

Macmillan Specialist Palliative Care Social Worker – North Lincolnshire

Economic and quality case study

Service summary

This Macmillan Specialist Palliative Care Social Worker is a single, cancer specific post based in North Lincolnshire. Created in 2005 the post covers Scunthorpe General Hospital, North Lincolnshire Primary Care Trust and Lindsey Lodge Hospice.

The Social Worker provides specialist palliative social work support to adults within the hospital, hospice and the community and their families and carers. The Social Worker assesses the service users' and/or family's problems and resources, and identifies the social, emotional and psychological support required. By working as a member of a multidisciplinary specialist team, the Social Worker facilitates a better understanding of complex psychological, emotional and social problems of individuals and families in crisis. The specialist input into referral, discharge and support planning enables service users to remain in their own home when that is their preferred choice. The Social Worker also coordinates and develops the bereavement services for the family and those close to the service user. This leads to improved outcomes for families affected by cancer, particularly those with children, both pre and post bereavement.

The figure overleaf provides an overview of the service including what is required to set it up and to run it; what it delivers; and the types of benefits it generates for service users, for the wider healthcare system and for other local services. This case study proceeds to describe how the service helps enhance productivity in health and social care services as well as other public services, while delivering quality outcomes for service users.

Return on investment

- Improved the wellbeing and quality of life of those affected by cancer by alleviating the emotional and psychological side effects of cancer, and enabling service users to exercise choice in deciding preferred places to die.
- Improved outcomes for families, particularly those with children, both pre and post bereavement.
- In addition to these quality outcomes for service users and their families, every **£1** invested in the service generated **£0.60** of monetised benefits to the healthcare system and **£7.97** to other local services.

North Lincolnshire Specialist Palliative Care Social Worker



INPUTS

Investment



- ✓ **Set up costs: £1,000** (provided by Macmillan Cancer Support as a grant in 2005)
- ✓ **Operational costs: £48,068 per year on average** (2/3 of the operational costs are met by the NHS and the remaining 1/3 by the local authority)

Staffing



- ✓ One FTE Macmillan Specialist Palliative Care Social Worker
- ✓ 1.5 hours per month social care supervision from N. Lincs social work manager
- ✓ 1.5 hours per month clinical supervision from Scunthorpe General Hospital's lead cancer nurse specialist

Facilities



- ✓ Car usage allowance
- ✓ Small office space provided by local authority

THE SERVICE

Referral routes



- ✓ Referrals come from the Macmillan teams in the hospital and the community, the palliative care multidisciplinary team and the hospice

Delivery volume



- ✓ 238 clients and their families were referred in 2010

Services



- ✓ Provides specialist palliative social work support within the hospital, hospice and community
- ✓ Assesses clients' and families' problems and resources, focusing on the social, emotional and psychological support required
- ✓ Enables clients to remain in their own home if they choose to
- ✓ Co-ordinates and develops bereavement services
- ✓ Member of the specialist MDT, facilitating an understanding of complex psychological, emotional and social problems of individuals and families in crisis

BENEFITS

For service users



- ✓ Alleviating the emotional and psychological side effects of cancer leading to improved quality of life
- ✓ Enabling service users to exercise choice in deciding their preferred places to die
- ✓ Improving outcomes for families, particularly those with children, both pre and post bereavement

For healthcare system



- ✓ Productivity gains of **£28,997** by enabling healthcare professionals to focus on core clinical functions

For other local services

- ✓ Helped avoid costs of up to **£383,106** by preventing children from being excluded from school.

