



## Macmillan Specialist Palliative Care Service Test Models - Wigan Spotlight

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 tests.



**Wigan & Leigh Hospice  
Nurse Specialist Team**

**Wrightington, Wigan & Leigh Hospital  
Specialist Palliative Care Team**



New members to the teams: Paul Selway - Macmillan Locum Consultant in Palliative Care, Kate Ramsden, Vicki Haselden, Clare Thomas, Anne Webb and Pauline Booth - Macmillan Palliative Care Nurses.

Paul a Macmillan Palliative Care Locum Consultant joined the team in Wigan in October 2018. Paul works in both the hospital and community and is therefore a key link between Hospice and Hospital. The nurses joined the team late summer 2018 and bring a wealth of expertise. Together they provide the increased capacity needed to allow the enhanced service to function.

The enhanced service ensures 2 nurses are available at weekends in the hospital and in the community via the hospice team, allowing more patients to be seen wherever they are and in a more timely way. Medical availability has also increased with a senior palliative care doctor on site every Sunday in addition to the existing weekday cover. This weekend medical cover extends to patients at home where the hospice team identify that advice or a visit is needed.

*“Working across the hospice and hospital teams has improved continuity for patients as they move from one setting to another and often back again ” said Paul.*

*Clare commented that “having more doctors and nurses in the team means that patients get seen more quickly; this reduces the distress experienced by the patient and their family and means that symptoms can usually be alleviated sooner”*

*“Having a mix of skills and experience with the introduction of the new band 6 hospital role for nurses has benefitted everyone. The new staff get to work alongside more experienced team members gaining knowledge as they do, the band 7 nurses can delegate some of the routine follow up releasing time to concentrate on the most complex patients, and the patients get more contact time from the expanded team” said Vicki*

*“There is real collaborative working with key hospital teams such as Respiratory, Heart Failure, Lung Disease and Liver disease. The team provide joint visits and ward rounds to ensure patients receive seamless care” says Anne.*

*“The team is working with all wards within the Hospital to improve documentation and education on Advance Care Planning and Individualised care. We now have agreement that all clinical staff will have to complete an e-learning module on recognising dying and we are also doing extra training with ICU and A&E to improve clinical skills” says Kate*

In the community, the Hospice Nurse Specialist Team are able to support more patients and their carers in their home or care home. The team are able to respond quicker to the changing needs of patients and their main carers, supporting them to manage symptoms, distress and anxiety, thereby preventing them from seeking alternative support from stretched hospitals or GP services. They are working closely within the Primary Care Networks, providing patient clinics across the borough in GP surgeries. They are also helping GPs to identify patients that may be approaching the end of their lives and ensure that the patient, those people important to them and the professionals involved in their care are all supported and prepared for challenges ahead as the patient’s condition deteriorates. This allows patients and those people important to them the opportunities to be involved in decision making about their current and future care needs.

## PATIENT CASE STUDY 1

A clear example of the impact of the test in Wigan is the case of a couple who were able to get married within a few hours of recognising that the groom was in the last few days of his life.

The patient was admitted on a Saturday night with an increase in pain and general deterioration in his overall condition due to advanced cancer. The team were alerted to his admission and it was recognised that he was a priority for urgent review due to his severe uncontrolled pain first thing Sunday morning.



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It is standard practice for the team to listen to the concerns of significant others as well as those of the patient so they quickly learned that he was due to get married in a few weeks' time. The patient was assessed and it was felt that he was rapidly deteriorating without any treatable causes.

He and his fiancée were keen to try and get married that day as they recognised that any delay could risk missing the opportunity forever. The team worked closely with the hospital chaplaincy service, on call registrar, catering and the ward team to facilitate a same day wedding in the hospitals' multi faith room.

Due to the severe pain coupled with a need for the patient to have a clear mind very careful consideration was given to which medicines would be most likely to achieve this aim. Without the presence of a palliative care doctor and the 2 nurses the wedding simply would not have been possible, especially as other patients needed their input just like any other day. Sadly the patient died just a few hours after the service.

## PATIENT CASE STUDY 2



A Wigan man has spoken out about his experience of palliative care to support Hospice Care Week. Stephen Braddock has spent the past few months learning to cope with the debilitating symptoms of Chronic Obstructive Pulmonary Disease (COPD) and heart disease with the help of Wigan and Leigh Hospice.

In 2019 after suffering from cold or flu symptoms which progressed to suddenly feeling very ill and struggling to breathe Stephen was diagnosed with pneumonia by the out of hours GP and was admitted for eight days into hospital. On discharge Stephen was re-admitted less than a week later and again after a few days. This caused stress and feelings of not being able to cope with the impression perhaps the doctors weren't telling him everything.

During his last hospital admission, one of the nurses broached the subject of palliative care. Stephen believed palliative care was only for end of life care, however he soon realised that palliative care aims to make life better even if the disease is not going to get better.

Following on from this conversation the Stephen met one of the Community Hospice Nurse Specialists from Wigan and Leigh Hospice, who helped him get back on his feet. She provided advice, information & support alongside medicines to help with his breathlessness, low mood and panic attacks. This enabled Stephen to feel more confident with managing the effects of his COPD, reducing the need for hospital or GP visits.

Stephen was very tentative about contact from the Hospice Nurse Specialist at first but quotes now *“that it's the best thing since sliced bread and it is something I will never regret doing... From that day to this, a miracle has happened. I'm still living and I didn't think I would be and something has changed in my mind – now I feel there's something to live for.”*

For more information please contact [louise.lawrence1@nhs.net](mailto:louise.lawrence1@nhs.net) #MSPCS Programme Manager. Macmillan Cancer Support & Greater Manchester Cancer