Gold Line Service- Year End Report April 1st 2014- March 31st 2015

Introduction

Aims of Gold Line Service

The Gold Line is for anyone who meets the eligibility criteria for the Gold Standards Framework, i.e. any person thought to be in or approaching the last year of life The service has been provided for the population of Bradford, Airedale, Wharfedale and Craven since 1 March 2014 (approx. 500,000 people with 4313 deaths per year (data from ONS/NHS intelligence network, Oct 2013-Sept 2014- Airedale Wharfedale and Craven (AWC) CCG 1544 deaths, Bradford Districts CCG 2576, Bradford City 194)

The development of the Gold Line telephone service aimed to provide one point of contact for patients and their carers to be able to access help, advice and onwards referral to whatever service is needed, 24 hours a day, seven days a week, to support them in their preferred place of care wherever possible. Expecting that during normal working hours patients will continue to contact their primary care team, but that the Gold Line service will considerably improve their care out of hours.

A crucial element of the contact for support by patients and carers is that the Gold Line team access the electronic patient record on systm1 to inform and enhance care advice, specifically information recorded within our local Electronic Palliative Care Coordination System (EPaCCS) via a dedicated palliative care template. One of the recommendations from the Airedale NHS Foundation Trust Bereaved Relatives Survey; report 2012/2013 was to improve the use of electronic systems to access or record preferred place of death where known. Preferred place of death is one indicator used nationally to measure outcomes for people approaching end of life. The End of life Care Strategy (DH 2008) identified a key aim was to enable more people to die in the place of their choice, this has remained a targeted measure of meeting preferences of patients and improving care at end of life.

The End of Life Care Strategy: quality markers and measures for end of life care (DH 2009), the associated End of Life Care Quality Assessment Tool (ELCQuA) and NICE Quality Standard (QS 13) (NICE 2011) with 16 Quality Statements (update Oct 2013) define best clinical practice for people approaching end of life care. They detail the range and quality of care provision and clearly span many elements of holistic person centred care. The same range of elements should be considered by health professionals and commissioners when focusing on measuring outcomes and progress evaluation.

The EPaCCs (Electronic Palliative Care Coordination system) end of life template on systm1 used across health care providers in AWC and Bradford CCG footprint enables holistic care goals to be recorded and accessed.

Service Development

The service was initially funded for patients identified as possibly being in last year of life (GSF needs based prognosis code Green, Amber of Red) and registered with a GP within AWC CCG from 1st November 2013. Following further negotiation with Bradford CCG's the service was extended and offered to patient registered to GP's in Bradford CCGs from 1st March 2014. The service has been commissioned across AWC and Bradford CCG's for financial year or 2015-2016.

Referral Process

Patients who are identified as possibly being in last year of life for inclusion on a GSF register can be offered the Gold Line Service. They need to consent to being part of the Gold Standards Framework and to allowing health care

professionals to access their electronic patient record if they telephone to use the support service. This consent is taken verbally and recorded on their EPaCCS template. Patients and/or carers are given written GSF and Gold line information which includes a sticker with the Gold Line telephone number.

Referral to the Gold line service is set up within the EPaCCS template of Systm 1, this makes the referral quick and simple for professionals. All primary healthcare teams in the 3 CCGs, palliative care services and 1 of the acute hospitals use Systm1. Within the acute hospitals, care homes and community hospitals, most referrals are sent by secure fax. In Airedale hospital and its sister community hospital, an increasing number are sent via system1, the aim is to have all referrals sent this way by the end of 2015.
The Gold Line team receives the referral as an electronic task and registers the patients to Gold Line.

Training and information is being delivered to Care homes regarding identifying residents who should be considered for GSF and offered Gold Line. This can be completed by the care home team only following discussion and agreement with the resident's primary healthcare team, and consent of the resident or as a best interest decision.

Regular multi professional GSF meetings in the community enable care management and forward planning to be reviewed, taking account of patient preferences and advance care planning (ACP) discussions. Training with clinical and admin practice teams have supported increased use of reports from EPaCCs records during these meetings. This helps teams focus on anticipating and documenting the needs of patients and their carers including if the patient has been referred to Gold Line.

