COLLABORATIVE WORKING IN PALLIATIVE CARE: RECENT RESEARCH AT THE UNIVERSITY OF HUDDERSFIELD

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WHY WORKING TOGETHER MATTERS

- Need for different professionals, patients and carers to work effectively together is key to contemporary health and social care
- Failure to do so has major implications for:
  - Delivery of patient-centred care
  - Patient safety
  - Staff morale
  - Health service costs

- Especially true for Palliative and Supportive Care:
  - Complex cases involving many professionals
  - Often requires collaboration across sectors: primary/secondary/tertiary; health/social care
  - Sheer number of professionals coming into the home can be confusing and/or frustrating for patients and carers

DEFINITION OF COLLABORATIVE WORKING

- Occurs when two or more professionals from different professional groups are required to interact to ensure that appropriate care is delivered to a service user
- Need not be members of a formally constituted team
- Level of collaboration can vary from the transient and superficial to close, long-term working relationships.

HUDDERSFIELD/MACMILLAN STUDIES

- Nursing roles in community palliative care
- Evaluation of Midhurst Specialist Community Palliative Care service
- Unpicking the Threads: Specialist and Generalist Nurses' roles and relationships in supportive care

NURSING ROLES IN COMMUNITY PALLIATIVE CARE

- Research question: *What is the relationship between community nursing roles and the delivery of primary palliative care?*
- Carried out in three diverse geographical areas
- Main focus on District Nurses and Community Matrons
- Also interviewed a range of other professional stakeholders (GPs, managers, social services etc)
- Total N. of interviews = 46
  - DNs = 24
  - CMs = 15
  - Others = 7

EVALUATION OF MIDHURST SPECIALIST COMMUNITY PALLIATIVE CARE SERVICE

- Midhurst service provides specialist palliative care in large rural area of West Sussex, Hampshire and Surrey
- Set up when local in-patient service closed
- Aimed to provide as near as possible same range of services in community
- Most of population do not live within easy reach of a conventional hospice
- Multi-disciplinary team, with CNSs, Community Support Team (staff nurses + HCAs), Consultants, therapy professions, counselling

- Evaluation by Sheffield and Hudds Uni's, plus Monitor Group (economic)
- Huddersfield focus: *the role of the Midhurst team and the nature of its relationships with patients, carers, and other health and social care professionals*
- Total of 69 interviews
  - MH team = 30
  - Patients = 11
  - Carers = 10
  - Other professionals = 18

UNPICKING THE THREADS

- Research question: *how do generalist and specialist nurses work with each other, with other professionals and with patients and carers to support cancer patients?*
- Also interested in comparisons between services for cancer and long-term condition (LTC) patients
  - Asked clinician ptps where possible to describe one cancer case & one LTC case
- Focus not just on EoL: also addressed support for cancer survivorship

- Set in one metropolitan borough
  - Mainly urban, with some suburban and rural areas
  - High deprivation and high health inequalities
  - Boundaries of PCT, Acute Trust and Local Authority social care co-terminous
  - Adjacent to other densely populated areas (and some more rural areas)
- Total of 78 ptps:
  - 15 DNs, 11 CMs, 7 community spec nurses (LTCs)
  - 13 acute specialist nurses (7 LTC, 4 cancer, 2PCSN)
  - 6 patients, 6 carers
  - 20 others

KEY THEMES ACROSS ALL THREE STUDIES

- Role perceptions and understanding
- Role flexibility
- Context of change and uncertainty
- Centrality of relationships

ROLE PERCEPTIONS AND UNDERSTANDING

- Collaboration is made difficult where there is:
  - Lack of knowledge/misunderstanding of others' roles
  - Uncertainty re own role
- E.g. Community Matrons' role in EoLC
  - In Nursing Roles study, DNs and CMs themselves varied considerably re whether and how they saw CMs as having role in community palliative care
  - In UTT, CMs (and others) had differing views re their involvement with cancer patients, at EoL and before

VIEWS ON CM ROLE IN EOLC (NURSING ROLES STUDY)

- NO ROLE FOR CMs IN EoLC

"We don't really need to involve them at all; I've been working at Goldborough for coming up for a year now and I've never needed to involve a community matron in any palliative care."

(District Nurse, Goldborough)

- None of the CMs took this view

DNs have lead role, but CMs usefully involved

"It (Community Matron role) may stop perhaps crises happening […] She sees it coming and then we'll talk about it and maybe we'll go in before it happens, so it's probably a lot better for patients."

