

# Case Study: Bringing Palliative Care Home: Supporting Patients and Family Carers at End of Life

Our Experience in Bradford Districts & Craven CCG (BDC)

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# Right care today



## Teleconsultation

- Prison health care - 2007
- **Care at home** – 2010 and MyCare24 in 2019/20
- Nursing & residential care – 2011
- Supporting end of life patients - 2012

Electronic Patient Record

Registered Practitioners

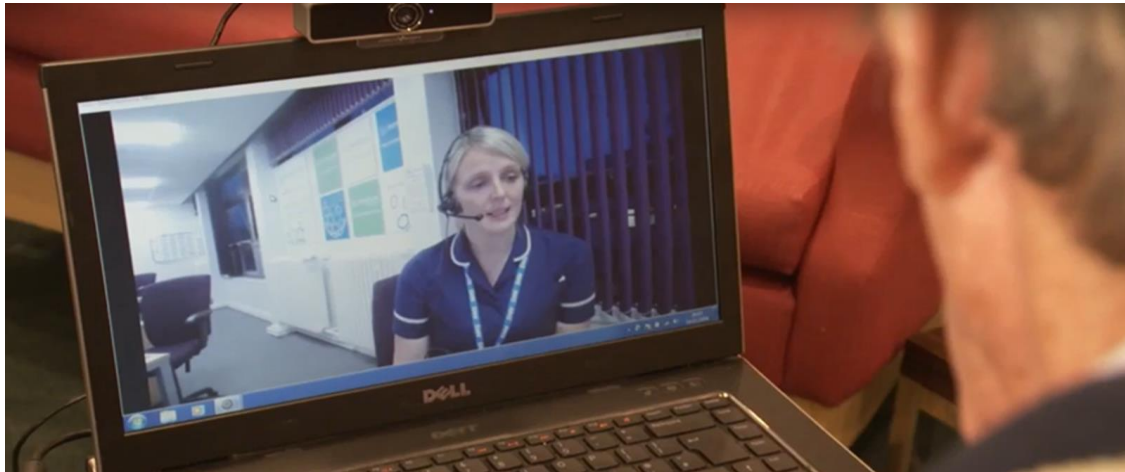
Video Assessment

## 24/7 clinical hub

improving patient experience

changing patient flow

reducing costs



# Airedale Digital Care Hub



Browser navigation bar showing URL: http://10.214.90.155/2Ring/DW/ClientWeb/#/anonymous/90bugs/fullscreen/noNavigation. Includes back, forward, search, and refresh icons. Tab titles include '2Ring DW - Band 3 Wallboard'.

## Band 3 Queues

12:00:42 PM

### Band 3 Waiting Calls

Queue Name	In Queue	LWC
Appointment_Request	 0	00:00
Training_Request	 0	00:00
Urgent_Consultation	 0	00:00

### Agent Stats 1/1

Agent	Handled	Talk Time	Ready Time	NotReady Time
Agent 30	7	00:54:36	02:59:09	00:13:49
Agent 31	7	00:45:00	00:29:12	00:00:00
Agent 32	4	00:43:01	01:19:44	00:13:15

Calls In Queue



Longest Wait Now

00:00

Calls Abandoned

0

Abandon Rate

0.0%

Calls Handled

18

Calls Offered

20

Agents Logged In

3

Agents Ready

3

Agents Not Ready

0

Agents Talking

0

Ave. Time to Answer

00:08

Longest Wait Today

00:40

Browser address bar: <http://10.214.90.155/2Ring/DW/ClientWeb/#/anonymous/lg68rh/fullscreen/noNavigation>  
Browser tabs: Home, NHS England » NHS Digita..., 2Ring DW - Band 6 Wallbo..., 2Ring DW - Band 3 Wallbo...

## Band 6 Queues

11:59:34 AM

### Band 6 Waiting Calls

Queue Name	In Queue	LWC
FollowUp_Appointment		00:00
Multiple_Patient_Queue		00:00
Single_Patient_Queue		00:00

### Agent Stats 1/1

Agent	Handled	Talk Time	Ready Time	NotReady Time
Agent 16	3	00:20:48	00:04:17	00:00:00
Agent 6	3	00:19:18	00:00:32	00:00:00
Agent 17	3	00:16:53	00:17:15	00:00:00
Agent 5	3	00:16:38	00:22:13	00:00:00
Agent 7	2	00:22:04	00:00:00	00:03:52
Agent 3	1	00:19:50	00:14:59	00:00:00
Agent 1	1	00:01:01	00:23:18	00:00:00

### Calls In Queue



### Longest Wait Now

00:00

### Calls Abandoned

0

### Abandon Rate

0.0%

### Calls Handled

30

### Calls Offered

30

### Agents Logged In

7

### Agents Ready

6

### Agents Not Ready

1

### Agents Talking

0

### Ave. Time to Answer

00:41

### Longest Wait Today

05:18

# Setting the scene

- Approx. 1% population die each year

We need to identify people who are approaching the end of their lives because....

