#### THE National Council for Palliative Care



### Working together to raise public awareness to improve palliative and end of life care for all

**Eve Richardson, Chief Executive** 

19th October 2010

#### THE NATIONAL Council for Palliative Care



### "Many consider death to be the last great taboo in our society and ....most of us find it hard to engage in advance with the way in which we would like to be cared for at the end of life."

End of Life Care Strategy, Department of Health, 2008

# COALITION



- Set up by the National Council for Palliative Care, the about it umbrella Charity for all those involved in palliative care, to support the 2008 End of Life Care Strategy
- It is a broad based, inclusive national Coalition, working in partnership, with over 12,000 members from across the NHS and voluntary and independent health and care sectors, social care and housing, faith and community organisations, schools, the legal profession and the funeral sector.

#### Our Mission:

 "Support changing knowledge, attitudes and behaviours towards death, dying and bereavement, and through this to make 'living and dying well' the norm."

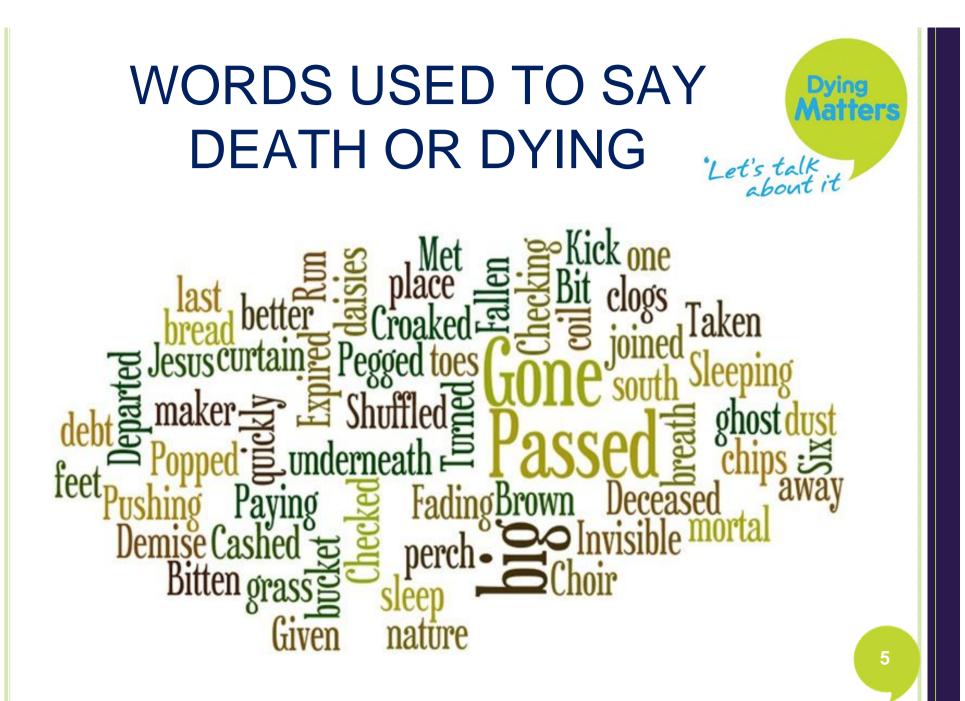
### THE CHALLENGES



Talking	<ul> <li>We don't talk about dying and death - impacting on our end of life choices</li> <li>Only 29% of people talked about their wishes in 2009 - less than in 2006 (34%)</li> </ul>
Planning	<ul> <li>500,000 people die each year in England – 58 % in hospitals, yet 70% of people would like to die at home</li> </ul>

