A vision for the future of Palliative and End of Life Care

Adrienne Betteley
Palliative and End of Life Care Programme Manager
Macmillan’s background in palliative care

- The grants programme was set up soon after the charity was founded.
- Strong volunteering ethos - volunteers used to deliver coal to cancer patients and the organisation is still fighting for an end to fuel poverty today.
- The Macmillan nurse has been around since the 1970s as have the cancer environments.
- Involved in building some hospices too and continue to build palliative care facilities in the NHS.
Palliative and End of Life Care at Macmillan today

• Approximately 1000 professionals in this field as well as others who do this as part of their work (491 posts in Scotland, 109 of which are palliative care)

• Vast number of projects across the UK, including Whole Systems Change

• Core funding to NCPC and SPPC

• Sponsorship of the International Journal of Palliative Nursing Awards
Palliative and End of Life Care at Macmillan today

• Palliative Care Master Classes running across the regions and nations from 2010 to 2012

• Educational resources for professionals such as the Foundations in Palliative Care and Spinal Cord Compression toolkit produced by Karen Orr

• Information and support resources such as leaflets

• 24/7 campaign

• MacPACC (Research Collaborative)
New Initiatives

• The 3 “M”s project (Macmillan, Marie Curie and Mencap) working in partnership to improve end of life care for people with Learning Disabilities

• Workshops with BUG (British Uro-oncology) - Advanced Prostate Cancer

• MAPS (Macmillan Adopted Prison Standards) developed by a Macmillan Professional in the North East. Launch conference on December 7th organised by EventproUK

• Scoping out the possibility of having a Community of Practice for Palliative Care Social Workers
Future Initiatives

• Currently developing our vision for the future

• 24/7 campaign continuing in partnership with NEOLCP, HtH, RCN, Marie Curie and NCPC

• Working with NCPC to scope out the spread of Compassionate Communities and other schemes to identify gaps, toolkits and best practice

• Advance Care Planning (Information and Support team)

• Develop bereavement support further i.e Oral History work

• Review our educational resources in palliative care
THANK YOU

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WE ARE MACMILLAN.
CANCER SUPPORT
Vision for End of Life Care in Scotland

Diana Hekerem
Head of Partnerships, Commission & Development
Scotland, Wales & Northern Ireland
“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so we may fear less”

Marie Curie
1857 - 1834
Developing Understanding

- Midlothian Care Home
- Deeside Model of Integrated palliative support
- Vocal + HtH Carers Training
- Caring Together
- Reshaping Care with SPPC and SCVO
Palliative Care Funding Review

- Individualised and holistic care and symptom control for patients who have a life-limiting or life threatening illness, and their families/carers
- Not age, diagnosis, place or time specific and do not involve disease modifying treatments
- Based on patient needs and wishes, and promote community based care
- Include community services, respite and day care and 24/7 access to care
- Include care and support for families and carers, including psychological and bereavement support
- Involve health, social care and the voluntary sector working together; including hospitals, nursing services, hospices, care homes, psychological therapies, social services and spiritual support
- Include education of professionals and the general public
- Interact with other services such as geriatric services and dependent on core generalist services to be functional, including community teams

“Enable coordinated care to be available where and when it is needed by patients without delay - towards the end of life delay becomes unethical”
Partnership and Innovation

“Clinical and service integration should be given priority, with the focus on joining up care around the needs of patients”

Chris Ham, Chief Executive, Kings Fund
Partnerships and Innovation

- Grampian (G Med) Out of Hours
- Lothian Fast Track Discharge
- CHAS transitional adults
- West Lothian Community Specialist Palliative Care
- “Hospice at Home”
Final Message from CEO

• Solve problems together
• Don’t let branding get in the way
• Collaborate from the bottom up to meet the needs of patients.

what can WE do..

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Workshop Questions

Group 1

• What are the barriers to us working more effectively together

• What are the advantages to partnering with the voluntary sector

Group 2

• How does the voluntary sector need to change to be relevant in 5 years time?

• What new opportunities will there be for partnership working in 5 years time?