

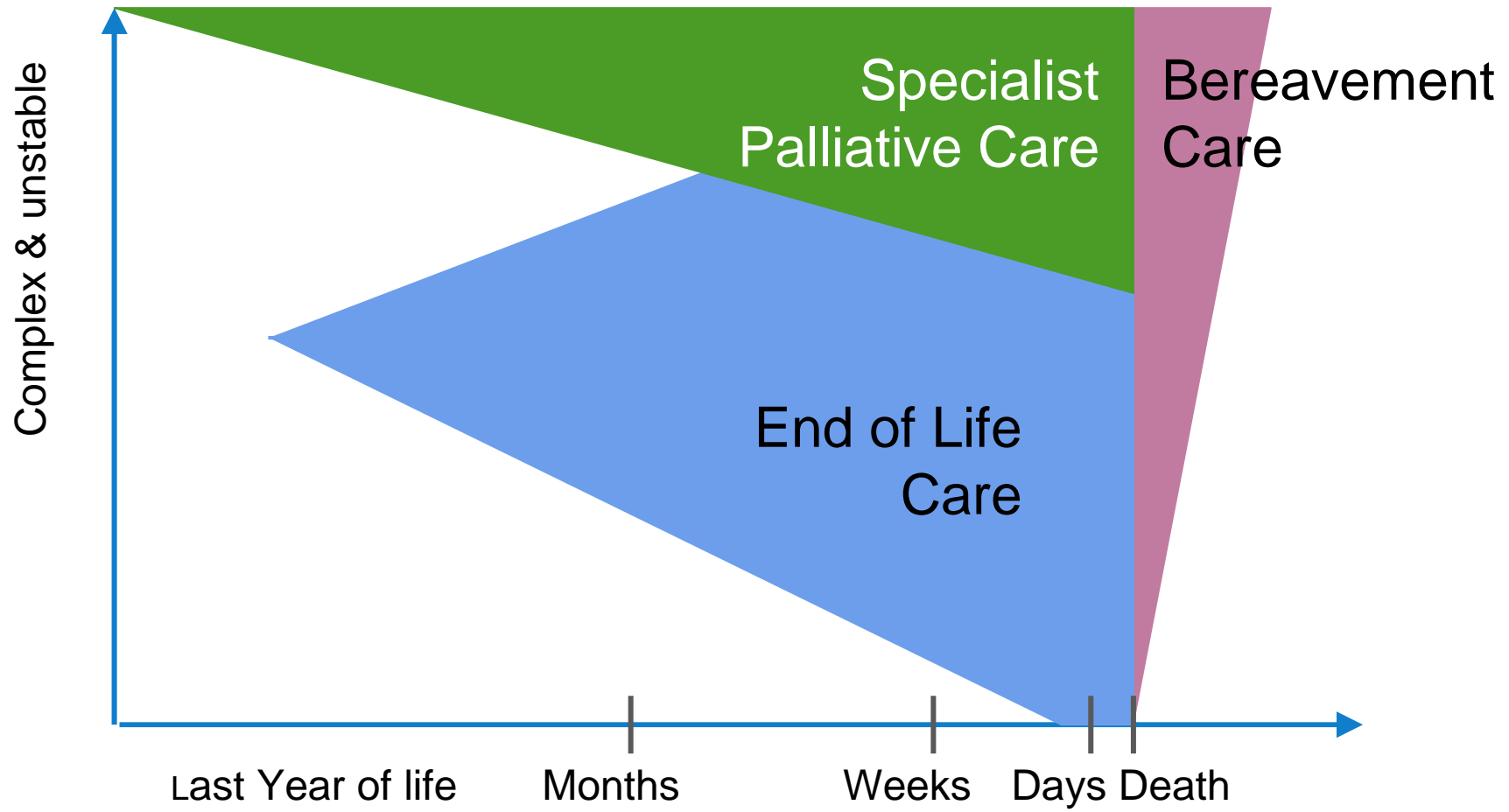
# Palliative & End Of Life Care



In hospital and in the community

**proud to make a difference**

- 1. What is Palliative & End of Life Care?**
- 2. Why is it in our focus now?**
- 3. The Sheffield Context**
- 4. The future**





