

Find out more

For more information about the service and links to the reports mentioned in this document, please visit macmillan.org.uk/specialistcareathome

Get in touch

Contact us if you are interested in sharing expertise and learning about community based palliative and end of life care.

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We will be happy to discuss this work and to share the learning as the programme develops.



About Macmillan

At Macmillan, we know how a cancer diagnosis can affect everything and we're here to support you. From help with money worries and advice about work, to someone who'll listen if you just want to talk, we'll be there. We'll help you make the choices you need to take back control, so you can start to feel like yourself again.

MACMILLAN SPECIALIST CARE AT HOME

WE ARE
MACMILLAN.
CANCER SUPPORT

**Developing strong partnerships
to deliver effective palliative
care at home**

**TOO MANY PEOPLE
AREN'T ABLE
TO DIE
IN THEIR PLACE
OF CHOOSING.**

To put this right, we're piloting a groundbreaking approach to providing complex care for people with life-limiting conditions.

Here you can read about how our approach is different, the support it's received and our plans for the future.

What is our approach?

Macmillan Specialist Care at Home is a partnership approach to providing palliative care to people in the community. It's based on the successful Midhurst Macmillan Specialist Palliative Care Service. We've been working on this model with the team in Midhurst since 2006.

The service here is a consultant-led, multidisciplinary team that provides integrated, community-based care to people with cancer and other life limiting conditions towards the end of life.

The issue



In a national survey of bereaved carers, **79% of people were reported to want to die at home**



but only **35% of people actually did**¹

Key features of the service

Early referral

People are referred to the multidisciplinary team, often while still having active treatment. This allows enough time to build strong relationships, plan ahead and provide practical and emotional support when needed.

Clinical interventions at home where possible

A broad range of interventions (including blood/blood product transfusions, IV antibiotics or bisphosphonates, ultrasound, intrathecal analgesia) can be provided at home or in a community setting. This can be less stressful for patients and carers, and saves time and energy for other things.

Close and proactive collaboration with primary care and other service providers

Better coordination between services and service providers is key to a better experience of care. Collaboration and joint working is central to this approach.

Flexible teamwork between specialists, generalists and trained volunteers

The flexibility of roles undertaken by team members is reported as key by patients, carers and staff. Research shows that caregivers value accessibility and support, and patients emphasize the psychosocial aspects of services.

A growing evidence base

- **Formal evaluation of the service** is published in the *European Journal of Cancer Care: Can comprehensive specialised end of life care be provided at home? Lessons from a study of an innovative consultant-led community service in the UK.* Our results and findings are based on this report.
- Based on robust evidence, **NHS England has endorsed the model**, recommending it as one of eight High Impact Interventions (HIIs) Commissioners should look at to improve quality of care.
- The service is included as a **case study showing good practice in The King's Fund report: Co-ordinated care for people with complex chronic conditions.**
- We're also developing best practice guidelines and an independent evaluation will be carried out by Nottingham University.

OUR RESULTS AND FINDINGS IN MIDHURST



84% of people died in their preferred place of care in 2012/13, which is significantly up on the national average.



If the service was replicated elsewhere, the total **cost of care could be reduced by 20%**



The service has resulted in **fewer A&E visits and nights in hospital** from the people who use it.



By using their different specialisms, team members ensure **a person-centred approach and optimum use of time**



Volunteers fulfil many important roles and are a key part of the service.

Current work

Due to the growing success of this approach, Macmillan is testing to what extent it's possible to replicate the results in other contexts. To do this, we're working with a range of partners in urban and rural settings to build on existing local services.

This work will inform how future services can be designed to support people and their families in a cost effective way, while giving them real choice.

Six centres (right) have been carefully chosen to test the Macmillan Specialist Care at Home model across England between 2014 and 2016.

