

Breaking new ground in hospital palliative and end-of-life care: Liverpool's Academic Palliative Care Unit

►► The refurbished 'hotel-style' reception area provides a calmer and more welcoming experience on entering the unit.

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►► **John Ellershaw, Ben O'Brien and Deborah Murphy** describe the thinking behind the design of a state-of-the-art academic palliative care unit in Liverpool, which opened last year, explaining the immense benefits that a custom-designed unit can bring to patients and their families – and consequently to staff as well

In July 2016, the innovative and groundbreaking Academic Palliative Care Unit (APCU) at the Royal Liverpool and Broadgreen University Hospitals NHS Trust was formally opened. Its opening was the culmination of a decade-long vision for compassionate clinical care for those hospital inpatients with the most complex, high-dependency palliative and end-of-life care needs and their families. It is the result of ten years' determination and hard work to design and deliver every aspect of that vision.

Background

Although it is understood that the majority of people in England would wish to die at home,¹ around half of us still die in hospital.² A recent systematic review has raised questions about the accuracy of our understanding of the preferred place of care, however, suggesting that people's preferences are not clear cut and that stated preferences can vary according to people's circumstances when they are interviewed.³

Many patients and families benefit from good palliative and end-of-life care in hospital and other settings, with the UK often cited as having



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the best palliative and end-of-life care in the world.⁴ We know, however, that we still face many challenges to ensure that we provide the right care for every individual person and their family, every time, and we also know that the quality of care can vary significantly between hospitals across England.^{5,6} In hospitals, good palliative and end-of-life care is provided by a variety of generalist and specialist healthcare teams, with support from hospital specialist palliative care teams where needed, but we still have a long way to go to achieve the recommended levels of seven-day specialist palliative care availability.⁶ Although many people die in hospital, many others are successfully discharged to another place of care and die at home, in another usual place of residence or in a hospice.

Some patients in hospital develop complex palliative and end-of-life care needs, however, to the extent that providing the care they need can require an exceptionally high level of hospital specialist palliative care support that can challenge the usual capabilities and resources. This raises a key question for practice in hospital-based palliative and end-of-life care: how do we work with these individual patients and families to understand and balance their preferences and clinical needs in such circumstances, in order to ensure that they experience high-quality, compassionate clinical care in hospital and, ultimately, a good death? The APCU at the Royal Liverpool and Broadgreen University Hospitals NHS Trust is a response to this key challenge.

▶▶ The nurses' station (above left) in the empty ward before its refurbishment as a reception area shows the transformation that has been achieved.

▶▶ Patients and staff also benefit from thoughtful design in the Green Room (above right).

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The APCU

The APCU is a 12-bed inpatient unit that aims to provide world-leading, specialist, compassionate clinical care for those patients with the most complex, high-dependency palliative and end-of-life care needs and their families.

Patients expected to benefit from the additional level of specialist care available on the unit are identified by the Academic Hospital Specialist Palliative Care Team (AHSPCT), via liaison with other clinical colleagues and communication with the patient and the people important to them. Once a patient has been admitted to the unit, their needs are quickly and expertly assessed and addressed by the specialist team, with the aim that patients and families experience exceptional, holistic individualised care, supporting patients' safety and reducing their length of stay wherever possible. The aim is for each patient to have one of the two following outcomes:

- to return home or go to another appropriate place of care, such as a hospice, taking into account their wishes and clinical needs
- to experience a dignified death while being cared for on the unit – if leaving the hospital is not appropriate.

The unit differs from other general and specialist wards in the hospital, with patients and their families benefiting from expert, research-led specialist palliative and end-of-life care that is delivered in a specially designed environment within the hospital.

Design, in the broadest sense, is at the heart of the unit. Built within the footprint of a standard hospital ward, the unit has been designed in every aspect to provide a wholly new experience.

Strategic design

The overall design process for the APCU has been holistic, firmly embedded within the business of the trust and its partnerships – commissioner, provider, academic and international – with clinical, patient and family input as part of a wider process of whole system re-design in the trust.

Palliative and end-of-life care has, for many years, been recognised as core business within the trust from the board and executive team to individuals throughout the organisation at ward level. This is a key factor recognised by the Care Quality Commission, which has rated the hospital trust's end-of-life care as 'outstanding'.⁷

The development and implementation of the APCU has occurred under the auspices of a trust-wide palliative and end-of-life care strategy and has been driven by the Academic Palliative and End-of-life Care Department in collaboration with colleagues across, and beyond, the hospital trust.

The department is headed by a service manager with a nursing background and a professor of palliative medicine as clinical director, who are also associate director and director, respectively, of the Marie Curie Palliative Care Institute Liverpool (MCPCIL).

