

GM Hospices

Provider Collaborative

●●●●●●●●●● Caring Together

Adult & children's hospice services 2024/25



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Introduction to hospice care in Greater Manchester



Introduction to specialist palliative care

What is palliative care?

Good palliative care is not just about supporting someone in the last months, days and hours of life, but about enhancing the quality of life for patients and those close to them at every stage of the disease process from diagnosis onwards, including death and bereavement care and support.

A palliative care approach should be considered alongside active disease management from an early stage in the disease process. Palliative care focuses on the person, not the disease, and applies a holistic approach to meeting the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.

What is specialist palliative care?

Specialist palliative care is the active, total care of palliative individuals with progressive, advanced disease and their loved ones, with care provided by a multi-professional team who have undergone recognised specialist palliative care training.

Specialist-level palliative care may be required episodically, or for longer periods. People who may benefit from specialist palliative care are those whose symptoms cannot be managed in a timely way by their usual generalist care team.

It encompasses hospice care as well as a range of other sources of specialist advice, support and care, such as that provided by hospital and community palliative care teams.

What is hospice care?

Adult hospices deliver specialist palliative care and support for individuals aged 18 or over with a life-limiting illness, and complex needs, who require assessment and management by a multi-disciplinary palliative care team - as well as supporting their families.

Children's hospices provide specialist palliative care and support care for babies, children and young people (BCYP) with life-limiting or life-threatening conditions. The age at which those individuals would transition into adult services (if at all) varies by children's hospice. They offer a range of services which are available in line with identified need. Most BCYP will be involved with the hospice over many years and service need will vary over this time as a child's condition fluctuates.

Although adult and children's hospices are independent charities with the majority of funding coming from their local communities, hospice care is delivered in a similar way to NHS services - accessible to all within the local community, and without charge to the service user.

The holistic services provided by each hospice tend to reflect the particular needs and priorities of the communities they serve. However, they are all likely to provide a range of core services as described on the following pages.

Health and Care Act 2022

Section 21 of the Health and Care Act 2022 sets out the "duties of integrated care boards as to commissioning certain health services". Section 21.3 stipulates that "an integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility... (h) such other services or facilities for palliative care as the board considers are appropriate as part of the health service". This must include the sustainable, effective and equitable statutory funding and utilisation of adult and children's hospice services across the footprint.



Greater Manchester Hospices Provider Collaborative

What is the GM Hospices Provider Collaborative?

The GM Hospices Provider Collaborative is an all-ages partnership comprising Greater Manchester's seven adult hospices (Bolton, Bury, Dr Kershaw's, Springhill, St Ann's, Wigan & Leigh, and Willow Wood) and two children's hospices (Derian House and Francis House).

This long-standing strategic partnership – working closely together to improve the quality, access and sustainability of services - has been developed to support delivery of the vision set out in the "GM Commitments to palliative adult individuals approaching or within the last year of life": "to ensure high quality palliative and end of life care provision is standard, and meets the Greater Manchester population's current and emerging palliative and end of life care needs". We support the same aspirations for BCYP services.



Where can I find out more about Greater Manchester's hospices?

Please refer to each hospice's individual website for the most up to date information.

Hospice	Areas served:	Website
Bolton Hospice	Bolton	www.boltonhospice.org.uk
Bury Hospice	Bury	www.buryhospice.org.uk
Derian House Children's	Various	www.derianhouse.co.uk
Dr Kershaw's Hospice	Oldham	www.drkh.org.uk
Francis House Children's	Various	www.francishouse.org.uk
Springhill Hospice	Heywood, Middleton & Rochdale	www.springhill.org.uk
St Ann's Hospice	Salford, Stockport, Trafford & Manchester	www.sah.org.uk
Wigan & Leigh Hospice	Wigan & Leigh	www.wlh.org.uk
Willow Wood Hospice	Tameside, Glossop	www.willowwood.org.uk



Core referral criteria to adult & children's hospice services

Adult hospice referral criteria

When would an individual generally be referred into adult hospice services?

Many individuals with a life-limiting illness are sufficiently supported by their GP, community nursing teams or other health and social care professionals. However, often individuals or those people important to them require the additional support of their local hospice services.

Adult hospices provide supportive and specialist palliative care for individuals aged 18 or over. A referral will generally be organised by the health professionals involved in the individual's care.

Core criteria for access to adult hospice services

The core criteria for access to adult hospice services would be an advanced, potentially progressive and life-limiting illness, **and** at least one of the following:

- Difficult-to-manage pain and/or complex illness-related symptom control
- Complex psychosocial problems (patient/carer)
- In the last days and hours of life, with a need for end of life care and support, which may include bereavement care
- Need for specialist help with rehabilitation/adjustment
- Generic (generalist) services unable to meet the individual/carer needs.

A referral may be made at any point if the individual has appropriate specialist palliative care needs.

Key triggers to referral include:

- Time of diagnosis
- During, or on completion of, cancer or other disease-specific treatment
- Disease recurrence or relapse
- Recognition of the final 12 months of life
- Last days of life care
- Other 'milestones'.

Individuals should give their consent to the referral, or if unable to do so, the referral should follow a best interests decision process (Mental Capacity Act 2005) and be clearly recorded on the referral.

