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Clinical Commissioning Group

Kent Senior Clinical End of Life Support Overnight: Test for Change – Progress and recommendations

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Situation

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- The IC24 end of life pilot was set up as part of the Covid-19 response to support specialist palliative care and complex frailty advice overnight.
- This paper reports on the evaluation of the pilot and recommended next steps to enable decisions to be made for future provision.

Background

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A number of services were already in place or were developed as part of the response to Covid-19.

These include:

- *Core primary care and Covid primary care treatment centres*
- *The West Kent Home Treatment Service*
- *The East Kent Frailty Home Treatment Service*
- *The Acute Response Team (Thanet) Hospice services (including advice lines)*

The clinicians involved in these services identified a number of gaps that related to overnight, end of life care, these challenges included:

- *Insufficient district nursing capacity at night (this was increased in response to Covid-19)*
- *Clinical confidence to diagnose a rapidly deteriorating or imminently dying patient in the context of Covid-19*
- *Access to senior clinical decision maker/ advice overnight with time available to complete treatment escalation plans, specialist review and embed plans.*
- *Access to overnight prescribing and medication.*

The pilot was implemented from 10th April – 30th June 2020 with an additional GP or Geriatrician supporting the overnight IC24 service to provide specialist palliative, end of life support or complex frailty advice.

The clinicians worked from home for a 12 hour shift. For most of the pilot, the clinicians worked actively from 8pm until midnight, identifying patients from the general IC24 list and taking directly targeted end of life (EOL) calls. After midnight they were available on call for relevant EOL calls. There were a number of nights when the clinician's trialled actively seeking relevant patients from the IC24 list all night but the volume of calls after midnight was much lower.

Assessment

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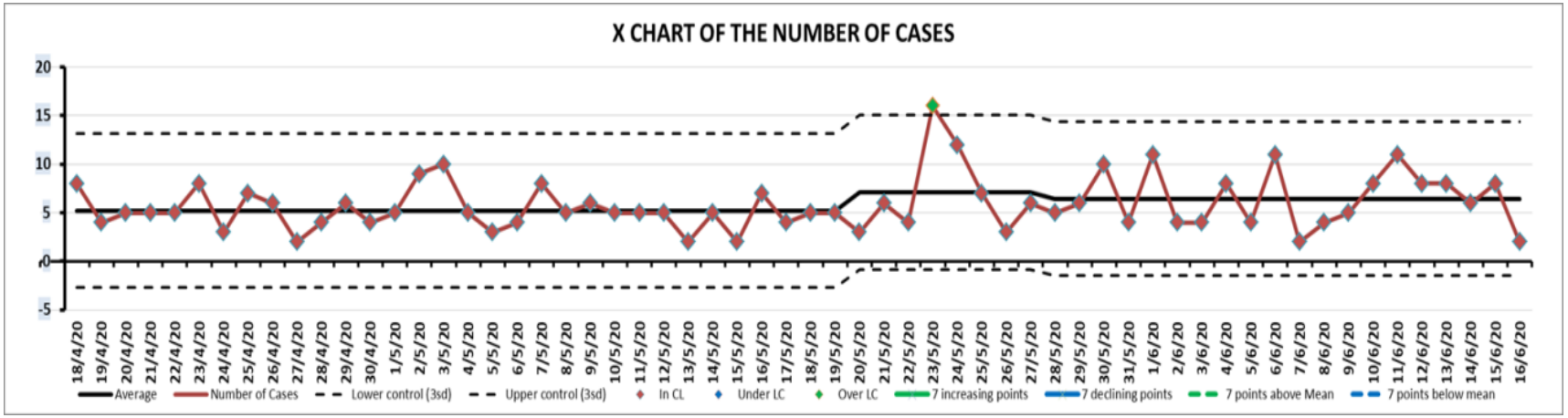
Figure 1 demonstrates the number of cases pilot clinician supported per night



The total number of calls taken during the evaluation period was 297 with an average of 5-7 calls per night. The total range was 0 - 13 and the some of the variation is likely to be down to how familiar the clinicians were with CLEO (The IC24 system).

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Figure 2 shows the origin of calls. The initial communication for the pilot was targeted at SECAMB crews and district nursing teams who use the IC24 professional line. However this shows that the calls came from a broader range of service areas and individuals.

