

# Managing the community caseload to deliver the best patient, family and practitioner experience – an evolution from individual, to team, to locality caseloads.

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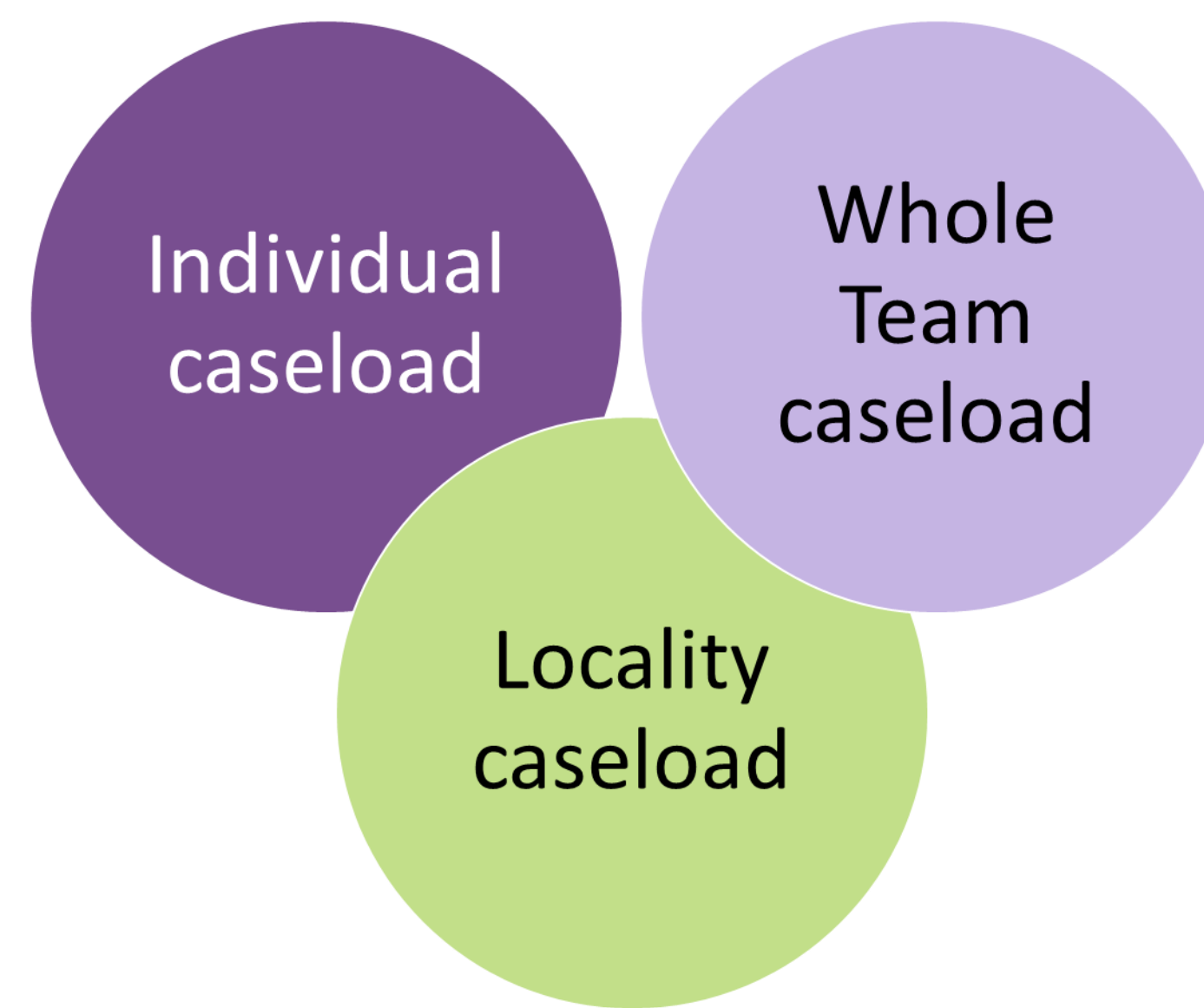
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**Background:** As palliative care referrals rise and hospice community teams face the challenges presented by growing complexity, alongside the demands of the COVID-19 pandemic, models of community working have required careful consideration.