2009 - 2014

## Quality of care provided in the last 3 months of life.

Not recognising that people are dying,  
and not responding to their needs

Poor symptom control

Poor communication

Inadequate out-of-hours services

Poor care planning

Delays in diagnosis and referrals for treatment

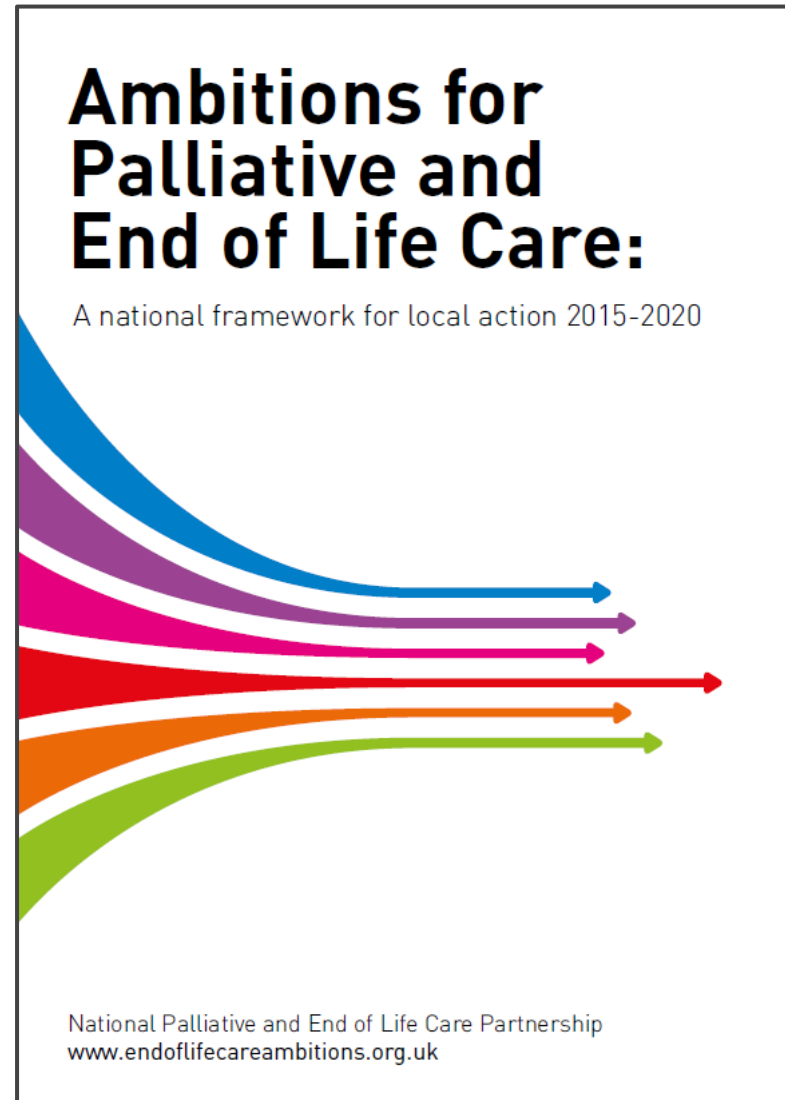
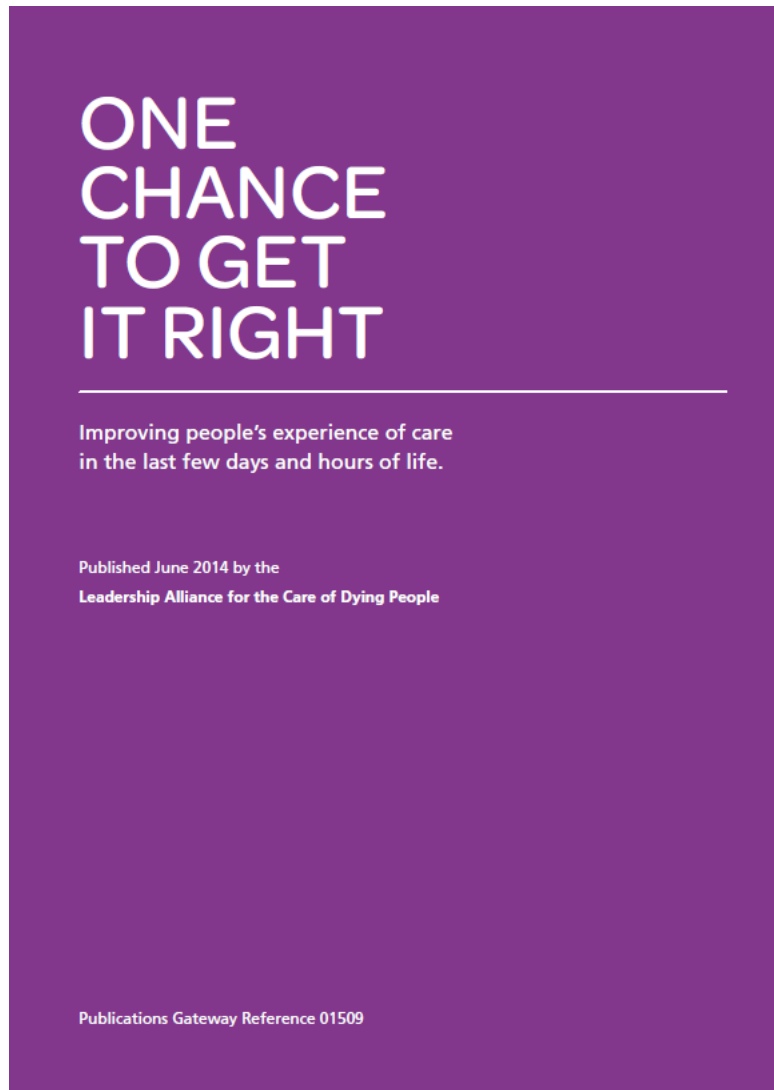
Parliamentary and Health Service Ombudsman (2015) *Dying without  
dignity*