- Identification leads to opportunities for care planning and improves outcomes
- Skilled communication is required
- Most people would prefer to die at home but many still die in hospital

# Gold Line

- Developed in 2012
- Health Foundation Shared Purpose program grant, now commissioned by CCG
- Co-designed with patients, carers and wide range of health professionals
- Launched for AWC CCG initially then spread to include Bradford CCGs – Now Bradford Districts and Craven



# What is the Gold Line

- 24/7 service for any patient thought to be in the last year of life and their family/carers
- Linked to entry onto [Gold Standards Framework](#)
- Mostly a telephone service with video-consultation if required
- Serves 500,000 population
- Offered to all people identified as in last months/year of life (approx. 3750 people on caseload at any one time)

# How does it work?

- Patients identified in community/care home/hospital
- Professional has sensitive conversation, explains aims of GSF
- Seeks consent for being part of GSF, Gold Line and to share record
- Gold Line leaflets and sticker given
- Electronic referral using EPaCCS template
- Hub receives task on SystemOne, accepts referral and adds patient to GL caseload



# Part of a whole system

## Key elements:

- Professionals identifying, talking to and referring patients
- Health record and EoL information available to all at the point of call
- Responsive community services (nursing, medical, ambulance, hospice, pharmacy, specialist palliative support)
- **ONE** number for all 24/7

# Alan



- Aged 85
- Advanced pancreatic cancer
- Declined treatments
- Lives alone, remote farm in Yorkshire Dales
- Daughter moves in to support

# Alan's priorities

- To have his preferences for care respected
- To be free of pain and troublesome symptoms
- To stay in his familiar surroundings
- To spend time with his daughter, Katie
- Not to need to attend hospital appointments
- Privacy and dignity

# Challenges

- Remote place making visiting very time consuming for professionals
- Lengthy delays waiting for professionals to manage any symptoms
- Alan is private and doesn't want a lot of people in his home
- Katie wants to be her Dad's main carer but needs support to do this

# What happened

- Alan given iPad for urgent problems 24/7
- He and Katie used this for advice and support from senior nurses in the hub
- Hub called other services as needed - but continued to support remotely while they were waiting
- Injectable medicines prescribed and left in a 'just in case' box with syringes etc. (Gold Box)
- Daughter taught to give injections
- Hospice team could also contact them via iPad



- Katie called the hub via ipad if he became restless or was in pain
- Hub nurse assessed Alan and advised on medication
- Supported Katie to give oral medication or an injection and checked back with her that it had been effective
- Alan died peacefully in his own bed
- Katie felt empowered and supported to fulfil Alan's wishes



# What Katie said:

*'The 24 hour a day support via the iPad meant that both Alan and me, his carer, knew he could have medication for distressing symptoms as soon as he needed it, and in fact this was needed several times in the last few days of his life.*

*Being able to talk things through at any time of day or night with a nurse, and have their confident help meant that we both felt well cared for and supported.*

*Alan had the dignified and peaceful death he wanted, in his own bed, on one of the most remote farms in England'*