When would an individual generally not be referred into adult hospice services?

Hospices are generally **not** able to provide services for individuals whose:

- Conditions are stable and whose needs are mainly social care in nature, e.g. personal care needs
- Current clinical problems are not related to their life-limiting illness, e.g. individual is experiencing chronic pain secondary to a musculoskeletal problem
- Immediate care needs would be best met in the acute setting – e.g. palliative care emergencies or neutropenic sepsis.

Children's hospice referral criteria

When would a BCYP generally be referred into children's hospice services?

Children's hospices provide specialist palliative care for babies, children and young people (BCYP). The age at which those patients transition into adult services (if at all) varies by hospice.

A referral can be made from the point of diagnosis onwards, by family members or by any relevant health or social care specialist.

Core criteria for access to children's hospice services

Children's hospice services are available to families who have a child with life-limiting or life-threatening conditions. Referral for post-bereavement care where BCYP have not previously been known to hospice services will also be considered.

A multi-disciplinary panel will assess each referral for suitability, assessment of need and allocation of appropriate services in line with identified needs. Where hospice intervention is not appropriate, families will be signposted to other relevant services.



Value of hospices to communities & system partners

This brochure focuses on the specialist care and support services offered by hospices to individuals and their loved ones across GM. However, hospices add value to their communities and to the wider health and care system in a variety of ways above and beyond this core offer. For example:

Supporting system flow and discharge

Hospices are exemplars of integrated, multi-disciplinary working, built on decades of collaborative working with health and social care partners. They support patient choice and experience by ensuring individuals receive care from the right people, at the right time, and in the right setting for them.

By supporting people to die with dignity away from hospital settings, either in the place they call home or in a hospice (if that is their wish), hospices contribute significantly to the management of hospital flow and demand, preventing needless emergency admissions to hospital and ambulance call-outs, and supporting discharge.

Hospices' well-being and day care therapies result in patients learning how to manage their conditions more effectively, as well as reducing isolation and offering respite and support to carers.

Several hospices provide support for colleagues in acute NHS services with hospital in-reach. Hospice liaison teams can work alongside hospital colleagues, ensuring that an individual receives the same standard of care irrespective of location. This service also promotes early referral to hospice services for individuals not already known to palliative care, early introduction to Advance Care Planning, and earlier discharge from hospital to hospice or home.

Education & training for external health & care staff

As well as training their own staff and volunteers, GM's hospices are committed to making their high-quality education and training accessible to as many community-based health and social care staff as their resources allow. By building competence and confidence across a wide range of settings such as care homes, patient care is improved and pressures on other parts of the system such as acute hospitals and primary care are alleviated. See section H for more information.

Compassionate communities

Our hospices are at the heart of compassionate communities in GM.

Hospices rally and coordinate an army of volunteers, who give their time and energy to support the delivery of many hospice services, and in doing so help them to sustain quality of care whilst keeping their costs down. Between them the hospices' volunteer workforce donate several hundred thousand hours per year across GM; at minimum wage (although many of the roles would require a great deal more than minimum wage were they to be salaried) this saves the system up to £10 million.

Hospices act as single points of contact in the community for a range of people with a variety of palliative health and care needs, making links and signposting to other services as appropriate. They offer emotional, practical and bereavement support for families; reduce social isolation through events and volunteering opportunities; and even help to tackle local poverty through affordable high street shops.

Hospices proactively reach out to members of the community traditionally under-served by palliative care services, such as the Muslim community, LGBTQ individuals, and the homeless – in order to tackle prevailing inequities of access.

GM's hospices are a force for cultural change, encouraging healthy and timely conversations about death and dying.



Utilisation of the hospice estate by other services

Many hospices offer up their physical spaces to neighbouring providers within their localities' health and care systems, to help bring vital non-hospice led services closer to the patients and families who need them. Services hosted by hospices in collaboration with external providers range from chemotherapy, phlebotomy and lymphoedema clinics, to Motor Neurone Disease, dementia and pulmonary fibrosis support groups – all run alongside specialist partners within the system.

Individuals and their loved ones enjoy the convenience of reduced travel times, free on-site parking (for most), and assessment or treatment in settings that may be less medicalised. In turn, the hospices gain an opportunity to introduce themselves and their facilities to patients and their families earlier on in their care journey, breaking down barriers of understanding (for instance changing assumptions that hospices are primarily places where people go to die) and forming positive relationships in advance of services being needed.

Please refer to local hospice websites for more information.







Adult & children's
hospice services in
Greater Manchester

A. Inpatient hospice care – for individuals with core & specialist palliative care needs

Adult hospice inpatient care

What is this service?

Adults with complex needs may benefit from a period of assessment, review and support from a multi-disciplinary specialist palliative care team in an inpatient setting.

When would an adult usually be referred into this service?

A referral may be made at any point if the individual has appropriate palliative care needs. Referrals into this service will be made by the health care professionals involved in an individual's care and should offer a complete and up-to-date set of information and assessment of the individual.

Each hospice may have variations to core inpatient admissions criteria and capacity at any one time. Because hospices often have lower levels of on-site medical support during weekends and bank holidays, or after normal office hours, they may be unable to admit during these periods.

