

The search for parity: Developing 24/7 community care models at a children's hospice

Authors	Affiliations	References
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Background	Research Aims
NICE guidelines ¹ state children and young people (CYP) should have access to 24/7 face-to-face nursing provision during end of life. Community palliative and end-of-life care for CYP is funded by a children's hospice in England and delivered in collaboration of both statutory and voluntary services. Services are not currently equitable across three Integrated Care Boards (ICBs) within the hospice geographical footprint.	This study aims to scope existing services to (1) demonstrate need, (2) understand gaps, (3) develop equitable models of care and (4) identify sustainable funding.

Methodology	Results
<ul style="list-style-type: none"> Retrospective chart- and service-provision review of 1 ICB. Data collected from January 2021 to March 2023 (26 months) Figures collected: <ul style="list-style-type: none"> Number of children with symptom, end-of-life, and care-after-death needs managed at home Nights the hospice community team were actively on-call Scoping of current end-of-life service provision of CCN teams. 	<p>Chart review within 1 ICB (including hospice community team and 3 different statutory CCN Teams):</p> <ul style="list-style-type: none"> The community team were on call for 14 children. 128 active nights on-call alongside a silent rota offering 24/7 <p>Scoping results:</p> <ul style="list-style-type: none"> All three CCN teams have different staffing levels and service provisions Range of 5-7 days/week Teams flex according to either commissioning or goodwill <p>Two bespoke models of delivery are proposed to support more equitable provision of care (Figure 1).</p>

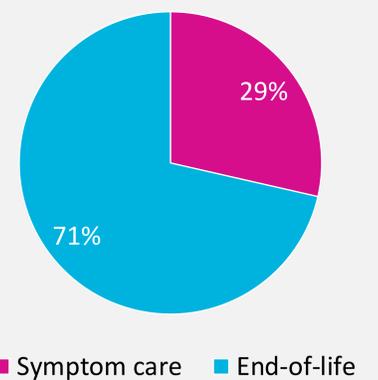


Figure 1. Purpose of on-call.

Results: Part 2

CCN Teams 1 and 2:



CCN Team 3:



Figure 2. Service models developed for 1 ICB 3 CCN teams.

Conclusion

- The hospice community team delivers a high volume of care.
- Equitable compliance with NICE guidelines necessitates the adoption of bespoke models.
- Next steps will involve piloting and evaluating the models and seek funding for hospice services
- Review of the 2 remaining ICB areas using the same methodology