



### A WORD FROM DR ANGUS GRANT

*APMJ Chair*

Welcome everyone to this month's APM Juniors newsletter! I hope you're all getting some time away from work to make the most of the (mildly) warmer spring weather.

This month's blog is from Dr Alina Wahab, who shares the results from an audit she undertook looking at delays to fast-track discharges within her hospital. If you have a piece of work you'd like to share in a future newsletter please do get in touch. Through sharing your work you can help inspire others to take part in their own work to improve the quality of care within their organisation.

Within this newsletter you'll find a link to our resource page on the APM website. If you haven't already, do make sure to check out this page. It contains a wide range of webinar recordings and resources, covering topics such as careers, communication skills, and palliative care research.

And finally, if there are any additional opportunities or resources that you feel you would benefit from, please do let us know! There's a link to a very brief survey within this newsletter, and we'd be so grateful if you'd be able to fill it in and let us know how we can best represent you.

Hope you all enjoy the newsletter, and have a great month everyone!



### Follow us



<https://twitter.com/APMJuniors>



<https://www.instagram.com/apmjuniors/>



<https://www.facebook.com/APMJuniors/>



[submissions.apmj@gmail.com](mailto:submissions.apmj@gmail.com)



### APM Membership Engagement Survey - Feb 2025

The results of our recent membership engagement survey are available [here](#). It highlights what is important to members and what the AMP should focus on in the coming years. If you didn't complete the survey, you can still get in touch with us to highlight anything you feel is especially important.

### Terminally Ill Adults (End of Life) Bill

Following the discussions at the Palliative Care Congress in March 2025 there is an updated member communication on the terminally ill adults bill which can be accessed [here](#).

### Junior Doctor Resource Page

We have a resource page aimed at resident doctors and medical students and it's full of valuable information. If you've joined the AMPJ recently you can still access previous recordings [here](#) too!

There are recordings covering palliative care for FY1s which is ideal for those of us starting work in August.

Careers in academic palliative care and research are also covered, and you can find a palliative care research directory divided into regions if you'd like to get more involved.

Please let us know of anything else you would like to be covered.

### Recommended Reading

If you're looking to learn more about palliative medicine this [list](#) has been compiled based on recommendations from APM members. There's a mixture of textbooks and novels. We hope you find some of these books valuable and would be interested to hear your thoughts.



### APM Juniors Survey

Please fill in our survey to help us better understand what our members want from an APM junior membership. The survey will take no more than five minutes to complete and can be found [here](#). Thank you!

### APM Medical Students Survey

Please fill in this survey to help guide our future events and resources for medical students. The survey will take no more than five minutes to complete and can be found [here](#). Thank you!

### Free Medical Student Membership with the International Association for Hospice & Palliative Care

The International Association for Hospice and Palliative Care is pleased to announce a free one-year membership to undergraduate college/university students of any discipline.

IAHPC membership benefits include:

Free unlimited on-line access and downloads for full text articles from leading palliative care journals

Free IAHPC monthly e-newsletters with updates on palliative care advances around the world

Free access to the IAHPC's website with resources

The opportunity to participate in IAHPC's global activities including global advocacy to improve access to palliative care treatment and care and projects on essential medicines and essential palliative care practices.

And many more!

For more information, visit the IAHPC [website](#).

# FAST TRACK DISCHARGES AT ROYAL BLACKBURN HOSPITAL: HOW 'FAST' IS FAST?

An audit conducted by Dr. Alina Wahab, FY2 at East Lancashire Hospital Trust  
For any questions or to get in touch, please contact: [alinaabdul.wahab@elht.nhs.uk](mailto:alinaabdul.wahab@elht.nhs.uk)

## BACKGROUND

The term '**fast track**' is often used colloquially on wards to describe the need to discharge patients who are either a) in their last days of life, or b) their last three months of life. In reality, it **refers to the need for an application for funding for carers at home up to four times a day or a nursing home bed in the last three months of life.**

District nursing input does not require a funding application. Furthermore, not all patients who are dying imminently need fast-track funding (e.g. if they have family members who want to look after them instead, or if they already live in a nursing home). In this hospital, the medical team determine if someone is eligible for funding. Then nursing staff on wards submit funding applications to trust-based complex case managers (CCMs) who send this on to the integrated care board (ICB) for approval. CCMs then co-ordinate discharge while awaiting approval.

The Department of Health and Social Care state that the fast track funding process (i.e. time from a ward making an application to time the patient leaves the hospital) should take no longer than 48 hours. A national audit in 2019 found that **only 38% of fast-track discharges take place within 48 hours**. The reasons for this are varied - but the most common national reasons for delay were to do with sourcing appropriate care in an overstretched social service sector.

**In summary, England leaves over half of our dying patients with additional care needs in a place they do not want to be for longer than we should. **It is not uncommon for people in their last days to die in hospital while they wait.****

**I wanted to know what that looks like at a local level, and **why** discharges are being delayed locally.**

## METHODS

45 patients accepted for fast-track discharge were included over a three-month period: 15 randomized patients from each of the following months - June, July and August 2024.