Where one GM Hospice is unable to accept admissions on a given day due to lack of bed availability, referrals may be made to neighbouring GM Hospices where this supports system flow and patient choice. A decision to accept a patient from out of area/contract is made by individual hospices and will be agreed with the referrer prior to admission. The corresponding charge per bed day to commissioners is based on the actual staff, management and overhead costs incurred in running that bed. This is likely to vary by hospice based on local factors such as the size of hospice and its senior medical model.

What can the individual expect when they access this service?

Inpatient hospice care may be beneficial for periods of symptoms control and assessment, or for periods of rehabilitation. Some individuals may receive care on the inpatient unit in the final days and hours of their lives.

Length of stay within the hospice will depend on the ongoing palliative care needs of the individual but on average is often about 14 days. Hospices would plan discharge from their inpatient care for individuals whose needs can then be met in other settings by the appropriate health and social care professionals.



Children's hospice inpatient care

What is this service?

BCYP in children's hospice care may benefit from planned periods of respite in an inpatient setting. Beds are also available for periods of symptom management, support following prolonged hospital admissions (as a step down to going home), or at points of family crisis, as well as for end of life care.

When would a BCYP usually be referred into this service?

A multi-disciplinary panel will assess each referral for suitability, assessment of need and allocation of appropriate services in line with identified needs.

What can the BCYP and their family expect when they access this service?

Planned short breaks in the hospice setting may be available, offering BCYP and their families (if wished) opportunities to participate in fun and social activities, and allowing for review of condition and treatments, initiation of Advance Care Planning and referral to other services as determined by care assessments.

Admissions are also available for symptom management, support following prolonged hospital admissions (as a step down to going home), or at points of family crisis. Planning for discharge home will be commenced at the time of admission, with regular multi-professional meetings throughout their stay.

End of life care is offered to all children and families who need it, including those not previously known to the hospice. Children's hospices can also support the withdrawal of life-sustaining intensive care and long-term ventilation within the hospice setting, working collaboratively with colleagues from acute services. After death, a child may rest in one of the hospice's chilled bedrooms – so families can stay close until they are ready.

Where can I find out more?

Please refer to Appendix 1 and local hospice websites for more information.



B. Outpatient / day case-type hospice services (where individuals attend Hospice)

Adult hospice outpatient services

What are these services?

All GM Hospices offer a range of on-site services, aiming to provide advice, support and specialist management for individuals with life-limiting illnesses. These services are likely to be delivered either on-site at the hospice (with patients attending during the day to access these services before then returning to their usual place of residence), or virtually, or potentially by hospice staff at another site away from the individual's usual home or care setting. The focus is on promoting well-being, supporting holistic care, rehabilitation to enable individuals to live well, and reducing disease-related anxiety.

Medical and/or specialist nursing outpatient clinics are an opportunity for individuals to attend the hospice for specialist assessment and review of treatment.

Other supportive outpatient services (often referred to as 'well-being services' or 'day care') involve the provision of a range of therapeutic services and physical, rehabilitative, psychological, social and spiritual interventions.

When would an adult usually be referred into these services?

A referral may be made if the individual has palliative care needs requiring additional support. Referrals into these services will be made by the health care professionals involved in an individual's care.

Outpatient clinics may be appropriate for individuals requiring specialist assessment and management planning, and who are fit to attend clinic in person at the hospice.

Well-being services and day care may be appropriate for individuals who need regular assessment and review of management, who require support and confidence building, and who are fit to travel and spend time away from home.

What can the adult expect when they access these services?

Medical and/or specialist nursing outpatient clinics will focus on the holistic care of the individual, including assistance with symptom control.

Supportive outpatient services (or 'well-being'/'day care' services) may include complementary therapies; assessment and interventions such as fatigue management; counselling; specialist psychological support for anxiety, depression and stress; creative therapies; lymphoedema management; occupational therapy; physiotherapy; dietetic support; spiritual support; and social care and welfare advice.

Thanks to technological advancements within both the hospice and the wider community, these services may increasingly be offered virtually in addition to face to face services (see later section on virtual support).



Children's hospice outpatient services

What are these services?

Children's hospices aim to provide wellbeing services to the children, young people and families in their care, to enhance their overall physical, social and emotional health – with play being an integral part of the care they provide.

When would a BCYP usually be referred into these services?

A multi-disciplinary panel will assess each referral for suitability, assessment of need and allocation of appropriate services in line with identified needs.

What can the BCYP and their family expect when they access these services?

Children's hospices offer a range of activities, tailored to the needs of the children and young people attending the hospice, in a fun and inclusive environment. This may include stay and play sessions for families to access the facilities together.

Many children's hospices offer on-site swimming activities (such as hydrotherapy and swimming lessons), appropriate to the specific needs of their BCYP – many of whom are unable to access mainstream swimming pools. Hospices may also offer sensory and music rooms, messy play areas, and gaming and TV facilities.

Outside the hospice building, BCYP and families may have access to sensory gardens, woodland, and specially adapted playground equipment.

Where can I find out more?

Please refer to Appendix 2 and local hospice websites for more information.



C. Community care, including Hospice at Home (where hospice attends individuals in their own home or care setting)

Adult hospice community care

What are these services?

Many adults who are seriously ill and nearing the end of their lives would prefer to be cared for at home surrounded by their family and friends, and hospices' specialist community teams can help patients to achieve their wish.