www.dyingmatters.org

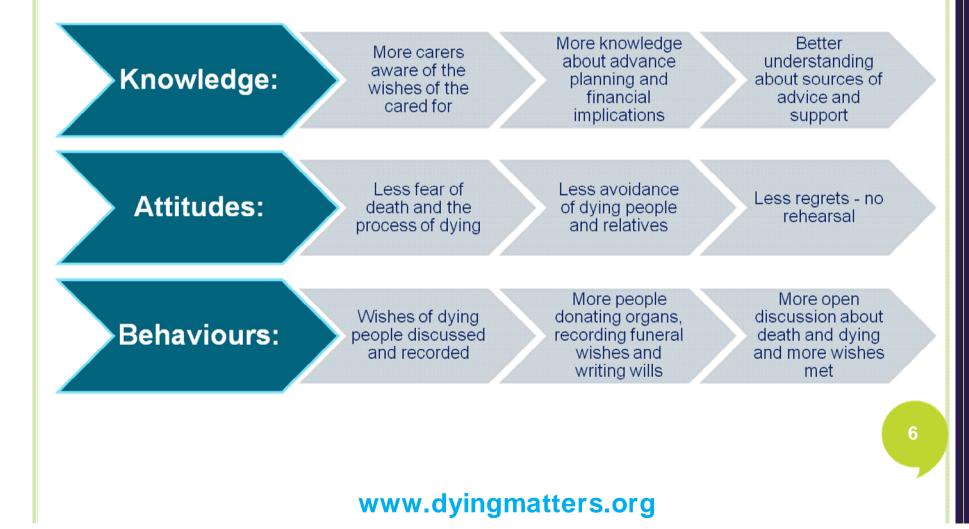
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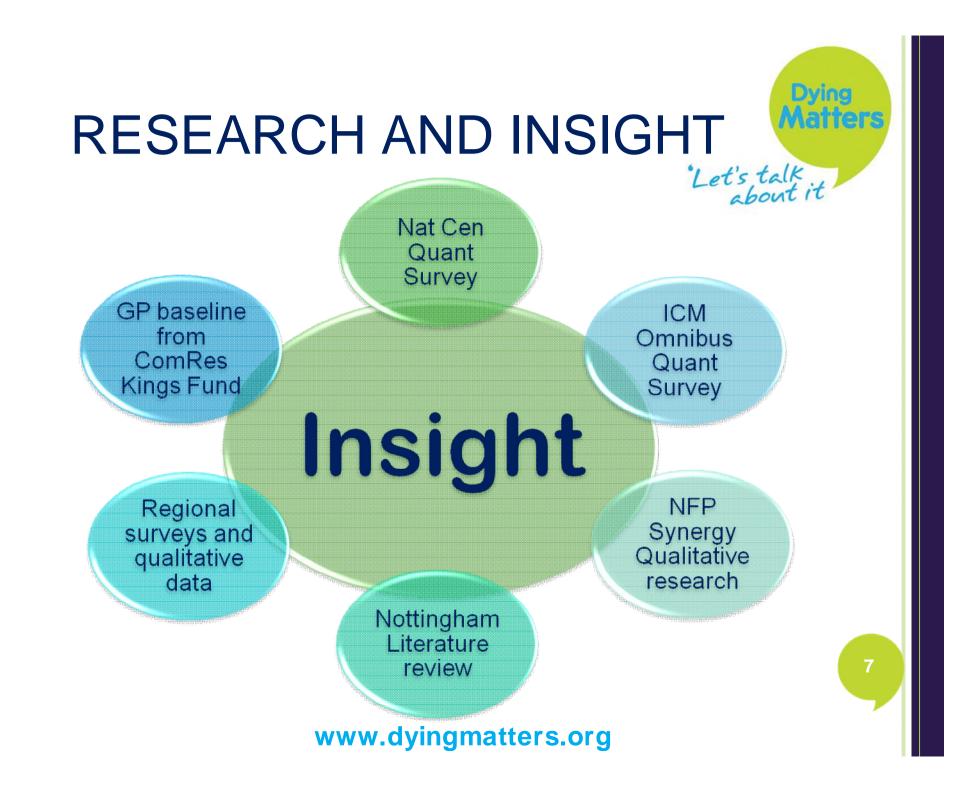


