

Somerset Palliative Care Partnership

Countywide Palliative Care Audit

Julie Vale 30th January 2007

Aims

- Quantify the number of patients considered to have less than 12 months to live known to the main community palliative care service providers
- Collect additional data to provide baseline information for community palliative care provision

Methodology

- Survey questionnaire – the audit tool
- Data collection
 - GP practices
 - DN Teams
 - CPCNS team
 - MCCC 'core service'
 - SPCP service
- Sample – patients identified as having <12 months to live

Returns

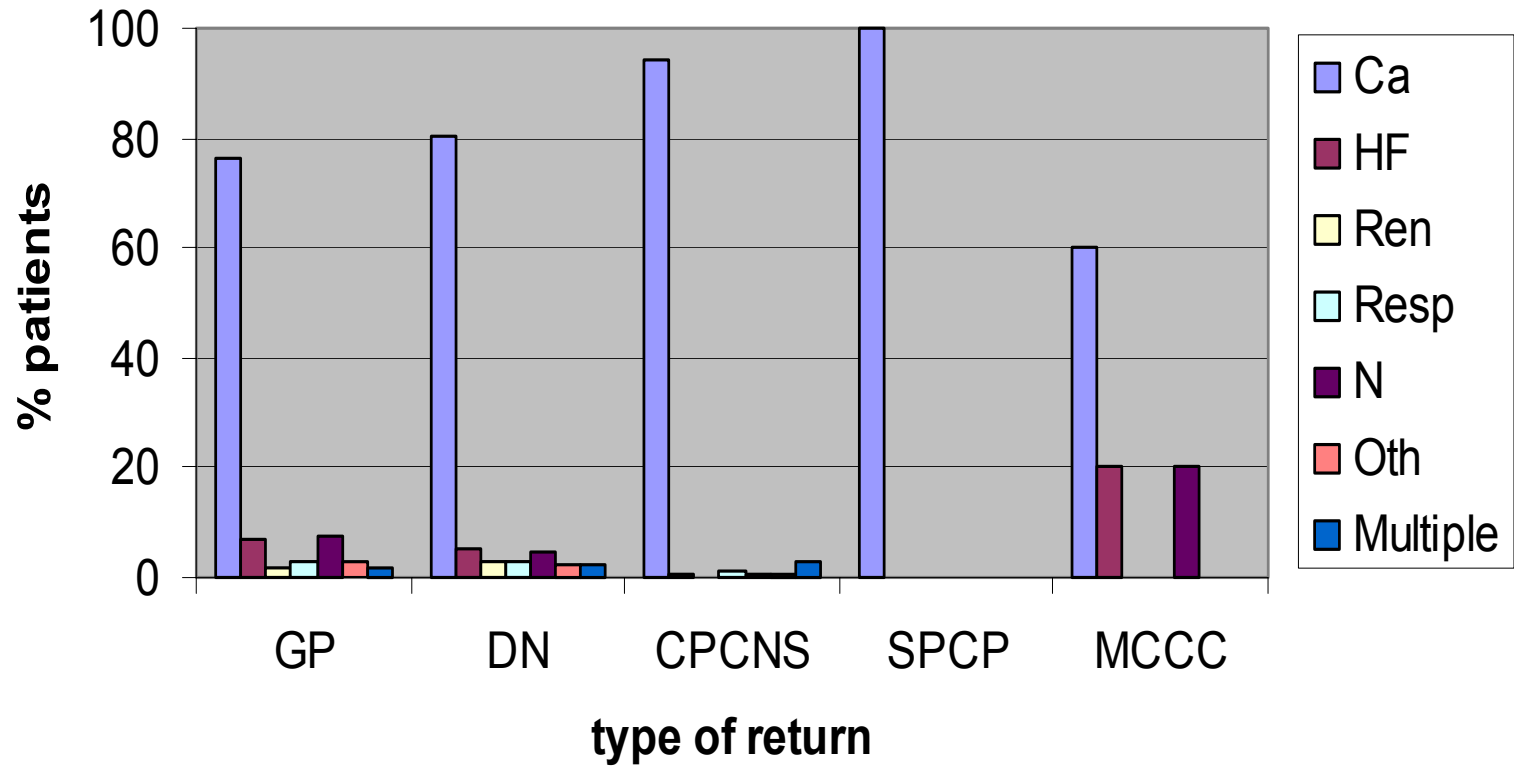
<i>Provider</i>	<i>Number of Teams</i>	<i>Number of practice returns</i>	<i>Response rate</i>
GP surgeries	75	12	16%
DN teams	41	51	68%
St Margaret's Hospice (CPCNS)	1	75	100%
SPCP Service	1	6	100%
Marie Curie Cancer Care (MCCC)	1	5	100%

