

Palliative and End of Life Care in Scotland: The Case For a Cohesive Approach



Membership

- Dr Patricia Cantley, Consultant in Elderly Medicine, NHS Lothian
- Dr Fiona Downs, Consultant in Palliative Care, Strathcarron Hospice
- Shirley Fife, Macmillan Lead Cancer & Palliative Care Nurse, NHS Lothian
- Dr Elizabeth Ireland, Lead Clinician & General Practitioner, NHS Forth Valley
- Dr Jeremy Keen, Consultant in Palliative Care, Highland Hospice
- Linda Kerr, CNS in Palliative Care, NHS Ayrshire & Arran
- Kate Lennon, Macmillan Nurse Consultant in Palliative Care, NHS Greater Glasgow & Clyde
- Aileen Eland, Area Nurse Manager (Scotland), Marie Curie Cancer Care Nursing Service (group member from August 2006)
- Professor Scott Murray, St Columba's Hospice Chair of Primary Palliative Care, University of Edinburgh
- Maria McGill, Chairman, Scottish Partnership for Palliative Care



Membership

- Jim McLaggan, Caring Services Manager Scotland, Marie Curie Cancer Care (group member until July 2006)
- Elaine Peace, MacMillan Nurse Consultant – Cancer and Palliative Care, NHS Borders
- Dr Chris Ward, Honorary Consultant Cardiologist, Ninewells Hospital, NHS Tayside
- Paul Welford, Manager, NOSCAN, NHS Grampian
- Professor John Welsh, Professor of Palliative Medicine, NHS Greater Glasgow & Clyde
- Dr Rosaleen Beattie, Scottish Executive Health Department
- Rebecca Patterson, Policy Manager, Scottish Partnership for Palliative Care
- Patricia Wallace, Director, Scottish Partnership for Palliative Care
- Fiona Warner, Patients and Quality Division, Scottish Health Executive Health Department
- Fiona Mackenzie (External Consultant), Chief Executive, NHS Forth Valley



Remit

To consider within the context of Delivering for Health and the wider Scottish health context, the tools for palliative and end of life care recommended in the DoH end of Life Care Programme.....



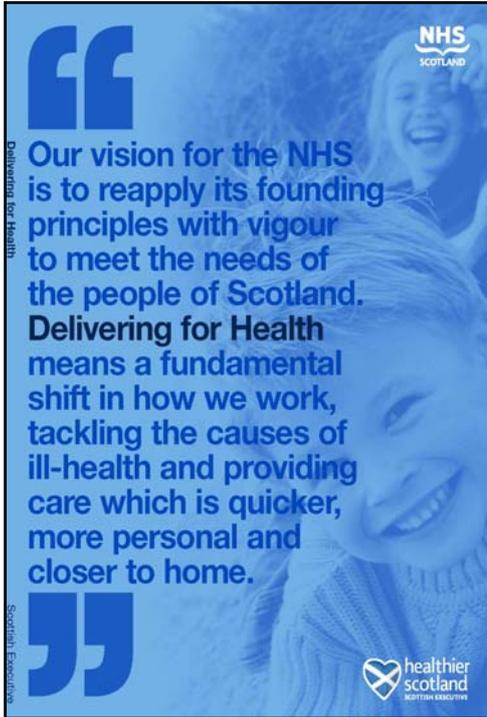
.....and to make recommendations to SEHD on mechanisms for ensuring equivalent and equitable outcomes for patients in Scotland requiring palliative and end of life care



Policy context

*Care designed for each individual
ensuring the patient is at the heart of what we do*





“ Our vision for the NHS is to reapply its founding principles with vigour to meet the needs of the people of Scotland. **Delivering for Health** means a fundamental shift in how we work, tackling the causes of ill-health and providing care which is quicker, more personal and closer to home. **”**

Delivering for Health

NHS SCOTLAND

- *Delivered as locally as possible*
- *Emphasis on preventative, anticipatory care*
- *Support integration of health and social services, where appropriate*

healthier scotland SCOTTISH GOVERNMENT

Scottish Partnership for Palliative Care

Policy context continued

1. Our national health, a plan for action, a plan for change(2000)
2. Cancer in Scotland: action for change (2001)
3. Coronary heart disease and stroke strategy for Scotland (2002)
4. Future care of older people in Scotland (2006)
5. Joined up thinking....joined up care (2006)
6. Making good care better; national practice statements for palliative care in adult care homes in Scotland (2006)