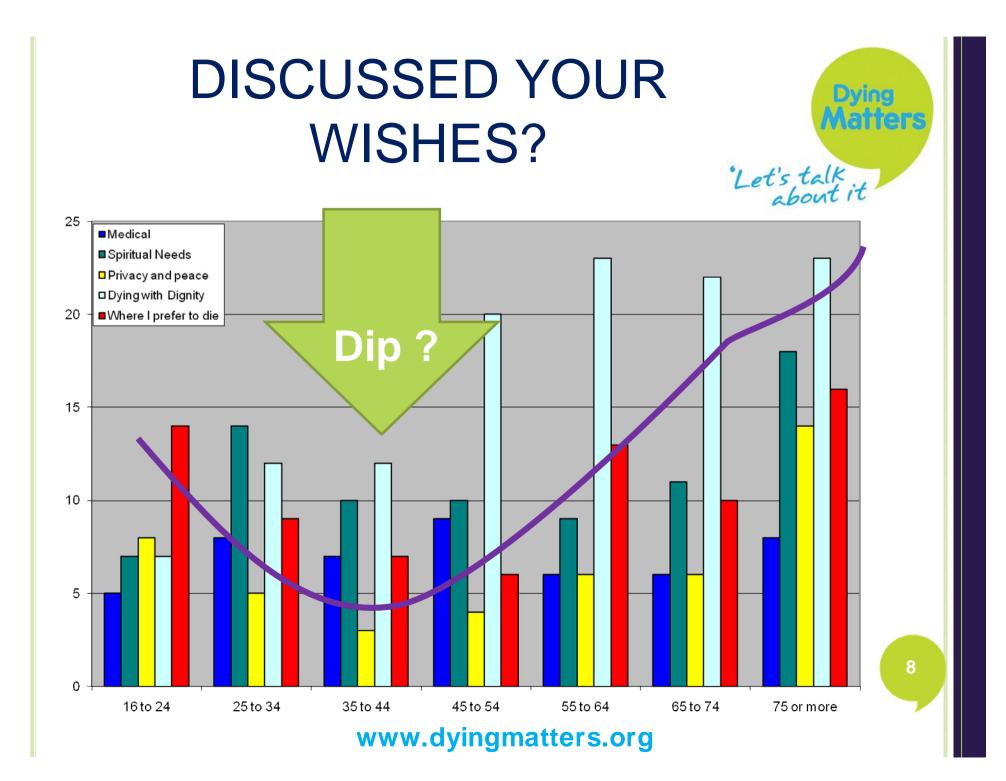
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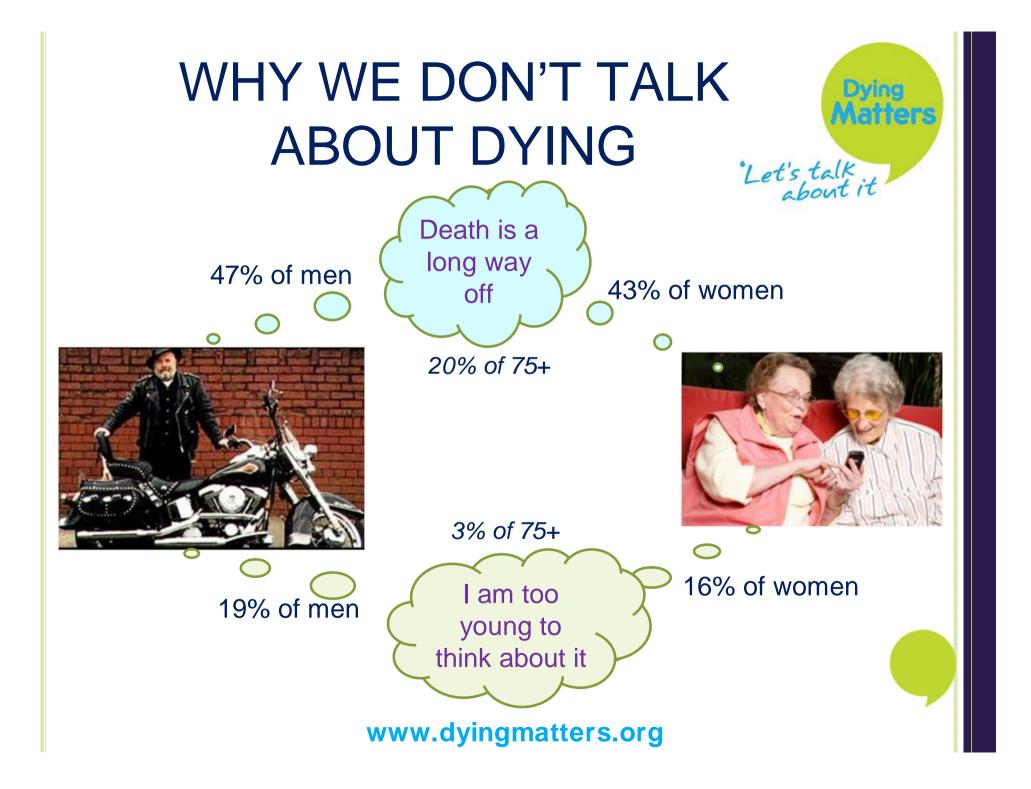


## INDICATORS OF SUCCESS









### IMPLICATIONS FOR ACTIONS



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#### Communication

is the key needed to make it easier for more people to talk about it

> The "It's a long way off" perception: People more likely to talk to trusted family members and GPs

Different Approaches/tools Needed for target groups/audiences People 55 – 75 & GPs

#### **TARGET AUDIENCES**



**Identified key** target groups: • 55 – 65 years • 65 – 75 years • GPs

"We have classes if you're going to have a baby, getting married, divorced, but there's nothing for dying!"