On an annual operational basis, every £1 invested generated £0.60 of monetised benefits to the healthcare system and £7.97 to other local services

1) Benefits for the healthcare system

1.1 Productivity

- ✓ **Conservative estimate of £28,997 in productivity gains by enabling healthcare professionals to focus on core clinical functions**

Bereavement support can be particularly time consuming. Clinical Nurse Specialists (Cancer) (CNS) and community nurses estimated that the Social Worker saves them between 5 to 10 hours per patient, or 7.5 hours on average per patient. This enables other healthcare professionals to focus on their clinical workloads, thus contributing to the NHS 'releasing time to care' initiative¹. Productivity gains can be calculated based on the number of clients supported by the Social Worker who would otherwise have used CNS or community nurse time². **Table 1** presents the productivity gains that could be realised based on the following assumptions:

- Lower estimate: saving 5 hours of CNS and community nurse time per client and assuming that 50% of clients would have used these other healthcare staff for non-clinical information and support.
- Mid estimate: saving 7.5 hours of CNS and community nurse time per client and assuming that 75% of clients would have used these other healthcare staff for non-clinical information and support.
- Upper estimate: saving 10 hours of CNS and community nurse time per client and assuming that 100% of clients would have used these other healthcare staff for non-clinical information and support.

Table 1:

Lower estimate	Mid estimate	Upper estimate
Productivity gain of £12,888	Productivity gain of £28,997	Productivity gain of £51,551

Using the mid estimate, the Social Worker contributed to £28,997 in productivity gains of other healthcare professionals.

2) Benefits for other local services

2.1 Prevention

- ✓ **Savings of up to £383,106 by preventing 6 children from being excluded from school**

Research³ suggests that:

- One quarter to one third of children, following a significant loss, have been found to be overactive or aggressive or to destroy property.
- 70% of children permanently excluded from school had experienced a significant family bereavement.
- 54% of young offenders had experienced the death of a friend or close family member in the two years before their offence.

In 2010 the Social Worker saw 31 children independently, 6 of whom would have been excluded without support. These were children who had been identified by schools as displaying considerable and disruptive behavioural problems, and were at risk of exclusion. By liaising with schools to keep them informed about the reasons for the children's behavioural issues, and in working with the schools to put in place appropriate support, the Social Worker helped prevent these children from being excluded from school. The cost of permanent exclusion impacts on a wide range of services including schools, social services, the criminal justice system, the NHS as well as the future earnings of the child. Using a conservative estimate of £63,851⁴ per child, preventing 6 children from being excluded from school helped local services avoid incurring costs of **£383,106**.

3) Benefits for service users

3.1 Quality

- ✓ **Alleviating the emotional and psychological side effects of cancer leading to improved quality of life**

Qualitative evidence gathered from CNSs and community nurses who access the services provided by the Social Worker for their patients suggest that demand for such specialist support far out-strips the capacity available. The Social Worker is a key source of support for those in the advanced stages of cancer, critical to recognising and alleviating the emotional and psychological side effects of cancer.

Patients referred to the service tend to have multiple difficulties including a lack of ability to cope emotionally with their diagnosis, concern about their children's future and how they will cope, employment issues, financial issues and housing issues. The Social Worker helps service users prepare for death by providing psychological and emotional support and advice, as well as practical assistance in getting their affairs in order (e.g. ensuring there is a will, etc).

The Social Worker also works with schools to ensure the children's welfare and liaises with parents to relieve stress and reduce their concern about their children. In some cases, advocacy support is provided for service users when dealing with employers and debtors, while benefits advice may also be provided or signposted to help relieve financial burden.

3.2 Prevention

- ✓ **Improving outcomes for families, particularly those with children, both pre and post bereavement**

In addition to the vital support provided to service users, the Social Worker also helps their families deal with the complex and devastating issues that come with a terminal diagnosis. The post holder is a key source of support for children and young people who are about to lose or have lost a parent. Children are often referred to the service due to their inability to comprehend their parents' illness which can result in behavioural issues and difficulties in school and at home. While there are third sector organisations (i.e. Cruse) that offer bereavement support, these are not specialists in supporting children. Unlike the Social Worker, they would not liaise with schools and colleges which is vital to ensure that children and young people remain in education.

4) Economic overview

In generating the above benefits, the service:

- required **£1,000 in set up costs**⁵, provided by Macmillan Cancer Support in 2005.
- **has average annual operational costs of £48,068**⁶, two-thirds of which are provided by the NHS with the remaining provided by the local authority.

