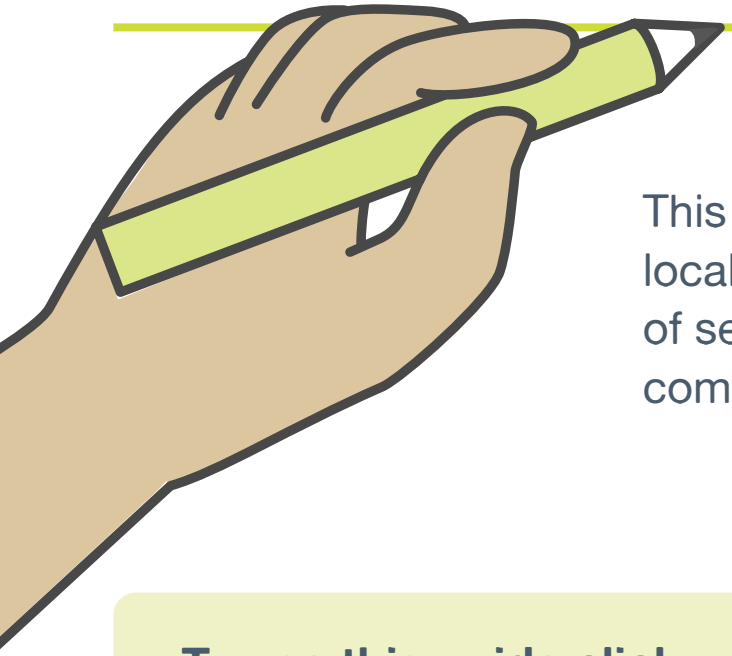
This document was developed in collaboration with:

Greater Manchester Cancer

GM Hospices Caring Together

NHS Greater Manchester and Eastern Cheshire Strategic Clinical Networks

GREATER MANCHESTER AND EASTERN CHESHIRE OVERVIEW OF ADULT PALLIATIVE CARE SERVICES FOR HEALTH AND SOCIAL CARE STAFF



This is a service overview, but we recognise that each locality has different access routes and availability of services depending upon which services are commissioned in each area.

To use this guide click on the tab to the right to see the overview of that service.

PRIMARY CARE TEAM

What is this service?

Primary care services provide the first point of contact in the healthcare system and are responsible for patients medical and nursing care, including palliative care, while living at home or in a care home.

Acting as the 'front door' of the NHS; primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

When would a patient be referred into this service?

Self-referral by contacting the General Pracitioner (GP).

What can the patient expect when they access this service?

This team is directly responsible for the patients' medical and nursing care, including palliative care, whilst they are at home.

Where can I find out more?

Click here to find out more.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

GENERAL PRACTITIONER

What is this service?

The role of the GP is initial symptom care and support, early identification of individuals approaching the last year of life and ensuring that a care plan is in place and available to share with allied health and social care practitioner's.

Patients are usually registered with a GP practice (family doctor). There are many different types of GP practices, some are very large practices spread across lots of sites with many doctors, but there are also smaller practices with only one or two doctors.

GP practices usually have geographical areas that they cover, therefore if the patient moves to a new house / location they should check that they are still in their GPs catchment area.

Ultimately, the GP is responsible for most aspects of long-term care and care at home but will work with other professionals to ensure the most appropriate person deals with the patients' care.

When would a patient be referred into this service?

Self-referral by contacting the General Practitioner (GP).

What can the patient expect when they access this service?

The usual hours of GP cover is between 8am – 6.30pm on working days, though there can be some variations of this locally. The local out of hours service will provide cover outside these times.

Some GP practices will work closely with other nearby practices to provide aspects of care (i.e. they may cross cover staff including medical and nursing staff)

Where can I find out more?

Click here to find out more.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

OUT OF HOURS DOCTORS

What is this service?

Out of hours care refers to care needed by anyone between 6.30pm - 8.00am Monday to Friday, on weekends and during bank holidays.

When would a patient be referred into this service?

When a palliative care patient with a terminal illness has end of life care and support needs.

What can the patient expect when they access this service?

People at the end of their lives can suffer from symptoms that need treating such as pain and agitation. Out of hours palliative care for many, can quickly relieve unnecessary suffering for people in their home, who would otherwise they have no choice but to have an unwanted trip to A&E, which can often be a distressing experience for the patient and family.

