



## Macmillan Specialist Palliative Care Service Test Models - Salford and Wigan

The appointment of key staff and provision of advanced clinical skills and prescribing training has already shown ongoing improvements in outcomes for palliative and end of life patients across Wigan and Salford as a result of the £2 million Macmillan test.

### STAFFING UPDATE



#### **SALFORD Advanced Clinical Nurse Specialists - Hospital & Community**

In Salford, six Advanced Clinical Nurse Specialists (ACNSs) and one Clinical Nurse Specialist (CNS) plus administrative and consultant time have been funded to strengthen the Salford hospital and community specialist palliative care teams to provide additional senior face-to-face patient reviews throughout the week, including weekends and bank holidays.

#### **WIGAN Clinical Nurse Specialists - Hospital (in the photo) & Hospice**

In Wigan, a similar level of service has been achieved through the recruitment of a Specialist Palliative Care Consultant, working across the hospital and hospice; a hospice-based CNS, three hospital based Nurse Specialists, and a data and admin support role.



## SPOTLIGHT - SALFORD ACNS JAMES RUSHBY



### **James Rushby - Macmillan Advanced Clinical Nurse Specialist – Macmillan Specialist Palliative Care Service, Salford**

James is one of six highly qualified Advanced Clinical Nurse Specialists, who have joined the enhanced Macmillan Specialist Palliative Care Service in Salford. Their expertise is provided directly to people with life-limiting illnesses and their families; usually in their own homes, but also in hospital.

Their ability to make complex decisions along with advanced physical assessment and prescribing skills allows for good quality pain and symptom control, but also reduces the chance of inappropriate investigations that would not alter the patient's management. Based at Salford Royal Hospital and at St Ann's Hospice, they provide face-to-face care throughout the week and weekends, and support service development across the Salford area.

"As a band 8a we have the seniority and expertise to be able to make difficult clinical decisions about a very ill patient with palliative care needs, often while assessing them in their own homes," said James.

*"We can make the judgement there and then about how a patient's interests would be best served, often making them as comfortable as possible, rather than admitting them to hospital where they would almost certainly be put through a series of diagnostic tests and scans."*

*"We have all got many years of experience nursing people at the end of their lives and through talking to the patient and family, and working to achieve their goals, we can be as sure as any clinician can be that we are supporting them to live out their final days and hours in their preferred place of death and as peaceably as possible."*

## PATIENT CASE STUDY

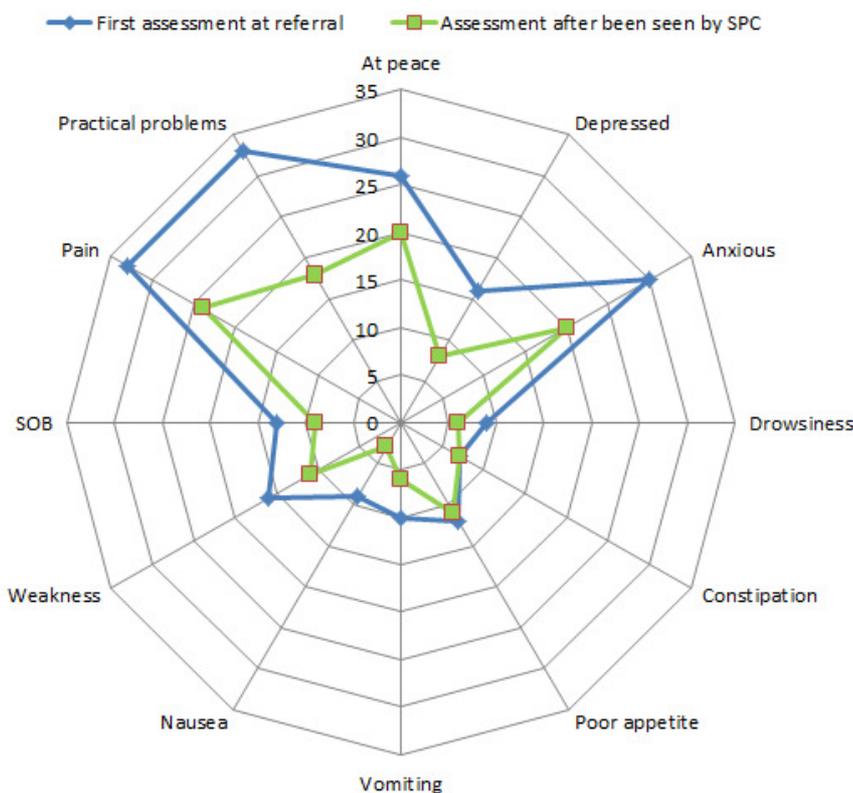
**A clear example of the impact of the test in Salford is the case of a patient in their 40s who had advanced mesothelioma, where the cancer had spread to spinal bones causing weakness and severe pain.**

Care was provided at home by parents with support from District Nurses and a Clinical Nurse Specialist from the MSPCS team. James attended along with the MSPCS Clinical Nurse Specialist within two hours of the patient’s parents phoning the team to report that the patient had become limp and less responsive.

When James arrived, the patient was slumped in their wheelchair and the CNS, who knew the patient well could advise that there was significant deterioration. James prescribed and administered immediate strong pain relief and assessed the patient’s muscle and nerve function. He discussed with the patient and parents that the patient potentially had cancer pressing on their spinal cord, and usually would be admitted to hospital for an MRI scan for further investigation and radiotherapy treatment.

“But it was clear that this person was approaching the end of life and that investigative scans and a hospital admission would cause distress and upheaval. The patient and parents wanted to spend final weeks as peacefully and comfortably as possible, and radiotherapy was unlikely to help,” said James. After speaking to the patient and parents and clearly explaining the options, James contacted clinicians at St Ann’s Hospice and arranged for the patient to be admitted to the hospice by ambulance within a matter of hours.

The patient died comfortably at St Ann’s Hospice two weeks later. Parents were present at the bedside and wishes for final days and after death were known to everyone involved in the care package. Bereavement support was provided to parents by the specialist service at St Ann’s Hospice.



**This diagram shows a months’ worth of data of patients who are referred to Specialist Palliative Care Services within Wigan or Salford.**

This spider graphic shows some marked differences in how patients felt their symptoms were managed on first assessment to the service and then second assessment after clinical intervention.

For example pain management, depression and practical problems are significantly improved after care is received from the service.

## Key improvements

- Weekend and Bank Holiday staffing levels raised to enhance service including clinician and admin roles.
- An overall aim of more senior clinician face-to-face care to be available 7 days a week – 365 days a year.
- More specialist palliative care Clinical Nurse Specialists (CNSs) trained to prescribe.
- Clinical skills training for hospital and community palliative teams to enhance care delivery.
- Enhanced working with emergency departments and assessment units to provide timely response and help reduce emergency admissions.
- Increased collaboration / communication between community and hospital teams to help ensure patients' needs are met in the most appropriate place.
- Independent and objective evaluation of the test models.

In addition to the key improvements this programme has also forged important links with and enhanced collaborative education between Specialist Palliative care and teams such as:

- Chronic Obstructive Pulmonary Disease (COPD)
- Urgent Care for Palliative Patients in Community including Care Homes
- A&E and Emergency Medicine
- Respiratory
- Heart Failure
- Intensive Care Unit
- Lung Disease



*every day makes a difference*



Greater Manchester **Cancer**

## For more information contact

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