# Oldham Macmillan Palliative Care Team

# OPERATIONAL POLICY

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# Oldham Macmillan Palliative Care Team

## Definitions of Palliative Care

**Palliative Care** is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with anti-cancer treatment".

(World Health Organisation 1990)

**Generic Palliative Care** refers to services provided by the usual professionals and carers of the patients and family e.g. the oncological and primary care teams as an integral part of routine clinical practice. It is provided for patients with low to moderate complexity of palliative care need in all care settings.

This is known as 'Supportive Care'.

(NCHSPCS Briefing paper Number 9 - May 2001)

**Specialist Palliative Care** is provided by those professionals who have specialised in palliative care and work collaboratively in the cross-boundary provision of services in community, hospice or hospital settings. It is provided for patients and families with high complexity of palliative care need.

(NCHSPCS Briefing paper Number 9 - May 2001)

## Mission Statement

The Macmillan Service exists to provide high quality care to patients and their families, primarily with a cancer diagnosis. However it is open to patients suffering from other advanced non malignant illnesses such as motor neurone disease, HIV/Aids, M.S. and to their families/carers, working in close co-operation with professional colleagues of all disciplines.
This is based upon the following beliefs:-

- each patient/family unit has the right to receive high quality care and support, based upon their individual needs.
- such care and support should be offered at all stages of the disease from suspected diagnosis through to death and where appropriate, bereavement.
- care should be based upon well validated and up to date research findings and should have both a holistic and multi professional focus.
- professionals involved in the provision of such care should receive education, training and support to equip them with appropriate knowledge and skills.

The Macmillan Service aims to provide an equitable and accessible specialist palliative care service for patients, carers and staff by achieving best quality of life through effective management of physical symptoms and by addressing psychosocial and spiritual needs. The team aim to empower the generic worker to provide the palliative care approach across primary and secondary care.

| | |
|---|---|
| Post Holders: | Alison McCarthy<br>Sheila Martin<br>Liz Smith<br>Alice Davies<br>Tracy Wild (to commence in post January 2003) |
| Manager: | Maureen Whittle - Clinical Nurse Manager Respiratory CAT |
| Secretary: | Anne Ogden |
| Hours of work: | Monday - Friday 37 ½ hours (office hours) excluding Bank Holidays |
| Base: | 2 Postholders based in 'C' Block, The Royal Oldham Hospital<br>2 Postholders based in office accommodation at Dr Kershaw's Hospice |
| Contact: | 0161 627 8699 and 0161 627 4246 - Answer phone facility for messages.<br>Written referrals by fax, post or e-mail. |
| Bleep/Pager | Alison McCarthy - Bleep 649<br>Sheila Martin - Bleep 656<br>Liz Smith - Pager 07623 624976 |
| e-mail: | alison.mccarthy@pat.nhs.uk<br>sheila.martin@pat.nhs.uk<br>liz.smith@pat.nhs.uk<br>anne.ogden@pat.nhs.uk<br>alice.davies@pat.nhs.uk<br>Tracy.wild@pat.nhs.uk |
| Mobile Phones: | Alison - 07815 071471<br>Sheila - 07813 916218<br>Liz - 07980 907551<br>Alice- 07980 907552<br>Tracy-07968 448598<br>These are widely distributed in primary and secondary care and are to be used for more urgent contact. |

**Resources available to the team:**

Counselling/meeting room x 2 (1 hospital, 1 hospice)
2 computers
2 colour printers
1 CD re-writer
5 mobile phones
2 bleeps
2 pagers
2 fax machines
2 answer phones
2 laminators (1 hospice, 1 hospital)
2 photocopiers (1 hospice, 1 hospital)
1 scanner (hospital)
1 secretary
Wide range of books, videos and other resources

**Management:**

Respiratory CAT. Responsible to Maureen Whittle, Clinical Nurse Manager

## Team Responsibilities

- Education and development of multi professional team in cancer and palliative care.
- Link nurse scheme across primary and secondary care.
- Facilitate multi professional palliative care meetings/developments.
- Facilitate Cancer Aid Network - a drop in resource centre for those affected by cancer.
- Provide specialist palliative care across primary and secondary care working to levels of intervention.

