Specialist In Reach Palliative Care Service for West Midlands Prisons 2017 Service Specification

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1 SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	01
Service	Specialist In Reach Palliative Care for West Midlands Prisons
Commissioner Lead	NHS England (North Midlands)
Period	
Date of Review	

EXECUTIVE SUMMARY

This service specification describes the requirement for a specialist in-reach palliative care service to be delivered across the West Midlands prisons.

In summary the key requirements of this service are:

- Provision of a specialist in-reach palliative care service to prisoners
- The service model must include the provision of specialist advice and support to wider healthcare teams, and assistance in complex clinical decision making.
- The service integrates effectively with prison healthcare providers and establishes pathways to support seamless patient care (to include Social Care, Secondary Care and Acute Hospitals).

1. Population Needs

1.1 National/local context and evidence base

People who face progressive life-limiting illness, with or without comorbidities, require different levels of health and social care at different points in their illness. Apart from care and treatment that is specific to their underlying condition(s), they are likely to have needs that are often referred to as palliative or end of life care, especially as they approach the last year(s) of their lives. Throughout the trajectory of their illness, sometimes episodically, sometimes for prolonged periods, they may require expert assessment, advice, care and support from professionals who specialise in palliative care. These professionals work as part of multidisciplinary teams, providing the service directly to the person and those important to them and/or supporting others to do so.

A Specialist Palliative Care service works with the person and people involved in their care to develop their individualised plan of care. This plan is regularly reviewed to reflect the changing needs of the person and to ensure that care is provided by the most suitable health or social care professional(s) and this may be facilitated through shared services agreements.

The main components of specialist palliative care include, but are not limited to:
 in depth specialist knowledge to undertake assessment and management of physical, psychological and spiritual symptoms to reduce symptoms, suffering and distress;

 supporting analysis of complex clinical decisions-making challenges where medical and personal interests are finely balanced by applying relevant ethical and legal reasoning alongside clinical assessment;
 providing specialist advice and support to the wider care team who is providing direct core level palliative care to the person

A specialist palliative care service within a prison setting has a role in providing the following:

Specialist palliative care liaison work to support the person's care by their usual caring team: undertaken in the prison but involves the clinical responsibility remaining with the person's key consultant/GP. A specialist assessment can be undertaken leading to recommendations for care that may be provided directly to the person or carried out by the usual caring team who retain clinical responsibility. The person's needs should be reviewed at MDT meetings constituted to consider all specialised level aspects of their care which includes as necessary a palliative care specialist contribution into the meetings held by the usual caring team. Examples may include disease specific multidisciplinary meetings (MDMs) in hospital, Gold Standard Framework of Supportive Care meetings in primary care, and individual review meetings in residential facilities.

A Specialist In Reach Palliative Care service has a lead role in developing best practice in palliative and end of life care and contributing to the delivery of education, training and continuing professional development to the wider workforce. It is important that the evidence base for best practice is maintained and extended through an active engagement and contribution to Clinical Research Networks and National Audits. Specialist level services are expected, as a mark of their specialisation to participate in a rolling programme of evaluation using validated patient and colleague-centred outcome measures to demonstrate their effectiveness in direct and indirect care.

The underpinning evidence base for this specification includes:

- National End of Life Care Strategy (2008);
- NICE Quality Standard for End of Life Care for Adults (Nov 2011);
- One Chance to Get it Right: Improving people's experience of care in last few days and hours of life (June 2014). Leadership Alliance for the Care of Dying People;
- Ambitions for Palliative and End of Life Care: A national framework for local action 2015- 2020 (2015).

1.1 Prison and Local Context

Nationally the prison sector continues to see a rise in the numbers of older prisoners. The number of prisoners who are over the age of 50 rose to 12,577 in March 2016. This brings its own unique set of challenges for this cohort of patients, as whilst (for example) older prisoners report lower levels of drug use, there is likely to be increased reliance on primary care, higher rates of long term conditions, social care needs and disability, and greater need for palliative care provision when compared to younger patients.

5% of the prison population are considered as being in the last year of life; there are currently 7214 prisoner places across the West Midlands indicating that the likely annual need would be in the region of 360 patients.

Commissioning Context

In 2013 NHS England became responsible for directly commissioning a number of health services, including those for people in a range of custodial and secure settings.

