CMC Working with Local Service Providers and Training Delivery Partners
LCA EoLC Stakeholder Event
18th June 2014
Sandy Scales
CMC Programme Director

The Royal Marsden NHS Foundation Trust
Introduction

• Who we are – London and Surrey Downs
• Training - the historic perspective
• New Model of Training and Education
SUMMARY OF SERVICE 2013/14
Overview of service delivered in 2013 / 14

### PROFILE OF COMMUNITY, ACUTE TEAMS AND OOH PROVIDERS

**13,376** CMC patient care plans are now available for urgent care providers to access.

**2,386** professionals have been trained, and the breakdown by profession is shown below:

<table>
<thead>
<tr>
<th>Profession</th>
<th>Records viewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 Provider</td>
<td>1964</td>
</tr>
<tr>
<td>Ambulance Trust</td>
<td>1268</td>
</tr>
<tr>
<td>OOH GP Provider</td>
<td>1388</td>
</tr>
</tbody>
</table>

The number of urgent care providers accessing CMC has increased gradually.

**Personal Demographics Statistics**

94.6% of the 13,376 CMC patient records have been verified with Personal Demographics statistics database.

### CMC PATIENT PROFILE AND OUTCOMES

**Patients achieving their preferred place of death**

Where patients with a CMC care plan had expressed a preferred place of death, 80% died where they had wished.

**Recorded place of death (%)**

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>Home</th>
<th>Care home</th>
<th>Hospice</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>54%</td>
<td>20%</td>
<td>18%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>CMC</td>
<td>19%</td>
<td>39%</td>
<td>27%</td>
<td>15%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

Where patients had a CMC care plan **81% died OUTSIDE of hospital**. Nationally, 54% of end of life care patients die in hospital.

**Change in use of unplanned services**

Economic evaluation data has shown a reduced use of unplanned, hospital and emergency services, in addition to improvements in patient care and a reduction of costs.
Overview of CMC Delivery Partners

**NWL LETB**
- Meadow House Hospice
- Imperial NHS Trust
- Brent and harrow CEPN
- NWL Hospitals NHS Trust
- Chelsea & Westminster Hospital
- CLCH
- NWL EoLC Education and training Strategy

**NC&E LETB**
- North London Hospice
- St Joseph’s Hospice
- PallE8
- Skills for Care?
- GOSH

**SL LETB**
- London Cancer Alliance
- Practice Innovation Networks
- CEPNs
- Practice Care Navigators
- Clinical Strategic Network
- Community Pharmacy Health Champions
- South London Hospice Collaborative
NC&E LETB – Working with our Delivery Partners

• PallE8

Project continuation and sustainability:

  3 x Sage and Thyme Facilitator Training (‘Dealing with People who are Distressed’)
  
  ➢ 6 x Advanced Communication Skills Training (ACST)
  ➢ Development of further web based training modules
  ➢ Project Management

• Skills for Care

  ➢ Build on previous EoLC training, focusing on voluntary and social service carers to undertake the QCF Award (EoLC Qualification).
  ➢ Build on network of champions
  ➢ Rollout learning and development packs, with emphasis on patient stories
NC&E LETB – Working with our Delivery Partners

• **St Joseph’s Hospice**
  Expand the EOLC Facilitation Service (building on work in Newham) to strengthen facilitation of the wider community workforce to Tower Hamlets and City and Hackney, whilst continuing to utilise the existing Newham EOLC Facilitators both in Newham and across other areas:
  - Implement GSF in primary care, secondary and care home settings
  - Blended EOLC Education, including face to face and E-learning with focus on effective communications
  - Embed CMC into above education

• **North London Hospice**
  Provide EOLC Facilitation Service to care homes currently undertaking GSF accreditation in Barnet, Enfield and Haringey resulting in increased sustainability:
  - Implement GSF into 44 care homes
  - Embed CMC into above education to improve coordination and delivery of care
NC&E LETB – Working with our Delivery Partners

• GOSH

Project continuation and sustainability:-

Children’s Hospices Across London

Training for GPs – Managing Children’s End of Life Care:-

- Update and deliver CPD accredited training experience for GPs Pan London
- 4 – 6 hour sessions for 150 GPs Pan London (building on NCEL reach of current funding)
- Embed CMC into education

Louis Dundas Centre for Children's Palliative care

Training for Nurses – Foundations in Paediatric Palliative Care

- 2 day face-to-face interactive teaching programmes to 120 nurses
- Pan London
- Develop a Paediatric Palliative Care Education Strategy with opportunities for integration across London Children’s Palliative Care Network
- Gain RCN accreditation
- Embed CMC into education

Website Management and updates
SL LETB – Working with Delivery Partners (tbc)

• **Practice Innovation Networks/Primary Care Navigator Project for Dementia**
  - Deliver an e-learning, classroom and on the job training for an initial prototyping group of 20 GP Practices and 20 Community Pharmacies with a formal evaluation; a joint learning process with this group; a prototype adaptable and useable nationwide.

