



Wiltshire End of Life Care Strategy

2014 - 2016

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Wiltshire End of Life Care Strategy 2014 - 2017

EXECUTIVE SUMMARY

This strategy is written as a result of a collaborative approach through a steering group, whose membership included patients, commissioners, primary care, secondary care, hospices and the third sector.

The strategy is underpinned by the principle of an active and compassionate approach to end of life, that ensures respect for, and dignity of, the patient and their family and carers.

Through partnership NHS Wiltshire CCG will ensure that the patient and their family/carer receive the care and support that means their identified needs and preferences through the delivery of high quality, timely, effective individualised services. Ensuring respect and dignity is preserved both during and after the patients life.

Wiltshire's End of Life Care Strategy 2014-2017

1. Introduction

- 1.1. This strategy, developed by NHS Wiltshire Clinical Commissioning Group (CCG) and Wiltshire Council, in collaboration with statutory and voluntary partners and local stakeholders, sets out a vision for high quality care across Wiltshire for all adults approaching the end of life.
- 1.2. The strategy dovetails with national and local strategies and agendas. (Appendix 1).
- 1.3. The strategy will support commissioning intentions related to end of life care.
- 1.4. The working definition of end of life care for Wiltshire is defined in box 1.

Box 1: End of life care definition (National Council for Palliative Care)

'End of Life care is care that helps all those with advanced, progressive, incurable conditions to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes physical care, management of pain and other symptoms and provision of psychological, social, spiritual and practical support'.

- 1.5. This approach is underpinned by the principle of an active and compassionate approach to care that ensures respect for, and dignity of, the patient and their family and carers.

2. National Context

- 2.1. The increase in the ageing population means that by 2030 deaths will outnumber births. In addition people are living longer with serious illness. There is an anticipated significant increase in the number of people dying with and from dementia and an increase in the oldest of the old.
- 2.2. The majority of deaths follow a period of chronic illness such as heart disease, cancer, stroke, respiratory disease, neurological disease, dementia, frail elderly and multiple co-morbidities.
- 2.3. Nationally 3 out of 4 people die of non-cancer related illnesses, with minimal preparation for their end of life care. Most people are unable to die where they choose (usually in their own home, a care home or in a hospice). Most people die in hospital (60%), often going against the preference of the person and their family and carers, and making this an inappropriate use of a hospital bed.

3. Local Context

- 3.1. Research shows that the majority of people would prefer to die at home but in reality this is not the case. With an aging population End of Life is one of the key priorities for commissioners. Wiltshire Clinical Commissioning Group's 'Clear and Credible' plan 2013-15 includes End of Life as a key priority. This strategy will enable further development in defining the scope for commissioning activities that meet the needs of people requiring End of Life Care in Wiltshire.
- 3.2. The Wiltshire Joint Strategic Needs Assessment identified that, on average over the last three years, 4145 Wiltshire residents have died each year (1936 men and 2209 women). The majority of deaths occur in adults over the age of 65, following a period of chronic illness.
- 3.3. Table one set out the place of death for men and women in Wiltshire, compared to the South West as a whole.

Table 1 – Place of death statistics. Source SHA South West: 2008 (*This table will be updated when the JSA for 2014/15 is published*)

Place of Death	Wiltshire		Across the South West	
	% Men	% Women	% Men	% Women
Deaths in Hospital	71%	80%	70%	79%
Deaths at Home	27%	18%	26%	17%
Deaths in a Hospice	2%	2%	4%	4%

- 3.4. These figures contrast with national data on people's expressed preferences about place of death, with 64% of people preferring to die at home, 21% in a hospice and only 4% in hospital.

There is an acknowledgment that people may change their preference from their initial choice. The individual's end of life care plan needs to ensure that a secondary plan is in place. The conversation should be done at the same time as the initial conversation.

4. Vision

- 4.1. The vision for end of life care in Wiltshire has been updated by the steering group.

