TRANSFORMING END OF LIFE CARE IN DUDLEY

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Macmillan Specialist Care at Home Newsbite June 2016, Edition 2

Welcome to the second edition of the Macmillan Specialist Care at Home Newsbite. In this edition we hear from one of our new community consultants whose post has been funded by Macmillan and Dudley CCG as part of the original pilot bid.

Since our last edition we have received the excellent news that we have received funding to extend the pilot for an additional 12 months. This will allow us the time to further develop the work we are doing. During the next 12 months we will:

- Further develop the MSCaH Hub to continue to support you with professional advice and receive & respond to referrals according to urgency of need.
- Continue to collaborate across the economy to ensure you have specialist palliative care support and advice in your MDTs, working groups, on the wards & in community.
- Continue to grow our numbers of volunteers to provide the additional support that is so important to patients and carers.

A day in the Life of Macmillan Consultant in Palliative Care, Dr Richard Alleyne

Dr Richard Alleyne

My name is Richard Alleyne, and I am a Macmillan Consultant in Palliative Medicine. As a junior doctor, I was never sure which specialty to pursue. I enjoyed most parts of medicine, and so decided to train as a GP. However, along my journey to general practice, I did a 4 month post in a hospice and found it hugely fulfilling. So, I finished my training as a GP just as a post in the palliative medicine speciality training programme opened up. Five years later, in December of 2014, I started as a Consultant in Palliative Medicine.

I work as a 'job share' with Dr Jane Reynolds, she works 4 days, and I work 3. I spend the other 2 days a week looking after my son. My 3 days are packed full though! I work Mondays in the community. Tuesdays I alternate weekly between the community and the hospital, and on Fridays I work at Russells Hall hospital. I thought it would be worth sharing a story of the kind of thing a consultant may get involved in.

I went to visit a patient who was in his early 70s at home. He had metastatic prostate cancer. As well as addressing his symptoms, I started talking to him about his future plans - what was important to him about his end of life care. At a subsequent visit by one of our nurses, he wrote down the things important to him in his Advance Care Plan.

Continued overleaf.

A day in the life of, continued.


Some of our MDT team at work

I next saw the patient 5 weeks later, he had deteriorated a lot and was beginning to get slightly muddled. He could not make significant decisions for himself, in my opinion he was in the last few weeks / days of his life. I rationalised his medication, organised for carers to start coming in that evening, and arranged for an Occupational Therapist (OT) visit the next day. I explained to the family what I was thinking with regard his deterioration and possible prognosis, they understood how poorly he now was.

The next morning, we had a distressed call from the family. He had just had a fall in the bathroom. The family had called an ambulance to help get him up off the floor. However, when the paramedics arrived, they had examined his c-spine before moving him, and because of some mild neck tenderness, they had put a hard collar on him and put him on a spinal board and were insisting on taking him to hospital. I went straight out. The family where extremely upset - the patient did not have capacity to make a decision about going to hospital, and the family were refusing to let him go.

The ambulance driver was also distressed - she explained that it was her protocol to take a patient who had fallen and had neck tenderness to hospital. I examined the patient and felt that although there was some neck tenderness it was unlikely to be a fracture and even if it was - the management would simply be bed rest anyway.

I discussed the case with a colleague, with the patients GP, with the family and then with the Paramedic Supervisor who had come out to the house to support the paramedics. Essentially, we had a multidisciplinary team meeting about the best Interests of the patient. Finally, someone remembered that the patient had also written down what was important to him in an Advance Care Plan. With the document found, we had the patients wishes, clearly stating that he did not want to go back to hospital but wanted to be kept at home for his end of life care. With his voice now in the mix too, we all agreed that keeping the patient at home was the right thing to do, and we set about making him more comfortable.

After addressing his symptoms, getting in more equipment and with the support from the palliative care team and the family, the patient died peacefully 2 days later at home, in his own bed, with his family around him just as he'd wanted.

This story is really to give you a flavour of the kind of thing I might get involved with as a consultant. But it is important for me to note that this story is not just about 'me'. I was involved, but as a part of a bigger team involving paramedics, the GP, the OT, the Carers, the Specialist Palliative Care CNS, the family and of course the patient himself. I really do hold on to the fact that my job is to be part of a team who always do what they can to ease the suffering of the patient and their families.

Referrals

Dudley Group Acute hospital - electronically submitted through Soarian for patients who are in hospital.

Primary Care – the referral form can be found on Emisweb.

All other services via referral form or phone the advice line 01384 321800

For professional support & advice regarding any patient 01384 321800.

The most secure way to communicate patient information with us is via: DMSCaH@nhs.net

Alternatively you can fax 01384 321524
Please ensure you follow information governance guidance when faxing patient identifiable information

Useful information for palliative and end of life care: Dudleygroup.nhs.uk

If you would like more information about these services, please contact:

Telephone: 01384 321800
Fax: 01384 321524
Email: DMSCaH@nhs.net

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