



AN AUDIT OF OLDER PEOPLE'S SERVICES WITHIN THE WESTERN TRUST

*Do timely responses to palliative
care clients improve service
provision?*

BACKGROUND TO MY PROJECT AND RATIONALE



- ❖ Aging population- greater palliative demand
- ❖ No underpinning legislation for Care of Older People's services (**Northern Ireland**)
- ❖ Policy Driver- *Care Management Circular* (2010)
- ❖ Gap: “*Timely response*” undefined
- ❖ Aim: To audit timeliness and its impact on service delivery for those with palliative conditions.



INSIGHTS FROM REVIEWED LITERATURE



- ❖ “Timeliness” varies by context (**Lip et al., 2003**)
- ❖ Barriers- resources, workload, unclear triggers (**Vellani et al., 2002; Stajduhar et al., 2019**)
- ❖ Early referral benefits were mixed) (**Kochovska et al., 2019; Brown et al., 2022**)
- ❖ Limited Community/Northern Ireland based evidence/research.
- ❖ Ongoing question- when is the “*right time*”?

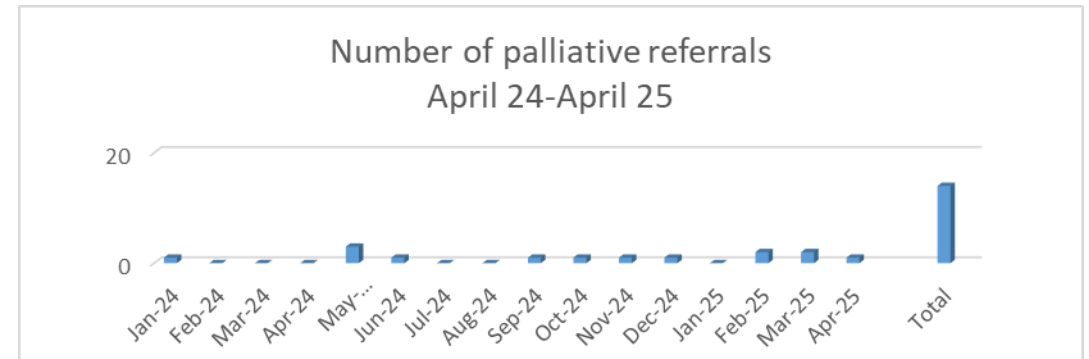
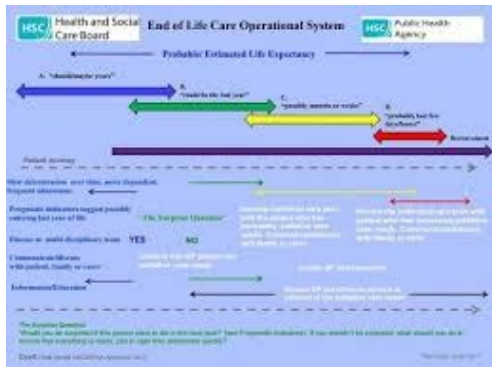




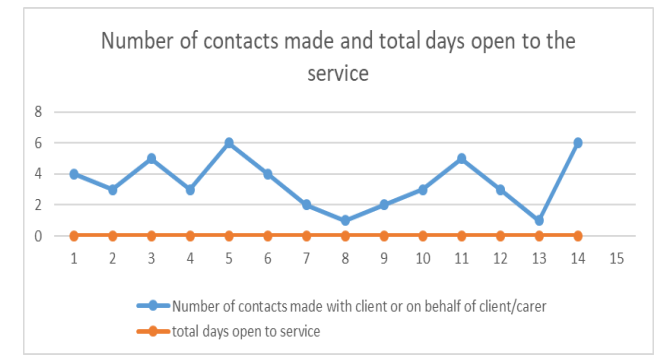
METHODOLOGY



- ❖ Design: Retrospective audit (April 2025-April 2025)
- ❖ Sample: 14 (N=14) palliative referrals meeting the inclusion criteria Data Source: PARIS system- demographics, referral timing, ELCOS status, outcomes.
- ❖ Ethics: Managerial approval and confidentiality maintained.



KEY POINTS



- ❖ Mean age of individuals who were referred = 75 years old/ 79 per cent of those referred were predominantly male.
- ❖ Notably the most referrals in respect of palliative clients were received in May 2024 (21% of all referrals over the 12 month period) and March 2025 (14% of all referrals over the 12 month period) with the majority of males (79% of the sample population) being referred compared to that of females (21% of the sample population).
- ❖ All palliative referrals were and continue to be prioritized and allocated to a social worker on the same day- evidencing that the current policy standards are being met.
- ❖ Average time open = 32 days (more than 4 weeks)
- ❖ Mean contacts per case = 3.
- ❖ Average time from referral to an individual passing away = 3.5 weeks.

DISCUSSION AND NEXT STEPS



- ❖ *“Timely”* remains subjective and case dependent.
- ❖ Barriers- consent, late identification of disease/life limiting condition, resource pressures.
- ❖ Earlier integration *may enhance care outcomes.*
- ❖ *Recommending: Regional Criteria and shared understanding of timeliness.*
- ❖ *Future research- Larger scale studies, multidisciplinary NI Study required.*
- ❖ *Limitations:* There was not enough data and it did not represent referrals (decreasing the sample size) into all of the older people’s teams in the Northern Sector of the Western Trust. This was due to time constraints and as I was completing the research during the time of Encompass Go-Live which further impacted my time and availability to extend the scope of my search.