

End of Life Care Coordination Centre ‘You said, we did’ report

1. Introduction

To inform the development of the End of Life Care Coordination Centre for South Gloucestershire, two design events were organised. The events took place on the 2nd and 24th of June 2015. The two products developed as a result of these engagement events are a service specification and an equality impact assessment. These describe in detail the outcomes South Gloucestershire Clinical Commissioning Group want from the End of Life Care Coordination Centre and they are being used by Sirona Care and Health to establish and operate the service.

This report describes what we were told at the events and what we have done as a result.

2. ‘You said, we did’

You said	We did
1. We want one place everyone can go, to ask for support for people at the end of their lives to help them die at home, if that is their preferred place of care.	We have designed the End of Life Care Coordination Centre, which will become that one place everyone can go to.
2. We want information, easily accessible on what is available for people and their family from the health service, from social care and from the third sector at the end of life.	<p>As part of the service specification, we have asked Sirona to establish a page on their website which includes all of this information and is regularly updated. The website page will be designed to be used by services users and their families, and health and social care staff.</p> <p>We have asked Sirona to monitor how and when the website is accessed. We have started collecting details of support available to go onto the website</p>
3. We want all people at the end of their life to have personalised care plans developed in partnership with service users and their families, and we want them to be kept up to date.	We have included this in the ‘service specification’ for the End of Life Care Coordination service
4. We want a seven day a week service, as we often feel unsupported at weekends	<p>We require Sirona to provide a seven day service. We have taken advice from other areas, such as Bristol, Somerset and North Somerset, and have agreed the following opening hours with Sirona:</p> <ul style="list-style-type: none"> • 8am to 6pm Monday to Friday • 11am to 5pm Saturday and Sunday
5. When things are really difficult,	We are using some of the funding for this service to

You said	We did
<p>we want more support at night, so as carers we can get a good night sleep and able to continue to care during the day</p>	<p>increase the number of night sitting hours from the current level of 90 hours per week to 150 hours per week, which means we can support more people overnight.</p>
<p>6. We want to be able to refer people to the service easily, without the need to complete complicated and time consuming referral forms.</p>	<p>We have designed the service so people can refer a service user by email, telephone or through a Cluster Multidisciplinary team meeting. If the referral comes from a MDT meeting, the notes of the meeting will be forwarded to the End of Life Care Coordination Centre, with a concise referral form, avoiding duplicating form filling.</p>
<p>7. We want the service to meet the needs of service users and carers</p>	<p>We have agreed a set of key performance indicators (standards) which measure the quality of care the person and their family have received.</p> <p>The carer will receive a phone call two to six months after the death of the service user to check how they are, reiterate information about local support groups available and to get feedback about the service they received.</p> <p>They will asked if they were treated with dignity/respect, if pain management was offered and successful, if the person died in their preferred place of care, and if they were given enough support.</p> <p>This feedback will be used to improve the service.</p> <p>Sirona will also be collating and monitoring complaints and compliment they receive relating to the service</p>
<p>8. We want the service to be resilient and able to offer everyone in need the help they need.</p>	<p>There is a limit to the funding available so to use the funding in a way that provides greater resilience we have designed the service to be part of the Joint Community Access Point between 8am and 6pm and as part of the Health Access Team at weekends until 5pm.</p> <p>The Night sitters will be part of the current Sirona night sitting service, which means staff from all of these teams can cover for each other during periods of sickness, annual leave and at very busy times.</p>
<p>9. We want counselling support available to people working in the service to help them if they become distressed.</p>	<p>The Occupational Health service at Sirona will provide counselling to staff.</p>
<p>10. We want the service to be able to identify those people who require an interpreter or signer, and arrange this ahead of any contact, without prompting by the patient.</p>	<p>Sirona is going to include a question on the referral form asking if an interpreter or signer is required, making them aware of this need at the very start of the involvement with the service.</p>

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11. We want staff in the service to be able to facilitate difficult discussions amongst families, and act as an advocate for the service user.	As part of the mandatory training people working for Sirona must take part in, there is training on conflict resolution which will provide them the skills to facilitate difficult discussions.
12. We want people who are hard of hearing or deaf to be able to contact the service using text phone	Text phone will be available as a way of contacting the service.
13. We want staff working in the service to understand our cultural practices around death.	New staff will learn about the different cultural practices around death linked to race and religion as part of their induction.
14. We don't want staff to make any assumptions about our sexuality, and ensure the service user's significant other is recognised as next of kin.	All Sirona staff receive equality and diversity training, which covers the importance of not making assumptions about service users sexuality, as well as any implications for issues such as who is a service users next of kin.
15. We want the service to have an up to date list of local religious leaders, and their contact details so they can get advice on religious matters.	Sirona staff will use the Care Forum's 'Well aware' database to create a list of local religious leaders
16. We want you to make sure all religious groups know how to access this service.	<p>Sirona will monitor who is using the service by doing an annual equality audit.</p> <p>If people with certain protected characteristics aren't using the service, staff will proactively promote the service to those groups within the South Gloucestershire population.</p>
17. We want staff to have someone to reach out to if they have questions about how to tailor a service to people's individual requirements, if the service user is transgender.	The Director of Human Resources at Sirona is the Equality lead and can support staff with all equality issues.
18. We want people to be able to have a preference for a male or female carer to be met.	Sirona try to offer a culturally sensitive service and ask people if they have a particular preference for a female or male carer to try to meet that preference.

Version	Date	Reviewer	Comment
0.1	1 st October 2015	Elizabeth Williams	Initial draft
0.2	6 th October 2015	Elizabeth Williams	Amendment from Philip Nendick
0.3	27 October 2015	Carole Sales	Amendments