Key

Hull

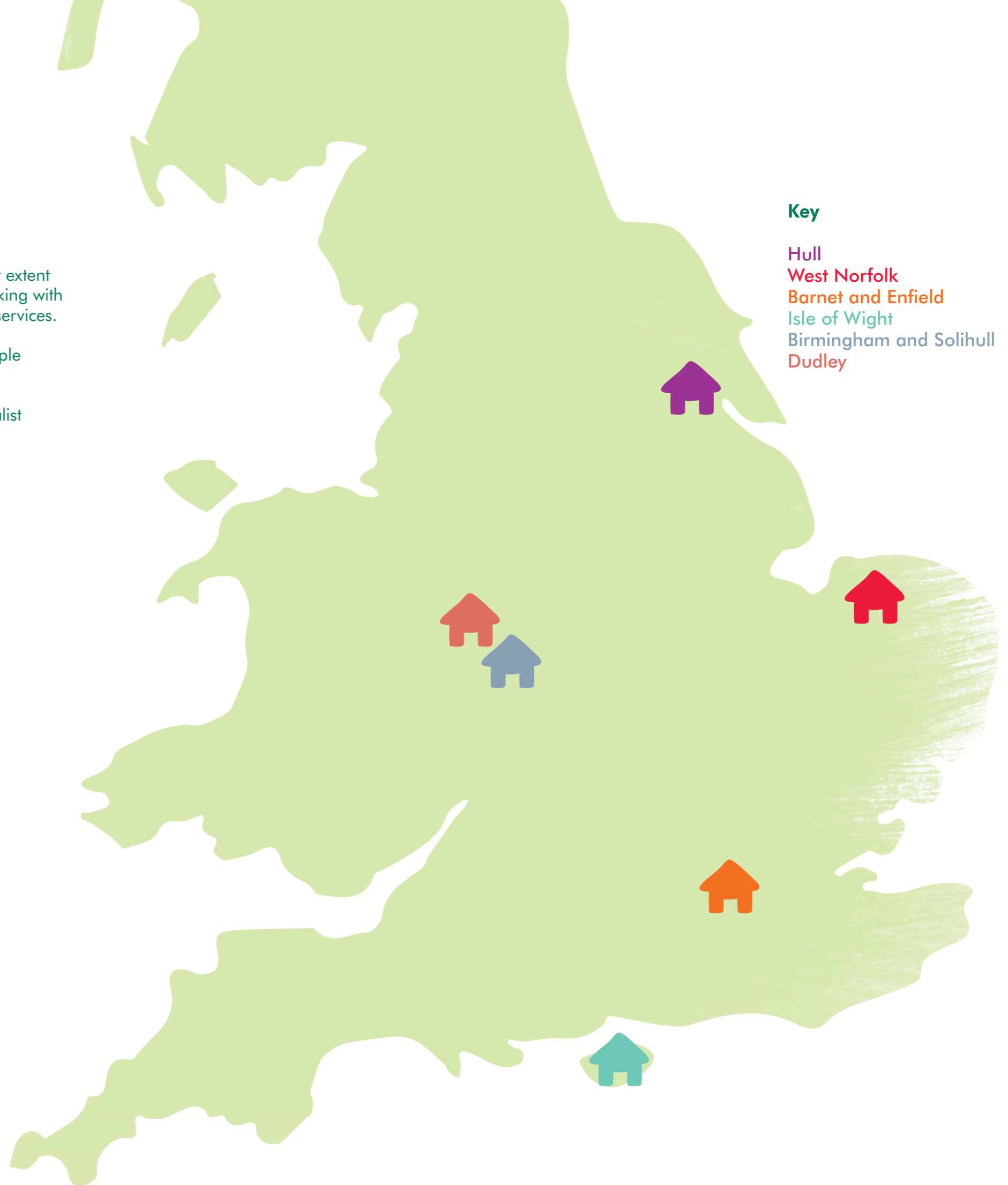
West Norfolk

Barnet and Enfield

Isle of Wight

Birmingham and Solihull

Dudley



Our local partners