Activity Reports –all figures relate to the period 1.4.14-31.3.15 unless stated

Referrals

Total number of patients referred to Gold Line over the 12 months of this report = 4648 patients (all CCGs),

Number of days on caseload prior to death

1393 Gold Line patients died in the period April 1st 2014 - March 31st 2015 (all CCGs)

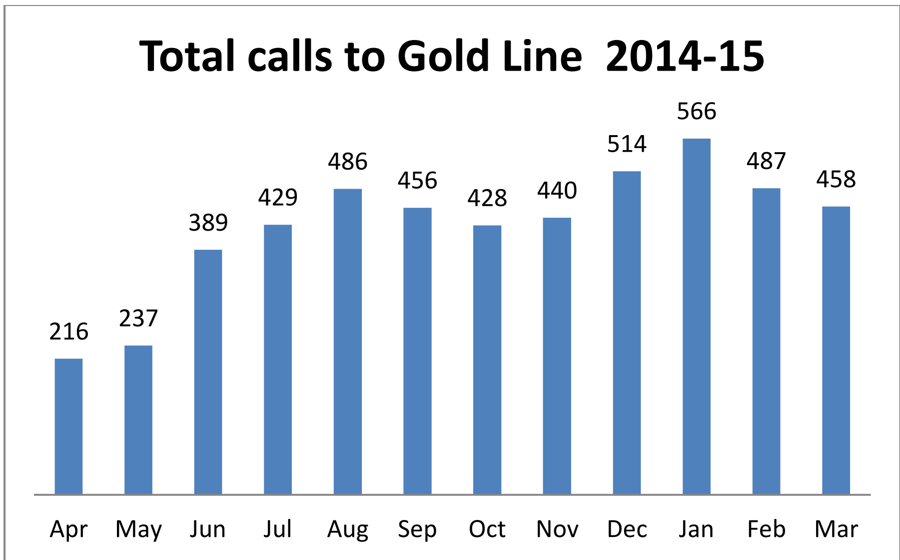
- Minimum number of days on caseload = 1 day
- Maximum number of days on caseload = 504 days (approx. 16 months) 29 of these patients were on caseload for over 12 months
- Median number of days on caseload = 49 days (7 weeks)
- Average number of days on caseload = 88 days (approx. 3months)

Number of calls

Calls volumes and outcome reports are run monthly. A call into the Gold Line is measured as one episode of contact, calls made to the Gold Line may require the Gold Line team to:

- contact a number of professionals for the same episode of care
- arrange onward referral to another service
- arrange admission to hospice, hospital or occasionally care home
- request ambulances
- follow up initial actions/advice – the team may re contact the patient/carer caller with an update or to assess response following advice/reassurance

A small proportion of calls are initiated by the Gold Line service.



Total number of incoming calls = 5106 (below are number of calls from CCG groups)

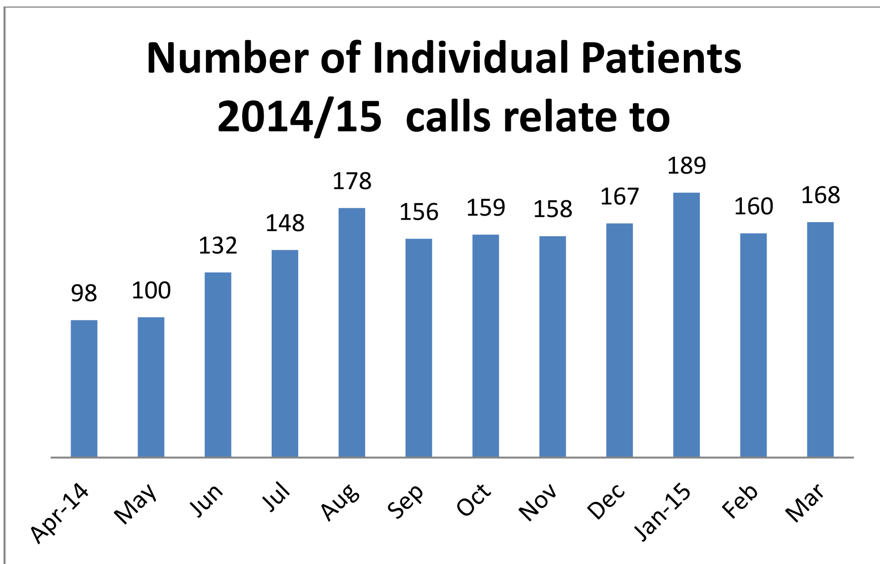
Bradford CCGs = 2841

AWC CCG = 2265 (573 via IPAD)

Number of patients the calls relate to:-

Subjectively it has been noted that once patients have called the Gold Line on one occasion, they tend to make further calls over time.

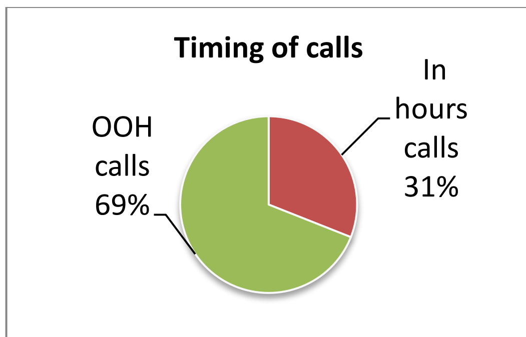
The 5106 calls were made by 1813 individual patients.