The following Key themes were noted:

- *Carers form largest proportion indicating calls from 111 rather than Health Care Professionals direct line*
- *Of professional sectors Care Homes formed largest proportion of contacts*
- *Ambulance & District Nurse contacts may increase with further promotion of service but significant impact not yet seen*
- *It is possible that many potential system users were not aware of offer, promotion of service would be encouraged to ensure support utilised when necessary*

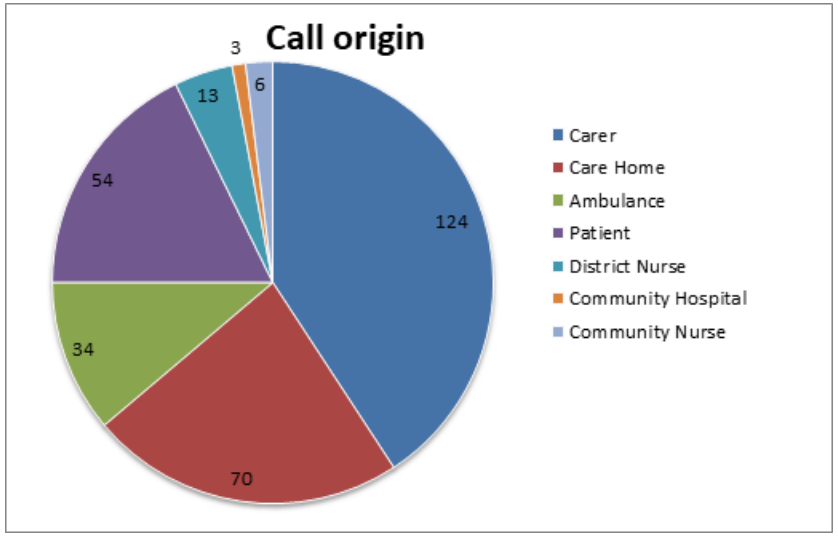

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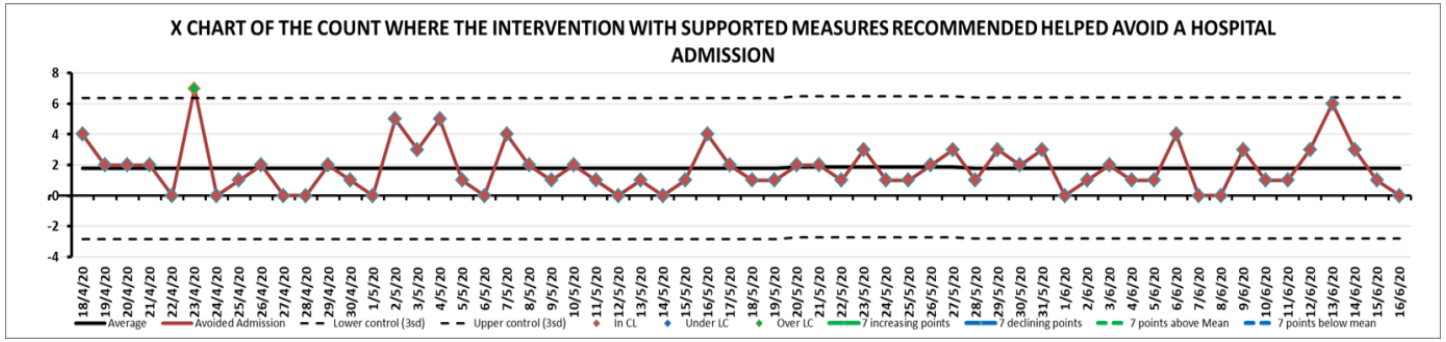
Figure 3 shows the total numbers of potential admissions avoided. Subjective clinical judgement of admission avoidance was measured using the daily handover sheet.



The average was 1.6-1.8 admissions avoided per night (36% cases) with a range of 0-6 per night.

Month	Call volume	Admission avoidance
Apr (18/04 onwards)	67	23
May	186	58
June (15/06 inc)	95	27

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Modelled assumptions in terms of costs suggest that an avoided admission can save in the region of £5,655 each.

This is based on the possible cost of the SECAMB conveyance, AE attendance and NEL admission. Many of these admissions could be of a lengthy stay whilst packages are arranged, etc.

Obviously these figures are based on assumptions as the admission did not happen therefore we have no actual costs associated.

Based on this costing model, the avoided admissions so far (108) have saved in the region of £610k.

Annual estimates suggest this service could save around £2.5 - £3 million a year, albeit this is obviously based on average figures and projected call volumes, etc., which are only estimates at this point.

