

ENHANCING THE DAY THERAPIES SERVICE FOR PEOPLE WITH PALLIATIVE NEUROLOGICAL CONDTIONS



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Enhancing the day therapies service for people with palliative neurological conditions.

Summary

The current day therapies model for patients with palliative neurological conditions does not optimally support their needs. This project proposes an addition

The potential to increase productivity for NHS professionals by decreasing travel time by 1hr per week per patient seen at the hospice rather than at a home visit

These benefits, and others, are discussed further in a later section and presented in full in appendix 4.

The background and context of this project

This proposal is in response to managing the DTS for 2 years and identifying the specific needs that this group of patients have. However, it is also a way to address the aims in several

ability to swallow, make eye contact and speak. She sees Speech and Language Therapy at home.
Mr and Mrs J both

Pathways to Outcomes

The pathways to outcomes model below explain the inputs, outputs and outcomes for this proposed service.

Inputs:

- Direct
- Management set up - stakeholder engagement, questionnaires, learning how to conduct economic evaluation and writing proposal (£1,745)
- Additional clinical & admin staff: 0.55WTE (mixed band. £21,613)

- Carer respite
- Groups/activities/therapies tailored to emotional need and functional ability
- More individual time with staff (1hour extra of 1:1 time per session)
- Possible downward comparison [6]
- Enablement patients
- Increased time with staff for symptom management, emotional support and rehabilitation (0.4hours extra of 1:1 time per session)
- Less downward comparison [6]

Staff outcomes

- Anticipated decreased travel time for NHS professionals; increased productivity and efficiency
- Improved NHS/hospice multidisciplinary team (MDT) working
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References

1. Australian Karnofsky Performance Scale Australian Karnofsky Performance Scale - validated tool used to measure functional ability as part of the Outcome Assessment and Complexity Collaborative (OACC)

<https://images.app.goo.gl/Mdtzv2wxGThuWr9t5>

Accessed on 7/11/19

2. Scottish Government (2015) Action in palliative and end of life care strategic framework.

<https://www.gov.scot/publications/strategic-framework-action-palliative-end-life-care/pages/7/>

Accessed on 17/11/19

3. Supranuclear Palsy Support Association Pathway of Care for PSP (2018)

<https://pspassociation.org.uk/app/uploads/2018/06/PT009-13-6-Pathway-of-Care-10-6-2018.pdf>

Accessed on 17/11/19

4. National Institute of Clinical Excellence guideline 42 (2016). Assessment and Management of Motor Neurone Disease

<https://www.nice.org.uk/guidance/ng42>

Appendix 1: Set up costs

Identify	Additionality and Apportion	Full costs
60 hours of band 7 time (running total kept of how many hours I have spent on this)	100% additionality have been paid for these extra hours Attending RCN course, conducting survey monkey and interviews, writing up project	£29.91/hour x 60 hours £1793 (Salaries and on costs as provided by St)
Estimated 2 hours per week for 2 months before service commences to continue set up	0% additionality -inue set up	

Appendix 2: running costs of year 1 (2020-21)

Identify	Additionality	Apportion	Full costs (Salaries and on costs finance dept July 2019)
Catering for potentially 3 patients (others will have gastrostomies or bring own specialised diets)	0% additionality	Absorbed cost as kitchen already over-produces meals.	£0
Transport fuel for the hospice wheelchair accessible vehicle.	100% additionality	1 return journey of up to 30miles/week @42p/mile £12.60/week for 50 weeks	£630
Using volunteers instead of band 1 staff to provide additional support to assisted day	100% additionality	No travel claimed Training costs absorbed No recruitment costs	0.4WTE cost £0
An extra 0.2 WTE AfC band 2 auxiliary nurse/admin assistant (figures based on salary of current band 2 in DTS post)	100% additionality	inc 14% pension and 13.8% employer NIC Hourly total cost £12.40	0.2WTE cost £4,836
An extra 0.2 WTE AfC band 4 physiotherapy assistant (figures based on salary of current band 4 in DTS post)	100% additionality	inc 20.9% pension and 13.8% employer NIC Hourly total cost £15.50	0.2WTE cost £6,045

An extra 0.2 WTE AfC band 5 nurse (to be redeployed therefore current pay point unknown, so mid-point used, £26,303 and pension contribution on the basis of 10% additionality

Appendix 3: Structure of DTS

DTS is currently staffed 3 days per week; AfC band 7 physiotherapist/manager, a band 6 nurse specialist, a band 4 physiotherapy assistant and a band 2 auxiliary. 2 of the days are 'enabling days' and one day of assessments, outpatient reviews, family meetings, indirect patient contacts, home visits and management/administration.

On the 'enabling' days there are 2 volunteers. The volunteers have some manual handling training to assist people that can walk, but no specific healthcare training.

The service can see up to 12 patients each day and there is an aim to have no more than 2 assisted patients on each day. The 10 enablement patients attend for 12 weeks and to date, there have not been clear discharge plans for the assisted patients.

The proposed 'assisted' day staffing would be for AfC band 5 nurse, band 4 physiotherapy assistant and band 2 auxiliary with 3 volunteers trained in using the stand hoist and assisting people with meals and drinks. This day would have 6 patients per day who would attend fortnightly for 6 months initially. They would be reviewed by band 7 physiotherapist every 6 weeks and NHS staff regularly throughout first 6 months. They then may be discharged or move

Appendix 4.1: Quality benefits – ‘Assisted’ patients (AKPS 20-40%) and their families

Benefit type	Additionality	Do you have own data for value of benefit?	Are you able to express it in terms of service use / time spent?	Are there proxy data published elsewhere/ whatoxy
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Appendix 4.2 Quality benefits - 'Enabling' pts (AKPS 60-80%)

Benefit type	Additionality	Do you have own data for value of benefit?	Are you able to express it in terms of service use / time spent?	Are there proxy data published elsewhere/ what are next steps?
Increased time with staff	Increased senior clinical staff time for patients with complex advanced care planning needs, or complex oncology/respiratory physio needs	Currently 9hours of staff time (16-7 for neuro patients) divided by 10 patients=0.9hrs each. New service:16 hours of staff time per session divided by 12= 1.33hours each	Each patient would have an increase of 0.4hrs per session for symptom management, medicine reviews, fatigue and breathlessness management	The Safer Nursing Care Tool recommends staff to patient ratio of 0.99 WTE nurse to bed for this patient group

Appendix 4.3 Quality benefits - staff

Benefit type	Additionality	Do you have own data for value of benefit?	Are you able to express it in terms of service use / time spent?	Are there proxy data published elsewhere/ what are next steps?
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Appendix 5 Innovation benefits – staff

Benefit type	Additionality	Do you have own data for value of benefit?	Are you able to express it in terms of service use / time spent?	Are there proxy data published elsewhere/ what are next steps?
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Appendix 6.1

Appendix 6.2 Productivity benefits – St Columba’s Hospice

Benefit type

