



An Integrated Care System (ICS) approach to hospice strategic development using local and national tools to develop strategic priorities

Many health providers saw dynamic, responsive service change during the COVID pandemic¹ and hospices were no exception². The introduction of integrated care systems (ICSs) encourages system partners to work collaboratively³. Therefore, it's important to reflect on hospice service provision in relationship to the local palliative care health economy.

Aim

To use local and national resources to inform St Richard's Hospice's strategic review. This includes hospice clinical services, population demographics, projections and qualitative evidence to redefine the hospice's provision of care and strategic direction.

Method

Combining national and local resources, we developed our strategic clinical priorities.

Using the NHS England and Improvement (NHSEI) model of universal Palliative and End-of-Life Care (PEoLC)⁵ we visualised our generalist, targeted and specialist offer for the In-patient Unit, Living Well, Community, Family Support and Education services. This demonstrated the complexity of services.

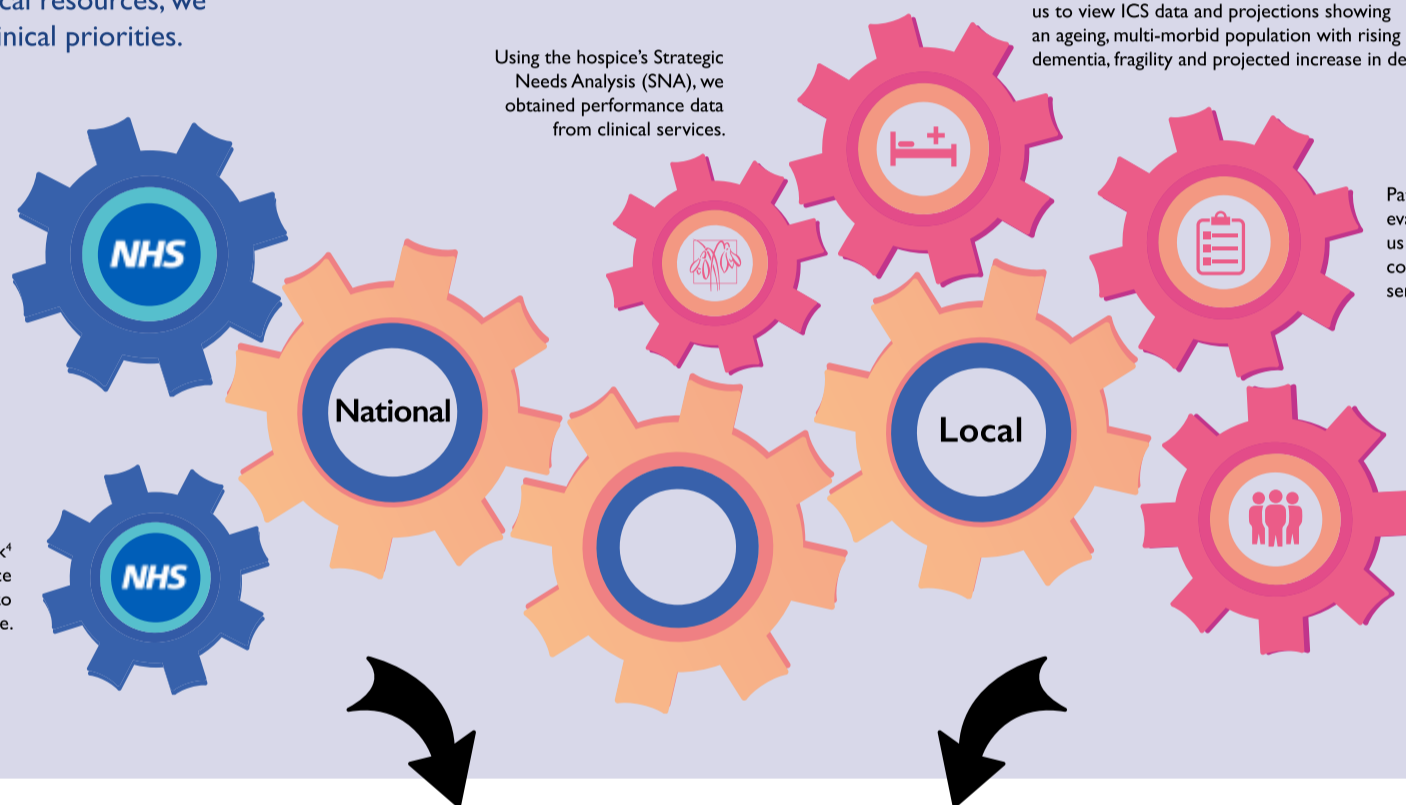
The national Ambitions Framework⁴ formed the basis for our hospice review using the six dimensions to identify gaps and areas to improve.

Using the hospice's Strategic Needs Analysis (SNA), we obtained performance data from clinical services.

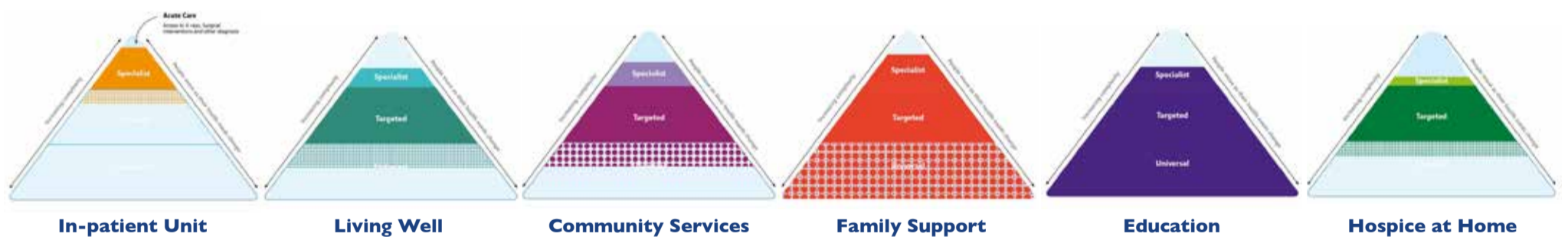
The ICS' palliative and end of life care SNA allowed us to view ICS data and projections showing an ageing, multi-morbid population with rising dementia, fragility and projected increase in deaths.

Patients and carer evaluations enabled us to gather the community's view of our services and their needs.

System partners consultation involved the ICS end of life board and network, primary care networks, community, and acute trust. It explored needs and expectation of services.



See below diagrams outlining the services currently provided by St Richard's and the strategic direction for each.



Conclusion

Local and national resources provided breadth to the strategic review allowing celebration of successes, identification of gaps and areas for improvement.

The national tools more importantly opened up helpful strategic discussions based on our provision of care within the ICS, ideas for collaboration and development of our strategic priorities.

Our strategic priorities

People first
Our staff and volunteers are supported and well prepared to care

Digital future
Embracing technology and data to improve care quality and safety, and to release staff's capacity to care

St Richard's home
Maximising the use of the hospice building to support our patients and staff

Partner empowerment
Democratising knowledge of palliative and end-of-life care

Community commitment
Supporting more people to die well at home

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