## Quality of care provided in the last 3 months of life.

The relatives of people who died in **hospital** rated overall quality of care significantly worse than any other place of death - the lowest was provided by urgent care services (26%).

Hospital staff received the lowest ratings of always showing dignity and respect. This was 59% for hospital doctors and 53% for hospital nurses.

# The National Response



## The **Priorities for Care** when it is thought that a person may die within the next few days or hours..

1. this possibility is recognised and clearly and sensitively explained
2. Sensitive, regular and proactive communication takes place
3. there is involvement in decisions about treatment and care to the extent that the dying person wants
4. the needs of families and others important to the dying person are actively explored, respected and met as far as possible
5. a plan for care and treatment must be developed to meet the dying person's needs including symptom control and psychological, social, spiritual and cultural needs.



STH Palliative  
Care

Macmillan  
Palliative  
Care  
Unit

18 beds + hospital + o/p +  
community

120 Staff

£2.24m Income

£1.97m Expenditure on i/p care

St Luke's

Sheffield's Hospice

20 beds + o/p + community

168 Staff

£8.9m Income (£2.4m CCG Grant)

£3.2m Expenditure on i/p care

STH Palliative  
Care

Macmillan  
Palliative  
Care  
Unit

**2,730** Referrals to Hospital  
Support Team

**14,035** Contacts

**358** Admissions to MPCU

2,622 Hospital Deaths

## How can a co-ordinated system-wide palliative care pathway be developed?

- ‘the needs of one person are addressed by people acting as one team, from organisations behaving as one system.’
- collaborative approach across health and social care, commissioning, public health and voluntary sector organisations
- Sheffield CCG: Palliative Care Strategy and Planning Group
- Electronic Palliative Care Co-ordination System (EPaCCS)