Findings

<i>Provider</i>	<i>Number of patients</i>
GP	105
District Nurse	393
Community Palliative Care Nurse Specialist	286
Somerset Palliative Care Partnership	6
Marie Curie Cancer Care	5

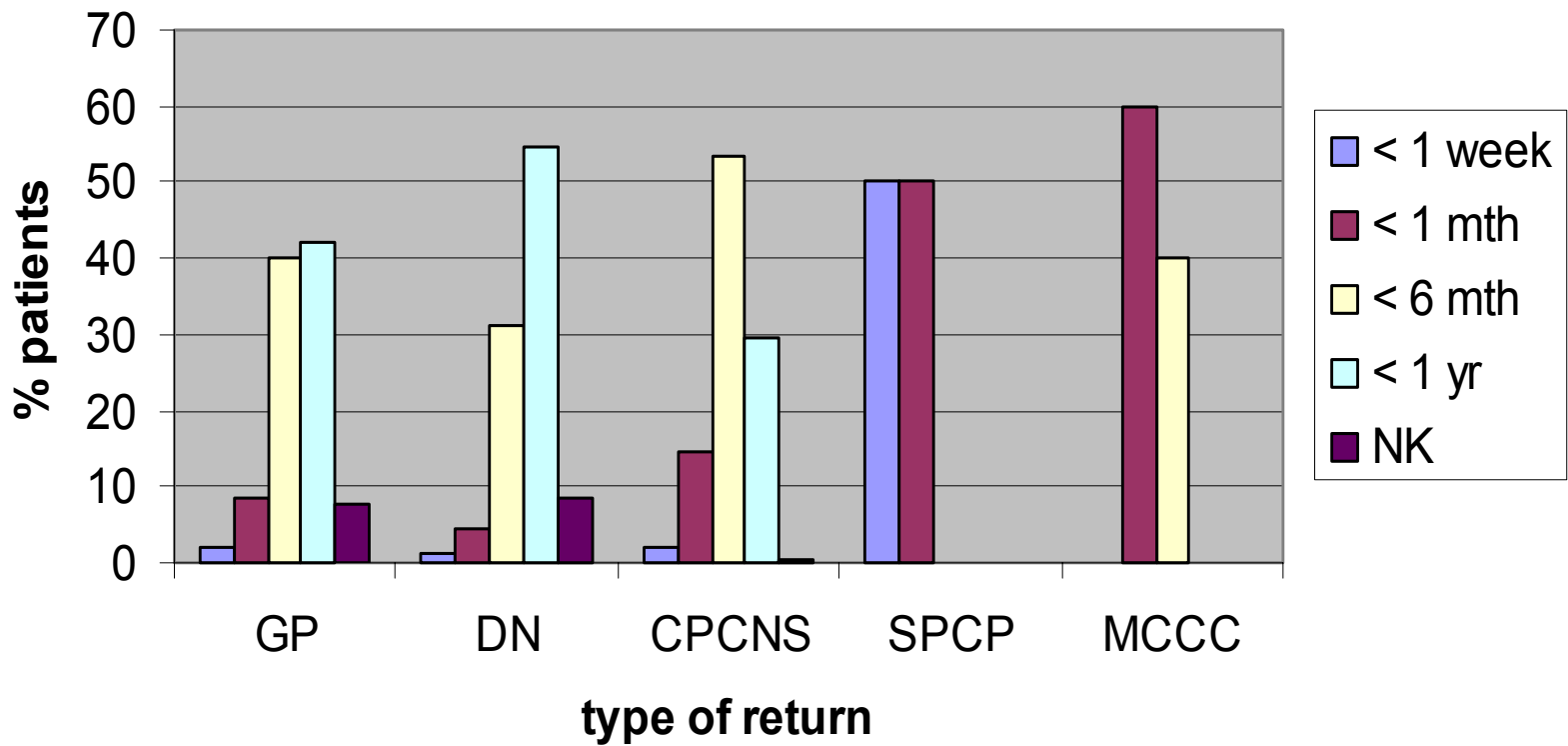
Diagnosis

% Patients with each diagnosis - by type of return



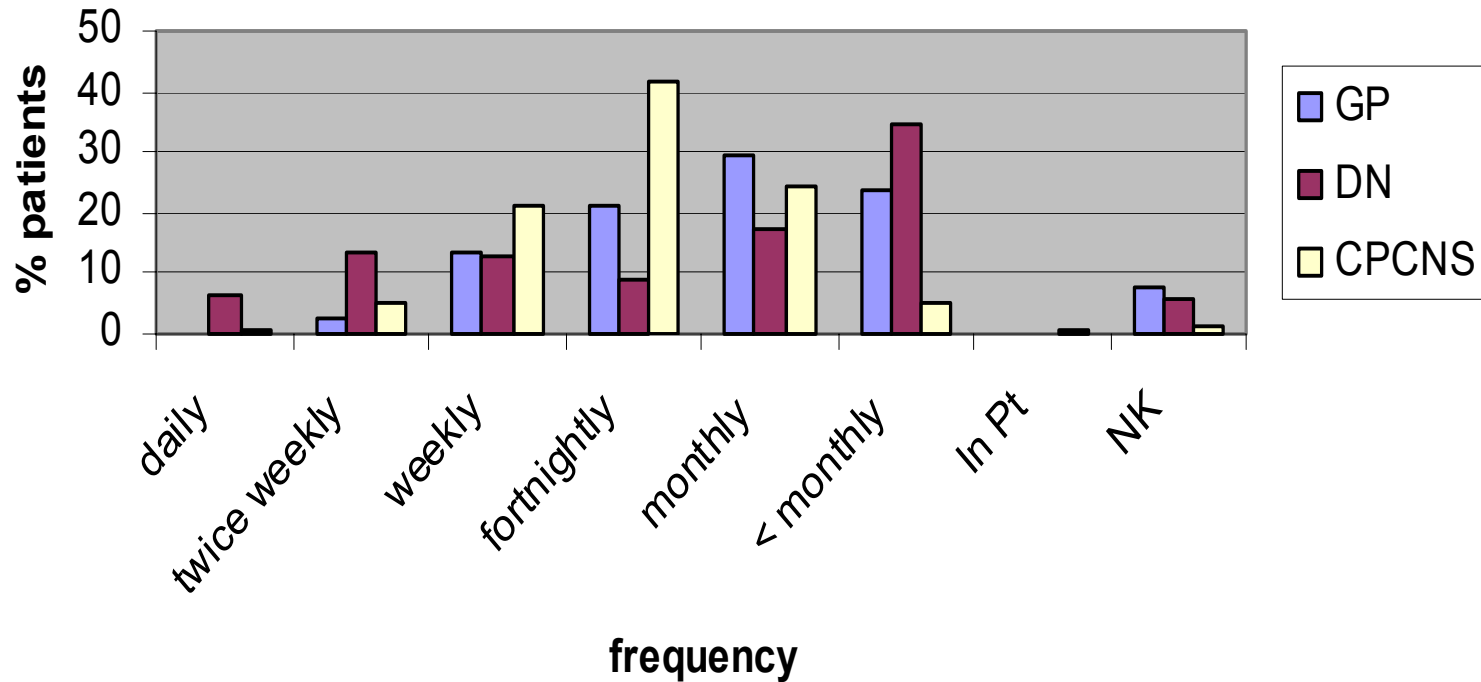
Prognosis

