

Service Delivery Framework for Integrated End of Life Care

This framework outlines standards of integrated care provided by care services professionals when caring for palliative care patients and their carers.

<u>Level of care</u> Supportive	<u>Patients condition/level of need</u> Patient has an advanced, progressive, life threatening illness.		
Responsibility of clinical case manager or delegated deputy. DN (Band 6/7) or experienced RN (Band 5/6)	Responsibility of Joint Care Manager (Specialist Hospital Social Worker – designated wards)	Responsibility of non-registered health and social care worker (days) NVQ Level 3 / (Band 3)	Responsibility of citywide Night Care Service Registered Nurse / (Band 5/6) NVQ Level 3 / (Band 3)
<ul style="list-style-type: none"> • Continuous holistic assessment of needs in hospital as appropriate or at home including symptom control and psychological, social and spiritual support. • Early relationship building • Use of GSF framework. • Order equipment as necessary. • Deliver any care related to chemotherapy, post op wound care. • Inform Out Of Hours services as appropriate. • Dependant on families wishes, case manager ensures contact with patient minimum weekly to monitor/review patients condition including: <p><i>Pressure area care</i> <i>Moving & handling</i> <i>Nutrition</i> <i>Symptom control</i> <i>Continence</i> <i>Psychosocial support</i> <i>Monitors care provision of personal care provider & determines whether telecare services are an option</i> <i>Supports and educates carers</i></p> <ul style="list-style-type: none"> • Referral/signpost to other services/agencies <p>Patient/carers also need access to a responsive nursing service either by telephone or visit if condition changes/ deteriorates rapidly</p>	<p><i>At this stage, where there are personal and/or social care needs, a Hospital or community social worker may be involved. Exceptionally, where there are complex needs, a Joint Care Manager or Specialist Hospital Social Worker may be allocated.</i></p>	<p>May provide wound care if appropriate.</p> <p>May start to visit with registered nurse as needs change to get to know patient in preparation for more intensive input later.</p> <p>May provide personal care support if required (dependant on families ability and wishes and clinical judgement of CCM re best service to deliver care)</p> <p>Reports patient's condition to case manager or deputy after each visit.</p>	<p>Patient/family has access to responsive night nursing service if condition changes/deteriorates</p> <p>May require telecare services to contact night service</p>

<u>Level of care</u> Intermediate	<u>Patients condition/level of need</u> Patient has an advanced, progressive, life threatening illness with increasing level of need		
Responsibility of clinical case manager or delegated deputy. DN (Band 6/7) or experienced RN (Band 5/6)	Responsibility of Joint Care Manager (Specialist Hospital Social Worker – designated wards)	Responsibility of non-registered health and social care worker (days) NVQ Level 3 / (Band 3)	Responsibility of citywide Night Care Service Registered Nurse / (Band 5/6) NVQ Level 3 / (Band 3)
<p>As above and level of care increased to:</p> <p>Minimum visit once daily (this can be a double up with non-registered worker to provide personal care) to monitor/review all care and symptom control needs.</p> <p>Increases care provision either to access therapy services to help maintain independence and/or accesses services to provide personal care needs as and when required.</p> <p>Liaises with palliative care specialist services or GP if necessary</p> <p>Advanced care planning to include:</p> <ul style="list-style-type: none"> • DNAR status • Preferred Place of Care • Consideration of anticipatory prescribing • Consideration of Fast Track status/ referral to Joint Care management/referral to CAPCCS 	<p><i>At this stage, where there are personal and/or social care needs, a Hospital or community social worker may be involved.</i></p> <p><i>Where there are complex needs, a Joint Care Manager or Specialist Hospital Social Worker may be allocated.</i></p> <p><i>Consideration of eligibility for Continuing Healthcare.</i></p>	<p>As above and level of care increased to:</p> <p>Minimum twice daily visits if required. (May double up with Case Manager on one visit)</p> <p>Dependent on type and time of care may require twilight as an addition or as an alternative to 2nd day visit</p> <p>CAPCCS to support if referral criteria met.</p> <p>The above responsibilities should be met by the DN team in the first instance if the patient has CHC Fast Track status at this stage. Serious consideration should also be given to the most appropriate service to deliver care even if CHC Fast Track status not yet awarded.</p>	<p>As above and level of care increase to:</p> <p>Provision of 2-4 night assessment to determine nursing needs at night</p> <p>Based on assessment, patient will receive care from the one of the following:</p> <ul style="list-style-type: none"> • Citywide Nightcare Service (NHS Leeds) - night sitting service - registered nurse visit as required • Yorkshire Careline roaming team (private agency operationally managed by NHS Leeds Nightcare service) • External agency. <p>Continuous reassessment of patient/carer need.</p>

Level of care Intensive phase		Patients condition/level of need Patient has a rapidly deteriorating health condition that may be entering the terminal phase. Patient commenced on Leeds Care of the Dying Pathway Eligible for Continuing Health Care Fast Track status.	
Responsibility of clinical case manager or delegated deputy. DN (Band 6/7) or experienced RN (Band 5/6)	Responsibility of Joint Care Manager (Specialist Hospital Social Worker – designated wards)	Responsibility of non-registered health and social care worker (days) NVQ Level 3 / (Band 3)	Responsibility of citywide Night Care Service Registered Nurse / (Band 5/6) NVQ Level 3 / (Band 3)
<p><u>As above and level of care increased to:</u></p> <p><u>Minimum 1 daily visit</u></p> <p>May include further visit in the afternoon supporting non-registered worker</p> <p><u>Twilight provide evening visit from registered nurse</u> if required.</p> <p>Liases with night service to inform of patient's deteriorating condition and if placed on LCP</p> <p>Verification of Death.</p>	<p>Care Manager allocated. Completes holistic non-clinical assessment Liaise with Clinical Case Manager and Continuing Care. Completes CHC care plan and commission additional care required.</p>	<p>As above and level of care increased to:</p> <p><u>Minimum visit three times daily if required to provide all personal care needs</u> (one of these <u>may</u> be twilight visit)</p> <p>Doubles up with Case Manager or deputy as a minimum on 1 visit</p>	<p>As above and level of care increase to:</p> <p>Provision of 2-4 night assessment to determine nursing needs at night</p> <p>Based on assessment, patient will receive care from the one of the following: Citywide Nightcare Service (NHS Leeds)</p> <ul style="list-style-type: none"> - night sitting service - registered nurse visit as required <p>Yorkshire Careline roaming team (private agency operationally managed by NHS Leeds Nightcare service)</p> <p>External agency.</p> <p>Continuous reassessment of patient/carer need.</p> <p>Verification of Death.</p>

Carers Care		On-going Carer should be registered in their own right	
Carers Assessment (SAP) and care plan Signpost to other services Psychological support Teaching elements of managing patient's condition	Supports DN in Carers Assessment and writing an action plan. Psychological support Signposts to other services.	Psychological support Teaching elements of managing patient's condition	Psychological support Respite for carers through providing sitting service/care at night
Bereavement care		Carer should be registered in their own right	
Psychological support following patient's death Signpost to other services	Psychological support Signposts to other services	Psychological support following patient's death	