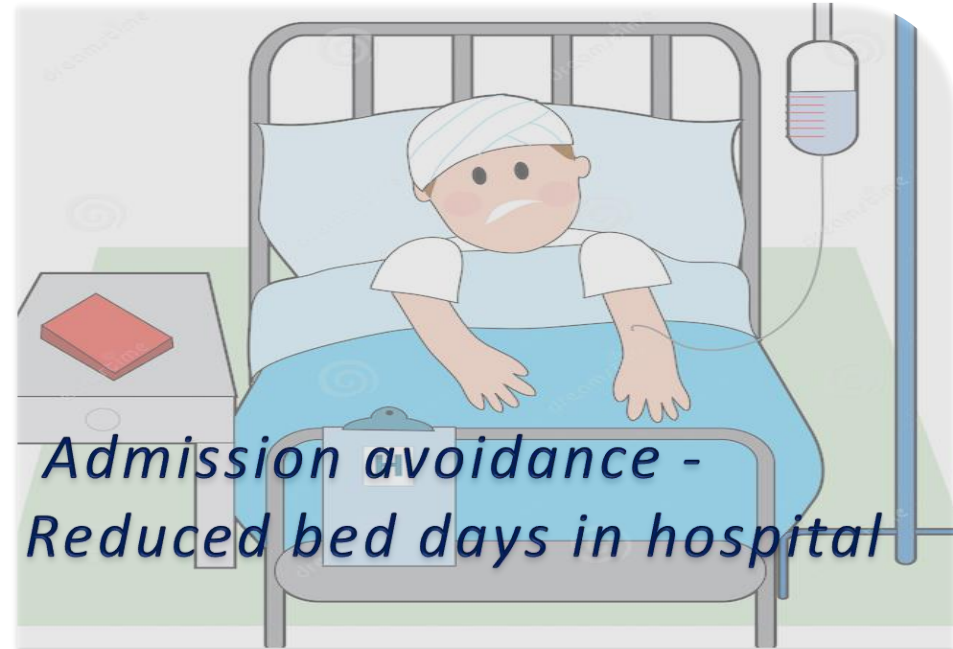
# Key Values



# Key Aims



*Increase people dying in their preferred place*

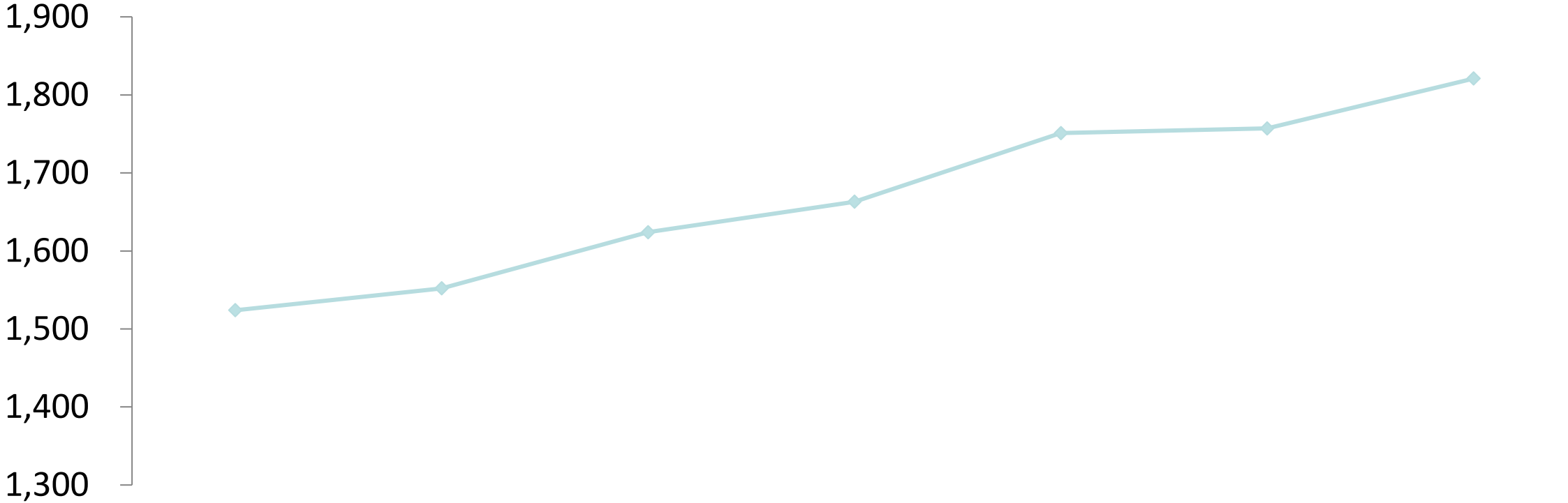


*Admission avoidance -  
Reduced bed days in hospital*

*Improved patient and carer experience*



