

How is Lanarkshire performing against the national palliative care action plan

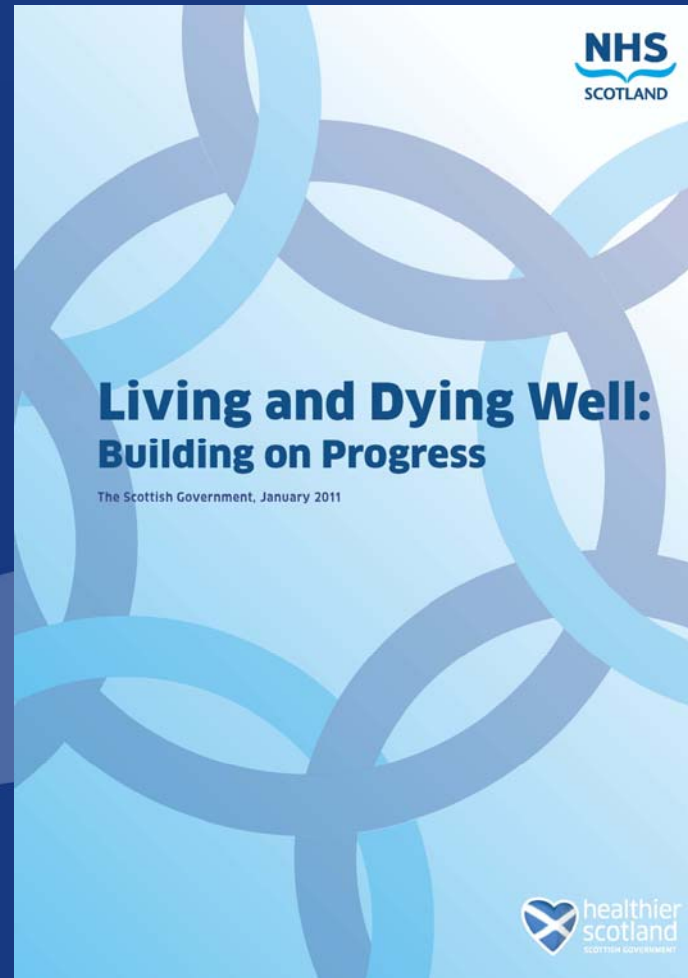
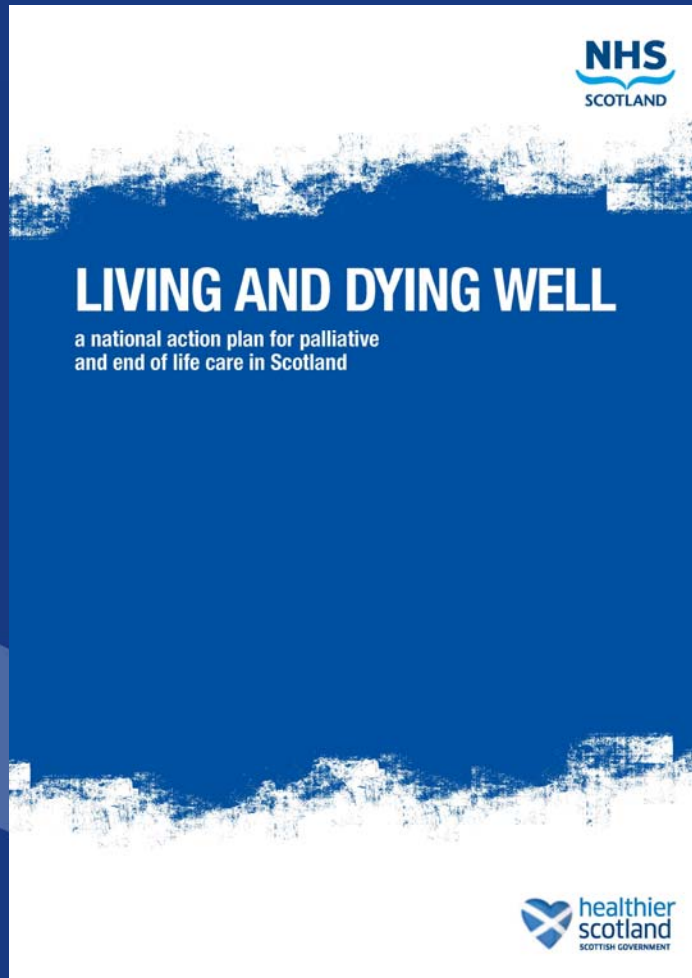
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Summary of presentation