Hospices can provide advice, assessment and support to individuals in the local community with complex needs, provided in those individuals' usual place of residence, working collaboratively with their primary care teams. These services transfer the hospice philosophy into the home environment.

When would an adult usually be referred into these services?

A referral may be made if the individual has palliative care needs requiring additional support. Referrals into this service will be made by the health care professionals involved in an individual's care.

Home-based care is likely to be appropriate for individuals who wish to remain at home, who are in need of symptom control and support during cancer and other disease-specific treatments, and who may need specialist input and/or anticipatory care.

What can the adult expect when they access these services?

The model of community hospice care will look different in each locality based on the wider needs of the population and other existing NHS community provision, but services may include:

- Community specialist palliative care: a specialist resource working with the individual's GP and community nursing services
- Hands-on care during the last days to weeks of life ('Hospice at Home'), often working in partnership with community nurses, specialist palliative care nurses and other community services.

Community outreach services

Some hospices have community-based "outreach" teams who support individuals and families at the places they call home, offering specialist support and advice on the complex physical and psychological effects of living with an incurable illness, as well as providing clinical care when required.

Outreach teams spend time with individuals and their families to signpost what help is available and to talk through the process of their illness so they know what to expect. It is about educating and empowering people, helping them to recognise and understand changes in their condition and who they should contact.

Hospices often reach out to individuals in the community who experience disproportionate barriers to health care, for instance the homeless population. Hospice outreach teams can proactively reach those individuals earlier on in their illness and improve their quality of care. They can also support and train the other professionals and health and social care staff working with and caring for those individuals.

Where possible, hospices offer space in their buildings to other important services needing a base in that local community. For instance, several hospices offer One Stop Lung Cancer Clinics – bringing these vital services closer to the places people and families call home.



Children's hospice community care

What are these services?

Many children and young people with life-limiting and life-threatening conditions would prefer to be cared for at home, and children's hospice community teams can help families to achieve this. The services they provide transfer the children's hospice philosophy into the home environment.

When would a BCYP usually be referred into these services?

A multi-disciplinary panel will assess each referral for suitability, assessment of need and allocation of appropriate services in line with identified needs.

What can the BCYP and their family expect when they access these services?

Children's hospices can provide round-the-clock symptom management and end of life care in the child or young person's home or usual place of residence, optimising choice of place of care. The team will support families with regular visits and joint visits with other health care professionals, and be available at the end of a phone for emotional support, advice and practical information.

Respite teams may also be able to provide short periods of respite care in the home, allowing parents to have a short break whilst knowing that their child is being looked after by a trusted member of the hospice team.

Other children's hospice services in the community

Hospital in-reach support: Children's hospices are able to provide support for colleagues in acute NHS services with the availability of hospital in-reach. Hospice Advanced Clinical Practitioners can work alongside hospital colleagues, ensuring that a BCYP receives the same standard of care irrespective of location. This service also promotes early referral to hospice services for BCYP not already known to palliative care, early introduction to Advance Care Planning, and earlier discharge from hospital to hospice or home.

Community care co-ordination: Children's hospices may support children and their families as they transition between community and hospice services, ensuring families known to the hospice are not forgotten and receive the support they need.

Perinatal services: Children's hospices may offer support for parents and their babies who are dealing with the effects of prematurity, complex medical issues, and birth complications. They will work closely with families from diagnosis and birth offering support within the hospital, at home and in the hospice.

Transition into adult services: Transition into services such as adult social care is a significant step for young people and their families. Children's hospices may work with families and young people, and with partners such as the adult hospices, in a multi-disciplinary team approach, to transition young people more smoothly from paediatric care into adult care services.

Where can I find out more?

Please refer to Appendix 3 and local hospice websites for more information.



D. Care for family and those important to the individual

Adult hospice care for family & loved ones

What are these services?

Adult hospice care is by no means reserved only for the palliative individuals themselves. Looking after a loved one at home can be tiring and distressing, and carers may therefore need help in adjusting to this new role.

Hospice staff offer comprehensive and compassionate care to the carers and family members most important to the individual, both before and after the death of their loved ones.

When would a carer or loved one be referred into these services?

Where the palliative individual is known to the hospice, people important to them may be referred, or in many cases self-refer, to the service.

What can carers and loved ones expect when they access these services?

Families and those important to the individual can access a wealth of support from the hospice from the moment they are known to the hospice. This may involve receiving advice on caring for their loved ones, family finances, planning for the future, and managing medication, nutrition and medical issues. It may often involve just having someone to talk to.

Families and those close to the individual may also take advantage of the various well-being services offered by hospices, such as complementary and creative therapies, affording them a few hours of much-needed relaxation and respite.

After the death of an individual, families and those close to the individual can continue to access comprehensive support from the hospice to help them through that difficult time, including bereavement support. The bereaved are given the space, time and opportunity to tell their story.



Children's hospice care for family & loved ones

What are these services?

Children's hospices recognise that when a child is unwell the impact is felt by the whole family. Teams support parents, carers, siblings and grandparents throughout each stage of the family's journey, both before and after bereavement – providing holistic, practical and emotional support and advice.

When would a BCYP usually be referred into these services?

