

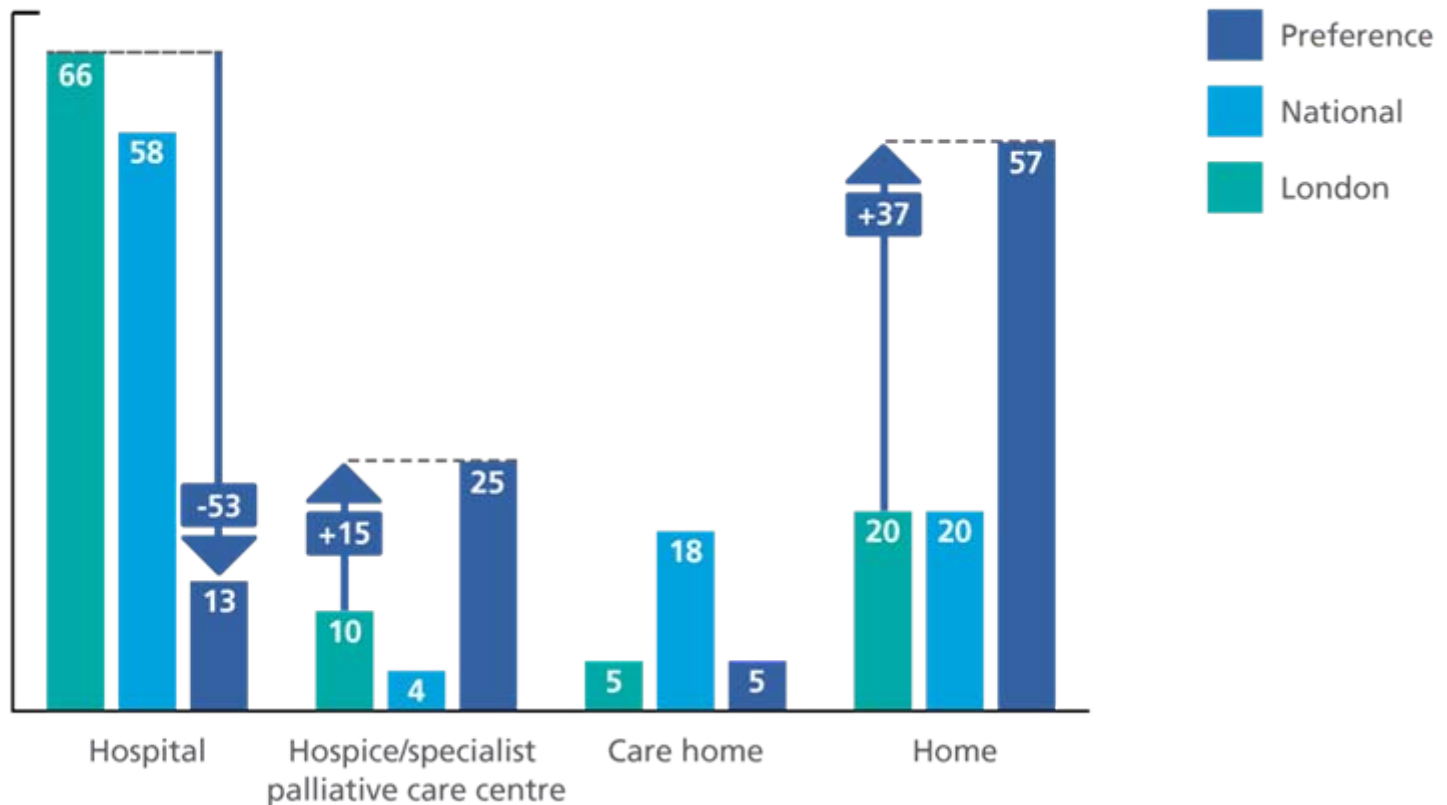
End of life

Sir Cyril Chantler

End of life

Difference between preferred and actual place of deaths

Location of death, %



End of life

There are multiple services required for comprehensive community-based end of life



Nursing care

One-to-one nursing care, particularly for hygiene, medication administration, pressure care and general nursing

End of life

There are multiple services required for comprehensive community-based end of life



Social care and others

Meals, carer support and respite care, faith organisations

End of life

There are multiple services required for comprehensive community-based end of life



Doctor care

Doctor required for prescription of analgesia, medication for symptom control and other medical issues

Community-based palliative care essential to facilitate out-of-hospital, end-of-life care

End of life

There are multiple services required for comprehensive community-based end of life



Equipment provider

Pressure mattress, motorised bed, lifting equipment, syringe driver and disposables

End of life

Specialist commissioning

- Detailed specification
- Sector-based with cooperation between PCTs and practices
- End-of-life service providers (ELSP), two or more per sector will bid for contract to provide a managed network
- Integrated and comprehensive service, including community nursing, GP services, specialist palliative care, social support, voluntary sector and acute care providers

End of life

End-of-Life Service Provider (ELSP) will:

- **Offer opportunity to join the care at EOL register**
- **Provide for a structured conversation about preferences, support and anticipatory planning**
- **Provide comprehensive information concerning services and support for the person and carers**
- **A comprehensive care plan**
- **A single point of contact e.g. via an 0800 number**

End of life

Quality assurance

- **Need to ensure a systematic approach to identify individuals who need service, appropriate assessment and planning, recording of preferences and integrated service delivery**
- **ELSP will assess competence of service providers**
- **ELSP will have named leader for the managed network and have comprehensive audit procedures**
- **Commissioner will appoint guardian across sector PCTs to ensure effective audit and assurance system**

End of life

Supportive framework

- **Need to work with voluntary and community sector**
- **Location where staff can learn and train together**
- **Role of polyclinic**
- **Training in communication skills**
- **Coordination with other health care and social services such as long-term conditions**
- **Services need to apply to ALL end-of-life conditions**

End of life



Individuals should be supported to express a preference for a place of death



Preferences should be held electronically



A co-ordinator role is needed to ensure patients' preferences are met



All organisations should meet good practice (e.g. gold standards framework)

Working group membership

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