Where can I find out more?

It doesn't matter which condition the patient has the GP and Community Nursing Team will be happy to advise.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

COMMUNITY NURSING SERVICES (MAY BE KNOWN AS DISTRICT NURSES)

What is this service?

Palliative care is about helping individuals living with a life limiting illness and everyone affected by their diagnosis to achieve the best quality of life. As well as providing care and support to patients, palliative care teams help entire families through one of the toughest times any of us will face'. *(Marie Curie)*

Community nurses provide nursing care in both community clinic and home settings where patients are housebound.

When would a patient be referred into this service?

When a person is approaching the end of their life and care is required within the home, this would normally be organised by the GP or relevant health care professional/s involved in the individuals care at home.

There will be a nursing team who will talk with the individual and plan their care. Community nurses are based locally.

What can the patient expect when they access this service?

There will be a nursing team who will talk with the patient and plan their care. They work closely with other health care professionals and agencies, for example: GP's, community matrons, social services, physiotherapists, occupational therapists, dietitians, speech and language therapists and pharmacists.

Community matrons provide advanced clinical assessment and care for patients with long term conditions such as diabetes, coronary heart disease, and many other conditions.

Where can I find out more?

It doesn't matter which condition the patient has, if they need help and support, the GP and Community Nursing Team will be happy to advise.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

REHABILITATION TEAM

What is this service?

This team is made up of Physiotherapists, Occupational Therapists, Dietitians, Speech & Language Therapy and Therapy Technicians. There may be other speciality services in the local area.

The role of rehabilitation services in palliative care is to enable people with life-limiting and terminal conditions to live as independently and fully as possible.

When would a patient be referred into this service?

They may be referred by their GP or another health care professional according to services available in your area.

What can the patient expect when they access this service?

The rehabilitation team will work with the patient in their own home to carry out a holistic assessment, followed by a rehabilitation programme to maintain function and maximise independence for as long as possible.

Where can I find out more?

It doesn't matter which condition the patient has, if they need help and support the GP and Community Nursing Team will be happy to advise.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

ADULT SOCIAL WORK TEAM

What is this team?

Adult Social Care is part of a complex system of services and support including the NHS. The core purpose of Adult Social Care is to support and help people to achieve the outcomes that matter to them in their life.

How can this service be accessed?

People requiring social care support can self-refer via their local authority website or via the gov.uk website. If a patient is in hospital and requires social work input, this is usually organised by the medical team involved in their care. It is common for social workers to be based in a hospital setting and work closely with their community social work colleagues to assess individual needs and eligibility criteria for care and support prior to discharge from hospital.

What can be expected from this service?

Social Workers must undertake an eligibility assessment for any adult who may have care or support needs i.e.

- Their needs are caused by a physical or mental impairment or illness.
- Their needs stop them from being able to achieve two or more 'specified outcomes'.
- There is a significant impact on their well-being as a result of their needs.

Social Workers support and encourage their clients to maintain and promote independence and well-being. The social workers main role is to help empower service users by working with them and their family to tackle the negative effects of isolation, relationship difficulties, low income and lack of housing.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

NIGHT-SITTING SERVICE

What is this service?

Sometimes, at the end of life, families require extra support overnight. They may not need to move away from home to receive care.

When would a patient be referred into this service?

If this service is required it will be organised by the Community Nursing team.

What can the patient expect when they access this service?

Experienced health care assistants provide support to the patient in their own home overnight.

Where can I find out more?

It doesn't matter which condition the patient has, if they need help and support the GP and Community Nursing Team will be happy to advise.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

CHAPLAINCY AND SPIRITUAL CARE (PASTORAL, SPIRITUAL AND RELIGIOUS CARE)

What is this service?

Chaplains are available in many healthcare settings (All NHS hospitals, some hospices and care homes and some parts of other Community Services).

When would a patient be referred into this service?

A patient self-refers to this service.

What can the patient expect when they access this service?

Chaplains provide professional and specialist pastoral, spiritual and religious care to everyone whether they are a patient, relatives or staff and offer that care to people of all faith and belief groups and to those of none. This is available in the form of a listening ear, emotional support, safe space to explore those bigger questions that sometimes come up, as well as to help facilitate religious provision, where appropriate.

