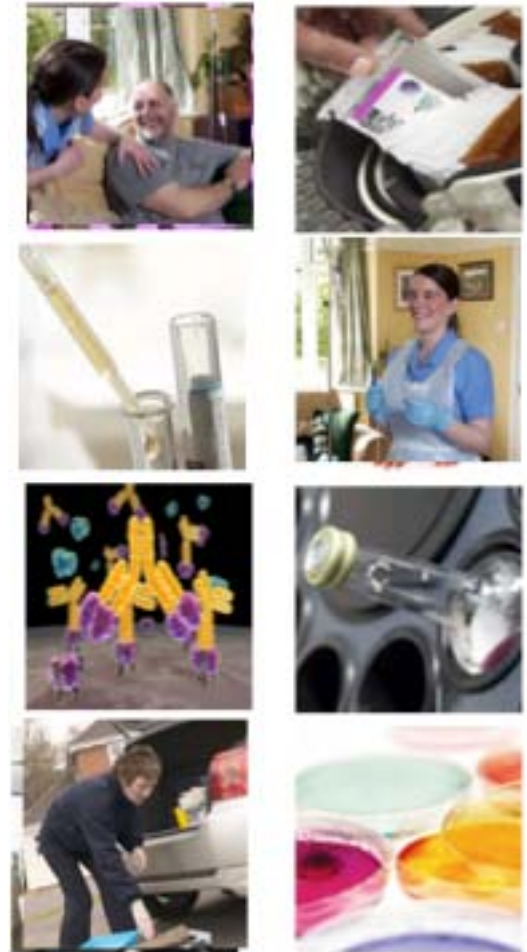


# Working across the whole system to deliver choice and dignity in end of life

Ruth Poole, Group Clinical Director,  
Healthcare at Home



# The four rules of successful home-based care

1. Remember PATIENTS ARE PEOPLE
2. Use EVIDENCE to change the patterns of care
3. Constantly EVALUATE the service and dynamically change
4. Sensible INNOVATION will lead to improved patient experience

# 1. Patients as people

- Families meticulously plan the birth of a child, but we consistently fail to plan for death
- The majority of people would prefer to die at home, but only a minority do
- Many end-of-life hospital admissions are non-health related
- Information and guidance from knowledgeable professionals enable informed choices

# Patients as people – a recent example

- 74 year old female patient with ovarian cancer registered on the GSF
- Nurse finds a frightened, elderly lady
- She doesn't take the patient's blood pressure and then advise that she rings social services
- She doesn't go home and worry that the old lady's roof was leaking
- Nor does she wonder about why the lady is feeling so tired all the time

# Patients as people

Instead, she evaluates the real issues and enables solutions.

Together they get on with organising:

- A befriending service to sit for 2-3 hrs per week
- A cleaning service to take on light domestic chores
- A transport service to help with GP and hospital appointments
- A pendant alarm
- Help with arranging her financial matters
- Mobility equipment (handrails and a bath seat) in her home
- Takes bloods for anaemia and follows up results
- A report to the patient's GP and relevant MDT members

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“Big improvements can come when lots of linked, small changes are made”

*Andrew Lansley, Secretary of State for Health, RCGP Annual conference, October 2010*

## 2. Evidence

- High-tech homecare is transformational and innovative
- But we can't expect people to put their trust into something they don't know
- Evidence is key to earning trust