Timing of calls:-

Calls to the Gold Line service are predominantly made during 'out of hours' periods as expected..

The 'Out of Hours' period includes all calls on bank holidays, all calls at weekends, and calls between 6.01pm to 8am of weekdays. 'In-hours' calls are those on weekdays between 8.01am and 6pm.



Outcome of calls:-

Each telephone or video call to Gold Line is assessed by the team member who takes the call, when the call is closed they record the care/advice/actions etc. taken during/following the call and documents this in Systm1.

39% of the 5106 calls were resolved by Gold Line team and did not require onward referral

61% of the calls were referred on to another Professional.

Avoiding use of other services

As well as documenting the outcome, the team member taking the call also assesses and documents other interventions or services they consider may have been called if the Gold Line had not taken the call.

	Apr14	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 15	Feb	Mar	Total
Admission Avoided	4	8	13	15	22	17	29	38	18	8	4	13	189
A&E Attendance Avoided	2	10	7	9	14	22	27	28	28	13	6	32	198
GP Visit Avoided	14	15	23	43	43	41	34	46	51	33	20	42	405
Community Nurse Visit Avoided	8	4	12	11	8	25	29	20	25	12	12	20	186
Total	**28**	**37**	**55**	**78**	**87**	**105**	**119**	**132**	**122**	**66**	**42**	**107**	**978**

Support provided:

The Gold Line team record the intervention/advice they provide for each call as each episode is completed

Support	Apr 14	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 15	Feb	Mar	Total
Advice Given	109	117	174	129	234	283	235	160	307	380	297	248	2673
Medication Advice	37	18	38	63	71	84	50	44	95	81	100	85	766
Prescription Issued	0	0	0	0	0	0	0	0	0	0	0	0	0
Prescription requested from GP	3	6	5	10	13	9	13	5	7	11	8	10	100
Follow up appointment needed	0	0	0	0	0	0	0	0	0	0	0	0	0
Call back if no better	69	81	99	119	136	103	72	96	85	136	92	70	1158
No Follow Up Required	0	0	0	0	0	0	0	0	0	0	0	0	0
Ring Own GP If No Better	4	5	2	6	9	5	3	0	0	0	0	0	34
Care Ongoing	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**222**	**227**	**318**	**327**	**463**	**484**	**373**	**305**	**494**	**608**	**497**	**413**	**4731**

Patient's disposition following call:

One aim of the service is to support patients to remain in their preferred place of care where appropriate. At the time each episode of care ends the team member records whether the patient remained at home or was admitted somewhere else. Predominately patients are being supported to stay in their place of residence. Admission is arranged by the team when assessments indicate this is required. There is anecdotal information that the assessment information gathered and the direct liaison with the admitting service is has improved the outcome of the subsequent admission or attendance to Emergency Department.

Disposition following 5106 calls:-

- Remains in place of residence= 4500 (88.13%)
- Admitted to Hospital = 9 (0.17%)
- Admitted to Hospice= 2
- Attended Emergency Department = 18 (0.35%)
- Reported death = 19 (0.37%)
- Ambulance called to assess= 1
- Other =19

NB for 538 calls disposition was not recorded.

Onward referral:-

Onward referrals by the Gold Line team to another professional service as a result of call are documented after each call. -

Onward Referral Outcomes	Apr14	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan15	Feb	Mar	Total
Number of calls	216	237	389	429	486	456	428	440	514	566	487	458	5106
ACCT(outreach team)	1	2	0	4	2	0	0	4	3	6	4	2	28 (0.5%)
Community Matron	2	1	0	4	2	5	3	2	6	3	3	2	33
District Nurse	109	89	157	172	149	131	160	156	165	187	178	164	1817 (36%)
Pall Care CNS	4	4	6	7	11	6	18	9	6	11	6	8	96 (2%)
Pall Care Consultant	2	3	4	6	6	5	3	7	5	6	7	4	58
Social services	0	0	0	0	0	0	0	0	0	0	0	0	0
Oncology Help Line	1	2	2	1	3	0	0	5	2	1	3	5	25
OOH GP	22	30	50	62	104	89	86	76	89	100	68	72	848 (17%)
In Hours GP	11	8	20	24	22	19	21	22	24	27	20	16	234 (5%)
Total	**152**	**139**	**239**	**280**	**299**	**255**	**291**	**281**	**300**	**341**	**289**	**273**	**3139**

Feedback

An operational group was established to support implementation and monitoring of the Gold Line service all feedback is reviewed at this group. Professionals can give feedback by downloading a feedback form from the EPaCCS template, contacting the Gold Line directly or via PALS at the hospital. A small number of forms have been received. No serious incidents or formal complaints have been reported. A number of concerns have related to the length of time that the OOH GP service has taken to visit patients at home. This is outside of the control of the Gold Line service but this is not always understood by patients and their families.