DoH End of Life Care Programme

- Gold Standards Framework
- Liverpool Care Pathway
- Preferred Place of Care



Demography – today’s problem

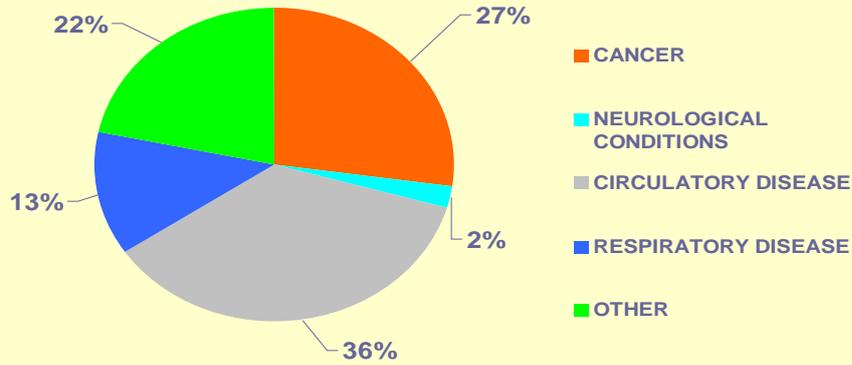
“The most important policy issue facing European governments over the next 50 years is how to cope with ageing populations ... for Scotland the future is now ... its population is ageing faster and dying quicker than any other industrialised nation”

The Scottish Report – Scotland the Grave? (2003)



Why?

- Over 55,000 deaths in Scotland annually



Palliative Care - definition

An approach that improves the quality of life of patients and families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual

WHO 2002



“Palliative care usually seems to be about letting people teeter towards the abyss in something like comfort”

John Diamond - 1999



Scottish initiatives

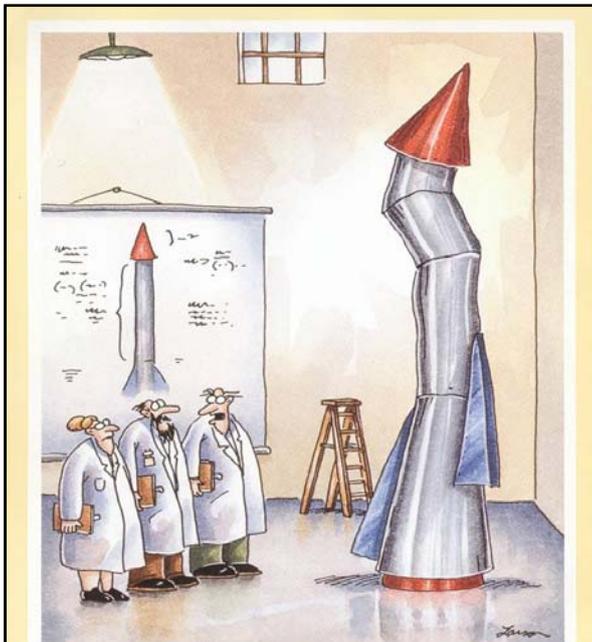
- Joint care management in the Borders
- MCCC delivering choice – Tayside pilot project
- NHS Lothian “do not attempt resuscitation” policy
- Out of hours services and NHS 24





“A patient should be able to live until he dies, at his own maximum potential, performing to the limits of his physical and mental capabilities, with control and independence wherever possible”

Dame Cicely Saunders



"It's time we face reality, my friends. ... We're not exactly rocket scientists."





Recommendations

- Implementation of a 24 hour community nursing service across Scotland
- Adoption of the principles, approach and documentation of GSFS by all Scottish GP practices
- Application of the core principles of GSFS across all care settings
- Implementation of the LCP across all care settings
- Adoption of the NHS Lothian DNAR policy across Scotland
- Review of MEL (1996) 22 and clarify funding



Outcomes

- Address current inequalities in standards of and access to palliative and end of life care
- Support the practical implementation of Delivering for Health and other policy initiatives
- Facilitate the sharing of best practice
- Enable Scots to make informed decisions about palliative and end of life care



“Vision without action is dreaming, action without vision is merely passing the time of day

but combine vision and action and you can change the world”

Nelson Mandela