(Community Staff Nurse, Woolbeck)

- This view also shared by many CMs

CMs should lead in case management of (some) palliative patients

"I think the future for the Community Matron role in palliative care is to proactively identify patients that are mainly a year or just before that of potentially dying so that we can get in there and effectively plan the care that's needed…"

(Community Matron, Goldborough)

- A few CMs argued for leading case management role even for cancer pts - View not shared by DNs

- Leaving aside what CM role *should* be, clearly potential for mismatched views that may impact on collaboration
  - CMs may feel excluded by DNs who see no role for them
  - DNs may feel their role is being stolen by CMs who want to "take control"
- In the 3 areas, different organisational histories and arrangements impacted on opportunities to address such issues

Role Flexibility

- In all 3 studies, role flexibility was seen as assisting collaboration
  - Doing what you can (within competence) rather than what is strictly defined by your role
  - Enables negotiation of roles between professionals, around needs of patient
- Flexibility can be inhibited by:
  - Sense of threat to professional roles and identities
  - Organisational constraints – e.g. workloads, information systems

Example: Midhurst Team

- TEAM ETHOS OF FLEXIBILITY

"We try to stay flexible because that's the uniqueness of the service…it shouldn't be task-oriented"
(Clinical Support Team)

"…it's a very flexible workforce, people don't get too entrenched in what their role is"
(Service manager)

"…as far as OT and Physio are concerned our roles are very interlinked – I do quite a lot of breathlessness and she does quite a lot of equipment"
(Midhurst OT)

Minimising of hierarchical relationships

"I don't feel there's any hierarchy as such, which I mean that in a positive way, you know: the Consultants, the CNSs, the Clinical Support Team, we all try and work as one, and there's no fear of asking questions if you don't know anything"
(Clinical Support Team)

Context of Change and Uncertainty

- These studies were carried out over period of considerable change and uncertainty about the future (even by NHS standards!)
- Generally seen as unhelpful for collaborative working
  - Changes to roles
  - Changes in management
  - Financial restraint
  - Fears about own jobs
- Midhurst team somewhat insulated from worst of this by relative independence

Relationships as Central

- Overall, quality of relationships amongst professionals is crucial
  - Accessibility and availability
  - Longevity of relationships and shared job history
  - Respect
  - Making an effort
- Examples from UTT project

Accessibility and Availability

"Working here in this building has been a real bonus because I'm working alongside, you know, physically working next to other specialists: dermatologists and heart failure nurses, COPD"

(Lymphoedema CNS)

"I think sometimes when you phone somebody – over the phone, it depends on your communication skills, often things are forgotten. But face-to-face they're brought to mind a little bit better"

(District Nurse)

Longevity of Relationships /Shared Job History

"Because I've known [*name*] who's the manager for so long we have a very close relationship, so that if I ever have any problems that I can't manage I can refer to the Acute Trust for specialist care with the Consultants […] We have close links with all the services really, and I think because a lot of us have worked together over the years we know names and faces"

(Diabetes Community Nurse Specialist)

Respect

"Very, very accessible [i.e. *Consultants*], even out of hours when they shouldn't be, you know, they leave their phones on. And I think that's because we don't mither them with silly things, so when we do ring them they know it's a problem that we can't sort out, so it's like respect really, isn't it? "

(COPD Acute Nurse Specialist)

Making an Effort

"Going and seeing 'em. Lurk outside a Doctor's room. I'm always lurking down here. Go in and see the Doctor. Nip over and see the District Nurses. Go to the Hospice – I know the girls at the Hospice now. Go to Intermediate Care. You can't go all the time, I don't mean that, but go make your face known"

(Community Matron)

Change and Development – Through a Relational Lens

- People best able to collaborate where they have strong networks of personal relationships with colleagues in other professions and/or organisations
  - Builds trust to enable flexibility
  - Aids mutual role understanding
- NHS changes (at all levels) can inhibit collaboration because they disrupt professional networks of relationships
- Often neglected in organisational change and service development at all levels

"On the ground there's such a willingness to work together, and people will get by despite some of the senior managers and not because of them, and you know at a higher level people are getting embroiled in ownership, power and finance and things like that, but on the ground people are generally working together with a genuine commitment"

(Manager)

Selected Publications

- King, N., Bravington, A., Brooks, J., Hardy, B., Melvin, J. and Wilde, D. (in press) The Pictor Technique: a method for exploring the experience of collaborative working. *Qualitative Health Research.*
- Hardy, B., King, N. and Firth, J. (2012) Pictor: a tool that promotes reflection and communication in research interviews with people affected by advanced disease. *Nurse Researcher*, 21 (10), 6-10.
- King, N., Melvin, J., Ashby, J. and Firth, J. (2010) Community palliative care: role perception. *British Journal of Community Nursing*, **15** (2): 91-98.
- King, N., Thomas, K., Martin, N., Bell, D. and Farrell, S. (2005) "Now nobody falls through the net": practitioners' perspectives on the Gold Standards Framework for community palliative care. *Palliative Medicine*, **19**(8): 619-627.

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