## How can links between STH Palliative Care Services and St Luke's Hospice be more effective?

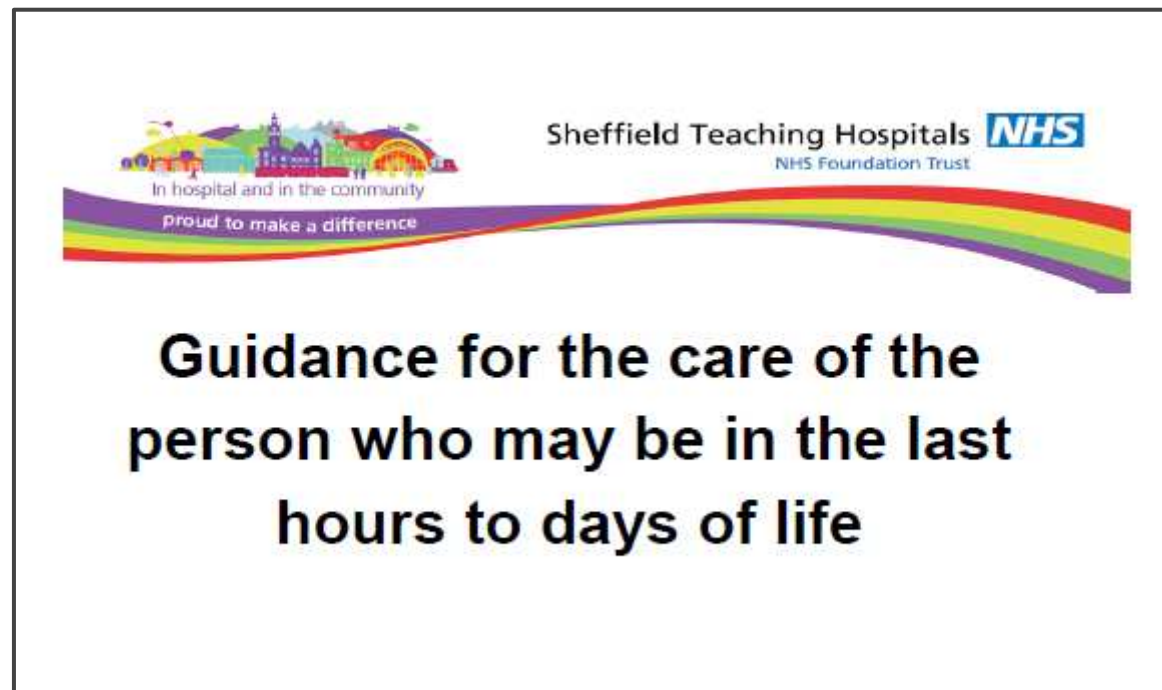
- Build on existing clinical partnerships
- Establish new strategic and operational groups
- Guiding Principle:

*Respect for the unique identities, interests and reputational values of St Luke's Hospice and the Macmillan Palliative Care Unit*

**What are the opportunities that Clifford House may offer STH Palliative Care and how may STH participate in this development?**



# How is STH implementing the new Priorities for Care of the Dying Person?



## SBAR - Conversation

SITUATION	Describe how the person is today
BACKGROUND	Recap of events
ASSESSMENT	Because of what you have discussed today you <b>believe</b> the person is:  <ol style="list-style-type: none"><li>1. <b>dying</b> (you have to be specific with this)</li><li>2. in the next few <b>hours to days</b> (give your best estimate)</li></ol>
RECOMMENDAT	Develop a <b>palliative care plan</b>

“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

*Every Moment Counts: new vision for coordinated care for people near the end of life calls for brave conversations. National Voices (2015)*