# Number of Patients Registered



Total number of referrals in **2018/2019** = 3,079

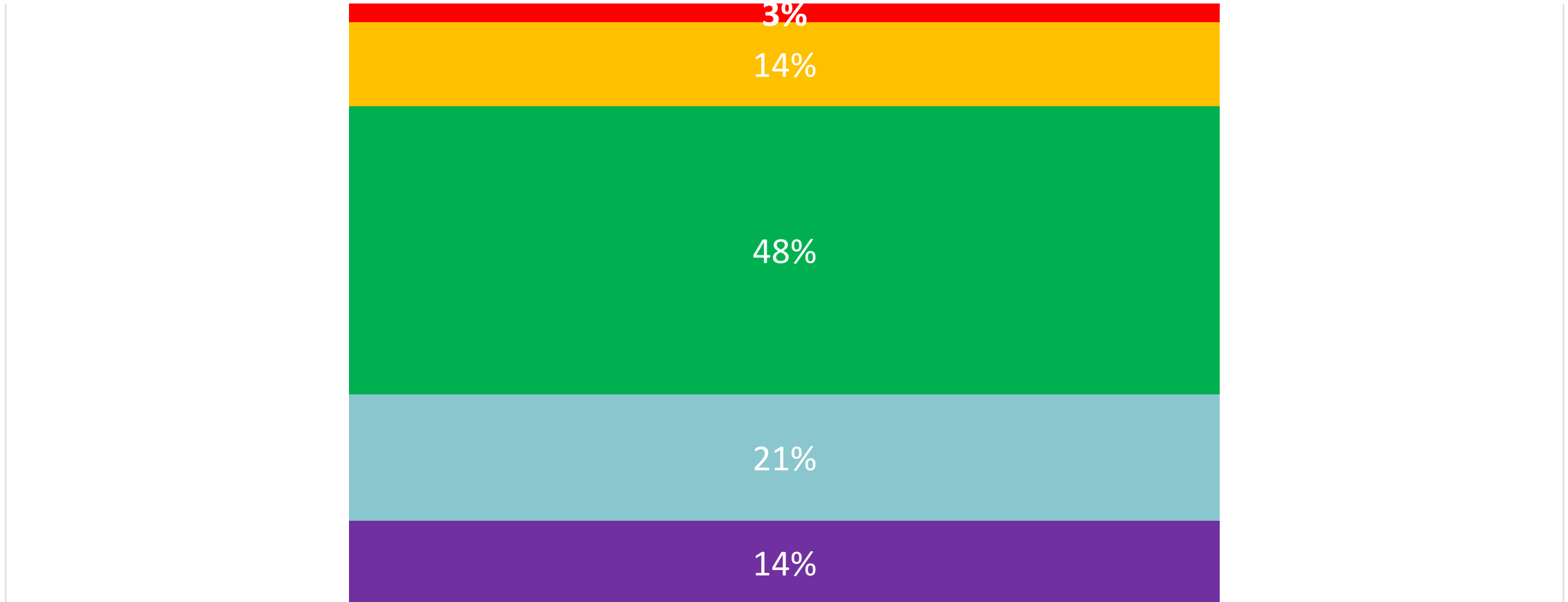
Female = 1,720 (56%); Male = 1,359 (44%)

57% of the patients referred to Goldline had a non-cancer diagnosis

41% of the patients referred to Goldline have never had a referral to specialist palliative care services

