Rapid Response Palliative Care service Summary Engagement Report Winter 2023

Introduction

Across County Durham and Darlington a piece of engagement work was undertaken to collect information about the Rapid Response Palliative Care services from people who had experienced it directly. This service is currently delivered by two providers, one for County Durham and one for Darlington patients.

This work concentrated on the experiences of family members due to the nature of the service and care provided.

This information was collected to support the subsequent re-procurement process for the two separate contracts that are in place in County Durham and Darlington.

Methodology

A short set of questions were developed by the overall steering group with responsibly for this piece of work and the related re-procurement process.

Copies of the questions were printed and directly sent to each of the current service providers. Alongside these, a supply of Freepost envelopes was made available for the completed questions to be returned in.

Copies of the questions were handed directly to those families that the service interacted with directly during November 2023 along with a covering letter. They were then able to complete the questions privately in their own time and provide them back to the ICB directly. The opportunity to collect the experiences of families was based around the need to fit in with the timelines of the wider project.

The completed questions returned to the North East and North Cumbria ICB were collated by staff within the Involvement team to be able to produce this report.

Additional information was being considered once available through the local implementation of a national survey exercise too support the wider re-procurement process.

Summary of responses

There were 26 completed sets of the questions returned during the timeframe that the surveys were distributed.

A summary of the comments and information that was received is included below.

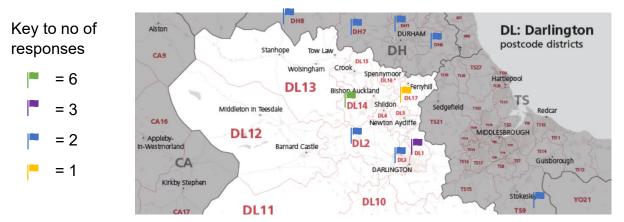
Where you live

1. Please tell us the first part of your postcode (e.g. DL1, DH9)

From the responses that were received, the spread of postcodes is shown in the graphics, opposite and below.

DL17 DH8 DI2 DL14 DH1 NE16
TS29 DH6 NE17

The largest number of responses came from the DL14 postcode area with 6 individuals living there. The next largest are of responses was from people living in DL1 (n=3). All of the other postcodes recorded in the responses had two responses, except for NE17, NE16 and DL17 which all had one response each.



(Note, map does not show the two single NE16 and NE17 postcode responses)

Overall experiences

2. Overall, I am satisfied with the care and support provided by the Rapid Response Palliative service?

Respondents were given the opportunity to indicate their degree of satisfaction with the care that they and their family members had received. This question was answered by 25 of the respondents.

From the responses received, 96% (n = 24) of the families 'Strongly agreed' that they were satisfied with the care and support provided. The only other response received for this question was also indicating a positive experience of the service. This other response indicated that they 'agree' they are satisfied with the care and support

Strongly agree

Disagree

Strongly disagree

Neither agree or disagree

24

provided. These responses demonstrate the high level of approval that these families have for the services delivered.

Respondents were then offered the opportunity to expand upon the response

they had given to this question if they wished.



There were 15 additional comments provided. All of these comments supported the positive experiences that had been received with comments such as;

- They are always out in very good time and are calm and kind in every situation.
- The nurses were very caring and sympathetic. They answered all my questions with patience and understanding.
- All care provided was excellent by every member of staff



(Note, a selection of the key words used in the additional comments provided)

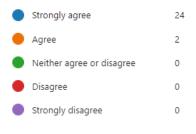
3. Was the patient's privacy and dignity maintained throughout their care?

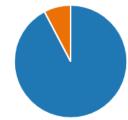
The next question sought to understand further about the level of care and treatment provided, this time specifically asking about privacy and dignity. This question was

answered by all 26 respondents.

Similarly high levels of support were recorded for the ability of the staff to maintain the patient's privacy

and dignity during this time.





From the responses received, 92% (n = 24) stated that they 'strongly agreed' that dignity and privacy were maintained during he care provided. As before, the only alternative responses (n = 2, 8%) were starting that they 'agreed' that privacy and dignity were maintained.

The same opportunity for respondents to provide any further comments or explanations was then provided. There were 10 further comments provided in response to this question. As the responses to this question suggest, there was a similarly high level of positive satisfaction recorded, these included:

- They spoke to her very caringly and patiently and looked after her needs to the best standards possible.
- Could not have been better. The teams showed great kindness and compassion to family members too.

The team were very considerate and respectful.

Curie nurses skilled level daughter and the one thign kindness and compassion

staff made sure actively respond

standards possible best standards professional in these areas

daughter and the one thign kindness and compassion

standards great kindness spoken to directly family members team were very considerate

(Note, a selection of the key words used in the additional comments provided)

4. What about the Rapid Response Palliative service made the most difference to you/ your family?

There were 24 responses to this particular question. The comments covered a variety of elements that the family members identified as what made the most difference to them. These centred around the following themes.

There were nine comments which related to staff being on hand to support and respond when needed in a hurry;

- How quickly they responded which is a great help when a family member is so ill.
- Soon as possible. 1 hour 15 mins. Good.
- Are there for support 24/7 which takes away the feeling of isolation.

There were five comments that directly related to the caring nature of the staff;

- Their constant, friendly, cheerful attitude.
- Their caring attitude and desire to make dad comfortable.

There were four comments which referenced the expertise and professionalism displayed by staff;

- The knowledge that there was all the support at the end of the phone.
- The expertise and the explaining of what they are doing.