• **CEPNs**
  - Development of Primary Care and Community workforce in EoLC training

• **Clinical Strategic Network**
  - The establishment of a Hospice palliative and end of life care collaborative for south London.

• **Community Pharmacy Health Champions**
  - EOLC and CMC awareness to nominated Community Health Champions. 549 pharmacy staff in South London have been nominated for and have begun Health Champion training.

• **London Cancer Alliance**
  - EOLC Education and Training Strategy for South London

• **South London Hospice Collaborative**
NWL LETB – Working with Delivery Partners (tbc)

• **Meadow House Hospice**
  - EoLC education for Nursing Homes and associated GPs in Ealing and Harrow

• **Acute Trusts**
  - Imperial NHS Trust and Chelsea & Westminster Hospital - Develop CMC training within the acute Sector – beyond the Specialist Palliative Care Teams.

• **CEPN**
  - Extend model to Bands 6 and above with inclusion of CMC. 3 interactive educational days to be delivered in community settings
  - Improve and develop existing e-learning packages
NWL  LETB – Working with Delivery Partners (cont)

- Brent and Harrow CEPN for Narrative Multi-Professional Education in Care Homes
  - Awaiting details

- NWL Hospitals NHS Trust
  - Education Programme focused on the 5 guiding principles of ‘Care for people in the last days of life’ and learning needs resulting from National care of the Dying Audit.
  - Develop and support EoLC champions in each ward for sustainability

- CLCH
  - Support sustainability of Compassion in Care Model

- EOLC Strategy for NWL
  - Project Management resource to support the development of an education strategy for multi professional EOL education within NWL including strategy for delivery
CMC Core Delivery Plan

• Support Delivery Partners in CMC elements of education
• Expand use of CMC as an Urgent Care record
• Working with Delivery Partners to expand the use of CMC to broader social care networks as part of a comprehensive training programme
• Phase 1, 2 and 3 Training for GPs and Community Nurses
  ➢ Phase 1 training is CMC awareness
  ➢ Phase 2 training to those not yet trained
  ➢ Phase 3 training to targeted groups who have been trained but not actively using CMC or require additional support
  ➢ Ad hoc training requests will be responded to
CMC Core Delivery Plan (cont)

- Extend care home training to none GSF homes
- Phase 1, 2 and 3 training to professionals to support CMC in Acute hospitals
- Provide CMC support to Hospices in EOLC education programmes
- Continue to develop, enhance and tailor training material and resources
Next Steps

• Meeting with SL LETB and SL organisations 19th March to agree how we work together and how we can co-ordinate all work in EoLC across London

• Meet with NWL LETB to agree funding allocation and training 23rd March

• Set up Service Level Agreements with all Delivery Partners
  ➢ Project Plans
  ➢ Reporting
  ➢ Outcomes (including pre and post training effectiveness surveys)
  ➢ Funding arrangements

• CMC detailed workplan
  ➢ Measureable outcomes
End of Life Care training needs in the acute sector

Dr Sarah Cox
Lead Consultant in Palliative Medicine,
Chelsea & Westminster Hospital & Trinity Hospice
End of Life Training Needs in the Acute Sector

Dr Sarah Cox
Consultant in Palliative Medicine
What was the problem?

• Several complaints about EOL care in the Trust
• Impact on staff looking after dying patients
• Public concerns raised in the media about the LCP and communication at the very end of life
• Increased anxiety among staff as a result
What was the idea?

Development and piloting of multi-professional training programme in adult EOL care

- Evidence based
- Locally relevant
- All patient facing staff
How do we plan to achieve it?

- External learning and development consultant for training needs analysis
- To improve transfer of learning, and identify training and non-training issues
- Then develop and pilot training
Aims

• Improved EOL care
• Increased satisfaction of carers and relatives
• Improved staff confidence and competence
• A more widespread improvement in communication skills.
Evaluation

- Evaluation of teaching/training
- Complaints/clinical incidents
- Surrogate measures (ACP/CMC records, readmission rates)
- Staff confidence/distress survey
- Bereavement survey
Risks

- Failure of identification of appropriate training
- Barriers not amenable to training
- Failure of engagement of staff
- National review of LCP
- Lack or resources to roll out training after pilot
Return on Investment

- Quality improvement of patient and carer experience
- Increased confidence of staff, reduced risk of negative psychological impact of caring for dying patients
- Reduction of complaints
- Improved communication skills
- Potential to syndicate and franchise course
Directors Den” Bid 2012
Progress to date

• Staff focus groups
• Bereavement interviews
• Staff survey
Focus groups

Eight groups (approx 60 staff)

– Nursing and HCA
– Housekeeping porters and ward clerks
– Consultants and Registrars
– Junior doctors (FY1 and FY2)
– Therapies, chaplaincy, pharmacy and dietetics
Training needs

- Communicating with patients and families
- Being prepared
- Clinical needs
- Emotional needs of staff
What is the best way to learn?

