

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 18th NOVEMBER 2015

Subject	Palliative and End of Life Care
Supporting TEG Member	David Throssell
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Status1	Debate and Note

PURPOSE OF THE REPORT

To brief TEG members on the national and local contexts of Palliative and End of Life Care and to outline the strategic approach being taken by STH to improve the care of the dying patient.

KEY POINTS

- National survey and audit data suggests unacceptable variance in the provision and quality of end of life care and consequently it has become one of the core services inspected by CQC.
- STH has developed clinical guidance on the care of the person who may be in the last hours to days of life which is being rolled out.
- There are good opportunities for the improvement and redesign of palliative care services in Sheffield but this requires strategic and operational alignment between STH and St Luke's, and wider collaboration across the health and social care system.
- St Luke's Hospice are seeking partners to contribute to the use and funding of its newly acquired property (Clifford House).

IMPLICATIONS2

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017 TICK AS APPROPRIATE

- 1 Deliver the Best Clinical Outcomes
- 2 Provide Patient Centred Services
- 3 Employ Caring and Cared for Staff
- 4 Spend Public Money Wisely
- 5 Deliver Excellent Research, Education & Innovation

RECOMMENDATIONS

1. Note the developments in STH to improve end of life care.
2. Support the working alliance being developed with St Luke's Hospice.

APPROVAL PROCESS

Meeting Date Approved Y/N

- 1 Status: A = Approval
 A* = Approval & Requiring Board Approval
 D = Debate
 N = Note

2 Against the five aims of the STHFT Corporate Strategy 2012-2017

STH Review of Palliative and End of Life Care

1. Background

The Palliative Care Service at STH has recently become part of the Combined Community and Acute Care Group within the directorate of Therapeutics and Palliative Care. This places Palliative Care within a large multidisciplinary group of acute, primary and community services that present it with new opportunities for service development and improvement. The Trust is also aware of developments being pursued by St Luke's Hospice and the wider national policy and strategic context for palliative and end of life care. Consequently the Trust's Executive Group has requested a strategic review of Palliative Care and End of Life Care. In this paper we respond to the initial questions posed and outline our plans going forward.

2. Terminology

In this document we adopt the following definitions:

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.¹

Specialist palliative care is the active, total care of patients with progressive, advanced disease and their families. Care is provided by a multi-professional team who have undergone recognised specialist palliative care training. The aim of the care is to provide physical, psychological, social and spiritual support.²

End of Life Care is the care needed when a person is judged by the multi-professional clinical team to be within a few days of death.³ However, it should be noted that commissioners sometimes use this phrase to mean the last 12 months of life.

3. The National Context

The care of the dying has been the subject of on going national debate and guidance, and current developments were prompted by the Neuberger Review in 2013 of the Liverpool Care Pathway: a model of good practice promoted in national policy frameworks in the 2000s but which was subsequently the object of substantial criticism in the national media and beyond. It was withdrawn in 2014 in favour of Priorities of Care⁴ for everyone in the last few days and hours of life that are aligned with NICE standards and guidelines, and which inform the inspection of end of life care as a core service by the CQC.

The national picture from a number of sources suggests that the consistent provision of high quality care for dying patients is not being achieved, and there are too many cases of poor care particularly in hospital settings. The National Survey of Bereaved People reported that 3 out of 4 respondents rated the overall quality of end of life care as good or better, however, respondents of people who died in hospital rated the quality of care significantly worse than any other place of death, and hospital staff received the lowest ratings for showing dignity and respect.⁵ Given that around half of all deaths in England occur in hospitals⁶ this is a situation that is under the scrutiny of both the CQC and the Parliamentary and Health Service Ombudsman (PHSO). The PHSO reports that end of life care is a recurring and consistent topic in their case load of NHS complaints evident in:

- 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.⁷

These themes are consistent with the National Care of the Dying Audit for Hospitals that reported significant variations in end of life care across hospitals.⁸ The case for improvements in the care of the dying is irrefutable, however, despite this negative picture the UK tops the international *Quality of Death Index*, ... “thanks to comprehensive national policies, the extensive integration of palliative care into its National Health Service, and a strong hospice movement.”⁹ Time will tell if the UK retains this position given the demographics and economic challenges that are re-shaping the health and social care context in which it exists.