Various meetings:
Local Cancer Implementation Group
Representation of all site specific MDT's, Local Palliative Care Strategy Group and at the Cancer Network.
National Council for Hospice and Specialist Palliative Care
Link Nurse Meetings
Cancer Aid Network Business Meetings
Oncology Nurses Forum
Medical Directorate Nurse Specialist Meetings
Neutropenic Integrated Care Pathway Meetings
Patient Held Information Project
Multi Professional Clinical Palliative Care Meetings
Macmillan Nurse Support Meetings
Palliative Care Meeting - Oldham, Bury, Rochdale and North Manchester
Macmillan Team Meetings

## Additional Involvement:

Macmillan Mentorship Scheme
Patient Information Project
Communication Facilitator Training
Strategic and Operational Lead for Cancer/Palliative Care
Breaking bad news working group
Patient user group

**Key Working Relationships:**
All health and social care professionals in primary, secondary and tertiary care
Patients, families and the general public
Macmillan Cancer Relief
Educational Establishments
Voluntary Sector

# Referral Policy:

Patients with cancer may be referred at any stage of their illness from diagnosis onwards.

Patients diagnosed with other advanced, non-malignant illnesses may be referred.

The referral should only be made with the full knowledge of the patient and/or family. Self referrals by patients/families will be accepted if appropriate.

The Macmillan Nurse is complementary to other health care professionals and will assist the key worker in assessing and identifying needs. The Macmillan Nurse will not take over care but act as a specialist resource to colleagues, working to levels of intervention.

In certain circumstances some patients may not want or require Macmillan Nurse involvement. This does not necessarily preclude families accessing the service.

## Referral Arrangements

Access to the Macmillan Nurse Service may be on several different levels, depending on the specific needs of each patient, family or professional. The Professional accessing the service should expect to negotiate the level of involvement required for each situation with the Macmillan Nurses as follows:-

**First Level Intervention**

Advice, information and support may be accessed by professionals direct with the Macmillan Nurse. The patient may not be aware of the referral at this stage. **No contact with the patient/family will be made.**

**Second Level Intervention**

Consultative visits may be made, preferably jointly with the referrer. Such visits will be singular, unless requested otherwise by the referrer, and further contact will be made with the professional referrer only.

**Third Level Intervention (Short Term)**

Short term interventions with patient or family are desirable when specific problems need several visits. The intention then is to withdraw and discharge within an agreed time scale. Further referral may be made if necessary. Such short term contacts maybe desirable for patients who have recently been diagnosed and where the patient requires extra input at this early stage to cope with specific problems. Patients may or may not require any further specialist intervention throughout their disease process.

**Fourth Level Intervention (Long Term)**

Case loads remain an option for those multiple-problem situations or for patients referred late in the disease process. While regular evaluation and reassessment of need is still necessary, it is expected that these patients will continue to need specialist nursing input on a longer term basis along with the multi professional team.

**Referrals may be appropriate when**:

1. The patient has problematic pain or other distressing symptoms that cannot be effectively dealt with by hospital/community team.
2. The patient and/or their family require additional support over and above what other colleagues can provide at the time of investigations and diagnosis of cancer, at recurrence or in the terminal phase of the illness.
3. For staff who require additional information and/or support in order that they may continue to care effectively for the above patient group and their family.
4. Bereavement support as appropriate in families known to the Macmillan Service.

## Discharge Criteria (Hospital and Community)

Patients (and their carers) will be discharged when:

- their needs can be met by primary carers (i.e. there is no specialist role required)
- they choose not to accept specialist palliative care intervention
- they have been referred to other specialist teams including out of area or site specific teams

The primary carers/multi professional team and patient are informed in writing as appropriate. Re-referral is always accepted if appropriate.