“Spent a week in a hospice – really took the fear away”

“Communication skills courses – expensive, time consuming and largely useless”

• Mixed methods/blended learning
• Opportunities for cross-organizational training
Thoughts about the process

- Need project manager
- Staff access difficult
- Relative access difficult – 32/266
- Would have been so much quicker just to do some more teaching!
Thanks

Thanks to the EOL TNA steering group
Directors Den Panel
SPC team
Carol Dale
QELCA© (Quality End of Life Care for All); an end of life care education initiative

Liz Bryan
Director of Education and Training,
St Christopher’s Hospice
“Some people do indeed die as they would have wished, but many others do not. Some people experience excellent care in hospitals, hospices, care homes and in their own homes. But the reality is that many do not. Many people experience unnecessary pain and other symptoms. There are distressing reports of people not being treated with dignity and respect and many people do not die where they would choose to.”
A wake-up call for hospices!! (DH, 2008)

• Most people say that given a choice they would prefer to die in their own bed at home
• Only around 18% do so with a further 17% in care homes
• Acute hospitals accounting for 58% of all deaths in the UK
• Only around 5% die in hospices!!!

N.B. Only approximately one third of the general public have discussed death and dying with anyone
In the next 20 minutes I will:

- briefly reflect on why the Liverpool Care Pathway (LCP) failed in its purpose
- offer a perspective which calls for a radically different way of educating health and social care professionals
- offer an example of an educational approach that appears to make a difference.
The Plane Crash

It wasn’t the plane that was at fault…….The pilot couldn’t handle it.

Jürgen Habermas
(Born 1929)

- Philosopher and sociologist
- Critical theorist and pragmatist
- Theory of Communicative Action

Systems and Lifeworld

Habermas (in a nutshell!!!)
Quality End of Life Care for All (QELCA©)

http://www.stchristophers.org.uk/qelca
A Palliative Care Approach
Professional Practice
(Fish & Coles, 1998)

• Performance aspects of practice (clinical procedures or teaching) are above the waterline
• Hidden from view are feelings, expectations, assumptions, attitudes, beliefs and values
Metaphors for Learning

‘Acquisition’
- Knowledge as commodity
- Minds as vessels to be filled
- A clear endpoint to learning

‘Participation’
- Knowing as action
- Culturally embedded
- Communities of enquiry
- Continuous
A brief history of QELCA©

• An education programme, designed by St Christopher’s Hospice (SCH), to be delivered by hospices to nurses working in hospitals.

• Early 2008 SCH approached by senior managers of an acute trust medical unit with identified training need.

• Poor end of life care highlighted by complaints and poor audit of LCP

• End of Life Care Strategy (DoH, 2008) - Workforce training and development
  ‘Ensuring that health and social care staff at all levels have the necessary knowledge, skills and attitudes related to care for the dying will be critical to the success of improving end of life care.’
QELCA© Programme Delivery

- Originally designed to target teams of clinical nurse managers (Band 6) from same organisation

- 5-day (Mon to Fri) placement at the local hospice in small groups of no more than 5

- 3 of the 5 days are classroom-based with practice days sandwiched between theory days

- Student-centred experiential learning with focus on attitudinal change - facilitator must be an experienced palliative care practitioner who has attended the QELCA ‘Train the Trainers’ programme working collaboratively with the sending organisation

- 6 months Action Learning – where agreed action plans for personal, team and organisational change are implemented.
National ‘Pilot’

- Invitation through NHS ‘Transform’ Programme
- ‘Train the Trainers’ for hospice facilitators
- Evaluation
- Dissemination of outcomes
- QELCA© trainer register and learning community
• In 2012/13 QELCA© was delivered across 17 sites by 21 hospices to a total of 137 acute nurses (n=137).

• The evaluation was undertaken at four stages using mixed methods comprising, survey questionnaires, semi-structured questionnaires and focus groups.
Evaluation Report available at:

Most significant change?

**Personal Learning Objectives**

- Knowledge
- Skills
- Attitudes

**'3 things I have learnt'**

- Knowledge
- Skills
- Attitudes

Delivering world class cancer care for London
Key Elements of QELCA

- Experiential
- Facilitation (person-centred)
- Learning by doing
- Contextual
- Change agency
Now what?

• National hospice education consortium
• Engagement with new Local Education and Training Boards
• Greater partnership working across regional clusters of hospices
Any Questions?