

Midhurst Macmillan Specialist Palliative Care case study

Midhurst Macmillan Specialist Palliative Care Service Summary

This service was set up to provide active palliative care, using early referral, via a multi-disciplinary community based service, to patients in their place of residence or preferred place of care.

Impact Summary

The Midhurst Macmillan Specialist Palliative Care Service;

- Maximises patient choice by providing as much treatment and support in the home/community setting as possible
- Reduces acute hospital interventions and inpatient hospice stays
- Ensures close working between the NHS, voluntary, charitable and private sectors in order to deliver high quality patient care, in line with recommendations that specialist palliative care is provided as early as possible
- The Midhurst Service enables many more people to die in their preferred place than the national average, and many fewer to die in hospital

Macmillan commissioned a full service evaluation of the Midhurst Macmillan Specialist Palliative Care Service. This has now been completed and an external summary has been prepared by Macmillan to be shared with partners and providers working in end of life/palliative care.

The evaluation teams involved were:

- The Academic Unit of Supportive Care, University of Sheffield,
- Centre for Applied Psychological Research, University of Huddersfield who was involved in the qualitative study, and
- The Monitor Group, who led on the economic review within the evaluation.

1. Why this service was set up

The Midhurst Macmillan Specialist Palliative Care Service was set up in 2006 when the King Edward VII Hospital's inpatient palliative care unit closed. This left a large rural area with no palliative care inpatient provision. Therefore the community service was set up, with the proviso that it would be an innovative service.

The service covers a rural area of about a 25 mile radius including Midhurst, Pulborough and Billingshurst in West Sussex, Haslemere and Hindhead in Surrey, Petersfield and Bordon in Hampshire. The service serves patients of approximately 19 GP practices.

The population is an aging one with pockets of rural deprivation. The area also has higher than national average rates of breast and prostate cancer in all age groups. The total size of the population is about 155,000 and 409 referrals were received in 2010 -2011, of which about 85% were patients with cancer. It is likely, given a current national death rate of 1%, the Midhurst Service supported 25% of all dying patients in the area.

2. What this service does

The Midhurst Macmillan Service is managed by the Sussex Community NHS Trust and is commissioned by three local PCTs. Since 2006 we have paid 50% of the costs with the NHS paying the remaining 50% split between the three Primary Care Trusts that use the service.

It consists of specialist professionals as well as a large team of volunteers providing active specialist palliative care and support following early referral from either the hospital or GP. It also works with members of primary healthcare teams, community services, social services, care agencies and voluntary organisations within the area.

The service provides active specialist palliative care through a range of interventions undertaken either at home or in the community. It offers access to care at all times as well as bereavement support. Palliative interventions include blood/blood product transfusions, parenteral treatments, IV antibiotics, IV biphosphonates, fluids, paracentesis and intrathecal analgesia.

The Midhurst Service accepts referrals for any patient, living within the specified area, over the age of 18 with cancer or any life limiting chronic progressive disease experiencing complex problems that are not responding to routine treatment and therapeutic intervention.

3. The difference this service makes

Quality

The service focuses on high quality patient care which is demonstrated in the following ways:

- The service does extend choice at end of life for patients, clinicians, families and carers and enables more people to be able to die at home.
- Good clinical outcomes of the service can be seen in less frequent A&E attendances, decreased hospital stays and a majority of patients dying in their preferred place, which is consistent with patient and family wishes, as indicated in the survey of bereaved carers.
- Observation and interviews confirmed the ability of Midhurst to give flexible and truly holistic care. The range of clinical interventions on offer, some of which avoid the need for travel or admission to hospital or hospice, are instrumental in promoting confidence in home care as disease progresses.
- A substantial number of bereaved carers reported services provided in the home to be excellent or good and good experiences predominated in the comments on care quality. A majority reported that they received as much support as they wanted.

Prevention

The service focuses on the prevention of inappropriate hospital admissions, inpatient stays and deaths.

Productivity

The economic review found that the Midhurst Service extends choice for patients, clinicians, families and carers facilitating, as part of an integrated specialist community palliative care service, 71% of patients to be able to die at home.

Referral to a specialist palliative care service is associated with patients spending fewer nights in a hospital setting and having fewer A&E attendances than those not referred. The Midhurst Service is also associated with fewer deaths occurring in a hospital setting.

The economic review found contact with both the Midhurst Service and hospices reduce the use of NHS services (inpatient, outpatient and A&E activities) for patients under their care. However, it is the variation in the timing of referral which could influence the wider economic impact of the service.

In the Midhurst Service, the service total cost of care in the last year of life was reduced by 20%. This saving is attributed to the Midhurst Service having more patients referred to the service before the second inpatient stay has occurred.

Meeting national standards or local initiatives

The service meets the recommendations in the End of Life Care strategy and the NICE Quality Standards on End of Life Care.

4. Learning and next steps

The Midhurst Macmillan Service is an effective integrated service option for patients to choose, which can operate alongside high quality hospice and hospital palliative care services. The service enables many more people to die in their preferred place than the national average, and many fewer to die in hospital.

The service demonstrates that significant economic savings could be made, through earlier access to community based specialist palliative care before one or less inpatient stays have occurred. The findings of the economic review suggests that if a service such as Midhurst was replicated elsewhere, the total cost of care in the last year of life could be reduced by 20%, because it is associated with more proactive use of community based palliative care.

The presence of a service such as the Midhurst Macmillan Specialist Community Palliative Care Service would encourage clinicians and secondary care providers to systematically assess the potential palliative care needs of patients with advanced disease, or metastatic cancer, at the point of inpatient admission. Moving away from a more traditional model of later referral to one of early referral could be applied in all specialist palliative care settings.

This would ensure that both the economic benefits and the clear benefits for patients and their families are experienced more widely.

The service has been selected to be one of five demonstrator projects for the research The King's Fund is conducting on care coordination for people with complex chronic conditions. This piece of research commenced in July 2012.

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