4. The Sheffield Context

Sheffield is home to a rich legacy of palliative care and has a current set of resources including expertise, leadership, workforce and facilities that places it in a strong position to achieve excellence in palliative care for the population of Sheffield. St Luke’s Hospice was the first modern unit to open outside of London in 1971, and underwent an extensive refurbishment in 2014 to provide 20 specialist palliative care inpatient beds. The Macmillan Palliative Care Unit (MPCU) on the Northern General campus was opened in 2002 and provides 18 specialist palliative care inpatient beds. STH has a Specialist Palliative Care Service supporting patients throughout the Trust provided by a team of Consultants and

Specialist Registrars in Palliative Medicine and Clinical Nurse Specialists in Palliative Care. In addition St Luke's and STH provide a range of outpatient and community palliative care services.

5. The STH Review

TEG set the terms of this review around three key questions to which we have added a fourth concerning end of life care:

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

To create and implement improvements in palliative and end of life care requires a collaborative approach across health and social care, commissioning, public health and voluntary sector organisations. The newly formed National Palliative and End of Life Care Partnership have set out a national framework¹⁰ for local action that can guide developments in Sheffield, but fundamental to its success is the need for a system-wide response and commitment. Sheffield CCG host a Palliative Care Strategy and Planning Group which may have the potential to become the vehicle for this work subject to some significant reform to its agenda and operation.

To design system-wide pathways we require both aggregated data and the generation of new data to develop a more robust understanding of population-level needs, the improved coordination of services and the development of new models of care. Behind this we need to find a viable solution in Sheffield for an Electronic Palliative Care Co-ordination Systems (EPaCCS) that supports patient choice, shared decision making, individual care planning and integration of care across sectors. The successful implementation of EPaCCS requires the alignment of IT systems, services and infrastructure to achieve a necessary level of interoperability or the strategic decision by all stakeholders to adopt a common system.

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

Linkages between STH Palliative Care and St Luke's exist through a number of historical clinical partnerships (chaplancy, medical and pharmacy) and more ad-hoc management and executive meetings. We have already committed to setting up joint strategic and operational working groups between the two organisations to address common issues, support collaborations and promote greater strategic alignment.

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

Clifford House is a large Victorian property near to St Luke's Hospice, currently used as a private residence, that has been made available to St Luke's to purchase over 5 years and at considerably less than its market value. It is expected that the conversion of the property to the 'St Luke's Centre for Palliative Care' will take around 12 months and provide a base for community activities and a centre for collaborations including education and research. St Luke's are therefore looking for partners to join them in developing the use of this building and contributing to its running costs. At this stage there is no prospectus for Clifford House and we will give it due consideration for future developments where appropriate.

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

The Trust has an End of Life Strategy group chaired by Kay Stewart, the Clinical Lead for End of Life Care, and she and her colleagues have developed a comprehensive guidance document based upon the SBAR tool that provides a framework for effective communication using the structured approach of Situation, Background, Assessment and Recommendation. The document has been successfully piloted and a roll-out programme is now underway supported by training which includes a senior clinicians' development programme and an innovative scheme to enable community nurses to gain clinical competences through mentoring and practical experience at the MPCU.

6. Next Steps

The CCA Care Group has established a Specialist Palliative and End of Life Care Review project to take this work forward within a clear governance framework. We consider that there are some real opportunities to improve palliative and end of life care given the reach of the CCA Care Group its range of services across the acute and community sectors. In pursuit of this we have adopted a set of guiding principles to achieve our aims:

1. models of care and services designed with and for patients and carers;
2. service delivery and systems integrated as extensively as possible so that 'the needs of one person are addressed by people acting as one team, from organisations behaving as one system.';
3. active engagement and collaborations with stakeholders through mutually defined expectations and a willingness to share ideas, resources, and responsibilities;
4. respect for the unique identities, interests and reputational values of St Luke's Hospice and the Macmillan Palliative Care Unit.

References:

¹ World Health Organization

² National Council for Palliative Care (2012) *Commissioning Guidance for Specialist Palliative Care*.

³ NICE (2015) *Care of the Dying Adult: Clinical Guidelines. Draft for Consultation*.

⁴ Leadership Alliance for the Care of Dying People (2014) *One Change To Get It Right*

⁵ Office for National Statistics (2015) *National Survey of Bereaved People (VOICES), 2014*.

⁶ 2,600 people died in STH in 2014-15. 4,768 deaths of all ages were recorded in Sheffield in 2014

⁷ Parliamentary and Health Service Ombudsman (2015) *Dying without dignity*.

⁸ Royal College of Physicians (2014) *National Care of the Dying Audit for Hospitals*.

⁹ The Economist Intelligence Unit (2015) *The 2015 Quality of Death Index: Ranking palliative care across the world*.

¹⁰ National Palliative and End of Life Care Partnership (2015) *Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020*.