Another element identified in two of the comments was the ability to be family members and not carers themselves;

- They supported mam to be more comfortable this in turn alleviated family anxiety.
- My dad kept some dignity. He was comfortable, we could spend time with dad, not being his carer or nurse, just being his daughter.

The only additional consideration as a single reference to the 'back-up' that this team was able to provide for one individual when the District Nurses were took far away to be able to attend in a timely manner.



(Note, a selection of the key words used in the answers to this question)

5. If you could change one thing about the Rapid Response Palliative service what would it be?

There were 21 responses received for this particular question. Of these, only four of them actually provided any specifics that respondents felt could change.

The rest of the comments (n = 17, 81%) felt that there was nothing that needed to change. This included comments such as;

- I cannot fault them
- Absolutely nothing to change. They are brilliant.
- They were our 'A' team and helped everyone in the home. The care they gave to my husband's mam was second to none and the made a difference to everyone in the home.

The four comments highlighting any areas to change were:

- Being given an idea of how long I may have to wait. It may be impossible though.
- Length of time for help to arrive. An hour is a long time for a dying person to be in pain and they can die before help arrives. There should be in each care home a nurse who can administer morphine and drivers etc
- That we had a direct contact number
- That they get paid a lot more for what they do!



(Note, a selection of the key words used in the answers to this question)

Contacting the service.

6. When you or the person you were caring for needed some rapid support (i.e. within the next 2 hours) did you know who to contact?

There were 26 responses to this question.

From the responses captured, 92% (n = 24) of the survey participants did know who to contact when they needed some rapid response support.



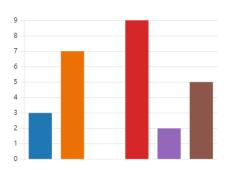
7. When your family member needed this support, who did you contact?

There was a follow up to the previous question in trying to understand who it was that individuals were actually in contact with when a family member needed to receive rapid response support.

This question was responded to by all 26 participants. Respondents could only give one answer for this question.

As a positive, 35% (n = 9) of the respondents identified that they were in contact with the Rapid Response team directly when they/ their family member needed support.





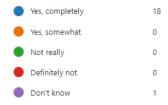
The next most used contact was the Single Point of Access. This was contacted by 27% (n = 7) of the survey respondents.

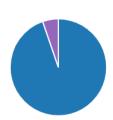
There were 5 responses which identified 'other' teams as the point of contact people made. Only three specific comments were given regarding this but they highlighted District Nursing twice and Care home once, as the places people had contacted.

None of the survey respondents identified that they were in contact with Social Workers/ Social work teams when they needed to access Rapid Response support.

8. If you contacted the service directly, was it easy to get a response?

Looking into the subject of contacting the service in more detail, we asked participants about how easy it was to get a response.





There were 19 responses to this question.

Of those, 95% (n = 18) stated 'Yes, completely' in response to whether or not it was easy to get a response when they contacted the service directly. There is a noticeable difference between the respondents in question seven who identified the Rapid Response team as the direct point of contact they had used and the answers to this question.

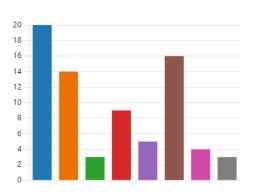
The only other person who responded to this question, stated 'Don't know' as their response.

9. What care was provided when the Rapid Response Team attended to your family member?

This question looked in more detail at the specific types of care and support that staff provided when they attended. This question was responded to by all 26 participants.

Participants were allowed to record multiple answers to this question depending on what types of care/ support were actually provided.





The category that received the most responses was regarding 'help with pain management'. This was identified by 77% (n = 20) of the survey respondents as part of the care that was provided to their family member.

The second most frequently identified aspect of care provided related to 'providing medication'. This was identified by 16 people (62%) of the respondents as being part of their care.

The third highest category of care provided related to 'other symptoms such as nausea or agitation'. There were 14 people (54%) who recorded this as part of the care they received for a family member.

The category with the least responses (n = 3, 12%) related to providing 'help with getting in/ out of bed'.

There were also three 'other' category responses, however only one actual comment which identified that they were "Helped to obtain aids e.g. toilet seat, commode".

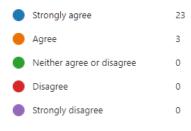
Information and communication

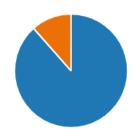
10. Did you/ the person receiving care get information in a way they could understand?

answered this question.

The responses to this question indicate that the information family members and patients

All 26 respondents





were provided with was 'understandable' by all participants.

From the responses received, 88% (n = 23) stated that they 'strongly agree' that the information provided to them (or their family member) was in a way they could understand.

This certainly follows some of the previous comments which highlighted the communication from staff and their explanations of what they were doing when they attended.

The only other three responses were from people who 'agree' that the information was understandable. Clearly indicating that from those who responded to the questions they all had a positive view of the way they were provided with information.

11. Did you as a carer/ family member receive information from staff providing care in a way you could understand?

This question was responded to by all of the survey participants.

With a specific focus on the family member/ carer perspective, this highlighted a consistently high level of agreement / satisfaction with the information that staff provided them.

From the responses received, 92% (n = 24) 'strongly agree' that the information from staff was understandable. With the remaining 8% (n = 2) of responses also stating that they 'agree' the information was provided in a way they could understand.