NHS England has commissioning responsibility for health care services including a described set of Public Health Section 7a services which constitute: stop smoking services; substance use services; cancer and blood-borne virus screening services; and immunisation services. NHS England's commissioning responsibility includes services in the following settings:

Residential settings
- Prisons;
- Young Offender Institutions;
- Secure Children's Homes (welfare and youth justice);
- Secure Training Centre's;
- Immigration Removal Centre's and Short-term Holding Facilities.

Non-residential settings
- Liaison and diversion services working with police custody suites and , courts
- Sexual Assault Referral Centre's (SARCs).

The following services are commissioned by NHS England across the secure and detained estates:
- GP services
- Dentistry services
- Nursing services
- Mental health services
- Learning disability services
- Integrated substances use services (clinical and psychological)
- Optometry
- Therapies
- Pharmacy and medicines management
- Public Health services e.g. screening and immunisation programmes, smoking cessation and health checks

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**x**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**x**
Domain 4	**Ensuring people have a positive experience of care**	**x**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**x**

2.2 Locally defined outcomes

- Equitable, timely and consistent standard of delivery of specialist in-reach palliative care
- Reducing avoidable hospital admissions, and facilitating good secondary care
- Improving functional ability in people with palliative care needs, through optimising

symptom management, providing specialist advice, giving emotional support and encouraging self-management.

- Improving the experience of care for people at the end of their lives, through the provision of support directly to people, as well as acting as a source of help and advice to generalist healthcare workers
- Timely and appropriate information sharing with partners.
- Multi-disciplinary approach to the management of palliative care patients

3. Scope

3.1 Aims and objectives of service

'*I can make the last stage of my life as good as possible because everyone works together confidently to help me and the people who are important to me, including my carer(s)'* Extract from 'Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 (2015)'

Specialist level palliative care is required to be delivered across 12 West Midlands Prisons (listed below) and will have the following aims:

- Provide specialist in-reach palliative care services for prisons and give clinical leadership
- Deliver care directly to individual patients with complex needs
- Deliver care indirectly providing clinical support, advice and education to other professionals to deliver core level palliative and end of life care.
- Provide care and ensure that services within the prison operate within the Gold Standards Framework

The objectives of the service are to provide people in need of specialist palliative care in prisons with access to timely and sometimes repeated and/or ongoing expert assessment, advice and care, based on the best levels of evidence available.

3.2 Service description

The service description is based on the characteristics from the links to 'Ambitions for Palliative and End of Life Care: A national framework for local action 2015- 2020' more explicit:

1. Each person is seen as an individual;
2. Each person gets fair access to care;
3. Maximising comfort and wellbeing;
4. Care is coordinated;
5. All staff are prepared to care; and
6. Each community is prepared to help.

REFERRAL	
Have defined referral criteria which include specialist level palliative care for:	Ambition 2
a. The person with progressive life-limiting illness, with or without comorbidities, where the focus of care is on quality	Ambition 2 and 4

of life, including complex symptom control;	
b. the person with unresolved complex needs that cannot be met by the capability of the current team. These needs may be physical, psychological, social and/or spiritual. Examples include complex symptom, rehabilitation or family situations and ethical dilemmas regarding treatment and other decisions.	Ambition 2
ASSESSMENT AND CARE	
Work in partnership with people, those important to them and their carers to develop and support personalised care planning, including identifying and recording personal preferences, and helping them navigate to services that will deliver the required information and care, at any time of day or night that that is needed.	Ambition 1 and 4
Be responsive to age, culture, faith and ideology, disability, sexuality and gender issues in relation to palliative care, dealing with them in a sensitive and inclusive way, including access to advocacy, translation and interpretation services.	Ambitions 1 and 2
Use a multi-disciplinary approach to care, with a competent workforce with recognised expertise in specialist level palliative care that uses evidence based best practice. People must be reviewed, and discussed by the multidisciplinary team regularly, as defined by local operational policy.	Ambitions 3 and 5
COORDINATION AND PARTNERSHIP WORKING	
Work in partnership with other services to meet the person's needs, ensuring that assessments and personalised care planning are reliably communicated and coordinated with other services involved with the person in a timely fashion.	Ambitions 1 and 4
Have a defined operational policy for multi-disciplinary and partnership working to include arrangements for multidisciplinary team meetings, and communication across care settings	Ambition 4