- National Action Plan for palliative care
- What we are doing in Lanarkshire
- Any questions?

Living and Dying Well (2008)

Building on Progress (2011)



Living and Dying Well



- ... to develop and maintain equitable, high quality and sustainable palliative and end of life care services.
- ... empowering patients, carers and the voluntary sector to be full partners in planning, improving quality and enhancing the experience of care.

<http://www.scotland.gov.uk/Topics/Health>

LDW – National Actions

Many taken forward via short-life working groups:

1. Standards for palliative and end of life care
2. Guidelines and referral criteria
3. Assessment tools and advance care planning
4. Information for patients and carers
5. Hospital palliative care
6. Services for adolescents and young people
7. Public Health / Health Promotion

Living and Dying Well – Local Actions

- Identify palliative and end of life care needs
- Assess care needs in all care settings
- Collaborate on care planning
- Include needs in GP palliative care registers
- Anticipatory prescribing e.g. Just in Case boxes
- Service information directory
- Rapid access to equipment at home
- *24 hour community nursing*
- *electronic Palliative Care Summary*
- *Implement consistent DNACPR policy*

Building on Progress (BoP)

- 16 sections in reporting template
- Building on LDW actions
- Adding recommendations from all SLWGs
 - Acute hospitals
 - Children
 - Care homes
 - Strategic goals to measure progress

What are we doing in Lanarkshire in relation to some of these actions?

LDW Action 11 assessment

Liverpool Care Pathway

- Lanarkshire employed a team of six LCP staff
 - Only NHS Board in Scotland to do this
 - Team now two (nearing end of three years)
- Follow-up support has been key to success
- Audit shows extensive use in hospitals, community and care homes
- Many testimonials praising LCP and saying what a difference it made

LDW Action 6 – Just in Case Boxes



To stop people suffering distressing symptoms near the end of their life.

To stop District Nurses organising prescriptions at times of crisis and finding it difficult to catch GPs. Families then leaving patient to collect prescription when would rather be with them.

Progress with JiC boxes

- 157 Just-in-case audit forms returned
 - 129 boxes had been used
- Drugs most often used
 - Midazolam
 - Buscopan
- Nurses said the boxes had prevented:
 - 60 hospital admissions
 - 88 calls to out-of-hours

Comments about JiC boxes

- Reassuring to know drugs are available
- Allowed symptoms to be addressed quickly
- Very useful in preventing admission
- Makes such a difference to patient's comfort
- Community staff require training in use of just-in-case boxes

Pilot in Airdrie, Clydesdale, Coatbridge & Hamilton

Training sessions before and after use

Preparing case for roll-out across Lanarkshire

LDW Action 1 includes needs of carers: *Carers Interviewing Carers*

Can people who have cared for someone who died go on to interview other carers about their needs?