Where can I find out more?

If the patient feels that they would benefit from a conversation with a chaplain, contact the local hospital switchboard.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

SECONDARY CARE (HOSPITAL SERVICES)

What is this service?

Hospital services in Greater Manchester and Eastern Cheshire are delivered by several NHS trusts. Patients may be under the care of a named Consultant, Specialist Nurse or Allied Health Professional.

A patient may be offered 'in-patient' (when they have been formally admitted to hospital either for the day or overnight) or 'out-patient' (when they attend hospital for an appointment but not an overnight stay).

When would a patient be referred into this service?

Patient care is shared and delivered collaboratively with GPs. or admitted as an inpatient for immediate care for example emergencies or neutropenic sepsis, IV antibiotics (list not exhaustive).

What can the patient expect when they access this service?

Patients' might be attending for one or more reasons including investigations and diagnostic tests; reviews and follow up appointments; treatments such as surgery, chemotherapy, radiotherapy, blood transfusions to name a few?

Where can I find out more?

You can find our more about NHS hospital services local to you **here.**

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

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SPECIALIST PALLIATIVE CARE SERVICE

Specialist Palliative Care interventions aim to relieve and prevent suffering in the physical, psychological, social, and spiritual domain. Therefore, Specialist Palliative Care is carried out by a multi- disciplinary team with different occupations.

Specialist Palliative Care Services (Palliative Care Team) can vary although they usually consist of a Palliative Care Consultant and Specialist Palliative Care Nurses working with a Multi-Disciplinary Team (MDT). A Specialist Palliative Care Nurse can have different titles in different areas, for example Macmillan Nurse. The MDT can include **Chaplaincy, Rehabilitation Team,** Palliative Care Co Ordinator, Health Care Assistants, Assistant Nurse Practitioner's, Phycologist, and Social Worker.

What is this service?

They provide a supportive service for patients, from diagnosis to the last twelve months of life, regardless of diagnosis (cancer and other life limiting illness). They provide specialist advice and support to the wider care team who are providing direct palliative care to the patient.

When would a patient be referred into this service?

Local guidance is variable. In most cases the GP or Community Nurse can refer into the service if needed, for example if pain and symptom control is proving difficult.

What can the patient expect when they access this service?

Palliative Care Teams work in partnership with the Health Care Teams in community, hospital, and hospices to ensure patients achieve optimal system management and to facilitate choice in relation to patient care throughout illness or into death. The Specialist Palliative Care Nurse acts as a specialist resource, educator and advocate to the patient, their family and other health care professionals.

Where can I find out more?

It doesn't matter which condition the patient has, if they need help and support the GP and Community Nursing Team will be happy to advise, although please note that services may vary from locality to locality.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

MACMILLAN WELFARE BENEFITS ADVISOR/ INFORMATION AND SUPPORT

What is this service?

Macmillan cancer support provides a free and confidential welfare benefits advice service for people living with cancer, their families and carers.

When would a patient be referred into this service?

A patient self-refers to this service.

What can the patient expect when they access this service?

If the patient has been diagnosed or is living with Cancer, money might not be one of the first things they think about, but cancer can be expensive. They may have to pay for a special diet, childcare or travel to hospital. If the patient is struggling to cope with the financial impact of cancer, remember there is help and support available for them.

Where can I find out more?

Visit the Macmillan financial help and support section here

CENTRES

What is this service?

Centres provide help and information from professional staff. They provide access to groups and classes to make coping with cancer easier.

When would a patient be referred into this service?

A patient self-refers to this service.

What can the patient expect when they access this service?

Centres offer specialist support, psychologists and benefits advisers who can provide on site support. The service also enables other people suffering from cancer to meet with other people and share experiences in an informal environment or through the online community.

