

two districts is 210,689 (39% of the total population) though not all the PCTs had NCCMs. The data presented here were collected over a period of four years, until March 2011. However, these nurses only became involved in the palliative care pathways in 2009 and, accordingly, the data concerning this group of patients covers only a 2-year period (2009 and 2010).

Results

The key results are shown in [Table 1](#). In terms of outcomes, the introduction of the HLN and NCCMs has contributed to:

- Significantly increasing the identification of cases by active searching, using both the usual and the

Table 1. Establishment of 9 nurse community case managers (NCCMs) and 3.5 hospital liaison nurses (HLNs): data on their activity and outcomes for non-palliative care and palliative care patients

Resources	Indicator	Non-palliative care patients 4-year period 2007–10	Palliative care patients 2-year period 2009–10
NCCMs: HCP and case management	Total number of new patients included in the HCP in the study period	4538	272
	Total number of patients included in the case management programme in the study period	1780	272
	% coverage of the HCP ^{a,b} at baseline	15%	6%
	% coverage of the HCP at the end of the study period	58%	28%
	% increase in the coverage of HCP during the study period	+43%	+22%
NCCM: Caregivers	Number of family caregivers eligible for the intervention identified in the study period	2500	†
	Number of caregivers of severely disabled patients identified	1111	†
	Number of caregivers included in the intervention	1233	†
	Group activities: Number of workshops for caregivers	44	†
	Group activities: Number of caregivers who have participated in these workshops	557	†
HaH units	Number of discharges supported in the year before the establishment of the new roles (NCCMs-HLNs) (total of 3 HaH units)	4521	1588
	Number of discharges supported in 2010 (total of 3 HaH units)	6371	2751
	% increase in discharges supported over the study period	+41%	+73%
HLN: Telephone monitoring	Σpatients included during the study period	1029	390
	Average number of patients being monitored per month by the HLN	24	36
HLNs: Links ^c	Number of links made on admission to hospital or referral to an HaH unit	2890	476
	% of incoming links made to the HaH unit	98%	98%
	Number of outgoing links from the hospital or HaH unit	6897	637
	% of outgoing links made from the HaH unit	89%	96%
	% of outgoing links made to PCTs with NCCMs	44%	60%
	% of outgoing links made to PCTs without NCCMs	43%	30%
	% of outgoing links made to a long-stay hospital	1%	5%
	% of outgoing links made to residential care facilities	1%	5%
	% of outgoing links made to another HaH unit	11%	1%
Outcomes	% reduction in emergency visits to hospital compared to the 12 months prior to assessment	–77%	–78%
	% reduction in hospital admissions compared to the 12 months prior to assessment	–70%	–64%
	Rates of home death (%)	†	67%

†Not assessed.

^aIt is estimated that 12% of the population ≥65 years of age need assistance from the home care programme (HCP).

^bIt is estimated that palliative care patients represent 2% of the population ≥65 years of age.

^cThe HLNs work with all the PCTs (regardless of whether they have NCCMs). Several links may have been made for a single patient during the study period.