Applying a return on investment (ROI) calculation to the monetised costs and benefits, we see that on an annual operational basis⁷ every **£1** invested by the NHS and the local authority in the service generated **£0.60** of monetised benefits to the healthcare system and **£7.97** to other local services.

Qualitative data from other health professionals working with the Social Worker and findings published in the wider evidence base further highlight the wider outcomes of this service in respect of knowledge, choice and empowerment.

5) Summary

Cancer patients encounter numerous social and emotional challenges that affect their daily lives from the point of diagnosis to post-treatment. In addition, family and relatives of those living with cancer can also be emotionally affected by the diagnosis and physical effects of the treatment that patients experience⁸. Patients and carers therefore need support from professionals who understand the social aspect of living with cancer.

There is currently a lack of awareness of the ongoing social support that people living with cancer require in order to improve their health and wellbeing and manage their condition. Professionals tend to identify only the medical needs of patients rather than the personal and social aspects that cancer brings to a patient's life. As a result there is currently heavy use of secondary care services and a lack of referrals to social services support, and in turn also a lack of adequate signposting to available social care support for cancer patients.

The Macmillan Specialist Palliative Care Social Worker plays a crucial role by providing a unique service that plugs a gap in existing service provision, thereby meeting the needs of service users and their families that otherwise would have been unmet. The post-holder, through effective coordination of other services and professionals, ensures a person-centred approach in providing seamless and sensitive care and support. This is done in a way that enables service users to exercise choice in terms of deciding preferred places of care and places to die. The holistic support to service users extends to their family members. This plays a vital role in ensuring the wellbeing of all those affected by cancer. In providing such comprehensive and holistic support, the Social Worker has to work effectively with a wide range of agencies within and beyond the health and social care sectors; taking the time to ensure that other professionals understand the impact of cancer and working with them to put in place appropriate support.

The Social Worker plays a key role in helping others better understand the complex psychological, emotional and social problems faced by individuals and families in crisis. Research shows that the emotional support provided by social workers improves levels of depression and other psychiatric symptoms for cancer patients⁹. The provision of psychosocial support to the carers and families of cancer patients leads to increased wellbeing¹⁰, reducing the perceived burden of the patients' symptoms and their care tasks¹¹.

This case study is one of 16 economic appraisals of Macmillan-funded benefits advice services, cancer information and support services, and social work services. Details of specific methods and data are discussed in a separate technical report. Overarching assessments of the 6 cancer information and support services; 7 benefits advice services and 3 social work services in terms of their impact and points of learning that have emerged are presented in separate overview reports for each service type.

Notes and references

¹ See http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

² Calculations are based on an average Band 7 CNS salary of £42,229 per annum, or £21.66 per hour (including on-costs (12.8% NI and 5% Pension)). Available at:

<http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

³ DfES (2005) Excellence and Enjoyment: social and emotional aspects of learning, London: DfES.

⁴ Brookes, M., Goodall, E. and Heady, L. (2007) *Misspent Youth: The costs of truancy and exclusion*, London: New Philanthropy Capital.

⁵ This was for a laptop and printer.

⁶ Operational costs include staffing and employment costs, supervision costs (clinical and social care), and additional equipment (car and mobile phone usage).

⁷ This excludes set up costs.

⁸ Macmillan Cancer Support (2010) *Social Workers in Cancer Care: An evidence review*, London: Macmillan Cancer Support.

⁹ NICE, (2004) Improving Supportive and Palliative Care for Adults with Cancer: The Manual *NICE: Guidance on Cancer Services* Available online at:

<http://www.nice.org.uk/nicemedia/live/10893/28816/28816.pdf> (accessed 29/09/10).

¹⁰ Hudson, P. L., Remedios, C. and Thomas, K. (2010) A systematic review of psychosocial interventions for family carers of palliative care patients, *BMC Palliative Care*, 9(17) Available online at:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2924287/> (accessed 29/09/10).

¹¹ Milberg, A., Rydstrand, K., Helander, L., Friedrichsen, M. (2005) Participants' experiences of a support group intervention for family members during ongoing palliative home care, *Journal of Palliative Care*, 21(4), pp.277–284.