Where a BCYP is known to the hospice, people important to them may be referred, or in many cases self-refer, to the service. Support will be assessed on an individual basis.

What can the BCYP and their family expect when they access these services?

Family support teams provide holistic, practical, emotional support and advice throughout each stage of a family's journey. The support can include (but not be limited to) charity grant applications, support with applying for benefits, advocacy and a listening ear. After bereavement, hospices may also offer vital help with funerals, registration, collecting memories and sibling support according to the family's wishes.

Counselling service: Hospice counsellors provide talking therapies, offering professional guidance in a caring and supportive environment, and giving families a safe place to help make sense of thoughts and feelings.

Sibling support: Pre and post bereavement support will be offered to siblings, with a range of services tailored to individual needs, circumstances and experiences. Activities may include one-to-one sessions, home visits, calls, texts, social groups and trips out – and will likely continue for months and years after bereavement for continued memory making, shared experiences and fun.

Bereavement support: Experiencing the death of a child is one of the most devastating things that can happen to anyone, and children's hospices recognise that every family has individual needs. The support hospices offer in the time before death, immediately after and in the following months and years is flexible, and aims to work with the immediate family members in a variety of ways appropriate to the individual.

Where can I find out more?

Please refer to Appendix 4 and local hospice websites for more information.



E. Virtual support

What is virtual support?

As well as supporting individuals and their loved ones face to face (either on-site at the hospice, or at the individual or loved one's usual place of residence), hospices have more recently embraced blended approaches to care and support. This often means offering follow-up opportunities via telephone and video call.

Virtual support enables the individual or loved one to access many of the services usually administered via other means, and with the same quality of care, but with the choice to avoid the potential inconvenience or expense associated with travel to and from the hospice. It may also enable hospice clinicians to support more people.

When would an individual or loved one usually be able to access virtual support?

Virtual support may be offered once initial consultations or assessments have taken place.

Virtual services do not replace face to face services and will only ever be utilised with the individual's agreement and in an appropriately blended model of care.

Where can I find out more?

Please refer to local hospice websites for more information.



F. 24-hour specialist palliative care advice lines

What is this service?

There is well-established provision of remote specialist palliative care advice across GM. This service is delivered by local hospices through telephone advice lines, which generally operate 24 hours a day, seven days a week, including bank holidays.

These telephone lines aim to provide specialist advice to health and social care professionals, as well as emotional and practical support to palliative individuals and their carers and loved ones. Any advice given should allow the situation to be managed appropriately until a further review - either by the team caring for that individual or by the GP - becomes possible, which will usually be the next working day.

The advice line services do not replace emergency services and will aim to support self-management or supported management wherever possible.

When would individuals and/or professionals be able to access this service?

Access to the hospice advice line may vary in each locality depending on the way that service has been commissioned. However, most advice lines are likely to provide 24/7 availability to health and social care professionals, including care home staff. Many are also available to palliative individuals and their carers in the area.

This service is available for each hospice's individual area or locality. Although the advice lines do not decline calls from outside the geographical area, they may be directed to a contact within their locality to ensure the advice provided is applicable to that locality.

What can individuals and/or professionals expect when they access this service?

Each hospice advice line may operate a little differently, depending on the local model and the nature of the enquiry.

However, in general advice lines are set up to provide:

- General advice on pain and symptom control
- Information on specific drugs (dose, route, compatibility)
- Practical and emotional support (where appropriate)
- Information on availability/access to local services, including contact numbers
- Access to operational links for the exchange of clinical information with the relevant health and social care teams, and a description of how information relating to the above is distributed to potential users of the service.

Where can I find out more?

Please refer to Appendix 5 and local hospice websites for more information.



G. Potential for GM ICB to purchase additional/flexible capacity from some hospices

What is this offer?

By exception only and subject to strict conditions, some hospices may be able to flex their referral criteria and offer additional capacity to commissioners within GM. By 'additional', we mean capacity for GM individuals whose care and support needs – although likely to be palliative and therefore appropriate for hospice care – may not normally satisfy the usual referral criteria to hospices' specialist services (described in earlier sections), in order to support discharge and system flow.

There are two ways that this may be achieved:

1. A reactive, short-term response to a markedly increased volume of patients in the system, challenging normal operating capacity (the model adopted over previous winters)
2. An opportunity to expand capacity in the hospice movement - on a more stable, secure and proactive footing - in order to sustainably relieve some of that ongoing, year-round pressure.

When might a hospice be able, by exception, to accept a referral for an individual without specialist palliative care needs?

Some GM Hospices may be able, by exception only and subject to strict conditions, to flex their referral criteria in response to overwhelming system need.

At times of peak demand for acute health care, for example, some hospices may be able to offer limited additional inpatient bed capacity for patients who do not meet their usual admissions criteria; or limited additional Hospice at Home capacity for care of appropriate individuals in their usual places of residence.

These are patients without complex needs, and whose needs can probably be managed effectively in other settings – but who may be able to access hospice care in exceptional circumstances to support discharge and system flow.

Examples of appropriate additional referrals might include:

- Hospital patients in the last days of life who are not believed to have complex needs, but for whom a hospice inpatient bed or a bed in their usual place of residence is the individual or family's preferred place of death, i.e. patient choice is supported
- Discharge to assess (D2A) individuals who have low-level, non-specialist palliative care needs, i.e. hospital patients with life-limiting illnesses but no current specialist palliative care needs, who are medically fit to leave hospital, and who may be able to temporarily continue their care and assessment in a hospice bed or bed in their usual place of residence while their longer-term needs are established.

