University Hospitals Bristol NHS
NHS Foundation Trust

Annual Report

Specialist Palliative Care MDT

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Agreement and Approval

Specialist Palliative Care MDT Lead Clinician Karen Forbes

Date 27/02/2013 Signature (agreed via email)

Trust Cancer Lead Clinician Stephen Falk

Date 27/02/2013 Signature (agreed via email)

Review Date

Next report due August 2013

Versions

Version	Date	Reason	Sign Off
1.0	Jan 2013	1st annual report produced	26/02/2013

1 Measure Checklist

Measure Number	Measure	Operational Policy	Annual Report	Work Plan	Supporting Information
12-1D-101r	Agreement to Network Guidelines on Core Palliative Care Services	16			
12-1D-102r	Agreement to Network Guidelines on Criteria for Face-to-Face Assessment	16			
12-3R-101	Lead Clinician and Core Team Membership	7,8			4-7
12-3R-102	Level 2 Practitioners for Psychological Support	14	7		
12-3R-103	Support for Level 2 Practitioners	14	7		8
12-3R-104	Attendance at NSPCG meetings		6		
12-3R-105	SPCMDT Meeting	9			
12-3R-106	SPCMDT agreed cover arrangements	7			
12-3R-107	Core member (or cover) present for 2/3 of meetings		6		
12-3R-108	Annual meeting to discuss operational policy		6		9-11
12-3R-109	Operational policy for ongoing review of patients	10			
12-3R-110	Operational policy for named key worker	13	8	9	12
12-3R-111	Specialist training for core nurse members		7		
12-3R-112	Agreed responsibilities for core nurse members	8-9			
12-3R-113	Attendance at national advanced communication skills training programme		7		
12-3R-114	Extended membership of SPCMDT	7-8			
12-3R-115	Patient permanent consultation record	12			13-14
12-3R-116	Patient experience exercise		9	6	15-25
12-3R-117	Provision of written patient information	12			26-27
12-3R-118	Treatment planning decision	9			28-29
12-3R-119	SPCMDT Agreement to Network Guidelines on Criteria for Referral for Face to Face Assessment	15			
12-3R-120	SPCMDT Agreement to Network Guidelines for Palliative Care of a Given Patient in Specific Situations.	15			
12-3R-121	SPCMDT Agreement to Network 24hr Telephone Advice Service Specification	15			
12-3R-122	SPCMDT/ Network Agreed Service Specification- 7 day Visiting Service	15			
12-3R-123	SPCMDT Agreement to Network Education and Training Plan	15			
12-3R-124	Network Audit	16	8	7	
12-3R-125	MDT/NSSG agreed list of approved trials	16	10	8	

2 Contents

3 Introduction

This Report relates to the operational period April 2011 – March 2012.

3.1 Key Achievements

- Successful implementation of EOL tool
- Improved data collection through Somerset Cancer Register
- Successful bids for project nurses for ACP project and Treatment Escalation Plans
- All core members have attended national Advanced Communication Skills Training
- 100% patients rated their care by the Palliative Care team as ‘good’ or ‘very good’
- The Team won the Trust’s first Recognising Success Awards in November 2012 for best service improvement

3.2 Key Challenges

- Lack of income stream
- CNS time lost through ward working – impact increased because of number of LTFTE nurses
- Increasing workload and static workforce
- LTFTE Specialist registrars working in full time slots

4 Meetings

4.1 Team Attendance at Network Meetings (12-3R-104)

The Network Palliative Care Strategy Group held the following meetings during April 2011-March 2012, with the MDT represented as follows:

Meeting Date	Name	Job Title
30th June 2011	Rachel McCoubrie	Palliative Care Consultant
15th September 2011	Rachel McCoubrie Gaye Senior Smith	Palliative Care Consultant Palliative Care Nurse Specialist
8th March 2012	No MDT member present	
Overall % Attendance	67%	

For further details of the meetings please see the Network Annual Report

4.2 MDT Meeting Attendance (12-3R-107)

A full breakdown of the MDT meeting attendance for the year for core roles/members is shown below.

4.2.1 By Role

Role	**Attendance**
Palliative Care Consultants (2)	71% (100% with at least one)
Palliative Care Nurse Specialists (2)	92% (98% with at least one)
Coordinator/secretary	100%*

* = estimated figure as this was not routinely recorded during review period. However believed that a coordinator was present at all meetings.

4.2.2 Individual

Role	**Name**	**Attendance**
Palliative Care Consultants	Karen Forbes Colette Reid Rachel McCoubrie	25% 35% 65%
Palliative Care Nurse Specialists	Gaye Senior Smith Maria Malpass	51% 41%
Coordinator/secretary	Michelle Lacey	100%joined MDT end Nov 2011

4.3 Annual Meetings (12-3R-108)

The MDT holds regular business meetings to discuss operational issues. The annual general meeting, which focussed on agreement of the operational policy, was held on 12th December 2012. Minutes are available in the supporting information on pages 9-11.