and organisational boundaries within a quality and governance framework.	
LEADERSHIP AND GOVERNANCE	
Have specialist level palliative care clinical leadership at strategic level (e.g. Senior Management Team level within organisations).	Ambition 5
Have a suitably resourced quality, IT and governance framework, which should include: a. audit and Quality Improvement methodology; b. patient centred outcome and experience measures and user feedback; c. data collection and sharing to aid service; improvement at local and national level; d. adequate access to electronic clinical information, including pathology and imaging; e. arrangements for engagement in research in line with the service's objectives; and f. arrangements for all staff and volunteers to be appropriately trained and supported to give competent, reliable, confident and compassionate care	Ambitions 1,2,4,5 and 6
Be configured and established to lead and/or contribute to the delivery of education, training and continuing professional development (CPD) to the wider workforce regarding best practice in palliative and end of life care.	Ambition 5
Use the growing evidence base to enable the development of innovative practice.	Ambitions 3 and 5
Contribute to, and encourage, public understanding, involvement and engagement in developing compassionate communities, including local awareness, practical support and planning for future care.	Ambition 6

Access to the service must be through a single point of contact assigned for each prison.

Inpatient review
NHS England has recently conducted an Inpatient Review across the West and East Midlands and East of England regions. If and where appropriate the Provider will take in consideration the finding from the Inpatient Review.

National developments in health and justice
Recently there have been a number of Health and Justice publications including the Prison Safety and Reform White Paper. The Provider should be aware of these publications and of any changes that could potentially impact on future need and healthcare delivery.

Safeguarding

Any patient deemed to be in need of safeguarding must be referred to the appropriate Local Authority.

It is a requirement that all staff engaged in this service have and maintain appropriate safeguarding training in accordance with intercollegiate guidance.

3.3 Population covered

The Specialist In-Reach Palliative Care Service must respond to the needs of young people, young adults and male and female adult prisoners in the following estates:

- HMP Birmingham
- HMP Stafford
- HMP Oakwood
- HMP YOI Brinsford
- HMP YOI Stoke Heath
- HM YOI Werrington
- HMP Dovegate
- HMP Hewell
- HMP Drake Hall
- HMP Long Lartin
- HMP YOI Swinfen Hall
- HMP Featherstone

3.4 Any acceptance and exclusion criteria and thresholds

Access

Provision of this service needs to be flexible in meeting the needs across the region. It is likely that working hours will be between the hours of 9am to 5pm, Monday to Friday.

All referrals to the service must be acknowledged as being received within 5 working days.

The service will be in-reach, meaning that staff will be required to offer the service and attend meetings within a prison setting.

Exclusion criteria

- Young people, young adults and male/female adults who do not reside within a prison setting.

3.5 Interdependence with other services/providers

It is important that the Specialist In Reach Palliative Care Service is integrated within current healthcare services at each prison. The Service will also be required to develop pathways and

relationships with Local Acute Trusts, and other relevant community services.

Prison	Healthcare Provider(s)
HMP Birmingham	Birmingham and Solihull Mental Health Foundation Trust
HMP Stafford	CARE UK
HMP Oakwood	CARE UK
HMP YOI Brinsford	CARE UK
HMP YOI Stoke Heath	Shropshire Community Healthcare Trust – Primary Care SSSFT – Mental Health RAPT – Substance Use
HM YOI Werrington	CARE UK
HMP Dovegate	CARE UK
HMP Hewell	CARE UK
HMP Drake Hall	CARE UK
HMP Long Lartin	CARE UK
HMP YOI Swinfen Hall	CARE UK
HMP Featherstone	CARE UK

4. Applicable Service Standards

4.1 Applicable national standards

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Please see **Appendices 2 and 3**

4.3 Applicable local standards

Please see **Appendix 4**

4.4 Activity

As this is a new service, demand is difficult to establish, however the Provider will have access to Health Needs Assessments to provide some context and understanding of the population.

It is anticipated that there will be peaks of activity at the following prisons due to the population demographics and/or the size of the establishment.