How would commissioning additional hospice capacity work?

- Additional hospice capacity must be commissioned and fully funded in advance by the Integrated Care Board to ensure the hospice can secure and sustain the appropriate workforce
- Individual hospices must retain control of referrals and admissions, and make independent decisions based on an assessment of clinical capacity and prioritisation
- Such admissions can only be accepted where the hospice is satisfied there is appropriate capacity (i.e. appropriate staffing is in place to safely manage the total case load)



- Clinical prioritisation is likely to apply for individuals referred to the service with specialist needs in line with the hospice's usual admissions criteria
- Each hospice may have variations to inpatient/Hospice at Home referrals & admissions criteria and capacity at any one time
- For referred individuals who are not end of life, e.g. D2A patients, local system partners must support the hospice to establish those individuals' ongoing care needs and facilitate their onward discharge to an appropriate care setting. Full cost recovery must be agreed with the hospice for the duration of the period in which the individual remains in the hospice's care.

What can the individual expect when they access these services?

Although individuals described in this section are likely to have less complex needs than hospices' usual patients, they will still receive the same level and quality of personalised care and attention.

Any individuals admitted into hospice inpatient units will be discharged from those units into the care of other services at the earliest possible opportunity, once their needs can be met safely and appropriately in other settings.

Where can I find out more?

Please refer to Appendix 6 and local hospice websites for more information.



H. Education & training for external health & care staff and informal carers

What is this service?

In order to ensure that all individuals in GM with life-limiting illnesses are able to access the high-quality care and support they need, it is vital that the staff, volunteers and informal carers they rely on have timely access to high-quality training and education.

As well as training their own staff and volunteers, GM's hospices are committed to making their high-quality education and training accessible, generally free of charge or at a low cost, to as many community-based health and social care staff as their resources allow. By building competence and confidence across a wide range of settings such as care and nursing homes, patient care is improved and pressures on other parts of the system such as acute hospitals and primary care are alleviated.

When and how can staff & informal carers outside of the hospice access education and training?

The offer from individual hospices to external staff and informal carers may vary significantly depending on the resources available and the existing commissioning model in that locality. Hospices' websites and social media pages will offer more information on what is available and to whom.

What can staff & carers expect when they access this service?

Education and training programmes are for both clinical and non-clinical staff and are tailored to the needs of the individual:

- Directly responsive to the competencies demanded by their role
- Accredited where appropriate in accordance with relevant national standards, guidelines and frameworks
- Tailored to the levels of experience and ability of the individual
- Delivered via a blended model of learning that acknowledges differences in learning styles.

Training is delivered by experienced and professional teams, many of whom are specialists in their own fields, and often have recognised teaching qualifications. Facilities often include dedicated clinical skills rooms and training spaces where staff can learn about the fundamental components of good palliative and end of life care.

Where can I find out more?

Please refer to Appendix 7 and local hospice websites for more information.





Appendices:
Hospice services
offered by individual
GM Hospices

Appendix 1: Inpatient hospice care – for individuals with core & specialist palliative care needs

[illegible]

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham, Mcr	HMR, Oldham, Bury	Mcr, Salford, Stockport, Trafford, Bolton, Wigan	Wigan	Tameside	
Non diagnostic ultrasounds	Not available	Not available	Routinely available	Not available	Routinely available	Not available	Not available	Not available
Delivery of medication via syringe pump	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Insertion of IV cannula	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Not available
Palliative blood transfusions	Routinely available	Not available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Not available
IV iron	Routinely available	Potentially available but re-training required	Not available	Not available	Routinely available	Not available	Not available	Not available
IV bisphosphonates for hypercalcaemia	Routinely available	Potentially available but re-training required	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Not available
IV or subcutaneous antibiotics (where appropriate)	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Not available
IV or subcutaneous fluids (where appropriate)	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Central venous lines management	Not available	Potentially available but re-training required	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Tracheostomy management	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Invasive ventilation management								Routinely available
Non-invasive ventilation management	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Support cough assist	Routinely available	Potentially available but re-training required	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Piped oxygen	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Not available	Not available

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham, Mcr	HMR, Oldham, Bury	Mcr, Salford, Stockport, Trafford, Bolton, Wigan	Wigan	Tameside	
Oxygen concentrators	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Suctioning of respiratory secretions	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Peritoneal dialysis								Routinely available
Insertion & management of urinary catheters (urethral)	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Total parenteral nutrition (TPN) support	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Potentially available but re-training required
Nasogastric (NG) tube management	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Percutaneous endoscopic gastrostomy (PEG) management	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Management of venting gastrostomy	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available	Routinely available
Insertion of nasogastric (NG) tubes for relief of vomiting	Routinely available	Routinely available	Routinely available	Potentially available but re-training required	Routinely available	Routinely available	Routinely available	Routinely available
Acupuncture	Not available	Not available	Routinely available	Not available	Not available	Routinely available	Not available	Not available
TENS machines	Routinely available	Routinely available	Routinely available	Not available	Routinely available	Routinely available	Routinely available	Not available
Site for research trials	Routinely available	Potentially available but re-training required	Routinely available	Potentially available but re-training required	Routinely available	Potentially available but re-training required	Potentially available but re-training required	Routinely available

