

End of life care in South Glasgow Acute Hospitals – The death of the LCP?

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BACKGROUND

The Liverpool Care Pathway (LCP) for the dying is a quality improvement framework which aims to ensure high quality care is provided to patients and their families in the last days of life. A locally adapted version of the pathway has been in use in NHSGGC since 2006.

Following the recent negative publicity and the concerns identified in the Neuberger Report ('More care, Less Pathway: A Review of the Liverpool Care Pathway') the LCP has been withdrawn in England, with plans for this to be replaced with individual end of life care plans. The recommendation in Scotland at present is for continued use of the LCP, although this is currently under review and anecdotal evidence would suggest it is already being abandoned in practice.

AIMS

Our aim was to review the current practice of care for patients at the end of life in South Glasgow Hospitals and to reflect on any differences in care between those patients on the LCP and those that were not. We also wanted to consider what changes the future may hold and the potential impact this could have on patient care.

METHOD

A retrospective review was performed of the last 5 expected deaths occurring on the medical wards at SGH and VI sites. Data collected included documentation of:

- ▶ Recognition of patient deterioration by the medical team, patient and family
- ▶ Discussion regarding initiation of LCP
- ▶ DNACPR form completion
- ▶ Primary diagnosis
- ▶ Medication review/anticipatory prescribing
- ▶ Assessment of spiritual needs
- ▶ Nursing care

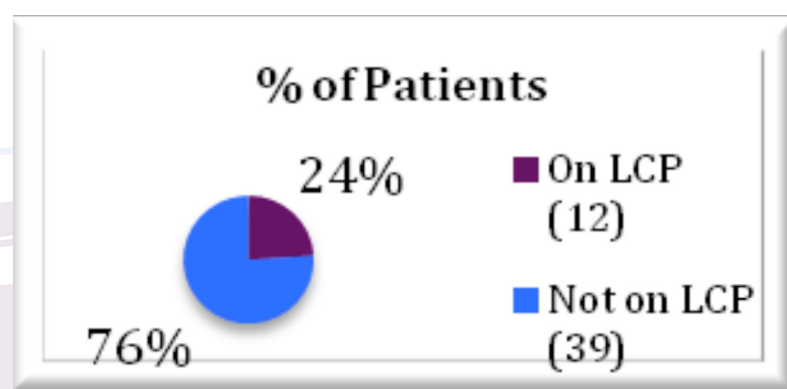
The data was then analysed by the clinical effectiveness department.

RESULTS

Data was collected from 51 patients who died across the 2 sites between November 2012 and March 2013.

From the data collected, 68.6% of patients had a non-malignant primary diagnosis.

Figure 1



Recognition of deterioration of patients on the LCP was achieved by:

- ▶ the medical team in 100% of cases
- ▶ 40% of the patients
- ▶ the family in 100% of cases

In comparison, recognition of patient deterioration in those not on the LCP was achieved by:

- ▶ the medical team in 97.3% of cases
- ▶ 45.8% of the patients
- ▶ the family in 81.6% of cases

A DNACPR form was completed in 100% of cases of patients on the LCP compared with 92.1% of those that were not. If the concept of the LCP was discussed with the patients family, 100% agreed to its use.

Figure 2

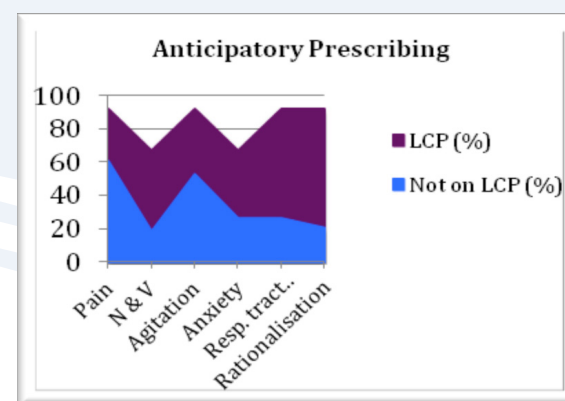
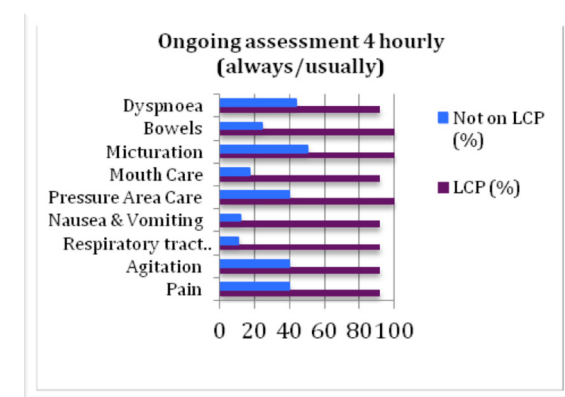


Figure 3



A greater proportion of the patients on the LCP had documented evidence of assessment of spiritual needs of both them and their families, with 30% receiving chaplaincy support compared with 5.3% of those patients not on the pathway. There was evidence that the GP had been contacted within 48 hours of death in only 23.5% of patients.

CONCLUSION

Our data has confirmed that the use of the LCP is declining in South Glasgow despite the current guidance from the Scottish government for its' continued use. It has been shown that some of the LCP principles continue to be used to care for dying patients, however it is clear that anticipatory prescribing is not done as regularly and many other areas that we know to be important at end of life, such as spiritual assessment and nursing care are often not done and/or documented if the patient is not on the LCP.

Our audit would suggest that there is currently a significant gap surrounding end of life care in South Glasgow hospitals and these findings have been echoed in other audit data across the city. Although current guidelines support the continued use of the LCP, it is only being used in a minority of appropriate cases. This highlights the need for clearer guidance for staff involved in providing end of life care.

Given the recent negative media reviews, the Neuberger Report, recent Lancet trial results and the demonstrated reduction in its use, it is unlikely that the LCP will continue to be used in Scotland. However many of the concepts are still relevant and we believe that with focused education and training for healthcare professionals, improved public awareness and the incorporation of important LCP principles into a newly developed evidence based tool which could be tailored to individual patient needs, end of life care in NHSGGC could be greatly improved.

REFERENCES

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Available from: doi: 10.1016/S0140-6736(13)61725-0