Scottish Partnership for Palliative Care

Palliative Care: Daring to be different

Annual Conference 2008

Addressing Inequalities: The Audit Scotland Palliative Care Report and Beyond

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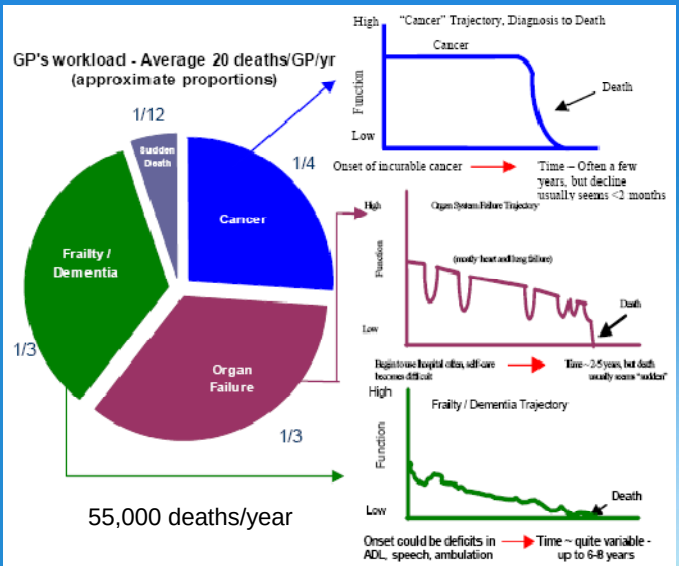
Need for Palliative Care



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How can we prevent this?

"She needed more help from social services and help with personal care and pain relief but did not ask for it and did not want strangers coming into her house. I did the best I could but she died undernourished and in pain, although I know it was her choice"

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From a patient's viewpoint

"If a doctor came out to me again and said hospital I'd say no thank-you, I'll take my chances in the house … I would never, ever, ever go back again."

- **Patient focus group, cancer**

"The staff were helpful on the Palliative Care Ward but on the general ward they were less friendly, and would not explain procedures"

"I was really struggling breathing and couldn't answer all the questions"

- **Patient interview, chronic heart failure**

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Caring professionals

The nursing staff are to be commended for care, attention and sympathy given to the family"

"Very satisfied with and grateful for the care and attention given by doctors at hospitals. The hospital care was excellent"

"Excellent care at the hospice"

"I would have been unable to look after him at home without the support of the local GP and District Nurse"

"Good home care services enables us to look after him for as long as possible before he was admitted to hospital"

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Care Homes

"My mother died aged 100, I don't think she would have reached this age if the wonderful care she received at the care home had not been available"

"The staff were kind and tried their best in difficult circumstances"

"It must be remembered that elderly people are not totally stupid and deserve a lot more care and attention in residential care than is provided at present."

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Social networks and carers

"I have a good network of people working together. I feel comfortable with that. I feel sorry for those who don't have this."

Patient focus group, cancer

"I'm not so lucky……. I have a niece she does what she can but that's all … she's there in an emergency … they live quite different lives to me."

Patient focus group, frail elderly

"She never complains but I know she needs a break. I get day care two days a week. I enjoy it. And I enjoy it because it gives her a break."

Patient focus group, Parkinson's disease

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What are the inequalities?

- Access to Specialist Palliative Care
- Access to Generalist Palliative Care
- Diagnosis driven rather than needs driven
- Ability to access services - out of hours

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Audit Scotland report

- Summary of key recommendations from Audit Scotland
- *Living and Dying Well – how these will be addressed*

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1: Access, balance, joined up and sustainable

- Scottish Government report should:
  - Address access issues;
  - Balance between specialist and general
  - Joining up services
  - Sustainability of services

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Multi actions in plan

- *Palliative care is needs based*
- *Bringing together key agencies to plan effective care*
- *Use of electronic processes to support this*
- *Standards and KPIs*
- *Education and training*
- *SLWG to address outstanding issues*

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2: Identification and Assessment

- Work with NHS Boards, primary care staff and voluntary sector to develop consistent evidence based assessment criteria
  - Identification
  - Assessment

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Identification and assessment