* Francis House Children's Hospice also provides services for babies, children and young people across Greater Manchester

Appendix 2: Outpatient / day case-type hospice services (where individuals attend hospice, in-person or virtually)

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mc, Salford, Trafford, Bolton, Wigan	Wigan	Tameside	
Medical/nurse-led interventions available:								
Medical outpatient clinics	Yes	Yes	No	Yes	Yes	Yes	Yes	No
Nurse-led outpatient clinics	Yes	No	No	Yes	Yes	Yes	No	No
Paracentesis for ascites	Not available	Routinely available	Routinely available	Not available	Not available	Not available	Not available	Not available
Management of established pleural drains	Potentially available but re-training required	Routinely available	Not available	Not available	Potentially available but re-training required	Not available	Routinely available	Not available
Non diagnostic ultrasounds	Not available	Not available	Routinely available	Not available	Routinely available	Not available	Not available	Not available
Delivery of medication via syringe pump	Routinely available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Insertion of IV cannula	Routinely available	Routinely available	Routinely available	Not available	Routinely available	Not available	Potentially available but re-training required	Not available
Palliative blood transfusions	Not available	Not available	Routinely available	Not available	Routinely available	Not available	Potentially available but re-training required	Not available
IV iron	Potentially available but re-training required	Potentially available but re-training required	Not available	Not available	Routinely available	Not available	Not available	Not available
IV bisphosphonates for hypercalcaemia	Potentially available but re-training required	Potentially available but re-training required	Routinely available	Not available	Routinely available	Not available	Potentially available but re-training required	Not available
IV or subcutaneous antibiotics (where appropriate)	Not available	Routinely available	Not available	Not available	Routinely available	Not available	Potentially available but re-training required	Not available

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford, Bolton, Wigan	Wigan	Tameside	
IV or subcutaneous fluids (where appropriate)	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Potentially available but re-training required	Not available
Central venous lines management	Not available	Potentially available but re-training required	Routinely available	Not available	Routinely available	Not available	Potentially available but re-training required	Not available
Tracheostomy management	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Invasive ventilation management								Routinely available
Non-invasive ventilation management	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Not available	Not available
Support cough assist	Not available	Potentially available but re-training required	Routinely available	Not available	Potentially available but re-training required	Not available	Potentially available but re-training required	Not available
Piped oxygen	Routinely available	Routinely available	Routinely available	Not available	Routinely available	Not available	Not available	Not available
Oxygen concentrators	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Suctioning of respiratory secretions	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Peritoneal dialysis								Routinely available
Insertion & management of urinary catheters (urethral)	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Total parenteral nutrition (TPN) support	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Nasogastric (NG) tube management	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Percutaneous endoscopic gastrostomy (PEG) management	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available
Management of venting gastrostomy	Not available	Routinely available	Routinely available	Not available	Routinely available	Not available	Routinely available	Not available

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford, Bolton, Wigan	Wigan	Tameside	
Insertion of nasogastric (NG) tubes for relief of vomiting	Not available	Routinely available	Routinely available	Not available	Not available	Not available	Routinely available	Not available
Acupuncture	Not available	Not available	Routinely available	Not available	Not available	Routinely available	Not available	Not available
TENS machines	Not available	Routinely available	Routinely available	Not available	Routinely available	Routinely available	Routinely available	Not available
Site for research trials	Routinely available	Potentially available but re-training required	Routinely available	Potentially available but re-training required	Routinely available	Potentially available but re-training required	Potentially available but re-training required	Not available
Supportive outpatient services available:								
Assessment & interventions such as fatigue management (Yes/No)	Yes	No	No	Yes	Yes	Yes	Yes	No
Traditional day care (social interaction, with or without other services on this list) (Yes/No)	Yes	No	No	Yes	No	No	Yes	Yes
Lymphoedema assessment/management (Yes/No)	Yes For Christie patients only	Yes	No	No	Yes	No	No	No
Occupational therapy (dedicated hospice therapist) (Yes/No)	Yes	No	No	No	Yes	Yes	Yes	No
Physiotherapy (dedicated hospice therapist) (Yes/No)	Yes	No	No	Yes	Yes	Yes	Yes	No
Dietetic support (dedicated hospice dietician) (Yes/No)	No	No	No	No	Yes	Yes	No	No
Breathlessness support (Yes/No)	Yes	No	Yes	Yes	Yes	Yes	Yes	No
Counselling (Yes/No)	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychological support for anxiety, depression & stress (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Dedicated Hospice specialist psychologist (Yes/No)	Yes	No	No	No	No	No	No	No
Complementary and comfort therapies (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Creative therapies, e.g. art psychotherapy (Yes/No)	Yes	Yes	Yes	Yes	No	No	Yes	Yes

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford, Bolton, Wigan	Wigan	Tameside	
Spiritual support (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Social care & welfare advice (Yes/No)	Yes	Yes	No	Yes	No	No	No	Yes
Patient transport (Yes/No)	No	No	No	Yes	Yes	No	No	No