5 Training

5.1 Advanced Communications Skills Training Course (12-3R-113)

The following clinical members of the core and extended team with direct patient contact have completed the NCAT 'Advanced Communications Skills' training course:

Karen Forbes 20-22nd September 2011
Rachel McCoubrie 29th April-1st May 2009
Colette Reid 9-11th April 2008
Gaye Senior-Smith 29th, 30th April and 1st May 2009
Maria Malpass 6th – 8th December 2011
Charlotte Beard 17th and 18th of October 2012
Debbie Yeatman 23rd & 24th October 2012
Helen Mann 7-9th February 2012

All relevant members have therefore attended this training.

5.2 CNS Training (12-3R-111)

The Palliative Care Clinical Nurse Specialists have undertaken specialist study at least level 3, as follows:

Gaye Senior-Smith – MSc in Professional Studies (Psychosocial palliative care) completed 2005, Diploma in Nursing studies (Palliative care) completed 1996

Maria Malpass – Diploma in Nursing level 2, Level 3 module (20 credits at level 3) Communication Skills In Cancer & Palliative Care completed 2010

Charlotte Beard – Level 3 modules towards a BSc (20 credits each):- Nature & treatment of cancer 2004, Care of dying person and their family 2010, Evidence and Research in Practice 2010

Debbie Yeatman – BSc in Cancer Care completed 2006

5.3 Level 2 Psychological Support – Training and Supervision (12-3R-102, 12-3R-103)

Gaye Senior-Smith attended the Trust's Network approved training to provide level 2 psychological support to patients and carers on 28th-29th May 2012. Gaye attends a one hour monthly supervision session with respect to this aspect of her role with Suzanne Cowderoy, a Clinical Psychologist.

6 Audits

6.1 Network Audit (12-3R-124)

The MDT participated in the Network audit, which was on use of steroids. The audit was led by Collette Reid and results were presented to the Network group in November 2011.

Summary of results: The audit noted good practice in recording of clinical indication, administration of regularly prescribed steroids before 2pm, documented review of clinical response, and prescription of gastroprotection for relevant patients. Areas for improvement were documented discussion of side effects, review of steroid dosage/response when first seeing a patient prescribed steriods by another team, and documented BM check/urinalysis.

Actions: Development of steroid usage guidelines/proformas, production of a steroid patient information leaflet, use of e-Dis function, and encouraging pharmacy to prompt for urinanalysis/BM check when issuing steroids.

6.2 Key Worker (12-3R-110)

A random selection of ten sets of notes from patients seen in the last year were audited to check if a key worker's name and contact details were clearly recorded. 90% of notes included a key worker sticker with this information. The remaining one set of notes did not have a sticker but the name and contact details of the keyworker were recorded in the notes by hand.

Action: Continue current practice of ensuring this information is recorded

7 Patient and Carer Feedback and Involvement (12-3R-116)

The national cancer patient experience survey does not separate out patients who interact with the specialist palliative care team, and therefore the team recently conducted a local survey of both inpatients and outpatients seen by the palliative care team. The full report is available in the supporting information from page 15.

100% patients rated their care by the palliative care team as good or very good. 85% knew who their palliative care contact was and 75% had been offered an information leaflet. 70% knew how to contact the palliative care team. 45% inpatients agreed they would like a written summary of their discussion with the palliative care team, whilst 50% were offered a copy of their clinic letter. A further 33% stated they were not offered the letter but did not want the information. 100% patients felt they were offered the opportunity to discuss their symptom concerns, whilst 75% inpatients felt they were offered the chance to discuss practical issues, with 5% stating they were not offered the chance but would like to have been. 75% felt they were offered the chance to discuss spiritual or religious concerns, with 5% stating they were not offered the chance but would have liked to have been.

As a result of the survey, the team implemented the following four actions:

1) It is suggested that when giving out patient information leaflets, Team members reinforce the contact details on the back of the sheet. The patient information leaflet needs to be updated so that it is clear whether a doctor or nurse specialist sees the patient.

2) It is suggested that Team members offer a written summary to inpatients, where appropriate, of the key issues raised during the consultation. Further discussion needs to take place within the Team to agree the most appropriate time for this to take place. Outpatients attending clinic will continue to be offered a copy of the clinic letter.

3) The Team will consider a more robust way of ensuring all new members of staff joining the Team on a rotational basis are made aware of processes including issuing patient information leaflets, contact numbers and identifying the key contact.

4) The wording of question 9 will need to be altered for future surveys because at present it is not clear what issues the patient may have liked to discuss.

8 Research and Trials (12-3R-125)

The Palliative Care team currently do not recruit specifically to any portfolio trials, although many cancer patients have access to appropriate trials through their site specific MDT. The Palliative Care team is interested in setting up its own trials portfolio for the future and has contacted the research network about how to go about this.

The team encourages the sharing and implementation of research findings in order to practice evidence based medicine, where appropriate.

All members of the team are encouraged to attend a weekly journal club and present research papers on a rotational basis. In addition, the team is invited to attend the weekly Oncology Journal Club.

There are two research nurses in the team. The department has completed several research projects in recent years, with a particular interest in research at the end of life and educational research. More projects are planned and grant applications are being written. Patients would be considered for any relevant trials, particularly those looking at pain assessment or control, or end-of-life care.