# Gold line prognostic codes

■ No code reorded ■ Blue ■ Green ■ Yellow ■ Red



1

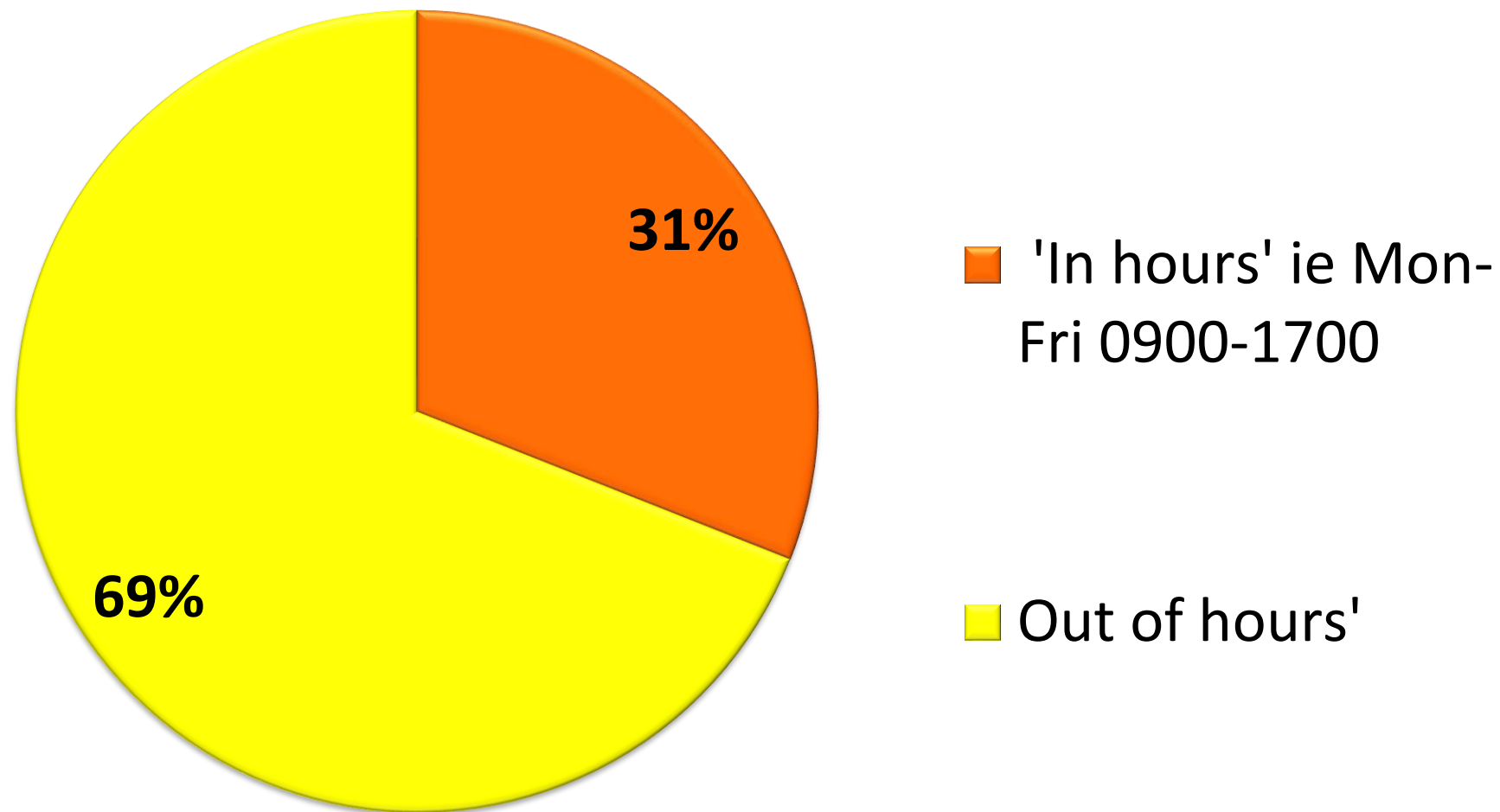
# April 2018- March 2019

- 3079 patients referred
- 2354 deaths
- 14,841 calls regarding 2379 individual patients

## Number of days on Gold Line before death:

- Range 1-915 days, Median 56 days, Mean 119 days
- 8.55% were on Gold Line for more than 12 months
- 0.6% were on caseload for more than 24 months

