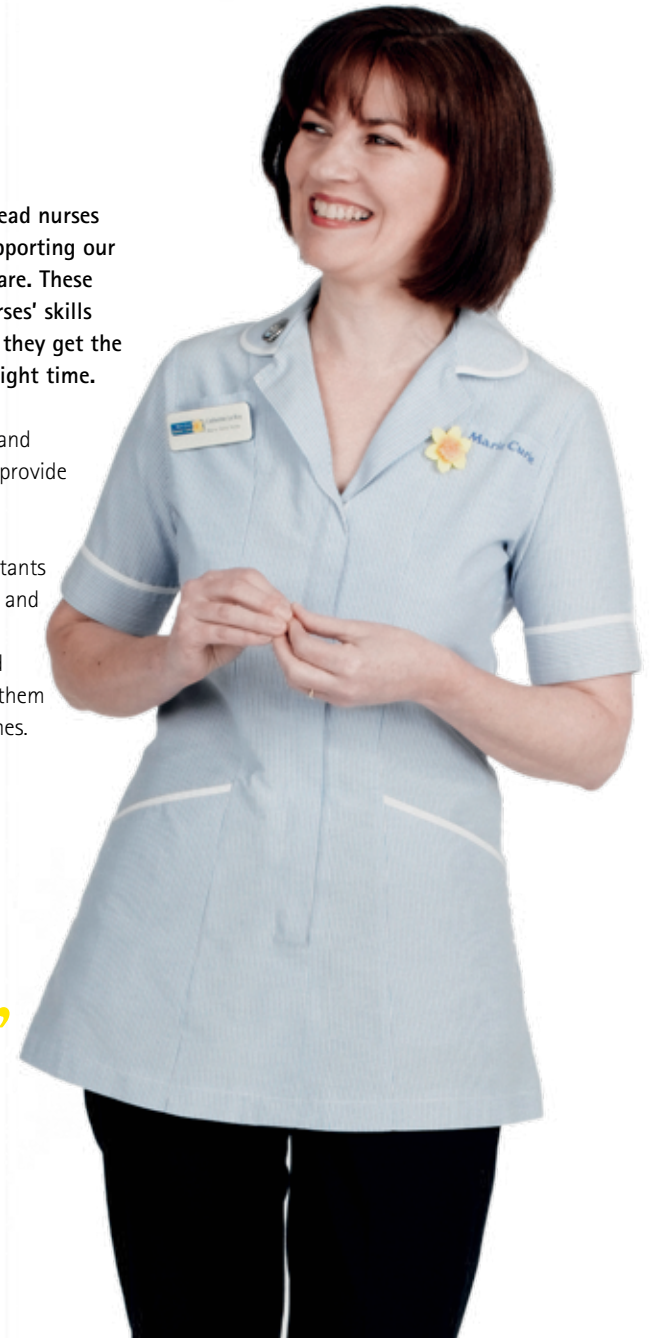
Our nurses



Based throughout the UK, Marie Curie's clinical lead nurses coordinate the nursing services in their areas, supporting our nurses to deliver excellent standards of patient care. These highly-experienced nurses match Marie Curie nurses' skills to the changing care needs of patients to ensure they get the right level of care, at the right place and at the right time.

All of our Registered Nurses receive a full induction and ongoing supervision and assessment to ensure they provide high standards of palliative and end of life care.

More than 76 per cent of our senior healthcare assistants have NVQ level 2 qualifications or above in palliative and end of life care. Our senior health and personal care assistants have the same high level of education and training with additional social care modules to help them deliver a wider range of care to patients in their homes.



“My family helps out a lot at present, but will soon have to return to work. I feel there is an opportunity to receive more help. I would prefer this to be Marie Curie Nurses than other nurses.”

Carer in south west England

Reducing clinical risk

Our quality and clinical governance standards meet best practice requirements set out by the Care Quality Commission to reduce your clinical risk.

We assess the **quality** of our care on patient safety, clinical effectiveness and patient experience.

We assess the quality of our care on three key areas that we know are important to patients and families: patient safety, clinical effectiveness and patient experience.

Our clearly identified standards are subject to a rolling programme of robust clinical audit ranging from infection control to records management.

Auditing against standards helps us to maintain high standards and continuously improve our services.



Partnership working

Marie Curie understands the different needs of individual health economies and is working with partners across the UK to develop approaches to meet the needs of specific communities – from isolated rural populations to major cities. Read about some of the services we are working on.