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Appendix 3: Community care, incl. Hospice at Home (where hospice attends individuals in own care setting)

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford	Wigan	Tameside	
FOR CONTEXT: NHS/local authority community services available in localities:								
NHS community provision	Community Specialist Palliative Care Team, employed by local NHS Trust Community District Nurses employed by local NHS Trust	Community Specialist Palliative Care Team employed by NCA Community District Nurses employed by NCA	Community Specialist Palliative Care Team, employed by local NHS Trust Community District Nurses	Community District nurses Domiciliary care providers	Salford Community Specialist Palliative Care Team, employed by SAH. Community Specialist Palliative Care Team, employed by local NHS Trust (Stockport, Trafford & Manchester)	Community specialist palliative care team, employed by WLH. Single Point Of Access across borough (led by hospice) integrates District Nursing service, hospital and community SPC teams, CHC matrons, Marie Curie & AHP team	Community Specialist Palliative Care Team, employed by local NHS Trust Community District Nurses Palliative Care Respite Service	Varied offer across GM, including Community Nursing and Macmillan teams

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr. Salford, Stockport, Trafford	Wigan	Tameside	
FOR CONTEXT: Other voluntary sector services available in localities:								
Other voluntary sector service provision	Marie Curie night sits		Marie Curie night sits			Marie Curie night sits	Marie Curie night sits	
Hospice community services available:								
Community Specialist Palliative Care nursing (Yes/No)	No	No	No	Yes	Yes Salford	Yes	No *Dementia Specialist Service *Community Therapy service	Yes
Hospice at Home (hands-on care, e.g. during last days of life) (Yes/No)	Yes	Yes Via outreach band 3 support workers	Yes	Yes	Yes Trafford & Salford	Yes	No	Yes Provide respite at home
Hospice in Your Care Home (Yes/No)	No	No	No	Yes	No	Yes	No *Therapy and Dementia Services in care homes	No Support CYP long-term residential services
Virtual Hospice (Yes/No)	No	Available	No	No	No	No	No	No
Night support service (Yes/No)	No	Yes 3 nights per week band 2 support workers	No	Yes	No	Yes As part of Hospice at Home	No	No
Domiciliary care (Yes/No)	No	Yes Via outreach	Yes	No	No	No	No	No

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Appendix 4: Care for family and those important to the individual

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford	Wigan	Tameside	
Services available for family and those important to the individual:								
Counselling/psychological support: pre-bereavement (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bereavement support (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Complementary and comfort therapies (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Creative therapies (Yes/No)	Yes	Yes	Yes	No	No	Yes	Yes	Yes
Spiritual support (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Social care & welfare advice (Yes/No)	Yes	Yes	No	No	Yes	No	No	Yes
Holidays (Yes/No)								Yes

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Appendix 5: 24-hour specialist palliative care advice lines

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford	Wigan	Tameside	
Hospice advice line available in locality? (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes Advanced Practitioners provide this when on duty - but not formal arrangement
24/7 working (Yes/No)	Yes	No Available Mon-Fri, 9-5	Yes	Yes	Yes	Yes	n/a	No
Access:								
Available to health and social care professionals, including care home staff? (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	n/a	Yes For CYP known to hospice
Available to patients and carers? (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes	n/a	Yes For CYP known to hospice

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Appendix 6: Potential for GM ICB to purchase additional/flexible capacity from some hospices

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mcr, Salford, Stockport, Trafford	Wigan	Tameside	
Additional IPU bed capacity: no. closed bed spaces that could be opened up with extra funding/workforce, i.e. above and beyond usual 'baseline' capacity (per Appendix 1)	2	2	0	2	0	6	2	4
7-day a week admissions, including bank holidays? (Yes/No) *subject to doctor availability	Yes	Yes 4/5 weekends	n/a	Yes	n/a	Yes	Yes	Yes
24-hour a day admissions? (Yes/No)	No	No	n/a	No	n/a	No	No	No
Non-core/non-specialist IPU services available:								
End of life care – palliative patients with no specialist care needs, but for whom hospice or usual place of residence is PPD (Yes/No)	Yes	Yes	n/a	Yes	n/a	Yes	Yes	Yes
Temporary step-down bed for patients with life-limiting illnesses but no specialist palliative care needs, eg D2A (by exception only) (Yes/No)	No	Yes	n/a	Yes	n/a	No	No	Yes

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Appendix 7: Education & training for external health & care staff and unpaid carers

	Bolton Hospice	Bury Hospice	Dr Kershaw's Hospice	Springhill Hospice	St Ann's Hospice	Wigan & Leigh Hospice	Willow Wood Hospice	Derian House Children's Hospice
	Bolton	Bury	Oldham	HMR	Mr. Salford, Stockport, Trafford	Wigan	Tameside	
Education & training available for local health care staff external to the hospice? (Y/N)	Yes	Yes	Yes	Yes	Considered upon request	Yes	Yes	Yes
Education & training available for local social care staff? (Y/N)	Yes	Yes	Yes	Yes	Considered upon request	Yes	Yes	Yes
Education & training available for informal/unpaid carers? (Y/N)	Yes	Yes Via outreach team and 'open connections' group	Considered upon request	Yes Pilot	Considered upon request	Yes	Yes	No

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