

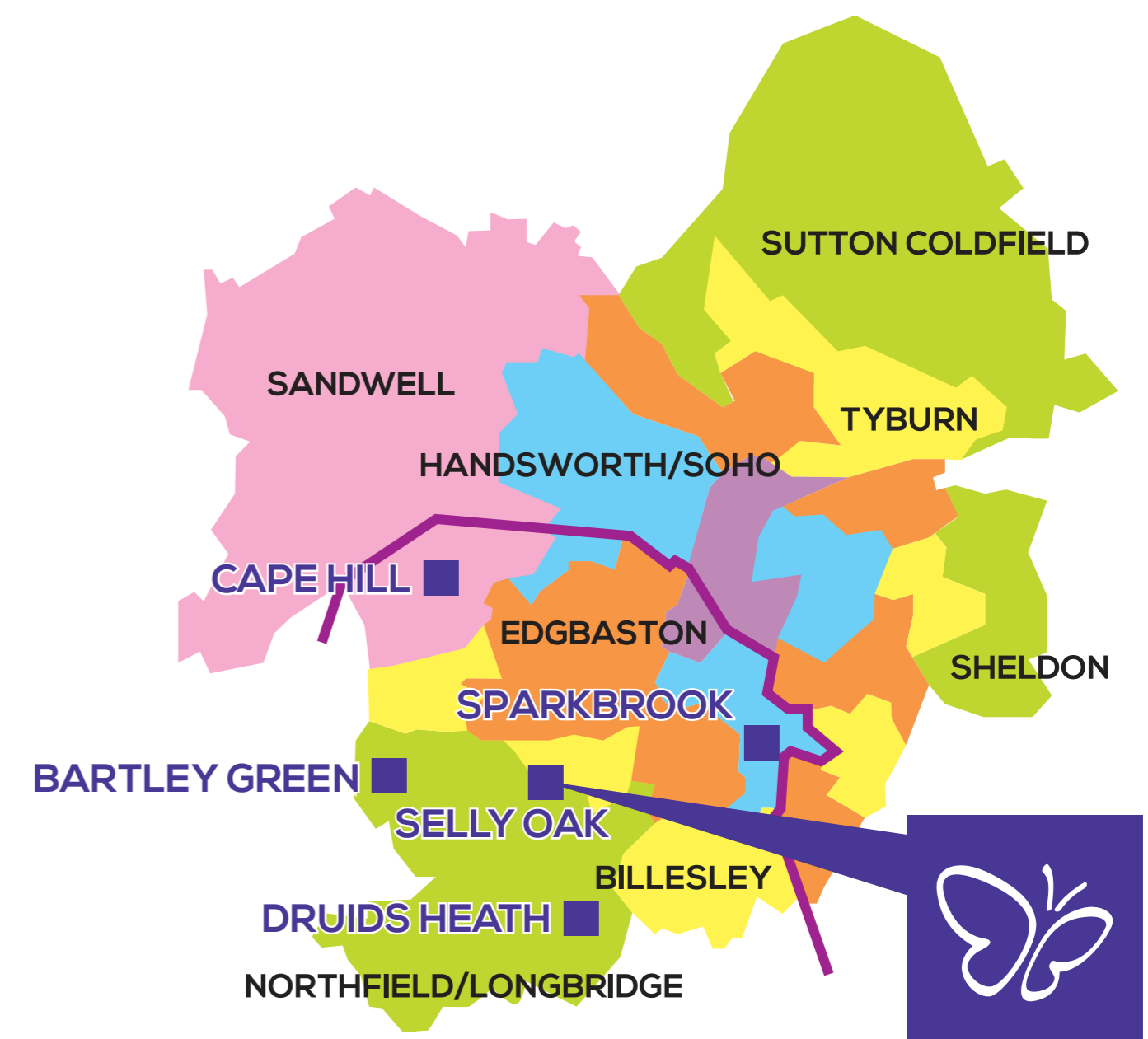
Palliative care outpatients in the heart of the community:



measuring the impact

As part of our strategic ambition to achieve 'Hospice Care for All', Birmingham St Mary's is committed to locating services so we can reach more people.

Through the development of a small network of Satellite Clinics, we ensure members of our hospice team are in the heart of local communities, opening up access and strengthening understanding of our Hospice services so individuals don't miss out on the end of life care available to them.



Measuring the impact

Using a variety of methods including referral slip analysis, clinic attendance data and patient and GP interviews, we embarked on a 12 month review of the Satellite Clinic model of care to measure patient experience and identify referral links to other Hospice services we provide.

- Satellite Clinic locations
- Catchment area of BSMH

Sparkbrook, Bartley Green and Selly Oak (Hospice) clinics opened in 2016
Cape Hill clinic opened in September 2017
Druids Heath clinic opened in November 2017

Total number of sessions June 2016-May 2017 = 94
Total number of patients contacts = 165

Key findings

- **12% of people on the Community Palliative Care team's caseload are now seen in Satellite Clinics.**
- **The clinic service remains a positive choice for those early in disease trajectory and those who are more physically able.**
- **Mileage costs reduction of over £3500 for 3 Clinical Nurses over a 12 month period.**
- **Increased number of clinic sessions enables more effective use of Clinical Nurses resource. 5 patients seen in clinic equates to 1.5 Clinical Nurse home visits per day.**
- **Clinical presence has improved working relationships with local GPs.**

Challenge	Solution
Limited number of locations across a large geographical footprint can make travel difficult for some patients	Continue to develop network of Satellite Clinics
Patients unable to travel due to circumstances or mobility still unable to easily access support they need	Scope out possibility of hosting clinics within alternative settings such as prisons and care homes
Need to develop symptom specific clinics to respond to demographic needs in different locations across the City	Possible expansion of the clinic model to scope and meet demographical needs of different localities e.g. specialist breathlessness services
Pilot location of clinics in Bartley Green and Sparkbrook chosen because of historically low referral rates. Evidence shows, however, that referral rates in these areas has not increased as a result of the service	Look to identify new locations with higher referral rates where response levels and engagement remain higher

"By going to clinic, we were not waiting at home for someone to visit. It was an outing for my husband and it didn't seem to matter how long you were there for. Going to the clinic meant the nurse acted as a liaison between the Hospital Consultant and us or the GP and us."
Clinic attendee

"I was very pleased with the service particularly in a community setting. Was given plenty of time to discuss my issues."
Clinic attendee

"When you saw my husband at home it was all about him dying. For me, coming to the clinic is all about focusing on living."
Family member of clinic attendee

"I have worked with many patients who require end of life care and many of those patients ask if they can receive this care at home or in a more local setting. Being able to deliver a service that is more convenient for our patients and helps them to remain in the comfort and security of their community is fantastic."
Dr Arif, Birmingham GP