Patient-focused care

Defined outcomes, controlled costs with Marie Curie's Managed Care Service

We offer commissioners a new approach to commissioning end of life care services. By moving away from activity-based contracts with pre-determined nursing shift patterns, to a more responsive outcomes-based model of care delivery, commissioners can now control overall service costs while meeting their population's end of life nursing needs. Commissioners in a number of areas, including south east Essex and Northern Ireland, are taking advantage of his new approach.

The Marie Curie Managed Care Service prioritises patients in the greatest need and provides nursing care packages tailored to their changing needs. Outcomes include increased home deaths, a reduction in avoidable admissions and acute bed days, and assured service outcomes within a fixed NHS budget.

Senior Marie Curie Nurses work with district nurses, GPs, community matrons and other professionals in acute and community settings to identify patients needing coordinated personalised end of life nursing care. Once identified, these patients receive Marie Curie nursing care as and when they need it; whether this is day or night, short or long visits, scheduled or unscheduled.

Initial findings in Northern Ireland indicate that the number of patients visited has increased while hours per visit have fallen. In addition, of the people whose death was recorded, 88 per cent died at home.

Integrated services

Integrated care to meet local needs

Marie Curie's Delivering Choice Programme brings together partners to pioneer integrated working to reduce avoidable hospital admissions and accelerate patients' discharge to their preferred place of care. Through the programme, partners in south east London have developed a number of new services.

The Greenwich Care Partnership is an integrated suite of services consisting of a palliative care coordination centre, a rapid response nursing service, Marie Curie night nursing and a personal care service. Over a six month period the partnership received 240 referrals and of the patients who died while receiving the service, around 90 per cent died at home, in a care home or a non-acute setting.



Fast-track discharge

Fast-track discharge service in Edinburgh

Using the coordination centre based at the Marie Curie Hospice, Edinburgh, patients can now be discharged home and cared for by a Marie Curie senior health and personal care assistant while waiting for care packages to be arranged. The service also supports people in their homes or care homes who might otherwise have needed to be admitted to hospital. The service has clear targets to reduce acute hospital deaths from 42 per cent to 38 per cent and increase deaths in community residential settings from 37 per cent to 39 per cent in line with the NHS Lothian Palliative Care strategy.

Discharge liaison

Discharge Liaison Nurses in east of England

Our Discharge Liaison Nurses work increasingly in acute settings to support discharge of patients to their preferred place of care – forming a link between patients and families, the hospital and a whole range of primary, secondary, independent and voluntary care providers.

Marie Curie has a number of Discharge Liaison Nurses in the east of England based in acute hospitals. They work in accident and emergency departments to identify patients at the end of life and work closely with palliative care and discharge teams. We project that our Discharge Liaison Nurses working across six hospitals will see over 750 patients over one year.

Partnership working

Rapid response

Rapid response: reducing avoidable acute admissions in North Wales

Integrated with the out-of-hours teams, Marie Curie's rapid response service provides the people of Conwy, Denbighshire, Flintshire and Wrexham with access to a 24-hour palliative care service. Marie Curie Nurses provide urgent symptom control, and psychological and social support to people needing end of life care at home or in care homes. Over 600 admissions have been avoided so far, saving an estimated £1.4 million. Similar services operate in Lincolnshire, Darlington and Nottingham.

Integrated services

Integrated end of life care model in Surrey

Marie Curie promotes a joined-up, county-wide end of life care service in Surrey and works with NHS partners to provide 24/7 care across the county. A Marie Curie Registered Nurse works with the coordination team to integrate across care settings including the community, acute hospitals and hospices. We now provide additional support to the community team during the day to manage the complex health and social care needs of patients at the end of life. Expansion of the Marie Curie night service supports patients with unstable symptoms, and provides crisis intervention in response to patients' rapidly changing needs and addressing unmet need. The result is more equitable access to end of life care.

Avoiding acute admissions

Avoiding unnecessary hospital admissions in West Lothian

With increasing numbers of end of life patients being discharged home at the end of life in West Lothian, Marie Curie is working with the district nursing team to manage a caseload of patients needing support on discharge at weekends. The Marie Curie Nurse has increased the capacity of the district nurse team to meet local community palliative care needs, avoiding unnecessary patient readmissions to hospital.

“This is a very valuable service beneficial to patients, carers and the wider out of hours nursing team.”

