



**WAKEFIELD
HOSPICE**

SHARING THE CARE NOW AND
FOR FUTURE GENERATIONS

**30TH
ANNIVERSARY
1990-2020**

Rehabilitative Palliative Care (Enablement)

Executive Summary

Rehabilitative palliative care (RPC), is a fresh thinking practise that, through a multidisciplinary approach, transforms people’s lives. It can be applied at any stage of an individuals’ illness to support them to achieve their own personal goals and priorities for living. RPC minimises ‘disability’ and optimises functional independence, allowing for a more active and meaningful existence – they are a person, not a patient.

Hospice UK state: *Not only does this approach enable people with life-limiting and terminal conditions to live as independently and fully as possible, it allows hospices to respond to increasing demand for their services in a cost-effective way.*

Funding will support this approach, ensuring more people can live as full a life as possible for as long as possible whilst helping the hospice work smarter to tight budgets in the face of increasing costs and growing demand, ensuring more people can access right care at the right time.

About Wakefield Hospice

Wakefield Hospice is an adult hospice committed to providing the highest level of symptom management and end of life care for people with a life limiting illness and supports families and carers throughout the period of illness and into bereavement. It employs 50 full time and 75 part time staff who are supported by 450 volunteers.

On average the hospice cares for

- 230 inpatients every year on the 16 bedded in-care facility,
- 3800 day therapy attendances

Wakefield Hospice is located in one of the top 10% most deprived neighbourhoods in England (<http://bit.ly/2qldK6b>). The hospice is proud to offer care **free of charge** which helps many gain vital support that may not otherwise be available.

It costs £4.2 million every year to operate the hospice with 25% of this is funded by the local CCG. The hospice remains proactive in raising the remainder.

Situation Analysis

Every year, between 2,300-2,600 people in Wakefield need palliative care (<https://bit.ly/2HEFEeo>) but this figure is only expected to rise with a predicted “increase by 42% by 2040” (<http://bit.ly/2OPnbdN>), meaning an increase of 966 – 1,092 people every year. People are living longer but more often than not with multiple illnesses.

RPC focuses on a person’s goals and promotes a culture of enablement through which the hospice’s multidisciplinary team works together to identify and achieve a patient’s goals and priorities. This coordinated approach encourages choice, independence and dignity.

Rehabilitative Palliative Care IS:

Person-centred: focusing support to best meet people’s goals and personal priorities

An effective integration of rehabilitation and palliative care to actively enhance people’s quality of life

Interdisciplinary and multiprofessional: all members of the palliative care team actively contribute to Rehabilitative Palliative Care

A collaboration between patients, relatives and carers and the multidisciplinary team

About optimising people’s ability to function in the widest sense including moving around, eating and enjoying food, communicating with others, managing activities of daily living and participating in meaningful activities

About adopting an enabling approach to provide patients and their relatives or carers with enough support to empower them to manage on their own

A way to give people greater independence, autonomy, choice and dignity

About living with dying

Rehabilitative Palliative Care IS NOT:

Focused on and driven by the allied health professional agenda but led by patients’ priorities

The clash of two contradictory and opposing treatment paradigms

The sole domain of allied health professionals: physiotherapists, occupational therapists, dietitians, speech and language therapists, rehabilitation assistants

About promoting false hope that someone will recover or return to a previous level of function when this is unrealistic

Just about mobility and walking

About being less caring but promotes adopting an enabling approach to the way in which we provide care and having a greater focus on support

About moving away from the ethos and values of palliative care but enhancing these through shared characteristics of rehabilitation

About ignoring dying or pretending it isn’t happening

<https://bit.ly/2UJbU2d>

Effective RPC reduces the dependency and therefore strain on hospice and support services, including carers. One in two people living in the community aged 80+ will fall at least once a year – half of those will fall again within the next twelve months. Improving muscle strength through gentle exercises have proven to be effective and reduce falls by 29% <https://bit.ly/2KVzQ0N> which reduces hospital admissions, cutting costs for the NHS. Falls alone are estimated to cost the NHS £4.6million every day <https://bit.ly/2KVzQ0N>.

Since integrating this approach a few years ago, the hospice's audited accounts (2018-19) show that despite a 7% increase in occupancy, through smarter working, the costs associated with care decreased 0.5% from the previous year.

Enablement at Wakefield Hospice

The need to adopt this approach resulted from an internal audit of frailty assessments between June and December 2017 which showed that 71% of people reported issues with weakness and mobility during the initial symptom assessment. **After physiotherapy intervention, this same 71% reduced to 5%.** Since then, an enablement approach has been successfully integrated to become a core aspect of care at Wakefield Hospice, having a significant impact for many. When applied staff are able

- to provide effective rehabilitative palliative care by working closely with patients and carers on a daily basis,
- to strengthen and enable patients ability to complete daily tasks, e.g getting dressed or making a cup of tea,
- to encourage and maintain normality in daily life,
- to optimise choices, promoting independence,
- to preserve dignity and quality of life,
- to empower patients and carers to actively manage their condition themselves,

Funding towards this core aspect of care will let the person shine through, not the illness, ensuring every individual the hospice cares for, with an end-of-life diagnosis, is able to live fully until they require end-of-life care.

Enablement in action



Chris's story

Chris says "In the few days that I've been at Wakefield Hospice, the staff have been amazing and helped me gain more movement than I've had in the last 3 months. Through gentle exercises I've started to get some mobility back in my hands and legs and look forward to surprising my sons that I can move my leg all by myself – they'll be so happy."

Pam's Story

Pam was admitted by her Macmillan Nurse who advised the family that Pam was dying but within days of her admission, Pam was starting to get back to being herself and with the help from the enablement team, started to walk again with the use of a frame and feed herself as her appetite returned.

Her daughter, Lorraine, says "in your head, you think a hospice is the last place to go. It's not. I've been amazed by it. Everyone is so wonderful, they have got time and patience for you, nothing is too much and as a result, I've got my mum back."



A common misconception about hospice care is that it is the last place people come before they die. That is true for some but currently **40% of patients are discharged home or to their preferred place of care** – a figure we are looking to increase through enablement.

The Need for Funding

Ordinarily, fundraising and retail activities make up 60% of the hospice's overall income, so not being able to open our shops, or host events during lockdown has had a huge impact on income generation. Restrictions are starting to ease but will continue to impact the hospice's self-sufficient income for a while yet. The overall revised budget for the coming year anticipates a deficit of £470,000 – providing an average loss over the next three months of £117,500.

With an ageing population, a rise in multi-morbidities/frailty and an increase in demand for palliative care all set to increase in the coming years. Cost savings achieved by applying an enablement approach will be magnified with improved interventions earlier on, helping our hospice work smarter – more effectively and efficiently.

Salaries are the single largest expense at Wakefield Hospice. Two thirds of annual running costs cover salaries but without the right qualified, dedicated and skilled staff, the hospice simply could not continue providing outstanding care to local people and transform lives for the better.

Thank you for taking the time to consider this application.