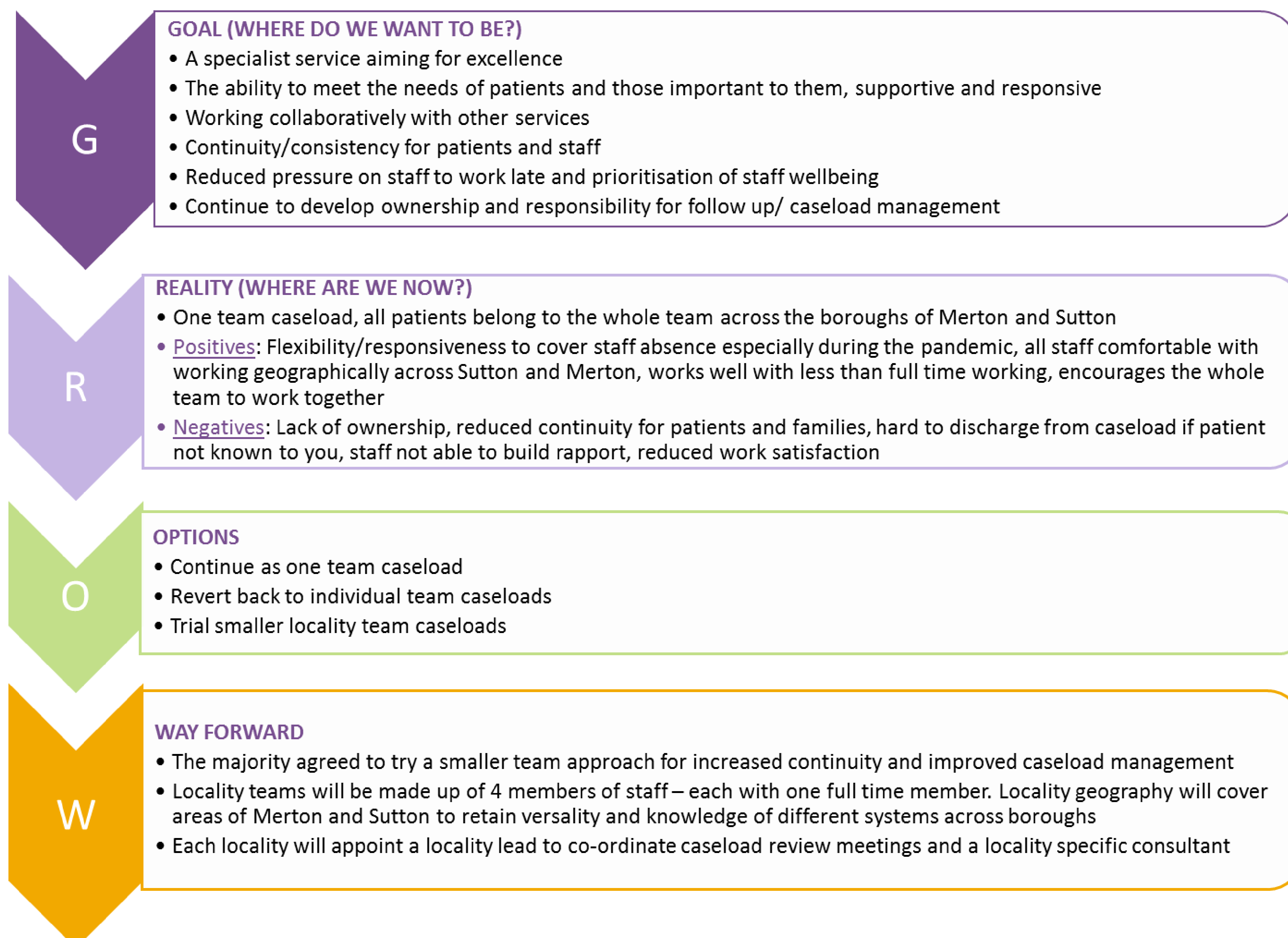
**Aims:** This service evaluation aimed to explore the evolution from individual, to whole team, to locality caseloads, whilst considering the advantages and disadvantages of these different approaches to caseload management.

**Method:** The hospice community manager, consultant team and clinical director reviewed the model of community working prompted by themes identified through staff meetings, mortality reviews and team reflection following complaints. An anonymised staff questionnaire was used to gain direct feedback from team members prior to organising a staff meeting. The Grow Model (1, 2) was used to identify the current benefits and challenges of working within a one team caseload. Options for change were explored as a group, placing the community team members at the centre of plans for transition. Reverting back to individual caseload models of working was considered, alongside the option for smaller locality team caseloads.