Others ways to gain feedback are being actively considered.

Governance:-

A range of measures are being used to provide robust governance of the service.

- Monitoring feedback received and the actions to address concerns
- Review of call outcomes by Gold Line –Team Manager, Palliative Care Consultants, and Operational group
- Clinical supervision for Gold Line Clinical team
- Call management system – review a % of calls by the nurse consultant who manages the hub

Current and recently deceased patient's data:-

The table below is a report of the Gold Line caseload for current patients, and those who have died in previous 6 weeks (as at end March '15) This is a small time period but indicates the information coded within records for patients on GSF who are referred to Gold Line Service **Of the 160 deceased patients, 77 had a place of death coded in their record. Of these, 13% died in hospital, 36% died at home, 31% died in nursing or residential home, 18% died in Hospice.**

Current & recently deceased pts over 6 wk period – March '15	496 Current Bradford pts		92 deceased **Bradford** pts		482 Current **AWC** pts		68 deceased **AWC** pts		Total & %
Has on GSF register code XaFRG	465	92 %	90	98%	458	95%	67	98%	1080 95%
Cancer diagnosis	265	53 %	57	62%	165	34%	39	57%	526 46%
Non cancer diagnosis	178	36 %	24	26%	254	53%	25	37%	481 42%
Blank for diagnosis	53	1%	11	12%	63	13%	4	6%	131 12%
Age	Age range for total of 1138 patients is 38 years to 101 years								36% ≥ 85Yrs
Prognostic Indicator Guide code red	10	2%	13	14%	13	3%	32	47%	68 6%
PIG code amber	62	12%	26	29%	80	16%	19	28%	187 16%
PIG code green	263	53%	28	30%	277	57%	14	21%	582 51%
PIG code blue	54	11%	3	3%	85	18%	2	3%	144 13%
PIG code blank	107	22%	22	24%	27	6%	1	1%	157 14%
Advance Care Plan completed	19	4%	5	5%	31	6%	6	9%	61 5%
Preferred Place Care(PPC) blank	82	16%	17	19%	97	20%	9	13%	205 18%
PPC not appropriate	28	6%	2	2%	17	3%	2	3%	49 4%
PPC unable to express	11	2%	0	-	11	2%	1	1%	23 2%
PPC declined discussion	4	1%	0	-	1	1%	0	-	5 0.4%
PPC home	289	58%	48	52%	218	45%	38	56%	593 52%
PPC hospice	9	2 %	9	10%	8	2%	2	3%	28 2%
PPC hospital	4	1%	2	2%	14	3%	1	1%	21 2%
PPC Community hospital	0	-	0	-	0	-	0	-	0
PPC N. Home /Care H/res Home	69	14%	14	15	116	24%	15	22%	214 19%
Preferred Place Death (PPD) blank	153	31%	20	22%	189	39%	9	13%	317 28%
PPD not appropriate	90	18%	11	12%	62	13%	4	6%	167 15%
PPD unable to express	22	4%	3	3%	6	1%	1	1%	32 3%
PPD declined discussion	4	1%	0	-	1	0.2%	2	3%	7 1%
PPD undecided	15	3%	4	43%	15	3%	3	4%	37 3%
PPD home	127	26%	27	29%	98	20%	25	37%	277 24%
PPD hospice	38	8%	17	19%	37	8%	9	13%	101 9%
PPD Hospital	1	8%	1	1%	2	1%	1	1%	5 0.4%
PPD Community hospital	0	0.2%	0	-	1	0.2%	0	-	1
PPD N. Home /Care H/res Home	46	9%	9	10%	70	14%	14	21%	139 12%
PPD usual place of residence	0	-	0	-	1	0.2%	0	-	1
Resus status blank	151	30%	14	15%	71	15%	4	6%	240 21%
CPR	62	13%	4	4%	90	19%	5	7%	14 14%
DNACPR	283	57%	74	81%	321	66%	59	87%	737 65%
DNACPR discussion not app.	0	-	0	-	0	-	0	-	
Anticipatory meds	29	6%	7	8%	15	3%	8	12%	54 5%
Carer assessment	100	20%	21	23%	73	15%	16	23%	210 18%
Place of residence blank	59	12%	9	10%	76	15%	10	15%	154 14%
Residence NH /res home	115	23%	15	16%	149	31%	16	23%	295 26%
Residence Home/Sheltered	322	65%	65	71%	259	54%	42	62%	688 60%
Actual place of death recorded	n/a	-	43	47%	n/a	-	34	50%	77 48%
Achieved preferred place of death	n/a	-	16	17%	n/a	-	22	32%	38 24% Or 49% of known APOD