Box 2: The vision for end of life care in Wiltshire

The patient and their family/carer receive the care and support that meets their identified needs and preferences through the delivery of high quality, timely, effective individualised services. Ensuring respect and dignity is preserved both during and after the patient's life.

- 4.2. The individuals plan for end of life needs to include a number of options to give confidence for families and individuals. The care plan is developed following a series of clinically lead conversations with the person that the individual feels confident with.
- 4.3. The stakeholders group for Wiltshire recognised 'Death' as part of life and not as medical failure.

5. Scope of the End of Life Care Strategy

5.1. The scope of this strategy encompasses:

- All adults (defined for the purposes of this document as over the age of 18 years old) with any advanced, progressive, incurable illness
- Care provided in all settings
- Care provided in the last year(s) of life. No specific time limit should be imposed.
- Patients, carers and family members (including care after bereavement).
- Transition for those transferring from children and young people's services to adult services with end of life care needs

5.2. End of life care will need to be commissioned across different providers, who will need to work in partnership.

5.3. Children's end of life care needs are excluded from this strategy but will be addressed through the NHS Wiltshire CCG Children's Strategy, transition plans will need to be in place.

6. Aims of the End of Life Care Strategy

6.1. Key priorities are to ensure:

- For individuals to be able to access appropriate high quality care at all times
- To ensure informed choice for patients and families
- To provide patient and family centred care
- To have flexibility of services
- To provide value for money for services
- To ensure individuals are empowered to plan for their end of life care.

6.2. To improve patient and family experience.

6.3. To ensure all providers are skilled and competent in delivering high quality EOL care.

6.4. To encourage and support people to start thinking and planning for end of life at the earliest opportunity and whilst they are well able to contribute to decisions affecting their future care.

6.5. To support the people of Wiltshire to be cared for and die in their preferred place of care.

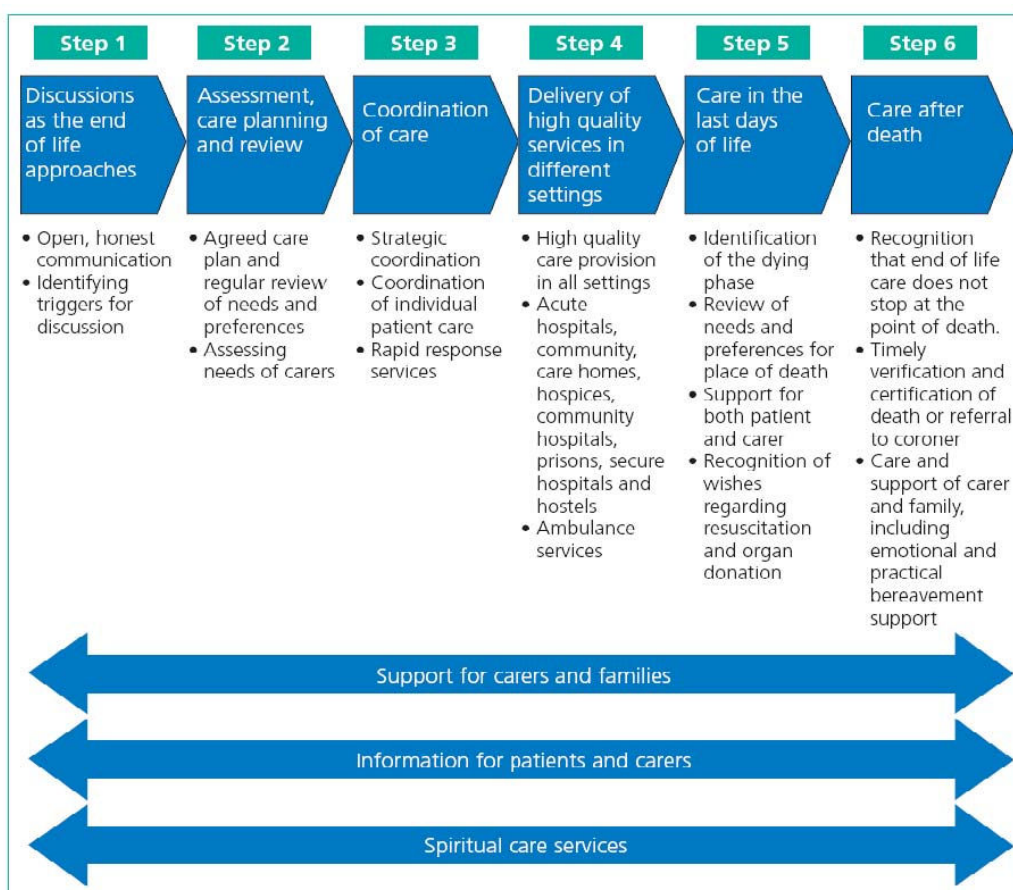
6.6. To reduce inappropriate transfers of care from all settings.

