

Update on Community Specialist Palliative Care (SPC) Service in Portsmouth

1. Introduction and Background

1.1. In June 2007 the Professional Executive Committee of the PCT approved the decommissioning of the SPC service from Hampshire PCT in order to re-commission a seamless service for patients that was integrated with the Community Nursing Team of its provider arm. The service began in April 2008 and provided the following improvements for patients in Portsmouth:

- 24/7 access for all patients, cancer and non cancer
- Choice of where patients are cared for or die
- Care for patients in their own homes
- Increased access for people from hard to reach groups

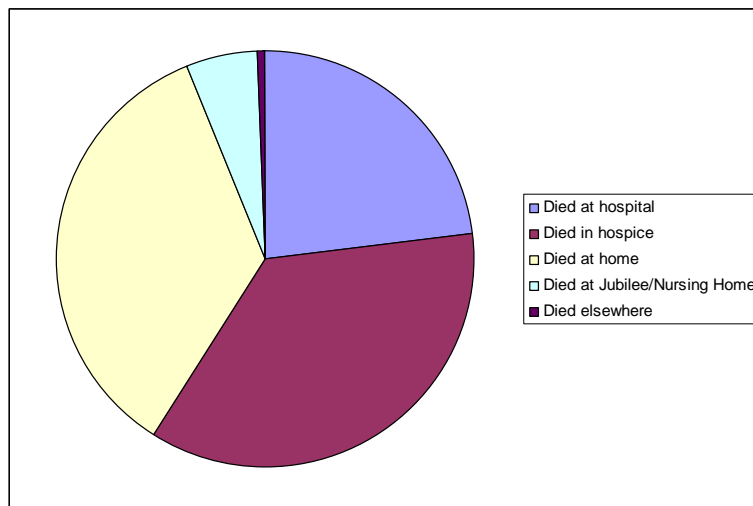
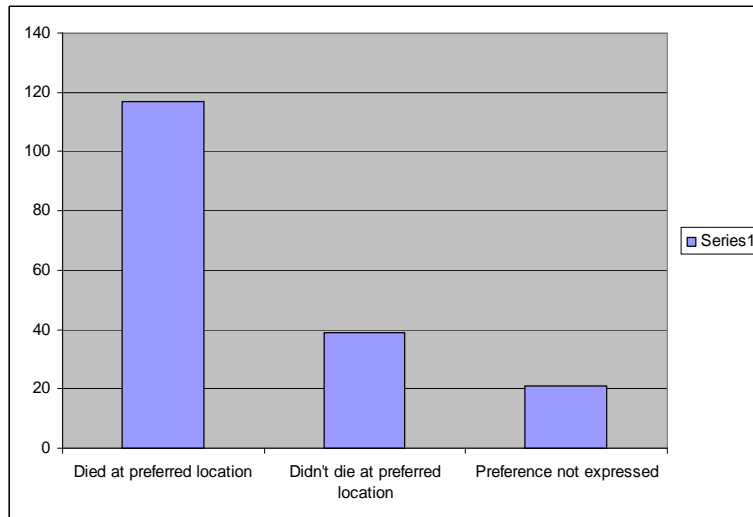
1.2. The service has now been operational for 15mths. Commissioning reviews have been held on a monthly basis to ensure that any issues/challenges that have arisen as the service developed, have been dealt with in a timely manner.

2. Current Activity

2.1. Since the service became operational in April 2008 there has been an increase in the number of people who have been able to be cared for or die where they chose to, with the support of the SPC team. In March 2009 93% of patients achieved their original preferred choice. The tables in 2.2 below indicate the number of people who have or have not achieved their preferred choice at the end of their lives and where they died.

2.2. Period from April 2008 – March 2009

It is likely that the 21 people who did not express a preference was because they were too ill to inform staff of their wishes, and did not have relatives/carers to speak for them. Those people who did not get their expressed choice could have been too ill to be cared for where they chose to.



3. Future Plans

- 3.1 The service is currently raising awareness within hospital and primary care services to ensure that everyone knows how to contact them when required. Leaflets will also be distributed to different areas across Portsmouth to increase awareness and raise the number of patients using the service.
- 3.2 Further work is required within hard to reach groups in the community to engage patients and relatives in the service; providers will be working with the Public and Patient Involvement Officer on this area.