

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**

AGENDA ITEM NO:6.....

Date of Meeting:23rd March 2018.....

TITLE OF REPORT:	Patient Story	
AUTHOR:	Integrated Community Services Division, Bolton FT	
PRESENTED BY:	Jane Bradford, Clinical Director Governance and Safety	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	This month's patient story is a good example of multiple services working together for the benefit of the patient.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 1 Locality Plan.	
	Joint collaborative working with Bolton FT and the Council.	
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	
	Standing Item	√
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	For noting.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	N/A	
REVIEW OF CONFLICTS OF INTEREST:	Review of conflicts of interest not required for this report.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	These stories originate from issues raised with the CCG or providers through complaints and incidents.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	This standard report has been considered against the criteria of EIA and an assessment is not considered necessary for this report.	

Patient Story

Telephone conversation received from a GP regarding a patient who was approaching the end of his life. The gentleman was on the GSF register (green), but had previously declined district nursing input. The GP had arranged a joint visit with District Nurses, GP and Macmillan. The District Nurses already knew this couple as wife had a leg ulcer and was visited weekly to attend to her legs. The GP referred via telephone conversation.

On arrival at the patient's house it was evident that this gentleman was approaching the end of his life. The patient's wife was in hospital on ward C2 with multiple organ failure and also approaching the end of her life, and the family wanted her to be within her own home.

The District Nurses telephoned loan stores with the families consent to order a hospital bed and air mattress for both the husband and wife as the family wanted to try and get his wife home as well, as this was their preferred place of care for both husband and wife. The District Nurses spoke to the ward who were also trying to fast track the gentleman's wife home, The District Nurse explained that they would take over the care of the wife with the family. The wife was then discharged later that day. Both husband and wife were placed on the record of care, DNR, statement of intent, anticipatory medications, equipment, pads and mouth care packs were all in place. The District Nurse also made a referral for joint care with the hospice at home team.

The gentleman was continuously asking for his wife before she was fast tacked home. When she was discharged home, they were in hospital beds side by side in their lounge. The husband asked the nephew to sit him up so he could see his wife to check she was home. The nephew sat him up and he was able to look over at his wife, he gave a thumbs up and lay back down, had a tear and peacefully passed away, knowing his wife was by his side. His wife also peacefully passed away sixteen hours later.

The patient and his wife passed away peacefully in their own home, side by side, within hours of each other. The husband and wife had lived in their family home for several years and were married for 75 years.

The District Nurse visited the nephew for a bereavement visit and took mementos and leaflets along with a bereavement questionnaire.

The nephew of the husband and wife were very pleased with all the services involved, and he felt that all had all pulled together to allow them to spend their final hours together, and he could not thank us enough.