District Nurse, West Lothian





Out of hours care

Palliative care in remote North Scotland

People with life-limiting illnesses in rural Scotland can now access nursing care outside normal working hours. Previously fragmented services have now been replaced by a Grampian-wide service giving more equitable access to patients needing out of hours care. To prevent the need for two separate services in this large remote area, Marie Curie staff occasionally visit people with non-palliative nursing needs.

Working closely with the out of hours doctor and community teams, Marie Curie Nurses and senior healthcare assistants typically provide symptom relief and emotional support for patients with illnesses such as cancer, heart failure and motor neurone disease. The service links with the established Marie Curie Planned Service and the Multi Visit Service in Deeside. The service is extending across Aberdeenshire in partnership with local district nursing teams to provide dedicated palliative and end of life care as well as care for patients with non-palliative needs. Of the 740 patients cared for in Grampian by Marie Curie, only nine per cent have died in hospital.

Rapid response

Urgent care in a crisis in Lincolnshire

The Rapid Response Service in Lincolnshire provides flexible and responsive nursing care at short notice to patients in their homes between 3pm and 7am during the week and 24/7 at weekends. Marie Curie's rapid response nurses provide face to face visits as well as telephone support. Nurses help to alleviate symptoms, from pain and breathing difficulties, to anxiety. The service provides reassurance for patients and carers who know that urgent care is available with just one phone call.

The Rapid Response team was initially developed to provide and improve out of hours nursing services in East Lincolnshire, but has since been adopted by a number of areas across the UK. An independent evaluation⁹ found that it was viewed as one of the key services that enabled families to keep their loved ones at home until they died, particularly by providing support at crisis points overnight.

“There’s generally less support for patients out of hours so when a patient or their carer has a crisis at night they often feel isolated and helpless. The Rapid Response Service gives patients and carers a sense of control because they know they can access the service directly and get the care they need when they need it. Family members make up 60 per cent of the calls to the service.”

Louise Price, Marie Curie Clinical Lead Nurse

⁹ Independent evaluation of the Marie Curie Cancer Care Delivering Choice Programme (2008), Institute for Health Research, Lancaster University.

Partnership working

Reducing acute admissions

Palliative and end of life care needs in rural Yorkshire

Marie Curie Nurses visit and provide telephone support to patients needing symptom control in rural areas of East Riding between 6pm and 11pm, seven days a week. The service also identifies people needing the Marie Curie night service at short notice, preventing emergency out of hours' acute admissions. In a six-month period the service provided care for 183 patients.

“We help people who are in pain and manage their nausea, vomiting and other symptoms. But often, people just need someone to sit and listen to their fears. They sometimes open up unexpectedly and tell you what’s really bothering them. You need to make time to listen and develop that relationship.”

Jayne Hammond, Marie Curie Clinical Lead Nurse

Health and personal care

A combined health and personal care service in Scarborough and Filey

A Marie Curie Registered Nurse coordinates a team of senior health and personal care assistants who are trained to deliver high quality care and social support to help people cope at home. Assistants help with personal care such as washing, mobility or making patients comfortable and supporting their carers. They also perform minor household tasks; listen to patients, and even make them a cup of tea or a sandwich. This seamless delivery of health and social care enables more people to achieve their place of care; reduces avoidable hospital bed days and admissions to hospital. In the first year 76 patients benefitted from the service with 50 per cent having personal care delivered, and, 40 per cent receiving general advice and support.



Find out more

For more information and contact details visit:
www.mariecurie.org.uk/commissioning

Partnerships

Marie Curie is committed to working in partnership with many organisations, including the NHS and other independent and charitable organisations. We are keen to collaborate with independent hospices and have a range of initiatives underway. We are also collaborating with the British Heart Foundation, and NHS Greater Glasgow and Clyde on the Caring Together project to help people with end stage heart disease access palliative and end of life care services.

Please get in touch if you think your organisation could work with Marie Curie to advance end of life care on a national or local level.

“The partnership model developed through Marie Curie’s Delivering Choice Programme in Lincolnshire built upon and significantly enhanced working relationships between Marie Curie, the NHS and independent providers including St Barnabas Hospice. The resulting services were much more responsive to patients’ changing needs and helped to increase home deaths in the area.”

Jackie Booth, Marie Curie Service Design Manager



Round-table events

To foster greater partnership working we aim to bring stakeholders involved in end of life care together at local venues for workshops or small, focused round-table events. We will share perspectives on national developments and good practice as well as providing a forum for joint discussion of local issues and opportunities. If you are interested in attending ask your local development manager.

www.mariecurie.org.uk

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