

Improving Communication Between GPs and 'Out of Hours' Teams in Terminally Ill Patients

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Senior Registrar Presentation

The background features several decorative elements consisting of concentric circles in shades of blue, resembling ripples in water. These circles are scattered across the lower half of the slide, with one prominent circle in the bottom center and others to the right and bottom right.

Project Idea – Palliative Care

- Time spent between General Practice (Claremont Surgery) and the Thames Valley Hospice.
- Time spent with Rosemary Martin – Palliative Care lead in the PCT (Community palliative care).
- Project with the East Berkshire Out of Hours team – improving communication.

Aims and Objectives

- To become efficient at symptom control – controlled drugs, adjuvant treatments.
- Knowledge of local resources.
- Treating terminal patients from an holistic approach.
- Improve communication therefore benefiting the patient and the PCT.
- Develop team working and change management skills.

Hospice Component

- Dr Robert Shaw –Medical Director.
- 2 days a week
- In-patient care –symptom control, holistic approach.
- Day-patients – transfusions, pamidronate.
- Alternative therapies
- Multi-disciplinary meetings
- GPwSI role at Wexham Park Hospital.

Project

- 'Improving communication between GP's and 'Out of Hours' teams in terminally ill patients.'
- Sandy Davis –Clinical Governance lead.
- Pilot project – based in Wokingham.
- Use skills from the hospice to determine which aspects are most important.

GP Component



- Claremont Surgery, Maidenhead.
- 2 days.
- Routine surgeries and 'urgent' clinics.
- Palliative care meetings –new QOF area.
- Practice management.
- Chronic disease management – QOF lead.

Rationale

- Personal eg OOH experience, training.
- Shipman – controlled drugs.

- National Level
 - -At home unlikely to receive OOH care from Dr they know. Therefore good communication essential.
 - Cancer care – National Service Framework.
 - NHS Cancer Plan.
 - NICE Guideline 2004

NICE Guideline

- Each Multidisciplinary team or service should implement processes to ensure effective inter-professional communication with teams and between them and other service providers with whom the patient has contact. Methods should be developed to promote continuity of care.

- White Paper 2006 –Community Care
- (Only 20% achieve wish of dying at home)
- BJGP 2006 – qualitative study. Lack of knowledge and time constraints leads to hospital admissions.

- Local Level:
 - - Palliative care PCT priority.
 - - Pilot scheme with OOH

Personal Implications

- Knowledge of symptom control, alternative therapies and local resources.
- More confidence in using controlled drugs.
- More knowledge Practice Management.
- Chronic disease management.
- Enhance team-working and leadership skills.
- Future – dip pall med, GPwSI

Implications for PCT

- Improve communication.
- Less hospital admissions.
- Money saved.
- More patient/family satisfaction.
- Better use of local resources eg hospice day unit.
- Future role working with PCT on palliative care issues.



Implications for NHS

- Meets White Paper targets of reducing hospital admissions.
- Save money.
- This money could be used towards other areas in the NHS.
- NICE , NHS Cancer plan, NSF
- Ageing population –future implication.
- Assisted suicide –good palliative care.
- Public confidence – Shipman.



“In this world nothing can
be said to be certain,
except death and taxes”

Benjamin Franklin 1706-90

(letter to Jean Baptiste Le Roy, 1779)