They establish good rapport

They know what to ask and how to ask it

They have unique expertise as carers



LDW Action 16 - electronic Palliative Care Summary (ePCS)



- To transfer essential palliative care information from GP system to Out of Hours (and A&E, Care Homes?)
- Like Emergency Care Summary (ECS) but not as simple to transfer
- Particularly Vision software (85% GPs in Lanarkshire) is 'clunky'
- Lanarkshire 42% GPs using ePCS
- Some boards higher, some lower

Progress with Carer Interviews

- Four former carers trained to interview
 - At least two years post-bereavement
 - Full ethical approval granted
 - Honorary contracts issued
 - Fully involved e.g. re-wrote questions
- First two interviews being analysed, debrief the carer interviewers, another 8 planned
- Both current carers commented on the difference it made to be interviewed by someone who has been in their shoes

LDW Action 8 - Do Not Attempt Cardiopulmonary Resuscitation



- Resuscitation Team leading this
- Relevant to palliative care
- Helping to ensure adequate training
- Forum to flag up any issues arising
- Attend national meetings to ensure consistency and joint learning
- Currently wondering how best to audit DNACpR in Lanarkshire

BoP - Palliative care in hospitals



Not everyone is able to go home at the end of their life

58% of people die in hospital

Is the environment as good as it could be?

Do ward staff get the time to reflect on patient deaths?

Could there be a role for volunteers to 'be with' people?

Progress with hospital project

- Agreement to design interventions to address environment, staff reflection and volunteer role
- Meeting held with two wards in Wishaw General so design is right for them
- Recognition that deaths in hospital could be better
- Developing role specification for volunteers
- Hope to begin recruitment soon – some people have already been in touch

LDW Action 4 'patient journey'

Palliative care respite

We don't know what kind of respite people need

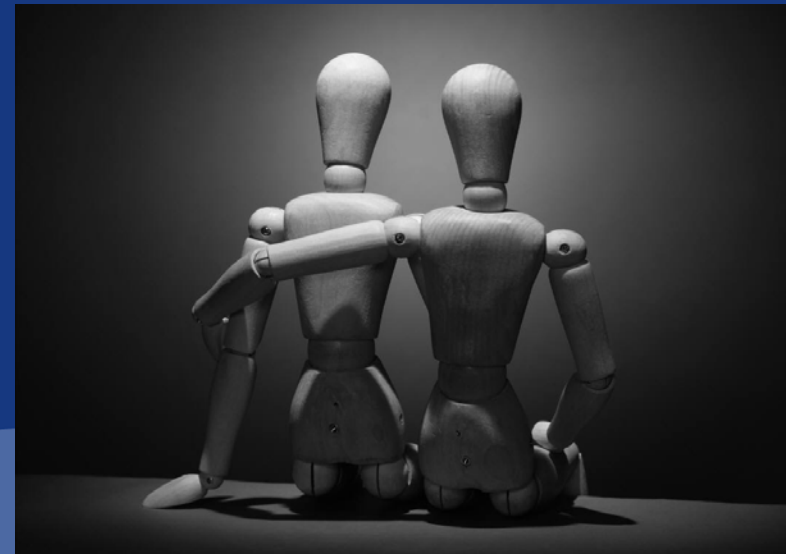
Short stay in a hospice bed

Short stay in a care home, possibly with family

Travel to day care services, home at night

Hospice service in own home

Someone into home to let carer go out for a break



How does respite need change over time?

Respite Progress

- Various people are seeking data on service use by those with palliative care needs
- Keen to promote expansion of existing respite service in care homes – GSF for Care Homes?
- Need to carefully design method of assessing respite need for patients and carers
 - Can't simply ask people what they want
 - They don't know what the choices are and don't tend to have time to think about this

LDW Action 20 – Education *Addressing the Great Taboo*

- Scotland thinks our society doesn't talk enough about death and dying
- Cultural resistance can cause poor communication at the end of life
- We have designed a brief session to build confidence to let someone talk about this
- Individual support will be available in case anyone becomes upset

Addressing the Great Taboo

Progress to date



- First pilot at Abbey Lodge Care Home, East Kilbride on 15th June, 2011
 - Nurses, kitchens, relatives, admin. etc.
- Evaluation showed people reticent at first, then majority comfortable / ‘enjoyed it’
- Two more pilot sites being planned
- Develop plan for roll-out, including tie-in with other communication skills training