Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Access and Provision of Community Palliative Care through WHISPAR

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Patient Information

Specialist Palliative Care

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Introduction

When people have a life limiting condition, and where treatment is no longer effective, they are often told that they require best supportive care or palliative care.

This leaflet is aimed at patients who require palliative care and support in the community. It explains what services are available and how these can be accessed.

Many people don’t realise that community pallaitive care is provided in partnership by a number of professionals and services.

Providers of palliative care across the borough have worked together to improve how they coordinate care to meet the needs of patients and those important to them.

They have introduced ‘Wigan Healthier Partnership Integrated Specialist Palliative Care Active Response’, known as WHISPAR.

WHISPAR is a single point of access for all referrals to palliative care services across the borough.

Representatives from palliative care providers meet every day to review referrals and allocate services to support patients and those important to them, ensuring there is a prompt response to all referrals, prioritising those most in need.

All patients must consent to a referral to WHISPAR. Referrals are accepted from health and social care professionals for patients over the age of 18, living in the Wigan Borough or with

a Wigan GP.

We do not accept referrals directly from patients or their families. If you have a palliative care need that is not being met, please speak to your GP who can refer you through WHISPAR

The referrer, patient and their GP will receive a letter advising of the services allocated. Services will also contact the patient by telephone to arrange their initial assessment.

All professionals involved continue to communicate and work together to meet the patient's needs.

Aims

Ensure the right support by the right people at the right time.

Benefits

- WHISPAR provides a single point of access for all palliative care services.
- WHISPAR responds to referrals seven days a week.
- Services are allocated according to the patients current needs.
- All services work together to provide care and support.

- The allocated services support people to stay in their preferred place of care and help reduce inappropriate hospital admissions.

- People who require ongoing pallaitive care in the community following discharge from hospital have appropraite services allaocated.

Who provides what support?

Initially patients may feel able to manage with the support of family, friends. We want to ensure that they have access to additional support should their needs change, therefore we always offer support from District Nurses to monitor needs and request other services if required. A convenient, appropriate plan of contact will be agreed. It is recommended that patients accept the District Nurses when offered, to ensure their needs can be monitored and any changes responded to.

General Practitioner (GP): Continues to manage medical care in the community including; arranging tests, assessing reasons for ill health, prescribing medication and referring for additional support when required.

District Nurses: Assess, meet, and monitor nursing needs, providing support with planning for the future, symptom control, provision of equipment, emotional support and administration of medicines via injection or syringe pump. They are available 24 hours a day, 7 days a week.

Domiciliary Care Providers Provide personal care in your home, according to need. Maximum provision is 4 visits a day. Some or all of this may be available free of charge depending on the circumstances.

Care Homes Provide social and or nursing care 24 hours a day. They have access to education and support from the Hospice Practice Development Team and can access support from Hospice Nurse Specialists as required.

Marie Curie Provide overnight care at home to allow informal carers time to sleep. There is limited availability, with priority given to those patients who are approaching their last days of life. A maximum of 3 nights a week can be offered

Hospice in Your Home. This service is focused on those who are housebound. The team provide an initial assessment and 12 weekly reviews of need and offer the following support visits:

Provision of Personal care, carer breaks, so that informal carers can have a break from their caring duties, support with planning for the future, supporting families to adjust to living with a life limiting illness, companionship, emotional support and limited support overnight so carers can sleep.

Hospice Nurse Specialists (HNS) A team of nurses with additional qualifications and experience in specialist palliative care. They conduct an initial assessment and regular reviews. They provide; specialist advice and manage complex symptoms, support families, provide emotional support and planning for the future in complex situations. Joint visits with Specialist Palliative Care Doctors can be arranged as required.

Specialist Palliative Care Doctors: Provide specialist medical support to manage complex symptoms. They work closely with the GP and the Hospice Nurse Specialist in the community and with the consultants and Specialist Nurses in hospital.

Hospital Specialist Palliative Care Team: Provide specialist care to manage complex symptoms to people when they are in hospital. They refer to other services through WHISPAR on discharge, if required.

Macmillan Allied Health Professionals:

Physiotherapy, Occupational Therapy, Dietitian and Speech and Language Therapists, will provide support managing breathlessness and fatigue, assessing need for equipment, supporting dietary needs t and provide support for speech,

swallowing and language difficulties.

Community Matrons: Support people aged 55 and above, who have two or more life limiting conditions. They support people from early in their diagnosis and provide symptom support.

Hospice Wellbeing Team: Provide Counselling or Complementary Therapy to people with a life limiting illness and those important to them.

Hospice Inpatient Unit: Has 14 beds available for people who require complex symptom management when these cannot be manged effectively at home. Unfortunately, they are unable to offer respite care

Costs

All care is free at the point of care except for domiciliary care and care homes for which there may be a charge.



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