Maggie's Manchester - Visit the website here

Maggie's Oldham - Visit the website here

Primary Care Team
General Practitioner
Out of Hours Doctors
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Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

HOSPICE CARE PROVIDED ACROSS GREATER MANCHESTER AND EASTERN CHESHIRE

Hospice	Area Served	Website
Bolton Hospice	Bolton	www.boltonhospice.org.uk
Bury Hospice	Bury	www.buryhospice.org.uk
Dr Kershaw's Hospice	Oldham	www.drkershawshospice.org.uk
East Cheshire Hospice	East Cheshire	www.eastcheshirehospice.org.uk
Springhill Hospice	Heywood, Middleton & Rochdale	www.springhill.org.uk
St Ann's Hospice	Salford, Stockport, Trafford & Manchester	www.sah.org.uk
Wigan & Leigh Hospice	Wigan & Leigh	www.wlh.org.uk
Willow Wood Hospice	Tameside, Glossop	www.willowwood.info

GM Hospices is a unique, first of its kind partnership, comprising the Greater Manchester area's eight adult hospices (Bolton, Bury, Dr Kershaws, East Cheshire, Springhill, St Ann's. Wigan & Leigh and Willow Wood) along with a local children's hospice (Derian House)

This unique strategic partnership has been developed so that GM Hospices can achieve the vision for equitable supportive, palliative and end of life care across Greater Manchester providing health and social care which reaches deep into local communities.

What is this service?

Greater Manchester's adult hospices deliver specialist palliative care for adults aged 18 and over with a life-limiting illness, and complex needs, who require assessment and management by a multi-disciplinary palliative care team.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

What can a patient expect when they access this service?

Although hospices are independent charities with much of their funding coming from their local communities, hospice care is delivered in a similar way to NHS services - accessible to all within the local community, and without charge to the service user.

The services provided by each hospice tend to reflect the particular needs and priorities of the communities they serve. However, they are all likely to provide some core services described on the following pages.

When would a patient be referred into this service?

Many patients with a life-limiting illness are sufficiently supported by their GP and community nursing teams. However, often patients or those people important to them require the additional support of their local hospice services.

This referral would be organised by the health professionals involved in the patient's care. The core criteria for access to hospice services would be any advanced progressive life-limiting illness:

And at least one of the following:

- Difficult pain and symptom control
- Complex psychosocial problems (patient/carer)
- In the last days and hours of life, with a need for End of Life Care and support, which may include bereavement care
- Need for specialist help with rehabilitation/adjustment
- Generic (generalist) services unable to meet the patient/carer needs.

Hospices are generally not able to provide services for patients whose:

- Conditions are stable and whose needs are mainly social in nature
- Current clinical problems are not related to their life-limiting illness
- Immediate care needs would be best met in the acute setting – e.g. palliative care emergencies or neutropenic sepsis.

A referral may be made at any point in the patient pathway if the patient has appropriate specialist palliative care needs. Key triggers to referral include:

- The time of diagnosis
- During or on completion of cancer or other disease-specific treatment
- Disease recurrence or relapse
- Recognition of the final 12 months of life
- Terminal care
- Other 'milestones'.

Patients should give their consent to the referral, or if unable to do so, the referral should follow a best interests decision (Mental Capacity Act 2005).

Where can I find out more?

Refer to your local **Hospice website.**

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

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HOSPICE CARE FOR FAMILY AND THOSE IMPORTANT TO THE INDIVIDUAL

What is this service?

Hospice care is by no means reserved only for the patient themselves. Looking after a loved one at home can be tiring and distressing, and carers may therefore need help in adjusting to this new role.

Hospice staff offer comprehensive and compassionate care to the carers and family members most important to the patient, both before and after the death of their loved ones.

When would a patient be referred into this service?

Where the patient is known to the hospice, families and loved ones may self-refer to the service.

What can the patient expect when they access this service?

Families and those important to the individual can access a wealth of support from the hospice from the moment they are known to the hospice. This may involve receiving advice on caring for their loved ones; advice on managing medication, nutrition and medical issues; or advice on financial support. It may often involve just having someone to talk to.

Families and those close to the individual may also take advantage of the various well-being services offered by hospices, such as complementary and creative therapies, affording them a few hours of much needed relaxation and respite.

After the death of a patient, families and those close to the patient can continue to access comprehensive support from the hospice to help them through that difficult time, including bereavement support. The bereaved are given the space, time and opportunity to tell their story as many times as they need to, without judgement, without advice and without preconceptions.

Where can I find out more?

See Greater Manchester Bereavement for additional information.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

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Greater Manchester Cancer

GM Hospices Caring Together

NHS Greater Manchester and Eastern Cheshire Strategic Clinical Networks

INPATIENT HOSPICE CARE

What is this service?

