COMPASS

Guiding patients and professionals towards the right care, in the right place at the right time

Community Outreach Model for Palliative Assessment, Support, Step Up and Down

Steering Group

Wed 22nd April 2026

Background

Over one-third of acute hospital beds are occupied by people in their last year of life.

Herefordshire & Worcestershire ICS are an outlier for patients experiencing three or more emergency admissions in their final year.

In the last 90 days of life, on average people are spending 23-24 days (26% of 90 days) in a hospital bed within Herefordshire and Worcestershire.

In Worcestershire there is a 51% increase projected for the 80-84 age group and a 35% increase in the over 85’s by 2030

HW ICS Strategy for Palliative and End of Life Care

2025 - 2030

Herefordshire and Worcestershire Integrated Care System

4.3 Next steps

- Support primary care with delivery of Neighbourhood Health Delivery Framework to achieve success
- Launch digital ReSPECT across all providers
- Work with providers to embed GSF in identified wards, using a standardised prognosticator indicator tool which will increase early identification and allow for more effective discharge summaries
- Embed Specialist Palliative Care in Emergency Departments and Hospital @ Home to facilitate identification and appropriate care management in the right setting
- Scope existing services in relation to SPoA for all patients within the last year of life
- Work with providers to receive fast track patients into Neighbourhood Teams
- Work towards a 7/7 CYP service in Herefordshire
- Repeat Ambitions self assessment across children and adult services to track progress

Learning from elsewhere

Marie Curie REACT

(Reactive Emergency Assessment and Community Team)

- 35% patients not previously known to SPC
- Over 2.5yrs – 8326 bed days ‘saved’ (21 bed days per day) – equivalent to £2.9M
- Improved QoL & achievement of patient preferences
- Less likely to be admitted (60% discharged home)

- Over 2yrs: 11,729 days spent at home instead of in hospital in their last year of life (average 9.03 per patient). Valued at £4.27M
- Positive patient/family feedback
- Improved engagement with palliative care in ED

- Funding for 1WTE Consultant in Palliative Medicine & 1.2WTE Palliative Care ACP to provide Specialist Palliative Care input to Emergency Depts at WRH & the Alex, and support to Hospital at Home service

Objectives:

- Improve identification of patients in the last year of life.
- Reduce hospital admissions - by providing rapid community support, patients are less likely to require emergency hospital visits.
- Improve symptom management - faster access to specialist input helps manage pain, breathlessness, or other distressing symptoms.
- Enhance patient & family satisfaction - families feel supported during crises, and patients are more likely to receive care in their preferred location.
- Improve resource utilisation - reduce unnecessary bed occupancy in hospitals and ensure specialist teams focus on patients who most need them.
- Support advance care planning - integrates discussions about preferences for end-of-life care, reducing uncertainty during crises.

NHS
Worcestershire Acute Hospitals
NHS Trust

Practice Plus Group

St Richard's Hospice
Caring for life

Heritage
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NHS
Herefordshire and Worcestershire Health and Care
NHS Trust

KEMP Hospice

NHS
Wye Valley
NHS Trust

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

NHS
Herefordshire and Worcestershire

Hospital At Home

primrose hospice
Care Compassion Community

Carers & Communities
Navigating Life's Journeys

worcestershire county council

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Strategic Outcome:

- Increased and timely identification of those likely to be in the last year of life, with enhanced integration and communication across all providers and neighbourhoods, reducing attendances to ED and hospital length of stay

Ambition:

- Contribute towards the 2% reduction in Emergency Attendances for those in the last year of life
- Reduction in length of stay for those in the last year of life

Next steps:

- Embed Specialist Palliative Care in Emergency Departments and Hospital @ Home to facilitate identification and appropriate care management in the right setting