What do Doctors want from Out of Hours Specialist Palliative Care?

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Introduction

Only 5.7% of deaths in England in 2016 occurred in a specialist palliative care (SPC) setting[1]. The remaining patients died in hospital or alternative community settings. Indeed, 47% of all deaths in England that year occurred in hospital, clearly highlighting the responsibility for hospitals to provide appropriate SPC support for their patients[1]. In the UK, there is wide variation in the SPC services offered within acute hospital settings, especially those offered out of hours (OOH). The importance of 24/7 access to palliative care services has been recognised for well over a decade[2] and, indeed, working guidance from the Royal College of Physicians and the Association of Palliative Medicine recommends enhanced provision of SPC OOH[3]. However, a national audit in 2014 showed that hospitals are rarely meeting these demands, with only 21% offering face-to-face assessments seven days per week[4]. Doctors working in Gloucestershire Hospitals NHS Foundation Trust can currently seek OOH SPC support via an advice line, but have no access to face-to-face assessments.

Method

An anonymous questionnaire, utilising skip logic, was sent to doctors of all grades in Gloucestershire Hospitals NHS Foundation Trust to establish both: (i) their understanding of the OOH services currently available to them; and (ii) the level of support they think is required to deliver good palliative care OOH. This study functioned as a service evaluation and therefore, did not require ethical approval.

Results

Of the estimated 870 doctors working in the Trust, only 104 replied, yielding a response rate of approximately 12%. Only 30 respondents had a correct understanding of the OOH SPC services available; a further 15 believed that, in addition to the telephone advice line, they were supported by visiting SPC healthcare professionals. Only 7 respondents claimed to have received this information during their Trust induction; the majority of those who said that they knew the level of service provided (31 respondents) said that they were informed by the SPC team within normal working hours.

A total of 49 respondents had contacted the SPC team OOH at some point in their career, with the most common reasons relating to symptom control (40 respondents) and medication advice (37 respondents). Other reasons included: (i) seeking help with discharging patients (9 respondents); and (ii) psychological support for patients (6 respondents) or their family members (4 respondents). Of note, only 6 respondents had requested a ward review for their patient OOH. These 49 respondents were asked to describe the support they had received from the SPC team OOH. 46 found the support they had received to be good or very good, with 1 respondent describing it as poor (2 did not answer this question).

78 of the 104 participants agreed that an OOH telephone advice line was required, but just under half of these (35 respondents) believed that additional support was needed from visiting healthcare professionals. 13 respondents felt that visiting SPC professionals were required instead of an advice line. Interestingly, 64 respondents believed that, with better education, clinicians would be less likely to require OOH SPC support.

Discussion

In 2004, The National Institute for Health and Care Excellence (NICE) made specific recommendations about the provision of SPC services, stating that a telephone advice line should be accessible at all times, with sufficient staffing levels to provide face-to-face assessments of all cancer patients, at home or in hospital, between 09:00–17:00, seven days a week[2]. Furthermore, studies evaluating the value of extended SPC services have had predominantly positive outcomes[5,6]. However, there is debate about whether current SPC services have the capacity to provide this extended care. In response to an article evaluating the need for OOH face-to-face assessments, a team of professionals expressed concern that 'SPC services would be used to supplement under resourced generalist services OOH and be less able to function as effective specialist services during the week'[7].

The majority of doctors (78 of 104 respondents) responding to this questionnaire felt that an OOH telephone advice line was needed. 48 respondents felt that a visiting service was required in addition to or in place of this, which is interesting given that only 6 of the doctors who had previously contacted SPC OOH had actually requested a ward review. Furthermore, although there was limited awareness of the OOH services available, there was an overwhelmingly positive response from those who had used it, suggesting that, in the vast majority of cases, telephone advice was sufficient. Most doctors anticipated that better education would lead to lesser reliance on SPC services OOH.

Limitations

With a response rate of 12% it would be wrong to extrapolate too much from this questionnaire data. We made it clear in the email that accompanied the questionnaire that we were very keen to receive doctors' opinions to help us shape the services available to support them OOH.

Conclusion

Doctors valued the advice received from the OOH SPC team, but there was a lack of understanding about the precise services available. Although most agreed that a telephone advice line was needed, many felt that support from visiting healthcare professionals would be of additional benefit.

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REFERENCES

1. Public Health England. Statistical commentary: End of Life Care Profiles, February 2018 update.
2. National Institute for Clinical Excellence. (2004) Guidance on cancer services: Improving supportive and palliative care for adults with cancer – The Manual.
3. Working Group from the Joint Specialist Committee for Palliative Medicine for the Royal College of Physicians, the Specialty Advisory Committee for Palliative Medicine from the JRCPTB and the Association of Palliative Medicine. Night, weekend and bank holiday Specialist Palliative Care Services.
4. Dixon J, King D, Matosevic T, Clark M, Knapp M. (2015) Equity in the provision of palliative care in the UK: Review of evidence. Personal Social Services Research Unit, London School of Economics and Political Science.
5. Hall S, Thompson J, Davies A. (2013) An evaluation of the activity of a 7 day nurse led specialist palliative care service in an acute district general hospital. International journal of Palliative Nursing.
6. Birks T, Krikos D, McGowan C, Stone P. (2011) Is there a need for weekend face-to-face inpatient assessments by hospital specialist care services? Evaluation of an out-of-hours service. Palliative Medicine; 25 (3): 278-283.
7. Sheils R, Ankrett H, Edwards A, Hicks F, Kiely M, Lennard R, Rock C. (2009) Letter to the editor: Out of hours need for specialist palliative care face-to-face assessments. Palliative Medicine; 23: 276-277.

palliative, neurological and bereavement support