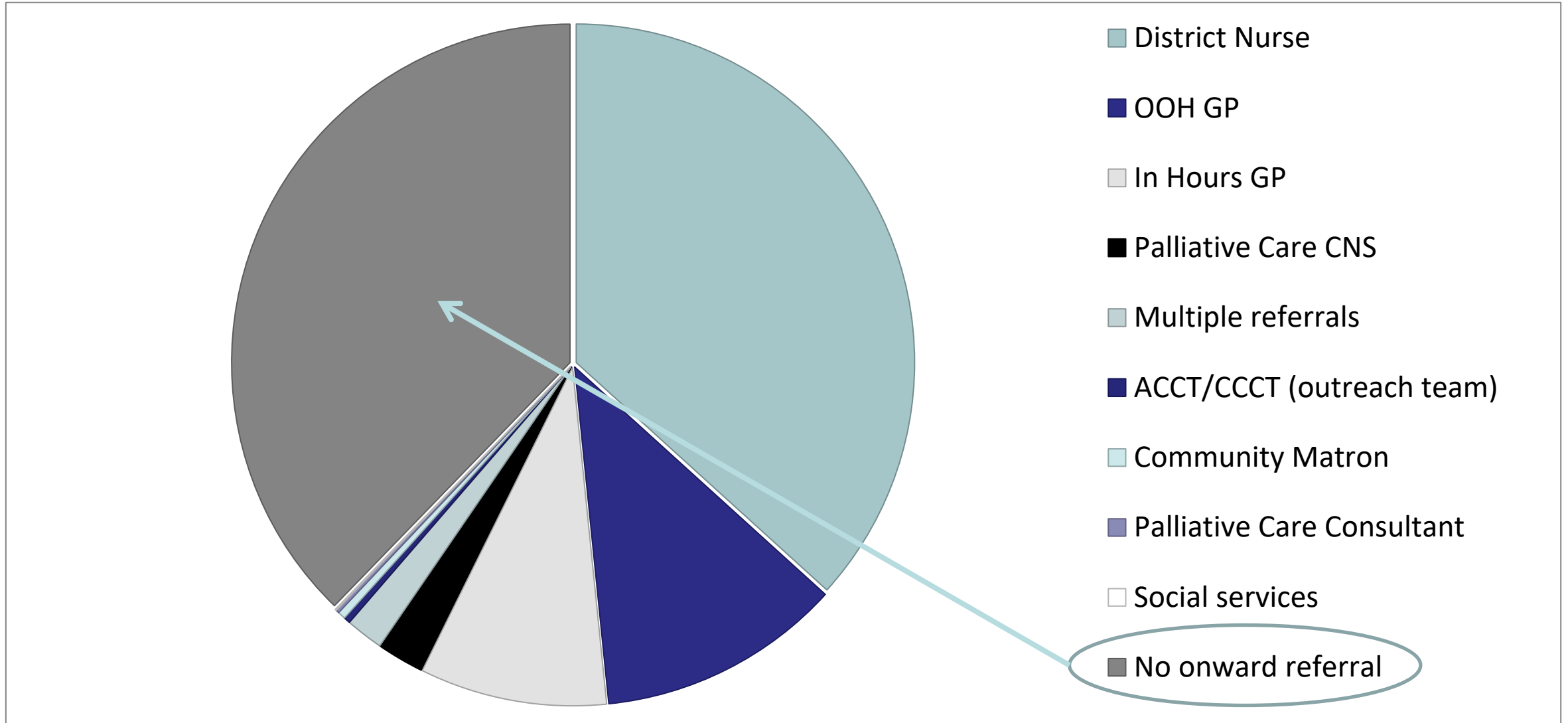
# Times of calls



# Call Outcomes

Patient remained in place of residence	96.94%
Admitted to Hospital	0.28%
Admitted to Hospice	0.19%
Referred to Emergency Department	1.71%
Ambulance called to assess	0.77%
Other/not recorded	0.11%