7. Patient and Public Involvement and Consultation

7.1. Discussions about end of life care, in the context of agreeing priorities for the Wiltshire Strategic Framework 2014-16, have taken place with the Wiltshire Stakeholder Assembly. The Assembly consists of 80 representatives of local government, the voluntary sector and patient groups from across the county.

8. End of Life Care Pathway

8.1. The National End of Life Care Strategy (Department of Health, 2008) identifies the following elements of an end of life care pathway and underpins this strategy:



8.2. Local pathways of care will be developed further for the implementation of the strategy and for provision of care.

9. Current known challenges

- Wiltshire seeks to ensure that its population is served by high quality equitable services; a baseline of current provision will be undertaken.
- Providing equitable services for people dying with and from Dementia.
- The CHC fast track process can be an area of challenge in end of life care and there is a need to ensure the process is simple, consistent and timely.
- There are multiple pathways of care and it is essential that these are reviewed to ensure that they are fit for purpose and specifically include the groups of patients with known need.
- There is variability across Wiltshire care homes in the provision of End of Life Care, we aim to reduce the variability and provide excellence in all areas.
- In understanding the increasing demand for end of life care provision we will begin to address the capacity challenges in the system.
- We will ensure that people can return home at the earliest opportunity, by working in partnership across organisations.
- We will provide education opportunities, so that all staff can identify end of life and diagnosing dying. This will increase the skills and knowledge of the workforce and contribute to an increase in the quality of all provision.
- We will develop one universal treatment escalation plan, to include DNACPR.
- We will procure a consistent electronic palliative care coordination system.
- To implement the finding of Liverpool Care Pathway review.

10. Outcome indicators

- An improved patient & family carer experience
- We will measure place of death against preferred place of death
- We will measure the place of death change (if secondary choice).
- We will measure the progress of the implementation plan
- We will work together to ensure the plurality of service provision
- We will provide the opportunities to enhance the skills of the workforce to provide an increasing quality of service provision and choice

11. How will we deliver this strategy?

Our plan is to deliver this strategy and to inform our future commissioning intentions is to move through dedicated streams of work. The first six will be:

1. Electronic Palliative Care Co-ordination system re-procurement
2. Joint Strategic Needs Assessment Refresh
3. CHC Fast Track process
4. Wiltshire wide Treatment Escalation Plan to incorporate Do not Attempt Resuscitation
5. Education
6. Care at Home

Further work streams will be developed for documentation and the LCP Review.

Appendix 1: References

What We Now Know (PHE, Nov 2013)

National Institute for Clinical Excellence: Improving Outcomes Guidance for Supportive & Palliative Care (2004).

The Gold Standards Framework (2005).

The National Council for Palliative Care; End of Life Care Strategy (August 2006).

Cancer Reform Strategy. Department of Health (2007)

End of Life Care Strategy, (DoH) Promoting high quality care for all adults at the end of life (2008).

End of Life Care Strategy, Wiltshire (2009)

JNSA, Wiltshire (2012/13)

Living Well with Dementia. A national dementia strategy (DoH 2009)