- *NHS Boards, networks, CHPs should ensure that there are recognised triggers to support ID (action 1)*
- *Patients are appropriately assessed across all care settings using recognised tools (action 2)*

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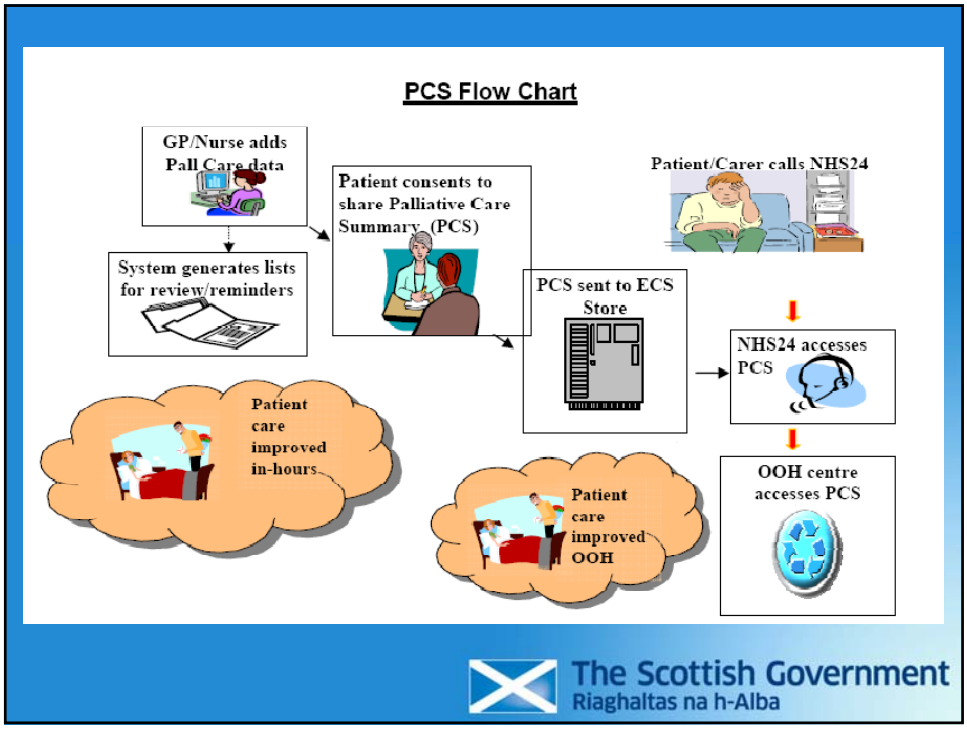

3: NHS boards should

- Work with the voluntary sector to develop agreed protocols for primary care staff and non specialist hospital staff to refer patients to specialist palliative services
- *Lead clinician will lead further work to develop referral criteria for specialist services*

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4: Service Frameworks

- NHS boards should apply service improvements such as GSF, LCP and DNAR to all care settings and ensure appropriate use
- *Actions 1,2,8,11*

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Service Frameworks

- *Recommended boards implement DNAR with education and documentation*
- *Also discuss with SAS regarding adoption of DNAR policies consistent with SAS end of Life Care plan*
- *SGHD support boards to implement LCP in all care settings for patients dying from any progressive condition*

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5: Education and training

- NES should work with NHS Boards, CHPs and their council partners to ensure training in place for generalists to identify patients with palliative care needs and improve quality of care

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Education and training

- *NES will develop a national education plan for generalist staff which will facilitate and support delivery of improved palliative and end of life care in all settings and for the diversity of the Scottish Population*
- *A national project lead and an advisory group will take this work forward*
- *Boards to nominate education champion*

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6: Joint Planning

- CHPs, including council partners should work with palliative care networks to ensure that there are clear management arrangements across CHPs and develop action plan to coordinate the involvement of NHS, voluntary sector and council partners in planning and delivering palliative care

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Joint Planning

- *NHS Board Executive leads will work with networks, CHPs and community planning partnerships to assess current services and needs, and develop delivery plan by March 2009*
- *Board leads meet to promote cohesion*
- *CEL with guidance to follow*
- *(Action 24)*

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Range of actions in plan

- Identification and assessment
- Planning and Delivery
- Communication and Coordination

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