Palliative and End of Life Care in Dorset

Dorset Health Scrutiny Committee
November 2017

Dorset County Council

Introduction

Purpose of the presentation:

- To give an overview of current provision and work being undertaken by key providers around Palliative and End of Life Care in Dorset
- To look at the collective challenges
- To outline the national and local work around the Ambitions for Palliative and End of Life Care, including the setting up of the Pan-Dorset End of Life Care Partnership Group
- To view an example of when we get it right
- To invite questions and comments from Members

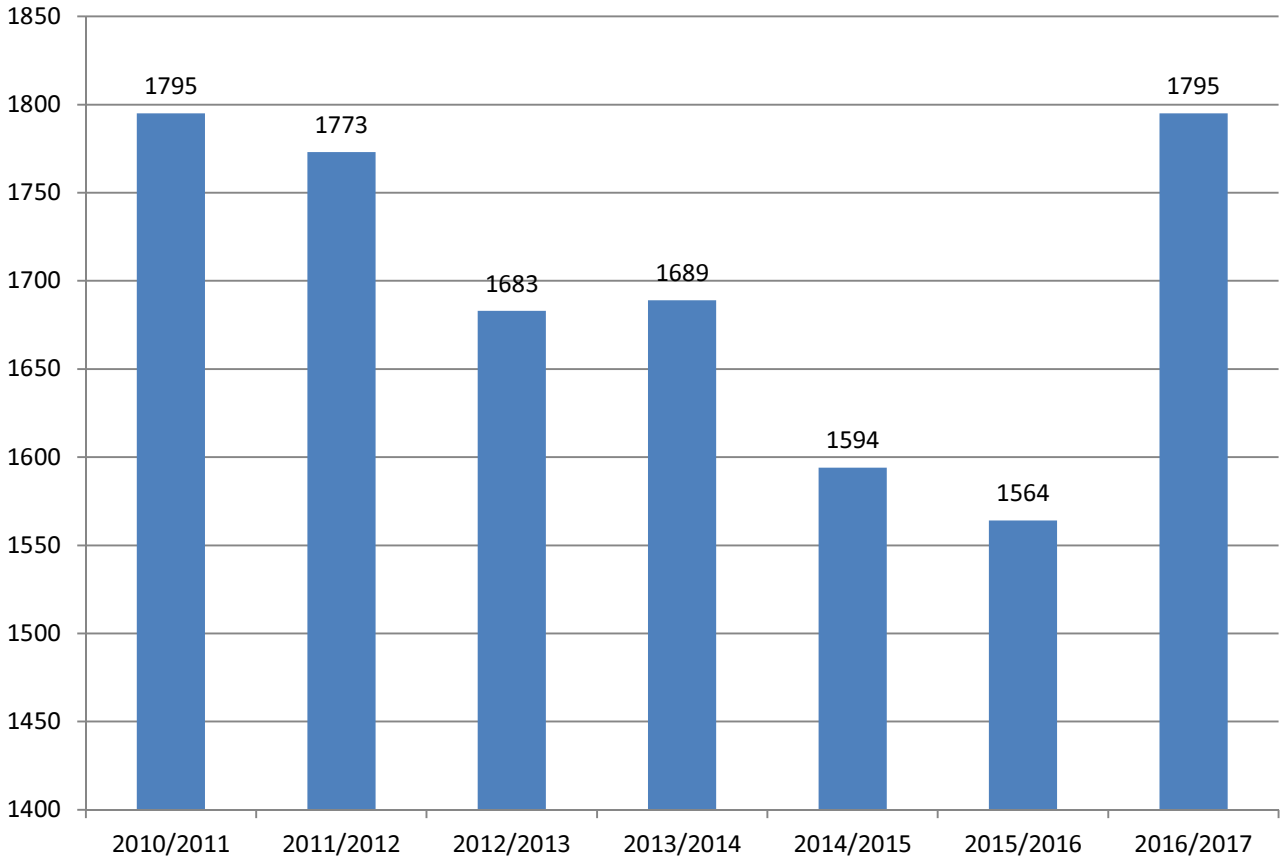
Weldmar Hospicecare
Caring for Dorset

Weldmar Hospicecare

Caroline Hamblett
Chief Executive

Outstanding End of Life Care in people's homes, community and Inpatient Unit

Caring for patients and their families in the last year of life. Patient numbers.