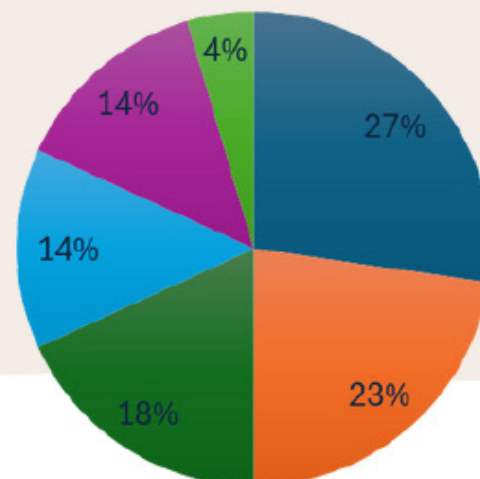
Data collected for each patient:

- NHS number + age at admission
- Diagnosis/clinical reasoning for fast-track funding being appropriate
- Date need for fast-track funding recognised
- Staff member recognizing prognosis <3m
- Last days of life or last months of life
- Date of application submission by ward
- Date of discharge
- Discharge location - home/care home (+ if they were previously resident in care home)
- Issues identified in discharge process where delays present



## RESULTS AT A GLANCE

- Of the 45 patients, 17 were thought to be in their last days of life, and 33 were thought to be in their last three months.
- **42%** of all 45 patients were discharged within a 48 hour time frame
- BUT, only 24% of patients identified as being suitable for fast track had paperwork submitted on the same day. 49% of patients faced a delay of 48 hours or greater in this area.
- Of the 22 patients who faced delays >48 hours between ward recognition and paperwork submission, the reasons for their delays are demonstrated in the pie chart to the right.



## CONCLUSION

We compare very similarly to the national average.

However, we are performing worse than the national average if we take into account the time between recognition of fast-track suitability and paperwork being submitted by the ward.

I have highlighted four areas for improvement.

### COMMUNICATION BETWEEN WARD STAFF

**23%** of delays are because of miscommunication between the ward team. The patient is suitable for fast-track funding, but either the doctors haven't told the nursing staff, or the nursing staff haven't communicated between themselves who is going to fill out the paperwork.

### LACK OF CONTINUITY OF CARE

**14%** of delays were due to a new medical team taking over who were not familiar with the patient. For example, the team looking after the patient on Monday may have stated that the patient would be suitable for fast-track funding if they did not improve in the next 24 hours. However, the new team looking after the same patient on Tuesday may have either disregarded yesterday's plan, or did not want to be the ones to make the decision to stop active treatment in hospital.

### DOCUMENTATION

**27%** of delays are because we, the resident doctors, aren't documenting **why** we think a patient looks like they have under three months left to live - the consultant just said so, and no one asked them to explain their reasoning, so sometimes our ward round plans quite literally just state 'fast track' for days on end. The CCM and nursing staff therefore do not have the medical information available to begin the paperwork process.

### OXYGEN PLANS AND/OR NG TUBES

**4%** of delays are due to none of the team considering that the patient is on oxygen or has an NGT in place. Is the oxygen for treatment or palliative purposes? Are they going home with it? Has anyone made a referral to the respiratory nurses? With NGTs, has a discussion about unsafe swallowing and plan for home taken place?

## REFERENCES

- Geriatric Medicine Research Collaborative. Fast-track hospital end-of-life discharge pathway: is it actually fast? National clinical audit. BMJ Support Palliat Care. 2021; 14(1):90-93. [Accessed 15/10/2024]. Available from: <https://pubmed.ncbi.nlm.nih.gov/35022188/#:~:text=Methods%3A%20Multicentre%20audit%20in%20England,in%20success%20between%20hospital%20sites>.
- Morse A. Discharging older patients from hospital. National Audit Office, 2016. Available from: <https://www.nao.org.uk/wpcontent/uploads/2015/12/Discharging-older-patients-from-hospital.pdf>





# UPCOMING EVENTS

May - June 2025

## Clinical Updates Series - Oncology, Acute Medicine and Hot Topics in Specialist Palliative Care

<https://apmonline.org/events/clinical-update-series/>

3rd June 2025

## What's the point? How GIM training may impact consultant job plans in the future

<https://apmonline.org/events/gimtrainingimpact/>

6th November 2025

## Undergraduate Medical Education in Palliative Care: Addressing New Challenges

<https://apmonline.org/events/addressing-new-challenges/>

January 2026

## An APM Ethics & Research Committee Virtual Course

[https://apmonline.org/events/ethics-course-january-2026/?dm\\_i=2GTP,21XLN,AD6RBD,7H1OK,1](https://apmonline.org/events/ethics-course-january-2026/?dm_i=2GTP,21XLN,AD6RBD,7H1OK,1)

26 - 27th March 2026

## PCC Congress 2026

<https://pccongress.org.uk/registration/>



# USEFUL RESOURCES

### APM/ PCRS Research directory

<https://apmeducationhub.org/wp-content/uploads/2023/06/Palliative-Care-Network-April-2023.pdf>

### Palliative Medicine Curriculum

<https://www.jrcptb.org.uk/sites/default/files/Palliative%20Medicine%202022%20curriculum%20FINAL.pdf>

### e-ELCA

[https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0\\_29&programmId=29](https://portal.e-lfh.org.uk/myElearning/Index?HierarchyId=0_29&programmId=29)

### Junior Doctor and Medical Student Resources

<https://apmonline.org/junior-doctor-medical-student-resources/>

# PREVIOUS WEBINARS TO WATCH

### Palliative Care for FY1 Doctors

Vimeo Link <https://vimeo.com/apmeducationhub/pallcarefy1?share=copy>

Password ZHU5OOyabHZcdGnz