

**Improving Palliative and End of Life Care in Dorset
Dorset End of Life Care Partnership
Action Plan October 2017**

Foundation		Action	Timeline	Leads	Progress Update
CO-DESIGN	1	A small task and finish group will collate information from available surveys, complaints etc. and undertake a thematic analysis to identify what factors could have made most difference in improving care	by the end of December 2017	CW/ CCG rep/LP /JR	<ul style="list-style-type: none"> Group not yet formed. LP to collate complaints but currently at the point of collecting data. There are some concerns around whether organisations are happy to forward data for collation/analysis though the data will be anonymized, suggested that looking at themes from data rather than the data itself may be a way to overcome this. CS to look at themes from data to forward to LP. Need link with Poole and Forest Holme – LP in email discussion with SD, SD asked CH to be lead/representative for Poole. Suggestion to look at staff opinion (when staff have recognised that there were problems) even where families have not made complaints – after death analysis. CS recommended Dying without dignity as document with themes identified. Group agreed Timeline to move to December. Agreed for JR to contact leads from each organization to identify top 3 priority areas of concern for palliative and end of life care and to share this with wider partnership. E.g. nursing home placement / transport / coordination of care etc. To include vignette / scenario for each to illustrate concerns.

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	2 A focus group with people with personal experience of palliative or end of life care will be held to explore key priorities. Further engagement with people from across Dorset will follow this initial meeting – including those with experience of cancer and dementia	By the end of August 2017	AC/SD	<ul style="list-style-type: none"> • Poole Focus Group document available on Kahootz. • DCH/Weldmar asked for focus group – CS to look at this for Weldmar. Advised to contact Becky from PALS for DCH. JS make contact with AC. • Group agreed Timeline to move to end of August. • Focus group in Dorchester September 2017 with four participants. • Key themes – information; importance of keyworker / coordinator role; transition between active disease-focused treatment and palliative care; bereavement support • Further focus group in Bournemouth/Christchurch to be arranged.
EDUCATION AND TRAINING	3 The Education and Workforce End of Life Group will collate all existing palliative and end of life care education and training available in Dorset, to share with the wider workforce	by the end of May 2017	AS/HL	<ul style="list-style-type: none"> • Scoping of Palliative/End of Life Care Education available to staff working in Dorset available on Kahootz under Key Documents (August 2017). • Investigating where this information would be held, how it would be updated – education group’s responsibility suggested, CW suggest host with CCG and workforce group could be responsible with update and also suggested for GPs targeting appraisals to promote. • Scoping available on Kahootz.

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	4	The partnership will identify which other areas of strategy, training and education need to incorporate end of life care, to reduce silo-working e.g. frailty, stroke, cardiovascular, respiratory; trigger points	by end of October 2017	NL	<ul style="list-style-type: none"> • Awaiting documents to be finalised before group will be able to work on this. • Group agreed Timeline to be moved to October. • SD to link with Dorset-wide clinical leads for relevant areas to minimize silo-working – ensure EOLC on agenda for each area.
EVIDENCE AND INFORMATION	5	A small task and finish group will improve the accessibility of information available to the public, individuals with palliative or end of life care needs and their families, and staff; development of a bespoke website to be explored	by end of May 2017	AC/SD	<ul style="list-style-type: none"> • AC has looked at My life My Care as option. CRISP not option as only covers Poole and Dorset, though are happy to host information. Dorset for you website investigated and takes 5 clicks to get to EoLC information. • AC also costed standalone website for EoLC for Dorset, approximate costs of £900 to set up plus £90 per year running costs. • Focus groups asked what information is available in GP surgeries, identifying the need to direct everyone to one place for all EOLC info. • Question around funding – where could this come from for website? CCGs? Wessex? HL suggested app possibility? HL to investigate with SH. • Essex/Gloucestershire hospices identified as good example, all to view and send comments to AC by end of August. • Agreed Dorset website would be a helpful for patients, families, carers and staff. AC to lead and link

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					<ul style="list-style-type: none"> with comms/IT from each organization. Not restricted to SPC/hospices. SD will upload draft "living well with a life-limiting illness" to Kahootz. Agreed could be used Dorset-wide.
	6	Key information regarding outcome measures above to be agreed by the partnership and requested via Business Intelligence at CCG	by end of May 2017	SH/SD	<ul style="list-style-type: none"> Version 0.4 of the Dorset End of Life Care Partnership Project Charter available on Kahootz from 25/07/17. Outcome measures 0.1 on Kahootz (October 2017) – SH will discuss with Contracting team at CCG whether data collation feasible
24/7 ACCESS - palliative care	7	A task and finish group will review existing processes for referral and access to palliative and end of life care, and draft what the ideal process should look like, at a workshop day	June 2017	RP/SD	<ul style="list-style-type: none"> Dorset Pathway Day to be held on 14th September 2017 - invites to be sent requesting representation from stakeholder organisations. To be held at Forest Holme. Access to care clear priority within group. Ongoing issues with CHC availability. Pathways / response times for community support within localities drafted by DNs, for further discussion with wider DN times before formalizing / disseminating. Possibility of Hospice@Home development discussed at the 14/09/2017 meeting.