Evidence

# JOURNAL OF CLINICAL ONCOLOGY

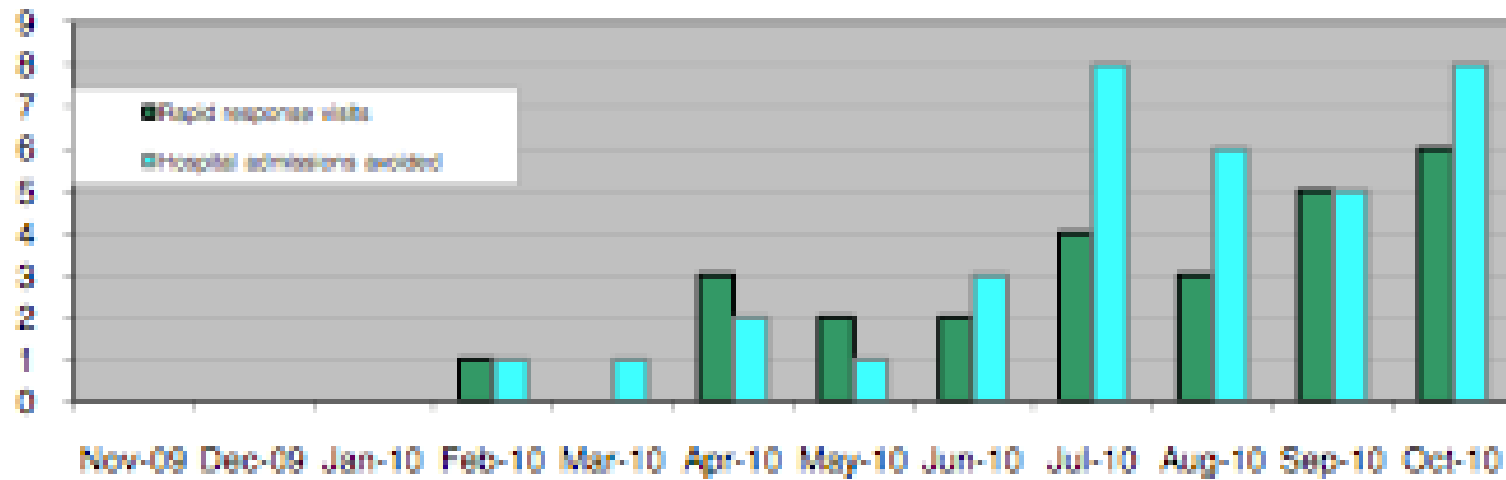


**NIHEG**

Journal of  
**Care Services  
Management**

# Evidence

**Rapid response visits and admissions avoided**

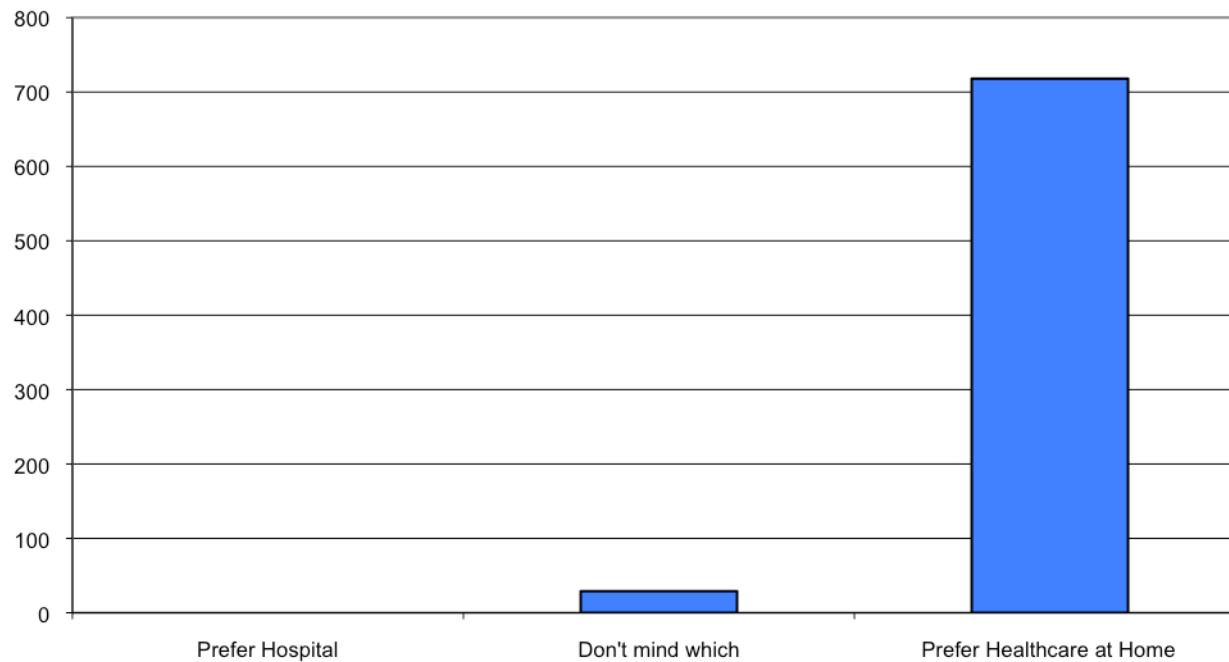


# Evidence

12 months in Birmingham:

- 600 patients referred
- Over £1m saved (against a budget of £500K)
- 1,000 home visits made by a team of 10 nurses in 12 months
- 98% - average score in patient satisfaction survey

# Do you prefer treatment in hospital or at home?



# 3. Evaluate

Measure, report and regularly review the following:

- Contract progress – team headcount, GPs using service, patient referrals, home visits, transfers of care etc
- Home pathway – % CEF completion, % Visits cancelled, % patients contacted within 24 hours of referral
- Admission avoidance - rapid response visits, hospital admissions avoided, 6 month & 14 day readmissions
- Service end - patients “completed pathway”, % place of choice, patient/carer questionnaires, % positive comments

## 4. Innovate

- Don't revert to normal patterns and silos
- Establish real integrated care by removing barriers between social and health care
- Transformational thinking and actions are required
- Enable patients “choose” and retain control
- High quality services for patients are what is important not who provides
- Drive hard for policy frameworks that enable new commissioning models

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# In summary

- Involving patients and their families is crucial to high quality care that transcends traditional boundaries
- It is hard to argue with good evidence
- Constant and consistent evaluation published to all stakeholders is fundamental to high quality care for patients
- Service redesign and transformation starts and finishes with remembering that patients are people first