The MCPCIL, a three-way partnership between the Royal Liverpool and Broadgreen University Hospitals NHS Trust, the University of Liverpool and the national charity Marie Curie, provides a robust academic underpinning for the unit, bringing expertise from three divisions: service innovation and improvement, education and training, and research and development.

Within the academic palliative and end-of-life care department, and integrated in the MCPCIL partnership arrangements, the AHSPCT provides trust-wide expertise, leadership and support to all specialties seven days per week, supporting patients on an individualised basis, identifying those who will benefit from referral to the APCU and working in an integrated manner with the unit. The department itself is holistic, incorporating a range of services, including the chaplaincy, bereavement services, specialist pharmacy service and a volunteer service, and is led through a multidisciplinary management team of nurses, consultants, allied health professionals and business and innovation colleagues.

While the design and operation of the APCU are based on insights gained from this expertise at a local level, international learning from critical friends – including Professor Mark Boughey, Melbourne, Australia, and Professor Friedemann Nauck, Department of Palliative Medicine, Göttingen, Germany – has also been drawn upon.

The team has worked with patients and staff to design solutions that can truly transform the care we provide, learning from complaints at the end of life and from bereaved families who can provide insight regarding what can truly make a difference at the end of life and help them to create a positive lasting memory for the future.

Designing the APCU team

Care on the APCU is led by a team of leading specialist palliative care consultants, in communication with patients and families, and supported by a team of specially trained nurses and healthcare assistants, along with a collaborative team of allied health professionals, counsellors, complementary therapists, pharmacists and others.

The team were recruited through a new, values-based recruitment process that enables staff to be recruited not only for their clinical skills and experience but also because they have demonstrated the high level of compassion and emotional maturity required to provide high-quality palliative and end-of-life care in the APCU environment. A bespoke, six-week training programme was also developed for the newly recruited team.

Maria Bolger, Ward Manager, said, 'The result of our recruitment and training process is a team that has a special bond – with each other and with patients and families – which colleagues say is totally different to what they have experienced working on other wards.'

Staff are also able to rotate through the APCU and the AHSPCT, with additional opportunities for staff from other specialties to gain experience working in the unit, thereby contributing to wider quality improvements in palliative and end-of-life care across the whole trust.

Designing the physical environment

The health and well-being benefits of good design are well established,⁸ and the team behind the development of the unit wanted to bring these benefits to the unit's patients and their families. As a result, special attention has been paid to both clinical and non-clinical areas, so that patients, families and friends can all benefit from a supportive environment.



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The nurses' station area usually found on hospital wards has been replaced with a hotel-style reception area, staffed by a receptionist who greets and gets to know patients and families and supports families' needs. This immediately provides a different, calmer and more welcoming experience on entering the unit, compared with encountering a busy nurses' station. The unit has a separate meeting room – 'The Hub' – that provides a space for multidisciplinary and board discussions.

A key feature is a welcoming Family and Friends Suite, which offers comfortable seating, private space and a kitchen area where families can make a cup of tea and snacks for themselves and patients. Family and friends can even stay overnight in the suite when this is needed. This unique area within the unit enables families to spend more time with their loved ones and be more involved in their care; it also provides a space in which difficult conversations can be held in a more private and relaxed environment than is usual on a ward. Visiting hours are open and a wet room is available for those staying overnight.

The colour scheme was chosen for its therapeutic benefits, with comfortable, yet practical and hygienic, furniture and specially commissioned landscape artwork from local artists. North West-based interior designers Nick and Ali Munro were commissioned to work with the wider team to bring the vision for the unit to fruition.

▶▶ One of four individual side rooms for patients, complete with en-suite facilities and comfortable furnishings for patients and their families.

'Both our parents died from cancer, so we both felt very motivated to do the best we can for people in that period of their lives, using our skills', said Ali Munro. 'Our aim has been to help create a space, which sets a new international standard for patient experience; a serene and homely environment which welcomes patients and those important to them and an inspiring space for everyone that works there.'

The facilities of the unit include:

- four side rooms for patients
- two four-bed bays
- a hotel-style reception area
- a complementary therapy suite – The Oasis
- the Family and Friends Suite
- relatives' space, including bathroom/shower facilities
- a multiprofessional meeting room for confidential discussion – The Hub
- a staff room – The Green Room
- an equipment store
- a kitchen
- the usual clinical ward facilities.

An environment designed for research

The unit also provides a centre for world-leading research and service innovation and improvement, underpinned by the MCPCIL. This means that patients can benefit from the research-based, innovative, compassionate and clinical care, while also having the opportunity to

►► The Oasis offers complementary therapies by fully trained practitioners.