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					<ul style="list-style-type: none"> SH will invite Jane Howard (DHUFT, leading on ICRT developments across Dorset) to partnership meeting
24/7 ACCESS – care	8	SD to contact CHC lead at Dorset CCG on behalf of the partnership and offer support of the partnership in addressing the difficulties in accessing CHC-funded care at the end of life	April 2017	SD	<ul style="list-style-type: none"> SD met with Paul Rennie from CHC 12 June 2017. Paul Rennie explained that CCG and local authorities were currently reviewing tenders from care agencies/providers to be on the framework to provide care at home. Aware there is a range of need e.g. from 15 mins social care to 60 minute visits for more complex needs towards the end of life. He is aware there can be delays in sourcing packages of care currently. His recommendations were: <ol style="list-style-type: none"> To engage with the patient and family early in the process; Not to overprescribe intensity of care packages as this can make it more difficult to source care; The vast majority of CHC applications should be done in the community rather than an in-patient setting, as per national recommendations. SD met Antonia Gabrielli (DHUFT) and district nurse leads locally (East Dorset, 10 July 2017) who are keen to provide palliative and end of life care e.g. while patients are awaiting care package via CHC

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					<p>funding - asked to be informed early if it is anticipated that patients will be discharged later that week as this enables them to plan their work and availability.</p> <ul style="list-style-type: none"> • SD suggestion to make more use of volunteer community to support people both at home and in in-patient settings. • Group raised concerns that 80% of cases CHC funding is denied. CW to speak to SD. CH advised audit was done in April 2015 around CHC funding – showed lengthy discharge and amount of patients dying in hospital whilst waiting for funding. JR to make contact with EoL facilitators for discussion around fast track discharge etc. • JR and HL meeting with Paul Rennie in October and will feedback to meeting (October 2017)
24/7 ACCESS - transport	9	JB to review contract arrangements with ambulance and transport providers (SWAST and Ezeq) relating to people needing palliative care or approaching the end of life	?	JB	<ul style="list-style-type: none"> • Palliative care call script to be agreed and meeting Friday 9 June 2017 to discuss – KS to share script with group. • All to advise KS of current issues • KS (Kelly Spiller) now left. Take to JD? Group feeling SWAST transfer problem felt to be getting worse – home into hospice particular area for concerned but looking at any EoL patient being transferred anywhere.

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					<ul style="list-style-type: none"> • SH and HL met with Ezeq contract link – DNACPR had not been in contract which will now be addressed. • Variability / unpredictability of urgent transport to and from hospital/hospice and home – area of concern across Dorset. • HL/SH to meet with commissioners of transport (Emma Moggeridge) (October 2017)
INVOLVING, SUPPORTING AND CARING FOR THOSE IMPORTANT TO THE DYING PERSON	10	A task and finish group will, following the pilot, produce a business plan for the implementation of a new Dorset-wide model of access to psychological support for patients and family / carers.	July 2017	RBra	<ul style="list-style-type: none"> • Meeting on 7 June 2017. Pilot was starting Blandford, although may need to move venue. • Yearlong pilot - was due to begin June 2017, start date has been postponed to Sept 2017 due to unforeseen circumstances.
PERSON-CENTRED CARE PLANNING	11	Use of anticipatory care planning to be rolled out to integrated locality teams using SystemOne (DHUFT)	October 2017	SH/ DHC	<ul style="list-style-type: none"> • Progress of Dorset Care Plan being rolled out across primary care and Dorset HealthCare. Weymouth locality up and running, next 2 planned. May be a need for training an education alongside this. GPs supporting other GPs, Community Matrons etc. • Jane Howard to update at Dec 2017 meeting. • SD to ask CH for electronic version of “My advance care plan” as this could be used Dorset-wide potentially. Agreed would be appropriate to include “NHS Dorset” logo, acknowledging CH/PHFT and use Dorset-wide.

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					<ul style="list-style-type: none"> Noted ReSPECT is being implemented by Hampshire hospitals. No plans to implement in Dorset especially as this could cause confusion with existing tools (e.g. DNACPR, Dorset Care Record and treatment escalation etc.)
LEADERSHIP	12	To identify project management support via the Wessex End of Life Group	June 2017	SAW/ SH/DK	<ul style="list-style-type: none"> Support identified and in place.
SHARED RECORDS	13			HL	<ul style="list-style-type: none"> Update on special messages e-mail received from SWAST to continue as present until informed by SWAST (Olwen Watts/ Louise Pennington). Still happy to receive faxes for Dorset and e-mail account. Sending a letter to every provider and there will be an email address to be used rather than fax (nhs.net) HL to ask SWAST how this will occur – will this be central etc. ensure fax will not be removed before email is in place. HL to circulate email address (August 2017).