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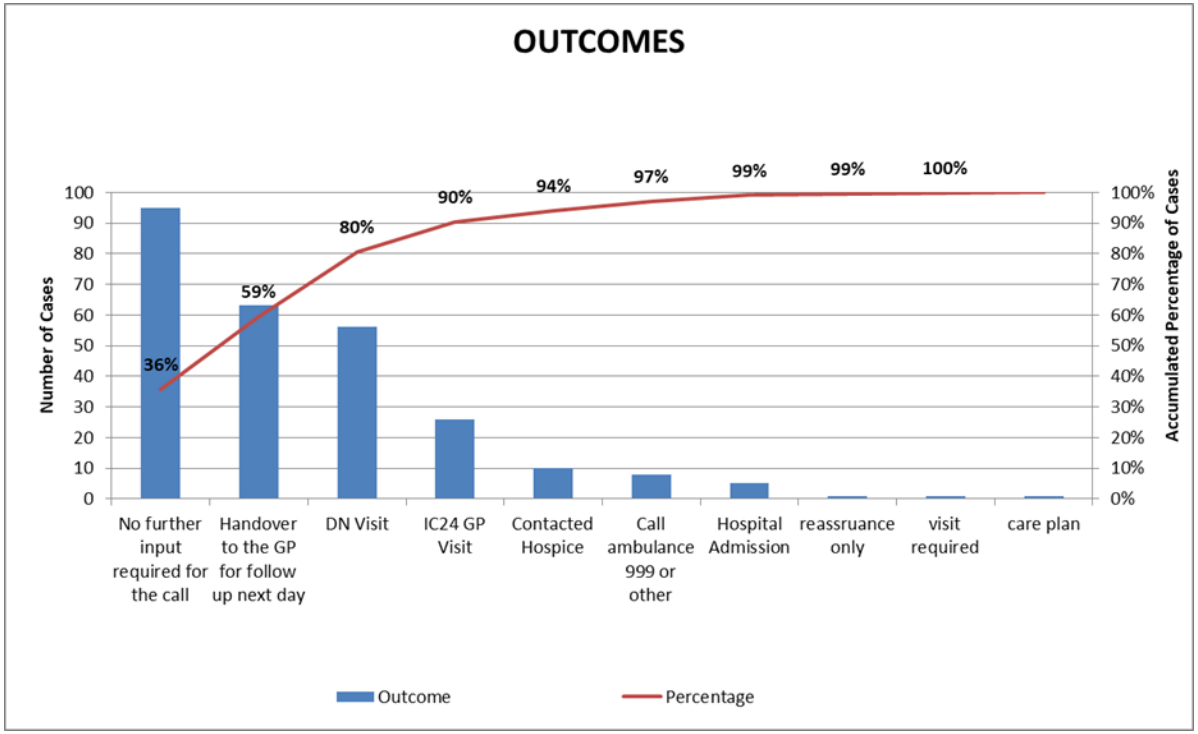
The outcome of the calls is shown. Data was also collected that demonstrated a number of Treatment Escalation Plans and Do Not Resuscitate documents that were put in place by the clinicians but this was less than 5% of the total primary interventions.



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Key points to note were

- *36% calls were resolved with no further input required.*
- *2% calls resulted in hospital admission*
- *Similar rates of handover to patient GP & Community nurses*
- *IC24 out of hours GP visited in 10% of cases.*

Further quality measures are still being collected to reflect:

- *Clinician feedback*
- *Patient and carer feedback*
- *Care Home feedback.*

A number of practical challenges have been recorded by the clinician's that mainly relate to use of the remote technology.

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Clinician Feedback – July 2020
(12 out of 14 clinicians)

- *64% felt their interventions were outside of the normal scope of an IC24 clinician*
- *67% felt that with supportive training and mentorship IC24 clinicians would be more empowered to manage palliative and end of life patients OOHs*
- *92% felt that IC24 clinicians were somewhat aware of the supporting services for palliative and end of life patients*
- *67% felt that a nurse with significant palliative and end of life expertise would not be able to manage the majority of the calls received*
- *33% rated the communication with other support teams overnight as good, and 67% rated it as fair.*
- *100% of respondents found a professional benefit from links made with other teams and services which you have developed through working in the pilot*

A separate qualitative questionnaire is currently being compiled to circulate to clinicians.

Assessment

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Agreed the pilot had demonstrated an unmet need to provide dedicated palliative care and complex frailty care out of hours.

Ongoing need to improve in hours services, but there will always be instances where overnight input is required.

General consensus that hours worked could be reduced and that demand reduced since the start of the pandemic, but the need for this intervention is ongoing.

Proposal that pilot (phase 1) be considered as three phased approach with a long term plan (phase three) to incorporate the learning into existing services.

Next stage to agree a phase 2 that reduces current hours of the pilot and addresses some of the practical challenges whilst continuing to provide the clinical benefit.

Future costing model - in line with the IC24 out of hours Clinicians. Future sessional rates would be from 8pm – midnight.

Recommendation

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The evaluation demonstrates that the pilot has improved the quality of palliative and complex frailty care support over night that has resulted in reduced emergency admissions and improved EOL care.

The pilot in the current format is not sustainable due to the clinicians having full time jobs outside of this pilot. The rota will be difficult to maintain for a full 12 hour shift every night due to the clinicians other commitments.

In the long term (phase 3) there is an opportunity to embed this service into business as usual as part of existing services.

Recommendation

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In the immediate term the pilot needs to be continued as part of the ongoing covid-19 response but with some changes to ensure it is sustainable (phase 2):

- *From 1st July 2020 the additional clinician rota for EOL and complex frailty care continues but with an active rota from 8pm – midnight and an on call only arrangements from midnight until 8am*
- *Discussions are initiated with IC24 about direct employment of the clinicians and management of phase 2 operationally*
- *Discussions are continued with IC24 about moving to the citric remote access arrangements to reduce the complexity of transporting a laptop daily*
- *The findings of the pilot (phases 1 and 2) are fed into the wider contract discussions about 111, CAS and out of hours services moving forward with agreed KPIs*
- *The Hospices across Kent are engaged in discussions to ensure these services are utilised where appropriate*