1a. End of Life (EOL) Deep Dive

Drivers and Current Aims

Ambitions

Strategy

- Early identification of patients at End Of Life (EOL)
- Patient centred care through Advanced Care Plans (ACP)
- Reduce NEL admissions
- Improve patient and carer outcomes

Current Aims

- Early identification of people approaching end of life (<12 mths) – added to EOL register, enables early planning
- Advanced Care Plans (ACPs) – to capture patient choice including family & carers e.g., preferred place of death; preferred treatments; DNA CPR as per principles of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment, Resuscitation Council UK)
- ACPs created and updated *throughout* patient journey with professionals, patients and families – captured electronically on Adastra
- Adastra, our Electronic Palliative Care Co-ordination System (EPaCCS), a data storage and sharing platform enabling ACPs to be available to all services (primary care, acute, ED, community) in line with 2020 vision for full interoperability using 'Connect Care'
- Target - 100% patients registered on EOL register offered an ACP and 95% have an ACP completed

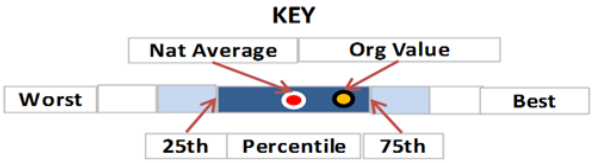
"You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

Dame Cicely Saunders

1c. End of Life (EOL) Deep Dive

Current Picture

- IAF indicator 105c '% deaths in hospital' – Public Health England *2011-2013*



- National survey of bereaved people (VOICES) by CCG – combined data from 2011 and 2012, England 2014, published in 2015

Session	Overall quality of care	Dignity and Respect		Support for carer and family		
Question	Q51. Overall, and taking all services into account, how would you rate his/her care in the last three months of life?	Q14.Overall, do you feel that the care he/she got from the district and community nurses in the last three months was excellent?	Q16. How much of the time was she treated with respect and dignity by the GPs?	Q46.Were you or his/her family given enough help and support by the health care team at the actual time of death?1	Q47.After he/she died, did staff deal with you or his/her family in a sensitive manner?	Q49. Looking back over the last three months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?
Answer	Outstanding/Excellent	Excellent	Excellent	Yes, definately	Yes	I was involved as much as I wanted to be
England	43.21%	78.62% (26,000 respondents)	72.40%	59.76%	93.53%	77.93%
NHS Bracknell and Ascot	46.55%	82.39% (n=21)	73.74%	59.47%	96.14%	74.47%
NHS Slough	31.93%	55.14% (n=22)	56.52%	52.70%	91.16%	63.95%
NHS Windsor Ascot and Maidenhead	37.52%	82.66% (n=47)	65.41%	54.44%	92.30%	76.39%

Key	Above national average	Below national average

1b. End of Life (EOL) Deep Dive

Current Picture and Locally Commissioned Services (LCS)

Where are we now?

- Practices are supported to hold EOL registers and to ensure that all patients have an advanced care plan (ACP) captured on Adastra
- All ACPs consider the wishes of patients & their families/carers and include key partners in care (GP, District Nurses, Community Palliative team)
- Access to EOL register and ACP currently available to South Central Ambulance Service/Out Of Hours/Emergency Department via Adastra
- Patients under care of Community Palliative Care Team have assigned key worker who can attend ED within 4 hrs
- Many patients at EOL have a Long Term Condition (LTC). Complex case management for LTCs includes early identification, ACPs, regular review and discussion in primary care for proactive symptom management and self care to avoid unplanned hospital admittance
- CHC fast track process streamlined for all eligible patients – same day decision where possible
- Integrated community, hospice & hospital palliative care team in place - revised specification in final stages. Integrated in contracts – April 2017
- Whole sessions of GP protected learning time dedicated to EOL care including 'communication skills' in response to National Survey of Bereaved People. Thames Hospice and BHFT educators; in-house accreditation and apprenticeships, GP VT5 training, care home & Health Care Assistant (HCA) education programme in place
- Aligned with Local EOL CQUIN for BHFT to increase identification of patients for EOL register; support and engage GPs/partner organisations, deliver training/education . Quarter 1 requirements fully achieved and working towards Q2 milestones.

Where are we heading?

Working with GP practices to further develop EOL strategy for our local community with a Locally Commissioned Service which includes:

- 24/7 Integrated Nursing Model - rapid response team offering assessment and advice for patients & their families/carers. To commence in December 2016
- 24/7 Telephone Line 'platinum standard' support service with specialist advice (including prescribing) available to all (families/carers, acute staff, care home staff, ED). Due in place January 2017
- Every (100%) patient on EOL register will have 'key worker' to coordinate care in line with patient/family/carer wishes on ACP
- Every patient on EOL register discussed monthly at Primary Care Multi Disciplinary Team (MDT) including proactive links with liaison with associated services (e.g. DNs, acute team, care homes, hospice, key workers) to assure compliance with patient & family wishes on ACPs
- Carers identified, consulted and supported throughout EOL period and beyond including ACP involvement, access to 24/7 phone line, and sign posting to bereavement services as appropriate
- Monitor carer/family satisfaction through questionnaire to enable development of services. Target for feedback - 80% feedback from carers achieved & 80% experiencing service as 'good' or 'excellent'
- Constant process of learning and developing - Program of monitoring and audit to ensure all targets are on track and act quickly if slippage occurs. Formal after death analysis - did we do everything we aimed to do for this patient and their family? If not – action plans for change.

1d. End of Life (EOL) Deep Dive

Successes and Risks

Fulfilling the ambitions – case study from Thames Hospice

- EOL elderly gentleman in Intensive Treatment Unit (ITU) on O2 – decompensates when taken off
- Preferred place of death was at home – transferred home
- Home visits: ITU Acute Consultant, District Nurses, Thames Hospice Clinical Nurse Specialists x 2 and Hospice at Home Health Care Assistants x 2 to support family (every day 4-5hrs)
- Gentleman was enabled to die at home 3 days later
- Family involved and very pleased with service provided
- Team reflective space offered at hospital with trained facilitator – all core team attended
- Without this integrated approach gentleman would have died in hospital against his wishes

Risks

- Addressing Slough's higher % of deaths in hospital
  - largest proportion of unidentified people dying and not on EOL register
  - large BME population
  - language barriers
  - cultural sensitivity and wishes
  - patient education
- Poor take-up of LCS by GPs

Timeline

- Nov 2016 – Locally Commissioned Service in place
- Dec 2016 – 24/7 Integrated Nursing Model underway
- Jan 2017 – 24/7 Telephone Line in place
- April 2017 – Integrated service contracts in place

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

National Voices and the National Council for Palliative Care (NCPC) and NHS England 2015