Progress against 2016/2017 priorities

- Improved quality of feedback from Patients and Carers
  - Patient-led feedback groups
  - Local “you said we did” reporting and actions
- Reporting and action on Equality and Diversity
  - Increased contact with local groups working with people unrepresented in our services
  - Governance training on equality and diversity
- Rapid Response / 24 hour service
  - Insufficient funds to fully develop this service
  - Offering out of hours support through the Inpatient Unit at Joseph Weld Hospice

Progress against 2016/2017 priorities (continued)

- Refurbishment of Inpatient Unit
  - All patient areas improved
  - Improvement in the kitchen

- Increasing numbers in Motor Neurone Disease clinic
  - Refurbished facilities
  - Pilot for MND Nurse to cover all patients in our catchment area

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- End of Life Care Facilitators
- Improvements in Clinical Leadership
- 5 day face to face service, 24/7 telephone advice service
- Review of Anticipatory Care Plans documents
- Policy for last offices and Care of Deceased

End of Life Care Strategy

End of Life Care – Education Summary Aug 2016 – Aug 2017

Length of Teaching	**Attendances**					
	Health - care Assistants	Therapy Staff	Trained Nurses	Medical Staff	Consultant	Total
One Day	22	9	106	0	0	133
3-4 Hours	56	0	12	0	59	127
1-2 Hours	0	0	3	190	2	195
Total	**78**	**9**	**122**	**190**	**61**	**455**

Performance Indicators

	National May 2015	DCH May 2015	DCH Sept 2017
Is there documented evidence within the last episode of care that it was recognised that the patient would probably die in the coming hours or days?	83%	82%	98%
Is there documented evidence within the last episode of care that health professional recognition that the patient would die in the coming hours or days had been discussed with a nominated person important to the patient?	79%	65%	98%
Is there documented evidence that the patient was given the opportunity to have concerns listened to?	84%	59%	69%
Is there documented evidence that the needs of the person important to the patient were asked about?	56%	20%	51%
Is there documented evidence in the last 24 hours of life of a holistic assessment of the patient's needs regarding an individual plan of care? (End of Life Care Plan)	66%	27%	49%
Of those who died at DCH, percentage who identified DCH as their preferred place of death	n/a	n/a	76%

Organisational Audit Indicator	National Result – May 2015	DCH Result – May 2015	DCH – August 2017
Is there a lay member on the trust board with a responsibility/role for end of life care?	49%	No	Yes
Did your Trust seek bereaved relatives' of friends' views during the last two financial years (April 13 to March 15)?	80%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for medical staff?	63%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for nursing (registered) staff?	71%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for nursing (non-registered) staff?	62%	No	Yes
Did formal in-house training include specifically communication skills training for care in the last hours or days of life for allied health professional staff?	49%	No	Yes
Access to specialist palliative care for at least 9-5 Mon - Sun	37%	No	No
Does your trust have 1 or more End of Life Care Facilitator as of 1st May 2015?	59%	No	Yes

DCH Fast Track CHC Audit – June 17

- 60% of those Fast Tracked were discharged to their preferred place of care.
- Of those not discharged, 30% chose to remain at DCH, 60% were too unwell for discharge, 10% improved.
- Average time to discharge home – 6 days.
- Average time to discharge to nursing home – 10 days.

DCH VOICES survey results, Nov 16-March 17

50 of 150 questionnaires

	Yes	No	Don't know/No answer
Did the hospital service work well with their GP and other services outside the hospital	33	2	15
	Excellent/ good	Fair/Poor	Don't know/No answer/ NA
The care they got from the Doctors in that admission was	41	6	3
Relief of pain	36	8	6
Relief of symptoms other than pain	30	5	13
Spiritual support	17	4	29
Emotional support	26	7	17
	Strongly Agree/ Agree	Disagree/ strongly disagree	Neither/Don't know/No answer/ NA
There was enough help with personal care	33	2	15
There was enough help with nursing care	36	4	10
There was adequate privacy	32	7	11

VOICES survey results

The nurses are very busy and it was not the ideal ward to have a palliative care patient. They're often busy in their bays and I found it difficult at times as my granddad was in a side room

Nothing was too much trouble

The registered nurses and HCAs do an excellent job but sadly there is never enough of them. Especially when dealing with palliative care we needed someone there more frequently.

At her last breaths the nurse was there for me and nan

My mother was aware that she was dying and wished to see all of her family. This was allowed but fairly uncomfortable for family members as there are a lot of us. We made three separate requests for a small side room but were refused each time. It would have been so much nicer to have been able to say her goodbyes in privacy.

The care offered by DCH was first class: my wife passed away in a delightful manner and I will always be grateful for this. Thank you

The hospital care from the moment we arrived in the A&E until he died was professional caring and of the highest standard.

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Dorset HealthCare Our Vision

To provide choice: to care with kindness, dignity and compassion, coordinated provision of high quality support at the right time in the right place, for our patients, carers and their families.

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How we provide care

- Inpatient care: 11 community hospitals with 8 wards accredited with Gold Standards Framework National Quality Award
- 2 older peoples mental health wards and 3 hospitals working towards accreditation by August 2018
- Community teams: across Dorset caring for patients and families in their own homes and residential care homes
- Personalised care plans: including advance care wishes, to support the 5 priorities of care for the dying person.