When patients have complex needs which cannot be managed effectively in other settings, they may benefit from a period of assessment, review and support from a multidisciplinary specialist palliative care team in an inpatient setting.

When would a patient be referred into this service?

A referral may be made at any point for the patient if the patient has appropriate palliative care needs. Referrals into this service will be made by the health care professionals involved in a patient's care.

Inpatient hospice care is likely to be appropriate when the following applies and the patient does not require acute hospital care:

- The patient requires a specialist medical or nursing assessment
- Poor symptom control
- Planned care for those with complex medical and nursing needs
- Need of specialist rehabilitation
- Complex needs in the last days of life.

Each hospice may have variations to inpatient admissions criteria and capacity at any one time.

What can the patient expect when they access this service?

Inpatient hospice care may be beneficial for periods of symptoms control and assessment, or for periods of rehabilitation. Some patients' may receive care on the inpatient unit in the final days and hours of their lives.

Length of stay within the hospice will depend on the ongoing palliative care needs of the individual. In order to ensure that hospice inpatient beds are available for those who need them the most, hospices are unable to continue inpatient care for patients whose needs can be met by their GP and community nursing services. Where that is the case, patients are discharged from the inpatient unit into the care of community services.

Where can I find out more?

Refer to your local **Hospice website.**

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

ON SITE HOSPICE SERVICES

What are these services?

All Greater Manchester and Eastern Cheshire hospices offer a range of onsite support services, aiming to provide advice, support and specialist management for patients with life-limiting illnesses. The focus is on promoting wellbeing and rehabilitation to enable patients to live well. Medical outpatient clinics are an opportunity for patients to attend the hospice for specialist assessment and review of treatment. Other supportive outpatient services (often referred to as 'well-being services' or 'day care') involve the provision of a range of physical, rehabilitative, psychological, social and spiritual interventions.

When would a patient be referred into these services?

A referral may be made at any point if the patient has appropriate palliative care needs. Referrals into these services will be made by the health care professionals involved in a patient's care.

Outpatient clinics may be appropriate for patients requiring specialist assessment and management planning, and who are fit to attend clinic in person at the hospice.

Day care may be appropriate for patients who need regular assessment and review of management, who require support and confidence building, and who are fit to travel and spend time away from home.

With technological advancements within both the hospice and the wider community, these services may increasingly be provided virtually.

What can the patient expect when they access these services?

Medical and supportive outpatient services address both physical and psychological issues and are offered to each person dependent on their specific needs.

Medical outpatient clinics will focus primarily on assistance with symptom control.

Supportive outpatient services (or 'well-being' services) will vary hospice to hospice, but may include complementary and comfort therapies; assessment and interventions such as fatigue management; counselling; specialist psychological support for anxiety, depression and stress; creative therapies; lymphoedema management; occupational therapy; physiotherapy; dietetic support; spiritual support; and social care and welfare advice.

Where can I find out more?

Refer to your local **Hospice website.**

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

COMMUNITY CARE, INCLUDING HOSPICE AT HOME

What is this service?

Many people who are seriously ill and nearing the end of their lives would prefer to be cared for at home surrounded by their family and friends, and hospices' specialist community teams can help patients to achieve their wish.

Hospices can provide advice, assessment and support to patients in the local community with complex needs, provided in those patients' usual place of residence, working collaboratively with their primary care teams. These services transfer the hospice philosophy into the home environment.

When would a patient be referred into this service?

A referral may be made at any point if the patient has appropriate palliative care needs. Referrals into this service will be made by the health care professionals involved in a patient's care.

Homebased care is likely to be appropriate for patients who wish to remain at home, who are in need of symptom control and support during cancer and other disease-specific treatments, and who may need specialist input and/or anticipatory care.

What can the patient expect when they access this service?

The model of community hospice care will look different in each locality based on the wider needs of the population and other existing community provision, but services may include:

Community specialist palliative care: a specialist resource working with the patient's GP and community nursing services

Hands-on care during the last days of life ('Hospice at Home'), often working in partnership with community nurses, specialist palliative care nurses and other community services.

Where can I find out more?

Find out more about hospice at home, click here

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

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24-HOUR PALLIATIVE CARE ADVICE LINE

What is this service?

There is well-established provision of 24-hour, 7-day specialist palliative care advice across GM. This service is delivered by local hospices through a telephone advice line.

