

Population-based Needs Assessment

Palliative Care in Heart Failure

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The Key Questions

‘Over 600,000 people have definite (and a further 230,000 probable) heart failure’

British Heart Foundation

1. *How many of these people need palliative care?*
2. *What models of service enable the care to be delivered?*
3. *What resources are required to do that?*

Needs Assessment Methodology

- Does not make absolute measurements of need
- Does make comparative assessments of need between different populations
- Analyses the factors that influence need
- Produces an index of comparative need for palliative care resources per head of population e.g. as between Networks, as between Primary Care Trusts

Factors influencing palliative care need (or proxy measures of need)

- Prevalence of heart failure
- Incidence of mortality from heart failure
- Relative economic and social deprivation
- Ethnic composition of the population
- Proportion of single person households in the population

What are the most important factors?

- Incidence of mortality from heart failure as a ratio to population size (This is assumed to be a comparative proxy measure for palliative care for all people with heart failure)
- Economic and social deprivation (There is evidence to suggest that the resource need in the most deprived areas is twice that of the least deprived areas)

Incidence of Mortality from Heart Failure Merseyside & Cheshire – Rate per 100,000

| RATE | INDEX VALUE | PCT |
|-------------|--------------------|-----------------------|
| 315 | 100 | Southport & Formby |
| 256 | 81 | St Helens |
| 255 | 81 | South Liverpool |
| 233 | 74 | South Sefton |
| 232 | 74 | Central Liverpool |
| 230 | 73 | Halton |
| 228 | 72 | Bebington & W Wirral |
| 227 | 72 | North Liverpool |
| 223 | 71 | Birkenhead & Wallasey |
| 219 | 70 | Chester West |
| 215 | 68 | West Lancashire |
| 209 | 66 | Knowsley |
| 207 | 66 | Warrington |
| 176 | 56 | Ellesmere Port |

Index of Comparative Need for Mortality modified by deprivation

| PCT | Modified Index | Resource Need Index |
|-----------------------|-----------------------|----------------------------|
| North Liverpool | 140 | 197 |
| Central Liverpool | 138 | 194 |
| South Liverpool | 130 | 183 |
| Southport & Formby | 123 | 173 |
| St Helens | 121 | 170 |
| Knowsley | 117 | 165 |
| Birkenhead & Wallasey | 116 | 163 |
| Halton | 112 | 158 |
| South Sefton | 111 | 156 |
| West Lancashire | 88 | 124 |
| Bebington & W Wirral | 86 | 121 |
| Warrington | 84 | 118 |
| Cheshire West | 84 | 118 |
| Ellesmere Port | 71 | 100 |

Current Access to Specialist Palliative Care Services

National data from MDS collection

- 95% cancer to in-patient services
- 92% cancer to day care services
- 95% cancer to home care services
- 89% cancer to hospital support teams

Sample data from Merseyside & Cheshire

- 0.3% circulatory disease to in-patient services
- 2.7% circulatory disease to hospital support teams

Conditions for Use of the Index of Resource Need

- Recognition that the index is a benchmarking tool
- Need for a consensus on what the effective and efficient models of service delivery are
- Need for a methodology for estimating the volumes of such models of service

How the Conditions are met for Palliative Care for Cancer

- Resources available and access to them is compared with differential population need
- The models of service are set out in the NICE Guidance on Supportive & Palliative Care – specialist in-patient, community & hospital based advisory teams, day therapy, general palliative care services
- The baseline for service volumes is taken to be average national provision

Specialist Palliative Care Services

1

- Appears to be no national consensus as yet on the extent to which people with heart failure need access to the services designed for and largely accessed by people with cancer.
- Appears to be no national consensus on whether different models of service need to be provided and, if so, what.

Specialist Palliative Care Services

2

- The Index of Comparative Need indicates the populations where service developments may be needed most.
- BUT it cannot be used to help estimate resource needs until there is more consensus about what service models are most effective.

Specialist Palliative Care Services

3

The Way Ahead

- Identify those service models that appear to work best
- Identify the numbers of patients who benefit from them and their characteristics
- Assess how many more patients with those characteristics should be able to access such services
- Identify the resources employed in the current service and those needed for the developed services

General Palliative Care Services 1

- First assumption – that all people with heart failure may need palliative care
- Second assumption – that most palliative care for people with heart failure should be delivered by the usual professional carers of the patient and family
- Third assumption – that this care should be provided as a routine, integrated part of normal professional practice

General Palliative Care Services 2

All health & social care professionals should be able to:

- Assess the palliative care needs of patients & families across all potential domains of need
- Meet those needs within the limits of their palliative care knowledge, skills and competence
- Know when and how to seek advice from or refer to specialist palliative care services

General Palliative Care Services 3

The population for needs assessment is all health & social care professionals who contribute to the assessment, treatment and care of all those with heart failure.

The requirement is to assess to what extent this population can provide palliative care and what action should be taken to improve it e.g. through education & training, introduction of Gold Standards Framework, Liverpool Care Pathway, Preferred Place of Care

General Palliative Care Services 4

Resources are required:

- To undertake the assessment of workforce need
- To develop an education programme and identify priorities
- To provide for education & training in palliative care (particularly for the involvement of specialists in palliative care)
- To provide for the release of staff to undertake training
- To provide for the facilitation of the introduction of GSF, LCP, PPC

Summary 1

1. There are very large variations in palliative care need between different populations
2. Availability of services and access to them should reflect differential population need
3. Population-based needs assessment has limited value until there emerges a firmer idea about what the most effective service models are
4. There is an urgent need to identify what those service models are

Summary 2

5. There is a need to develop an understanding of what the contribution of specialists in palliative care should be.
6. Within each Network there is a need to undertake an education and training review and develop a costed programme from that.