# Onward Referrals

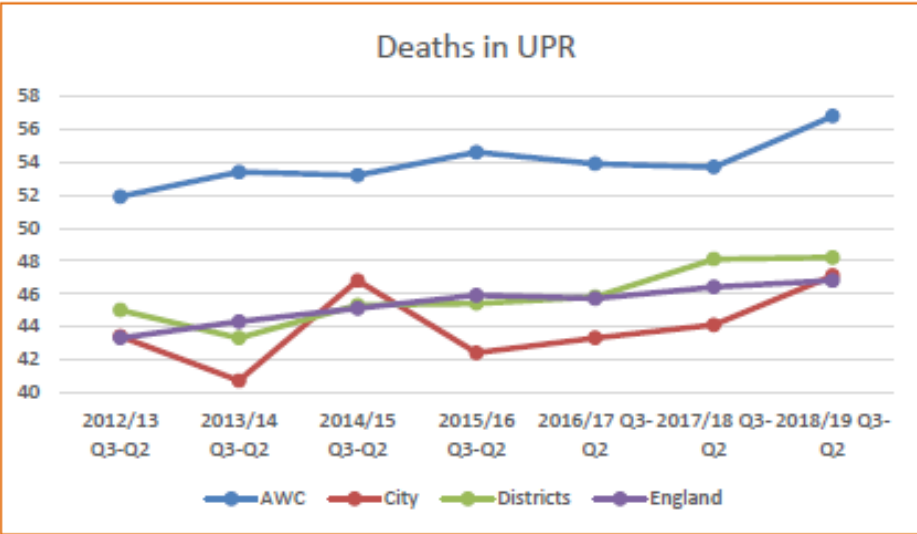
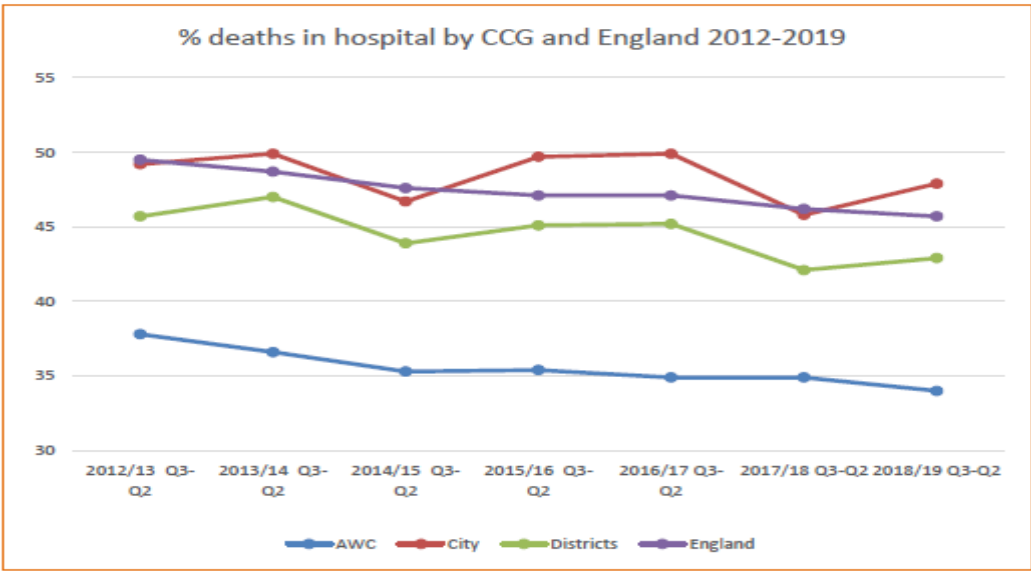
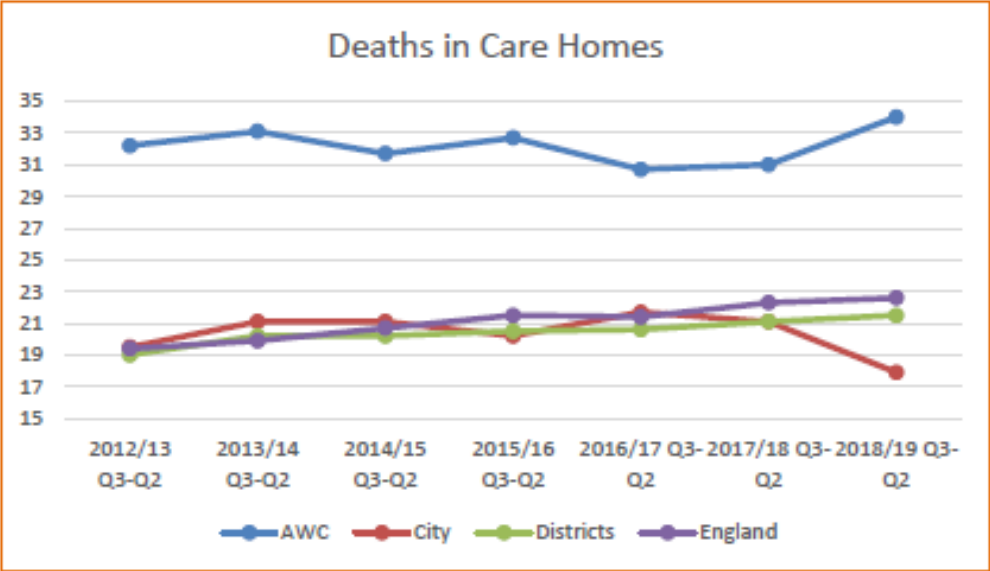


# Place of Death

- 2354 patients with GL died in the year ending March 2019
- 2318 had place of death recorded and available to us
- 1293 had a PPOD documented and 954 (74%) achieved this

PoD	Gold Line 2015/16	England (2015)	Gold Line 2017/18	England (2018)	Gold Line 2018/19	England (2019)
Home	34%	23%	38%	23%	31%	23.7%
Care Home	25%	22%	35%	23%	37%	22.5%
Hospice	24%	6%	13%	6%	15%	5.8%
Hospital	14%	48%	14%	46%	17%	45.5%

# Place of Death



# Governance / Quality

- Consultant audit of all calls (2 months)
- Call management system including recording calls
- Nurse consultant and hub manager listens to a number of calls each quarter
- Health professional feedback forms
- Patient feedback

*“the iPad is invaluable for me...when there is an aspiration panic and I can't breathe ... It sounds silly, but even something to distract my attention, saying “oh, I'll ring the iPad” and I can say “I can't breathe.”*

*And they can **physically see how bad I am breathing**, it's not just on the phone hearing you, they can physically see ... if I go to bed I can just sit up and just chat and even if I feel breathless a bit I can just ring up and say **“I'm a bit breathless today. Can we have a chat?”***