% Patients with each prognosis - by type of return



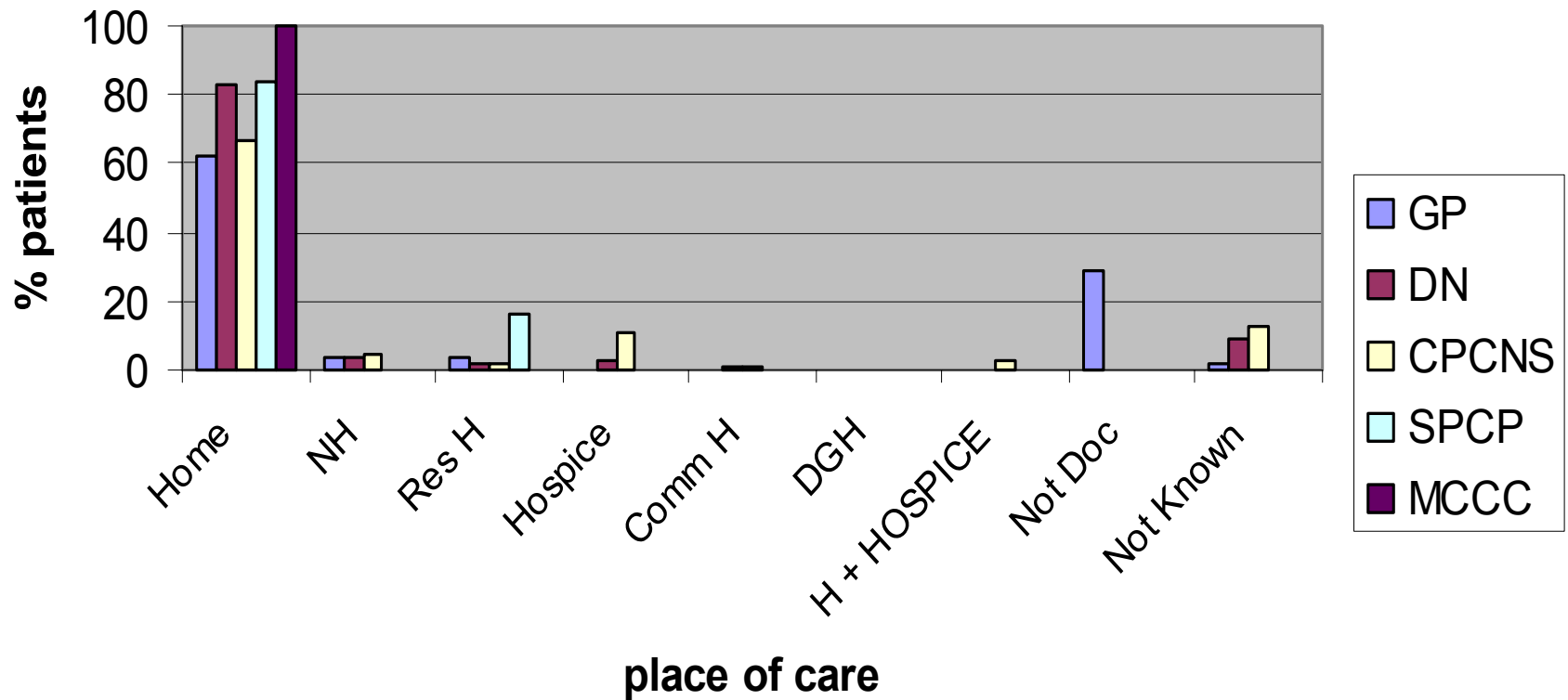
Frequency of patient visits by provider

Frequency of patient visits



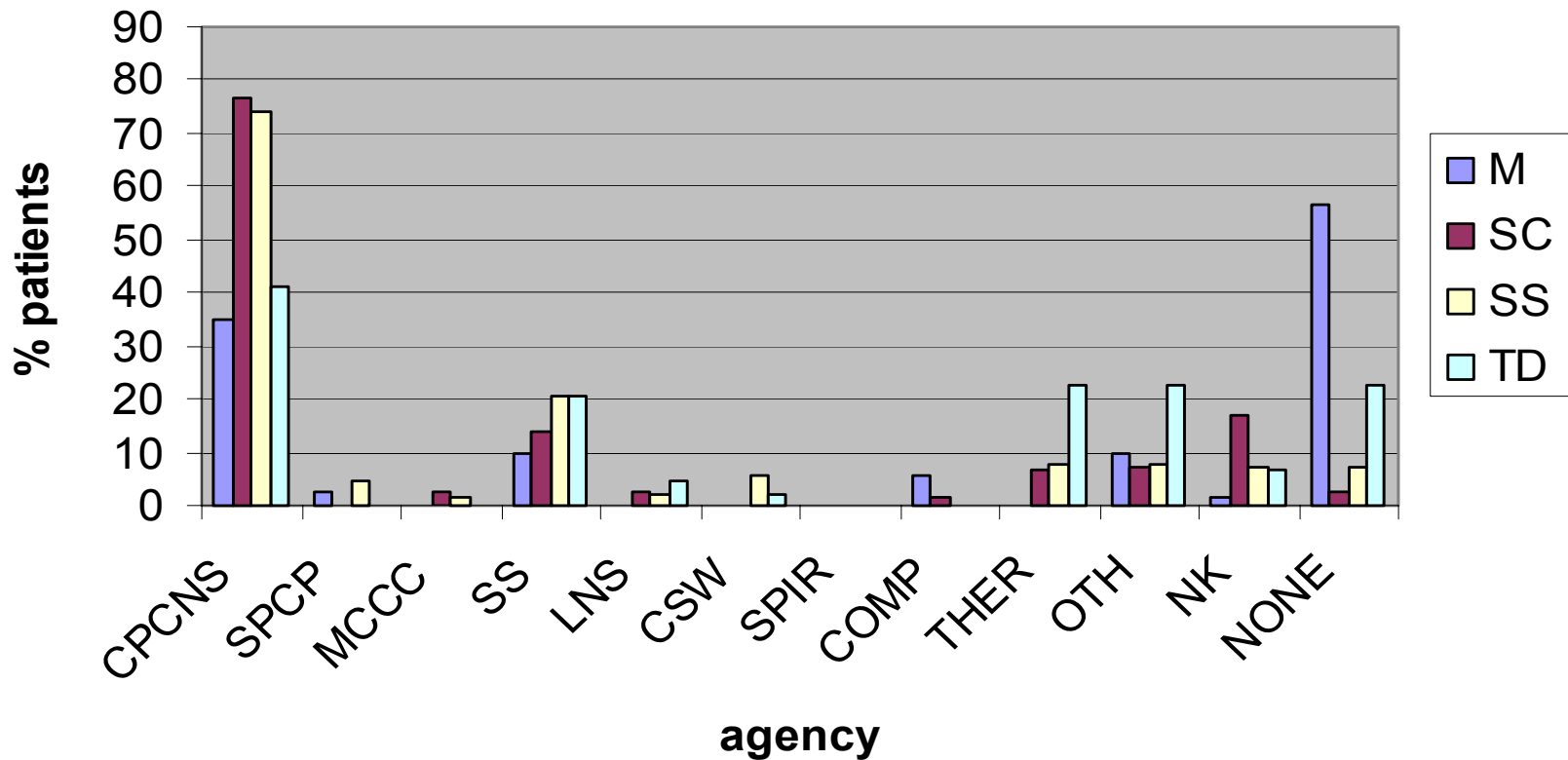
Preferred Place of Care

Patient's stated preferred place of care



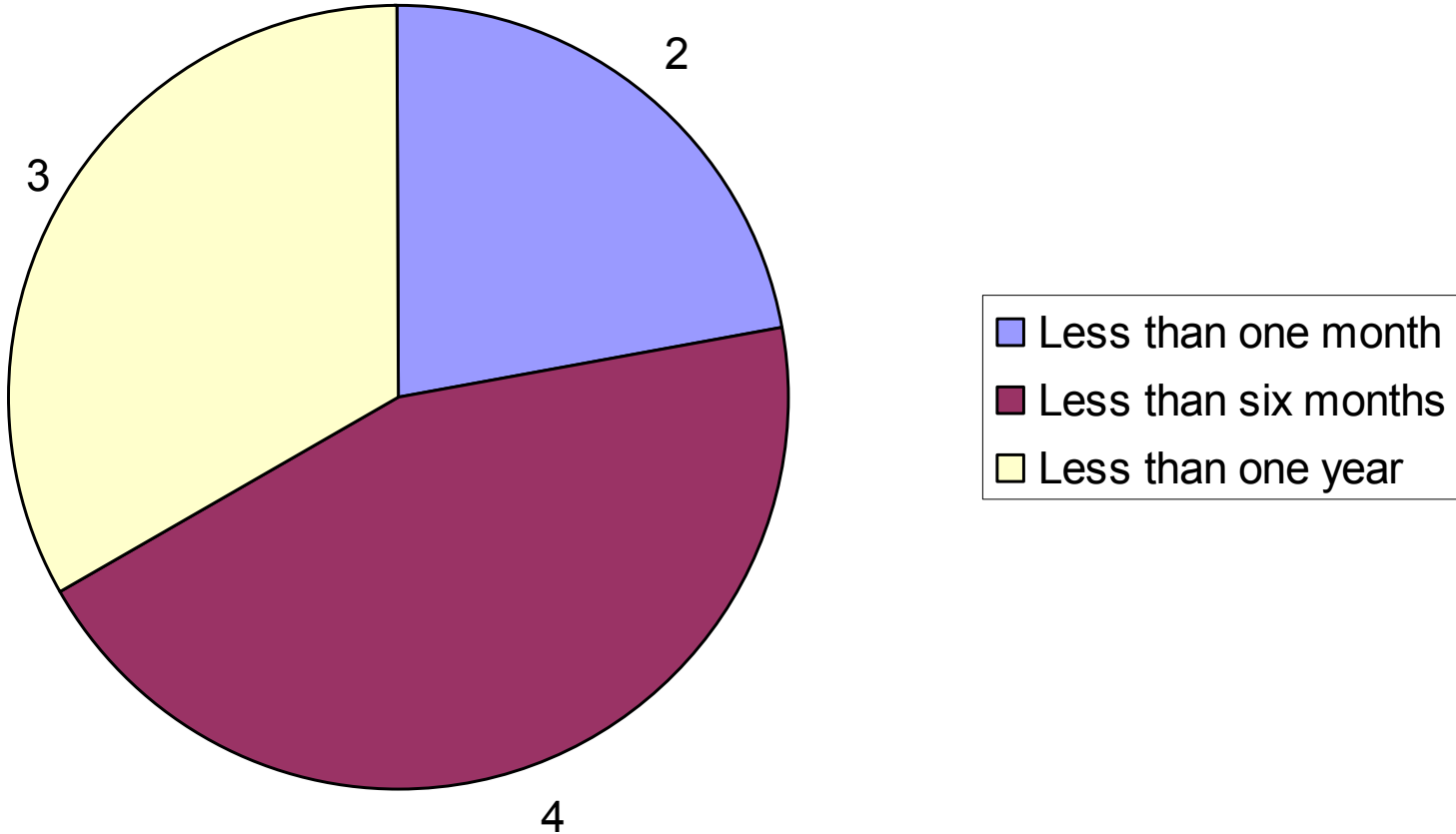
DN returns - other agencies involved

District Nurse Returns By Area - Others Involved In Care



Care from Spiritual Advisors was documented for 9 patients in total. These were all CPCNS patients and all had a cancer diagnosis. The prognosis for these 9 patients was as follows;

Provision of spiritual care -number of patients by prognosis



Key Issues

- Difficulty accessing data
- Sample predominately patients with cancer
- Preferred place of care = home
- Carer assessment and support
- Care planning in last month of life
- Spiritual care

Recommendations

- Continue to raise awareness that patients with a non-cancer diagnosis have palliative care needs
- Establish and evaluate care planning mechanisms for last month of life
- Development of a central, countywide GSF supportive and palliative care register
- Retrospective case note review of deceased patient sample to identify care planning

Recommendations

- Development of an educational strategy to raise awareness amongst palliative care providers of the importance of spiritual care and of the need to assess patients spiritual needs at the end of life.