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take part in research that improves care for the future, leaving a legacy for the benefit of future patients elsewhere, as innovations and learning are shared across the UK as well as globally.

Research projects taking place on the APCU include: understanding the lived experience of patients on the unit; the biology of dying; prognosis in palliative care; hydration status and complex symptoms in advanced cancer, using bioelectrical impedance vector analysis; and the chemical compatibility and clinical efficacy of continuous subcutaneous infusions (CSCIs) used over 48 hours in end-of-life care – the latter study aims to determine the modal dose and drugs administered by CSCI for 48 hours, while a systematic review on this topic will be conducted in parallel.

The unit uses the hospital's internal patient electronic notes system, as part of the transition programme to move into a state-of-the-art, newly built hospital in 2018, with the intention of being fully paperless before moving premises. Outcomes data are collated through the hospital's electronic system and contribute to the National Minimum Data Set for Specialist Palliative Care Services, with quick and accurate internal collation, retrieval and analysis using IBM® SPSS® Statistics analysis tools. Due diligence for the use of data for research purposes is governed in line with the Quality Governance Framework and ethical guidance.



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►► The Family and Friends Suite offers a comfortable space in which patients and their families can take some time out to relax or hold difficult conversations. Facilities include a kitchen for making drinks and snacks; families can stay the night if needed.

The unit is also acting as a portal to drive improvement and innovation in care and compassion for all patients in the hospital, through the learning generated in palliative and end-of-life care.

Outcomes to date

To date, over 370 patients and their families have been cared for on the APCU. Evaluation of the benefits of the unit is ongoing, including analysis performed in partnership with Edge Hill University,⁹ and so far the response from

stakeholders, patients and families has been overwhelmingly positive.

The APCU first opened to patients in January 2016 and was officially opened in July 2016 by Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission, who commented that the APCU represented, 'A jewel in the crown of end-of-life care at the Royal Hospital ... and a beacon of best practice.'

'The work here in Liverpool is a clear example of where a combination of inspirational leadership, clinical and research expertise commitment and compassion is a catalyst for sustained innovation and improvement that is a testament to the quality of an individual life. I look forward to hearing about the continued success of the APCU in Liverpool seeing its impact on driving forward research-based innovative and compassionate care across the health economy and beyond.'

Aidan Kehoe, Chief Executive at Royal Liverpool and Broadgreen University Hospitals NHS Trust, said, 'The Academic Palliative Care Unit is the result of the vision and ten years' hard work from our dedicated team and reflects the high priority we place on palliative and end-of-life care here at the trust.'

'If we are to achieve international recognition for our research and innovation in bringing new therapies from the bench to the bedside, the APCU will be leading the way, supported by our partners.'

The most important words, however, are those of the patients cared for on the unit, one

of whom wrote, '... I can't say thank you or praise you enough for the warmth and security you gave to myself and my family at a time when we needed it most. Your standards of care are definitely of the highest, and long may it stay that way. The APCU is everything I needed at a time when I did not know what I needed – it's the space, the time, the compassion that makes a difference. As soon as we walked onto the ward – even before we had seen the reception and the fantastic Family and Friends Suite – we could feel a difference ...' ■

Declaration of interest

The authors declare that there is no conflict of interest.

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Key points

- ▶▶ The Academic Palliative Care Unit (APCU) aims to provide world-leading, specialist, compassionate clinical care for those patients with the most complex, high-dependency palliative and end-of-life care needs and their families.
- ▶▶ The Academic Hospital Specialist Palliative Care Team provides daily, trust-wide expertise, leadership and support to all specialties, and supports patients on an individualised basis, identifying those who will benefit from referral to the APCU.
- ▶▶ The APCU's aim is for each patient, once their care needs have been addressed, to either: return home or go to another appropriate place of care, such as a hospice, taking into account their wishes and clinical needs; or experience a dignified death while being cared for on the unit.
- ▶▶ The team behind the development of the unit paid special attention to both clinical and non-clinical areas, so that patients, families and friends all benefit from a supportive environment.
- ▶▶ A key feature is the Family and Friends Suite, which has comfortable seating, private space and a kitchen area for families and friends; it even allows for overnight stays, when needed.
- ▶▶ The unit provides a centre for world-leading research and service innovation and improvement, underpinned by the Marie Curie Palliative Care Institute Liverpool. This means that patients can benefit from the latest, research-based, innovative, compassionate and clinical care.
- ▶▶ Evaluation of the benefits of the unit is ongoing, but so far, the response from stakeholders, patients and families has been overwhelmingly positive. A key benefit is a reduced length of stay in hospital.