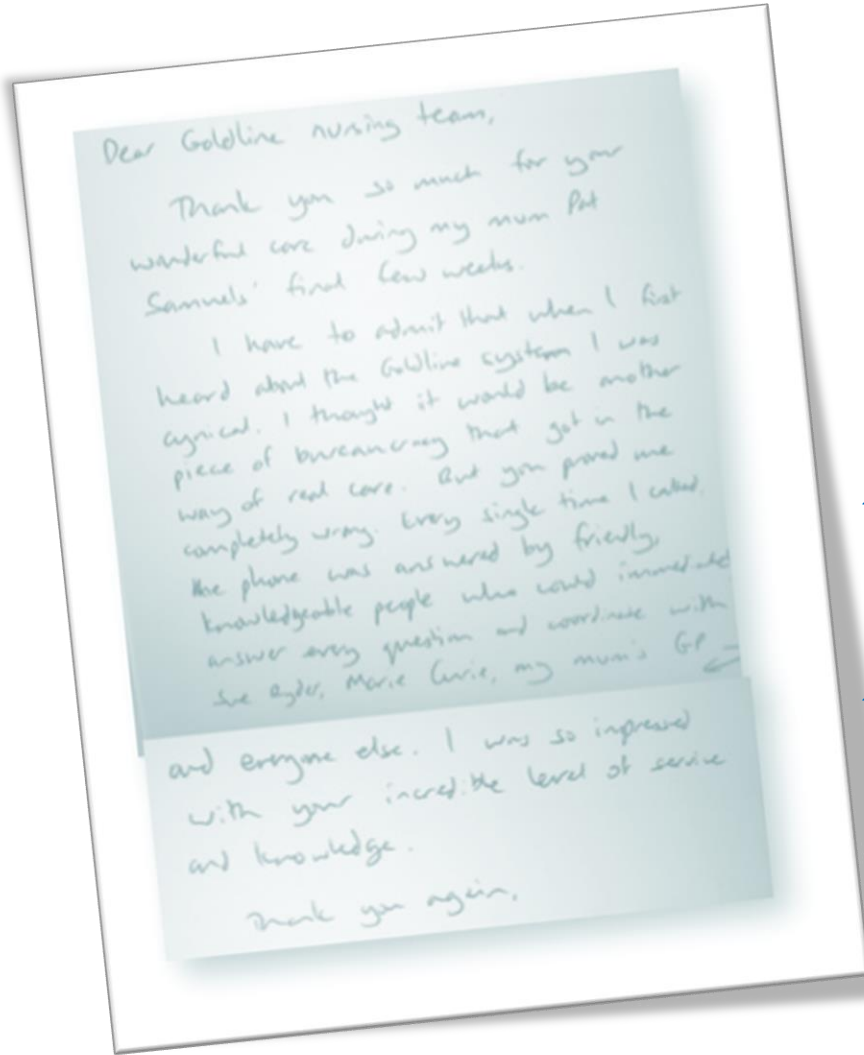
*You know there's someone there, at the end of that, that answers straight away. It's amazing, it's made my life a heck of a lot easier. It really has, it's invaluable to me, it really is. **Priceless, it is** ”*

*'You get used to seeing the same faces and you bond with them, because they're always there when you're poorly, and they reassure you, so you get a bond with them. You feel safe with them, you know? **And my records are all there in front of them, so they know who I am, they know what I'm on, they know what I take, I don't have to explain it to every single person I speak to, they already know'***

# Simplicity

*“I did have a pile of stuff from the palliative care team, and we had things from the hospital, and drugs and things, and I did briefly think “Gold Line what? What is the Gold Line?” But then the name is quite handy, in that it does sort of stick in your head, and it instantly kind of makes you think...I got piles of information from all over the place, **but that one phone number was fantastic.**”*

# Letters



*Dear Gold Line team,  
Thank you so much for your wonderful care during my mum's final few weeks.*

*I have to admit that when I first heard about the Gold Line I was cynical. I thought it would be another piece of bureaucracy that got in the way of real care. But you proved me completely wrong.*

*Every single time I called, the phone was answered by friendly, knowledgeable people who could immediately answer every question and coordinate with Sue Ryder, Marie Curie, my mum's GP and everyone else.*

*I was so impressed with your incredible level of service and knowledge.*

*Thank you again*

# Going forward....

- Video consultation more widely available - cheaper, using patients own devices
- Expanding to people with frailty, complex needs, COPD – not in the last year of life (MyCare24)
- Improved mobile connectivity



# Gold Line Service

<http://www.health.org.uk/gold-line>

 Return to the Health Foundation

The Power of People



Gold Line  
Bringing health care home

“ As soon as you got through you were talking to somebody who was there to care for you and help you.

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