END OF LIFE CARE

I am writing to provide an update on the current work nationally to support improvements in end of life care. This letter outlines work that has taken place over the last 6 months and confirms my commitment to working in partnership with you and all stakeholders in strengthening our ongoing work, in particular with NHS Board Executive Leads for Palliative Care.

My appointment as Divisional Clinical Lead and Chair of the National Advisory Group for Palliative and End of Life Care has provided the opportunity to consider the recommendations of our National Advisory Group with regard to the ‘More Care, Less Pathway Report’ (Neuberger Report), specifically the recommendation that the Liverpool Care Pathway (LCP) be phased out.

In recognition of the needs of key stakeholders, Interim Guidance on Caring for People in the Last Days and Hours of Life was published in December 2013. As you will be aware the Cabinet Secretary for Health and Wellbeing also announced at this time that the LCP should be phased out in Scotland over the next 12 months. We recognise the impact on staff and teams of the review of the LCP and are in the process of developing a national statement on the requirements for care in the last days and hours of life. This will reflect the principles in the Interim Guidance and support NHS Boards to signpost and prompt clinical and care teams to use existing local assessment and care planning materials, policies and guidance. We do not anticipate developing a new tool to directly replace the LCP, rather we will include an Annex to this national statement setting out resources and tools available in each NHS Board for staff to use locally. We will look to issue this further national position statement by the summer.

We have recently provided funding to support engagement of test sites with the Institute for Healthcare Improvement (IHI). NHS Lothian, Grampian and Lanarkshire colleagues will be working with Faculty from IHI to inform future work specifically relating to care in the last days and hours of life. This will focus on using local experience (including links and expertise available through independent hospices) to test and share learning that can inform
work across Scotland. We will also be providing opportunities for colleagues in other Boards to share learning and good practice arising from their local work on care in the last days and hours of life.

Discussions on how future, education, training, scrutiny and improvement activities in Scotland can support the aims of high quality end of life care planning across the country are also beginning with colleagues in Healthcare Improvement Scotland and NHS Education for Scotland. We will also be ensuring that the public, professional bodies and all other relevant stakeholder groups are fully engaged and involved with this work.

I will be shortly making contact with Board Executive Leads for Palliative Care to establish new arrangements to support engagement and leadership with this work. We will also circulate further details of national events being planned to inform the position statement of end of life care planning. We are discussing with the Scottish Partnership for Palliative Care how they can lead work in support of the public engagement required to inform and contribute to this work as it moves forward.

In addition to this work on the last days and hours of life, further work on Palliative and End of Life Care is also being taken forward. The Scottish Government has agreed to support the development of a Strategic Framework for Action, providing a focus to support high quality palliative and end of life care. This commitment has been confirmed in the Scottish Parliament by Michael Matheson, Minister for Public Health.

These various developments provide us with the basis in Scotland to help facilitate dialogue on the action required to deliver the most effective arrangements to support the reliable implementation of high quality end of life care across Scotland for all diagnoses and all ages, including infants, children and young people. Building on the progress already made in Scotland through Living and Dying Well, The National Advisory Group for Palliative and End of Life Care has agreed a revised remit (Annex A) and the need to change the membership to better reflect the actions that will be required to support developments in support of our future priorities. This will include clearer links with Board Executive Leads, Clinical Leads and the Education Champions nominated through Living and Dying Well.

If you or your teams have any feedback or questions regarding this work then please contact Janice Birrell, Quality Team, Scottish Government at Janice.Birrell@scotland.gsi.gov.uk. or by telephone at 0131 244 5180. Janice has been recently appointed to support and co-ordinate our work on the Strategic Framework for Action. I would appreciate it if you could also forward details of your NHS Board tools and resources that are available to staff locally to support care in the last days and hours of life. These should be sent to Janice by close of play on Wednesday 30 April so that they can be collated and included in the Annex to the national statement mentioned above.

I look forward to working with you and your staff to deliver our shared ambitions in this important area.

Best regards

Professor Craig A White
Divisional Clinical Lead
Chair, National Advisory Group for Palliative and End of Life Care
National Advisory Group on Palliative and End of Life Care

The National Advisory Group on Palliative and End of Life Care will advise Scottish Ministers, through the Health and Social Care Directorates, on the delivery of high quality palliative and end of life care in Scotland. This will include advice to support the effective development and implementation of all relevant policy, strategic and operational directives operating in respect of palliative and end of life care.

The focus of the National Advisory Group should be on the reliable delivery of the principles of high quality palliative care for everyone in Scotland - irrespective of care setting, age or diagnoses – informed and supported by evidence based guidance, a quality monitoring, measurement and improvement framework underpinned by a support infrastructure that promotes education, training, development and information exchange across a diverse range of stakeholders to form a guiding coalition.

Provision of advice to Scottish Ministers and Scottish Government officials to support active engagement, dialogue and communication with all those in Scotland with an active interest in ensuring high quality palliative and end of life care for all.