- HMP Stafford
- HMP Oakwood
- HMP Birmingham

4.5 Service User Experience

To continually improve service provision the Provider will implement a range of appropriate service user and/or carer engagement processes. The outcomes must be reported to the Commissioners (as a minimum annually) along with remedial action plans.

4.6 Additional Service Requirements

Workforce

Specialist palliative care is delivered by a multidisciplinary team (MDT) of staff with the requisite qualifications, expertise and experience in offering care for people with progressive life-limiting illness, with or without comorbidities, to support them to live as well and as long as possible during their illness ensuring their comfort and dignity are maintained as they come to the end of their lives. The MDT will be formed of existing staff located in prison healthcare teams, and this new service will offer specialist expertise required for palliative care.

The following specialists are appropriate to be responsible for leading clinical care of those with specialist palliative care needs:

- Consultants in Palliative Medicine who provide clinical leadership across localities.
- Nurses specialising in palliative care – where a nurse is leading a service, or has a role with a significant autonomous advisory component, such as in a community or hospital liaison settings or nurse-led outpatient clinics, it is expected that the nurse would be at the level of Clinical Nurse Specialist (CNS) in palliative care or consultant nurse in palliative care

Training
The service lead will ensure that all staff who delivers the service are trained to all relevant recognised standards and that training is regularly reviewed and updated. The service may from time to time be required to offer training/workshops to other professionals to raise awareness of the importance of specialist palliative care.

Pastoral support
All staff must have access to ongoing supervision and psychological support. Staff turnover (including destinations and reasons for leaving) must be monitored closely.

Advisory work
The service must act as a source of advice for ‘generalist’ clinicians

Audit
The Provider must use Macmillan Adopted Prison Standards (MAPS) to audit the services in each prison on an annual basis.

5. Location

The Service will be required to operate remotely and work across the region flexibly; therefore a fixed location for service delivery is not mandated. Prison access will be facilitated in order for the service to be delivered. Individual arrangements with prisons could be negotiated to secure a more permanent location, if required.

LOCAL PERFORMANCE INDICATORS

Outcome	Indicator	Threshold	Target	Description	Comments & Links
Equitable, timely and consistent standard of delivery of specialist in-reach palliative care	Access	All referrals to the service are responded to within 5 days and assessed within 10 days	100%	Recording of date of referrals Recording of date of initial contact Recording date of assessment	Exceptions reported quarterly at Service Reviews
Reducing avoidable hospital admissions, and facilitating good secondary care	Management of Care	All patients will be offered care to reduce the need for hospital admission	100%	Recording of admission to hospitals for palliative care patients	Quarterly at Commissioning Service Reviews
Improving functional ability in people with palliative care needs, through optimising symptom management, providing specialist advice, giving emotional support and encouraging self-management.	Management of Care	Referrals to the service will be considered for specialist support, where appropriate.	100%	Recording of interventions and nature of interventions delivered directly to the patients	Quarterly at Commissioning Service Reviews
Improving the experience of care for people at the end of their lives, through the provision of support directly to people, as well as acting as a source of help and advice to	Management of Care	All healthcare workers involved in palliative care will be offered advice, support and education	TBC	Recording of training/education delivered to healthcare workers Recording of advice and support offered to healthcare workers	Quarterly at Commissioning Service Reviews

generalist healthcare workers					
Timely and appropriate information sharing with partners.	Information Sharing	All appropriate information will be shared	TBC	Reporting of information shared	Quarterly at Commissioning Service Reviews
Multi-disciplinary approach to the management of palliative care patients	Management of Care	Specialist palliative care meetings will be facilitated/attended by specialist in-reach service	TBC	Reporting of facilitation/attendance at multi-disciplinary meetings. Reporting of Audits	Quarterly at Commissioning Service Reviews

Appendix 5 – ADDITIONAL DATA ITEMS FOR QUARTERLY REPORTING

Data to be broken down for each month within the quarter:

- Number of referrals (defined by prison)
- Number of palliative care patients on staff caseloads (defined by prison)
- Number. of safeguarding referrals made
- Number. of complaints, topics and action
- Number of incidents, type and action taken
- Number. of compliments, topics

Workforce

- Current WTE broken down by staff group
- Vacancy rate
- Sickness rate
- Staff engagement in supervision