Its aims are to provide advice to health and social care professionals and emotional and practical support to patients and carers 24 hours on a daily basis, including bank holidays. Any advice given should allow the situation to be managed appropriately until a further review by the team caring for that patient or by the GP, which will usually be the next working day.

The advice line services do not replace emergency services and will aim to support self-management or supported management wherever possible.

When would a patient be referred into this service?

Access to the advice line may vary in each locality depending on the way that service has been commissioned. However, as a minimum each advice line will provide:

- 24/7 availability to health and social care professionals, including care home staff
- An indication of availability of the line to patients/carers in the area or plans to develop the line for use by patients/carers.

It is anticipated that this service is essentially available for each hospice's individual area or locality however the advice lines should not decline calls from outside the geographical area.

What can the patient expect when they access this service?

Each advice line will operate differently depending on the local model. Who picks up the phone, and how the request for advice is escalated to the appropriate clinical staff, may look different depending on who the caller is or where they call from.

However, each advice line should be set up to provide:

- General advice on pain and symptom control
- Information on specific drugs (dose, route, compatibility)
- Practical and emotional support (where appropriate)
- Information on availability/access to local services, including contact numbers
- Access to operational links for the exchange of clinical information with the relevant health and social care teams, and a description of how information relating to the above is distributed to potential users of the service.

It is recommended that whilst staff may advise on drug use and compatibility for syringe pumps, they should not advise on the care of or how to set up a syringe pump. Callers who require this support will be referred to local Community Nursing Services, Specialist Palliative Care Team or GP.

If any nurse feels that the request is beyond their competence or they are unclear about the circumstances of the call, they have the right to decline to give advice other than to suggest a review by a GP or Out of Hours Medical Service or senior hospital doctor.

Where can I find out more?

Refer to your local **Hospice website.**

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
Hospices: Family
Hospices: Inpatients
Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

SUPPORTIVE CARE

What is this service?

Supportive care is defined as the prevention and management of the adverse effects of cancer and its treatment.

When would a patient be referred into this service?

Referral would be organised by the health care professionals involved in the patient's care.

What can the patient expect when they access this service?

Services can include management of physical and psychological symptoms and side effects across the whole continuum of the cancer experience from diagnosis through treatment to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship, and end-of-life care are integral to supportive care.

Where can I find out more?

Click here for more information.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
Specialist Palliative Care Service
Cancer Specfic
Hospices in Greater Manchester and Eastern Cheshire
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Hospices: On Site Services
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Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

NORTH WEST AMBULANCE SERVICE (NWAS)

What is this service?

NWAS is the ambulance service which covers the Greater Manchester and Eastern Cheshire area providing emergency and non-emergency patient transport services.

What can a patient expect when they access this service?

Ambulance services may be involved throughout a patient's journey towards the end of life in different ways. Planned involvement includes transferring people who are approaching the end of life between treatment settings or, in the final stages of life, from acute setting to their preferred place of death - home, care home, hospice or elsewhere.

Unplanned involvement is also common. For example, people approaching the end of their life may experience worsening symptoms or a sudden crisis; anxious carers and family members will often call 999 for emergency support. Ambulance clinicians are frequently at the scene, at the end of a person's life, and are involved in supporting families and carers, providing immediate bereavement support and may attend at the time of death.

Where can I find out more?

Click here for more information.

Primary Care Team
General Practitioner
Out of Hours Doctors
Community Nursing Services
Rehabilitation Team
Adult Social Work Team
Night-Sitting Service
Chaplaincy and Spiritual Care
Secondary Care
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Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix

APPENDIX

We recognise that local areas have evolving community networks. Here are links to a few other websites which people may find useful.

Age UK

British Heart Foundation

Cancer Care Map

Dementia United

Dying Matters

Greater Manchester Bereavement

Greater Manchester Cancer

Greater Manchester Homeless Service

Neighbourhood Teams

For carers identified and assessed as being suitable by healthcare teams, there is guidance and help available at:

The Helix Centre

Lymphoedema

The Geriatric Society

* If the patient is still struggling to find support please contact their General Practitioner.

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Hospices: On Site Services
Hospices: At home and community
Hospices: 24 hour Advice Line
Supportive care
North West Ambulance Service
Appendix