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Proactive care

- End Of Life (EOL) care training scoped to ensure education and training available to support staff in caring for patients in their own homes and community hospitals
- Staff willingness to continually improve care i.e. GSF, Elder Friendly wards, Johns' Campaign, 'My name is…'
- Ongoing review of patients EOL care including After Death Analysis (ADA) with the Multi-disciplinary team
- Bereavement Questionnaire piloted to gain feedback from relatives.

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Pan Dorset Proactive working

- Pan Dorset End of Life Care Partnership Group
- Pan Dorset End of Life Care Workforce Education Group
- End of Life Care provider groups attended by DHC staff to improve communication to staff and patients at end of life by working together
- Cross boundary working
- Pan Dorset policies and documents

Gold Standards Framework (GSF) and Cross Boundary working

- The GSF principles are around: identifying, assessing and planning with patients, relatives and the MDT, those recognised in the last year of life
- Is actively promoted across Dorset
- Now includes a Platinum level for sustained achievement in Care homes
- GSF is aimed at front-line care providers such as hospitals (acute and community), care homes, primary care and domiciliary care
- Joint working is key to achieving GSF accreditation

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End of Life Care – Dorset County Council

- Supporting individuals and carers with information and advice to maintain independence and wellbeing;
- Undertaking Care Act assessments in a timely way for individuals and their carers and reassessing as needs change;
- Linking with community organisations and partners in providing early help and support;
- Meeting outcomes with formal services such as domiciliary care where there are eligible needs;
- Working with health partners to ensure an individual receives the right care and support at the right time;
- Working to ensure a smooth and seamless transition between health and social care services according to nature of needs.

What are the collective challenges?

- Availability, capacity and accessibility of resources to care for patients in palliative and EoL, in a timely way
- Lack of domiciliary care in the community
- Achieving Preferred Place of Care / Death (PPC/D) in the community
- Achieving continuity of care and good communication between health and social care services (*improving the experience for all*)
- Lack of electronic record sharing
- Being clear about what are social and health care needs but working jointly (integrated hubs) to support wishes and avoid inappropriate hospital admission at EOL

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What are the collective challenges?

- Ensuring appropriate person centred care pathways with services experienced in supporting EOLC
- Ensuring that all those in residential care also receive access to end of life care support and services when they need it
- Supporting Care homes to continue caring for their residents, avoiding moves at end of life, where possible
- Delays in fast track Continuing Health Care (CHC)
- Ongoing staffing issues (countywide / national).

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Healthwatch Dorset – feedback from the public

- Some of the residential care homes seem to be less able to deal with end-of-life care, so people end up in hospital that may not need to be there;
- Some people are dying in hospital because it's taking too long to get packages of care in their homes. Ward staff and district nurses have advised this happens. The Palliative Care Team covering Poole were recently disbanded and nurses dispersed into district nursing teams – which means that due to workload they can't provide the same level of care that the palliative care team could;
- Wards in hospital are not the best place for end-of-life – if there's no side room available people can die on the ward – which is not good for them, the relatives and other patients. There's a lack of dignity;

Healthwatch Dorset – feedback from the public

- People are in hospital “bed blocking” because of the delay in care packages being available;
- The Marie Curie service seems to be understaffed;
- Equipment is taking too long to get into people’s homes at end of life;
- End of life care needs earlier planning for people where possible;
- The term “fast track” raises people’s expectations – you expect things to happen quickly but patients and staff say they don’t.

The Pan-Dorset EOLC Partnership Group

- The Group includes representatives from all providers of EOLC in Dorset
- In place for almost a year now, meeting bi-monthly;
- Mapping undertaken against **Ambitions for Palliative and End of Life Care (2015):** A national framework for local action 2015-2020

https://www.england.nhs.uk/ourwork/ltc-op-eolc/improving-eolc/ambitions-for-palliative-and-end-of-life-care-framework/

- Purpose: to bring together all organisations involved in EoL / palliative care to network, share best practice and work together within the 8 'Foundations' to meet the 6 Ambitions statements with an action plan to support this

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The Charter

An **End of Life Care Charter** has been developed and agreed by the Partnership Board (June 2017):

Key messages:

- What really matters? Find out “What matters most?” to each individual;
- Help people to plan ahead – avoid a crisis;
- Care for each other, learn from each other;
- End of life care is everyone’s business;
- We have one chance to get it right.

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The Charter

Overall strategy is to:

- Improve the **recognition** and **understanding** of people's needs and preferences;
- Enhance the **capability, capacity** and **compassion** of the workforce and community;
- Improve **access** to other resources essential for good end of life care.

Aiming to achieve the national ambitions by October 2018.

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Film clip – Getting it right

Film clip: Precious – a member of staff from Alderney Hospital in Poole, on achieving the wards GSF accreditation award, talking about how personalised end of life care can be achieved:

https://vimeo.com/236958181

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