Early Primary Care and Hospice Engagement With Patients to Think, Talk or Act on End of Life Care Needs: the 'Talk' Pilot.

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Introduction

1% of the population will die each year but it is not clear how best to support GP practices to engage with these patients who may benefit from palliative care services. Referral is late to hospices, particularly for patients with non-cancer conditions and older people [1]. By earlier, more targeted identification and referral better and more equitable patient care could result [2].

Aims

The aim of 'Talk' is to improve patient care by earlier, targeted identification of patients on GP caseloads. The project then offers the patients and their primary care teams an option to meet their needs [3] and assess where hospice services could benefit them. This pilot study evaluates the potential of this method to improve the care of a patient group who often don't access the benefit of hospice services.

Method

The EARLY toolkit was used to identify patients in two GP Practices; who were at risk of being in the last year of life [4]. Patients were invited by co-designed letter to a 'Talk' appointment with a Hospice Practitioner to discuss their needs. Needs were assessed using the Integrated Palliative Care Outcome Scale (IPOS) [5]. A tool aligning hospice services was developed alongside the IPOS to support appropriate referrals.

The evaluation methods were:

- Patients: surveys with attenders (including 'Views on Care' questions [5]), non-attenders and a patient notes review.
- Staff: survey, observation and consultation with GP and hospice staff.

Results

Surgery A
(serves 24,790 people)

230 patients identified (0.93%)

Validated by the Practice Manager, inviting 80% of the patients (removing mainly care home patients).

Surgery B
(serves 17,602 people)

240 patients identified (1.36%).

Validated by the GP. Removed patients they felt were not suitable, inviting 29% of patients.

After validation

- 253 invitations were sent to patients
- 34 appointments were booked (13% of those invited),
- 70% (n:23) attended.
- Half (52% n:12) were referred to hospice wellbeing services. These included at least one of the following: Planning for the Future, Breathlessness Management, Relax & Restore, Exercise Energise, Living Well Group, Strengthen & Balance, Living with Fatigue.

Findings

Patients found 'Talk':

- straightforward and helpful
- appreciated being invited to the appointment and given time to talk.

Of the 'Talk' non-attender survey respondents:

- 40% (14) were not interested
- 31% (11) thought it wasn't relevant to them
- 20% (7) were not physically able to attend

For those patients referred after a 'Talk' appointment:

- their quality of life had improved after attending the programme(s).
- Participating in the programmes gave them more confidence to discuss their wishes and future referral back to the hospice.

Staff saw the value of 'Talk' but to ensure that patients with the greatest need are invited, engage and are supported they felt review is needed of:

- The EARLY list identification and validation
- the patient letter/ communications to help understanding of hospice care.
- staffing/resource/training needed to implement 'Talk' in the GP and hospice settings.

Conclusion

For those patients attending, 'Talk' was of benefit. It was acceptable to staff if amendments were made to sustain/integrate the programme. Take up was low, so changes around list validation and patient communication/engagement are crucial to make it work better. Low uptake could be due to it being winter time and patient perceptions of the current relevance of hospice care.

Impact

'Talk' enabled GPs to identify their "1%" and refer more patients to hospice services, including those with non-cancer diagnoses.

'Talk' has potential to give patients confidence to discuss and plan their future care wishes.

Key take-home messages

- GP practices and hospices can work together to identify patients at risk of being in their last year of life and facilitate earlier referral to improve patient care.
- Further work is needed to explore communication strategies for patient engagement with 'Talk' and its integration and sustainability in GP and hospice services.
- Participating 'Talk' patients believed it improved their quality of life and was of benefit.
- Further research is needed to understand effectiveness and longer term outcomes of early referral to hospices e.g. increase in advance care plans in place.

The full 'Talk' report is available at:
www.pilgrimshospices.org/wp-content/uploads/2023/11/TALK-CLINIC-POST-PILOT-REPORT-SEPT-2023-FINAL-1.pdf

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