**Results:** Whole team communication during a 3 hour staff meeting using the GROW model, allowed a successful transition from the one team caseload, looking after approximately 300 patients, to smaller locality caseloads of 4 practitioners, looking after around 100 patients per locality. Each locality is led by a team leader who co-ordinates monthly caseload reviews, joined by a locality specific consultant.



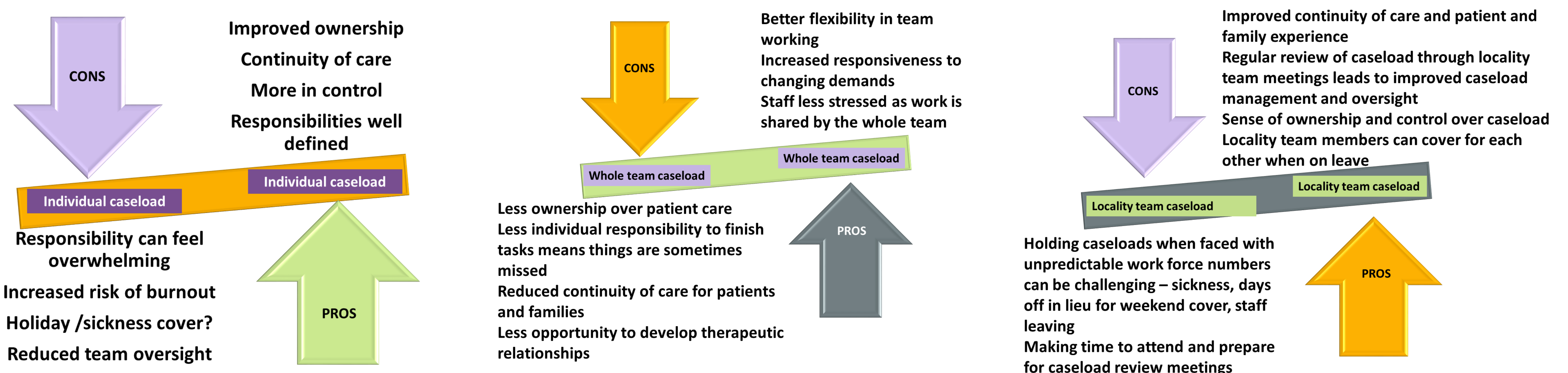
- REGULAR CASELOAD REVIEW ENSURES UP TO DATE PLANS ARE IN PLACE FOR ALL PATIENTS AND HAS PROMPTED ADVANCE CARE PLANNING CONVERSATIONS, ELECTRONIC URGENT CARE PLAN UPDATES AND IDENTIFICATION OF PATIENTS SUITABLE FOR DISCHARGE FROM THE SERVICE.
- CASELOAD REVIEW MEETINGS CREATE A SPACE FOR PEER SUPPORT, EDUCATION AND THE OPPORTUNITY FOR EXTERNAL TEAMS TO ATTEND THEREBY IMPROVING COLLABORATIVE WORKING.
- CASELOAD REVIEW MEETINGS FACILITATE PREPARATION FOR PRIMARY CARE MDT MEETINGS AND ALLOW ALL MEMBERS OF THE LOCALITY TEAM TO GAIN KNOWLEDGE OF EACH PATIENT'S UNIQUE STORY.



**Conclusion:** Considering different models of caseload management allows community teams to manage fluctuating referral numbers alongside unpredictable workforce numbers, whilst providing the best care possible to patients and families. During the height of the Covid-19 pandemic a one team caseload allowed the team to operate with restricted team numbers. Once the team had stabilised, transition to a locality caseload has seen an improvement in continuity of care and staff satisfaction.

1. Grant AM., 2011, Is it time to REGROW the GROW model? Issues related to teaching coaching session structures. The Coaching Psychologist. Dec;7(2):118-26.

2. Whitmore, J., 2010. Coaching for performance: growing human potential and purpose: the principles and practice of coaching and leadership. Hachette UK.



## HOW DOES YOUR COMMUNITY TEAM WORK?

Individual caseload

Whole team caseload

Locality (small team) caseload