Good Social **Networks** 



Well off

Less well off



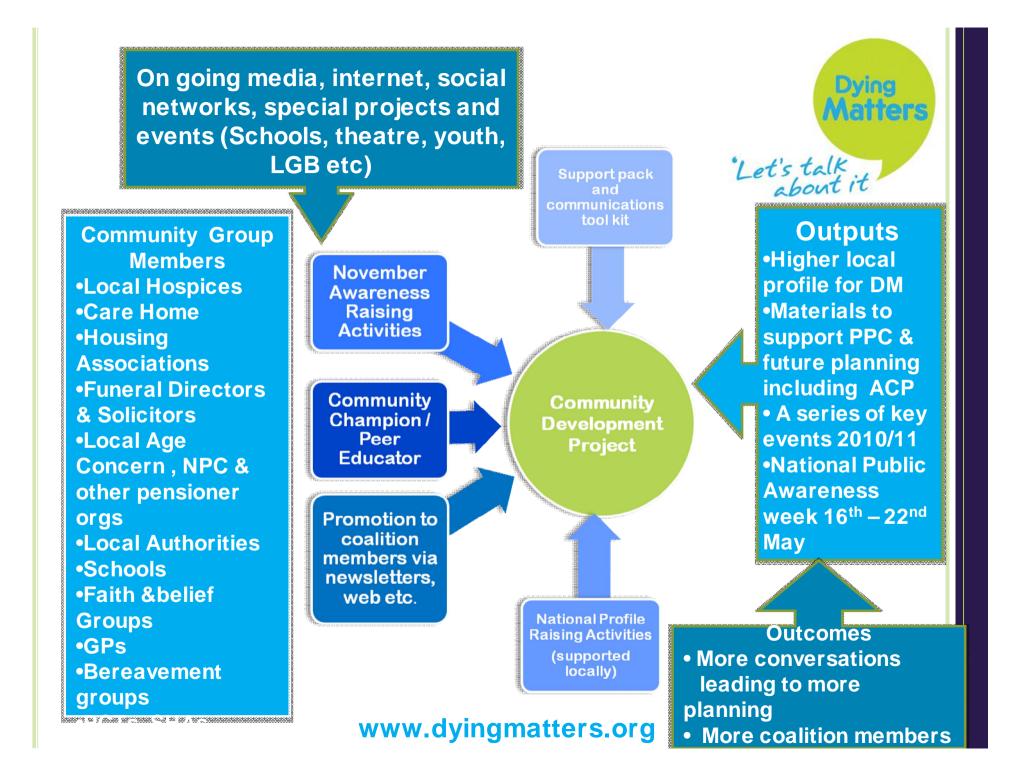
**Poor Social Networks** 



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## JAMES: MALE 60 – 65 WEAK NETWORKS - LESS WELL OFF

Part time manual worker. Lives in rented accommodation shift worker. Has no savings, worried about future. Fairly unhealthily lifestyle. Probably wants to continue working				Partner organisations used to target	Employers groups HR teams Commercial providers
		Propensity to 'Talk'	1	Proposed Targeting Activities	Through media professional
Media influences	Social Networks / groups and	Has close family members	Partner	Objectives	contact Awareness
Fewtabloid Talk sport	clubs Pub Old work	ls a carer	Having to care more	Objectives	Will Talk
Local papers	colleagues Family	Parents alive	Νο	Activities 2011/12	PR focus Visits website
Key Messages You deserve to die well. Dying well is more likely to be achieved by talking about it early on.		Has a will No. Visits to a GP per year	No 2-5	Desired Change by 2012	Will produced Has spoken to close family



## **DYING MATTERS** PROJECTS WITH NCPC



#### Working with schools & hospices

" I look forward to the kids coming, I don't often get a chance to speak to people from that generation"

"This is the first time our work has ever meant something to someone else"

> *"I was really* nervous about coming here but it's really nice, you kind of forget that people are ill after a while"

> > 14

"It's really nice for the patients but it's also great for the staff, there's a different feel on a Wednesday when you guys come in"

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### Dying Matters GP Pilot Project

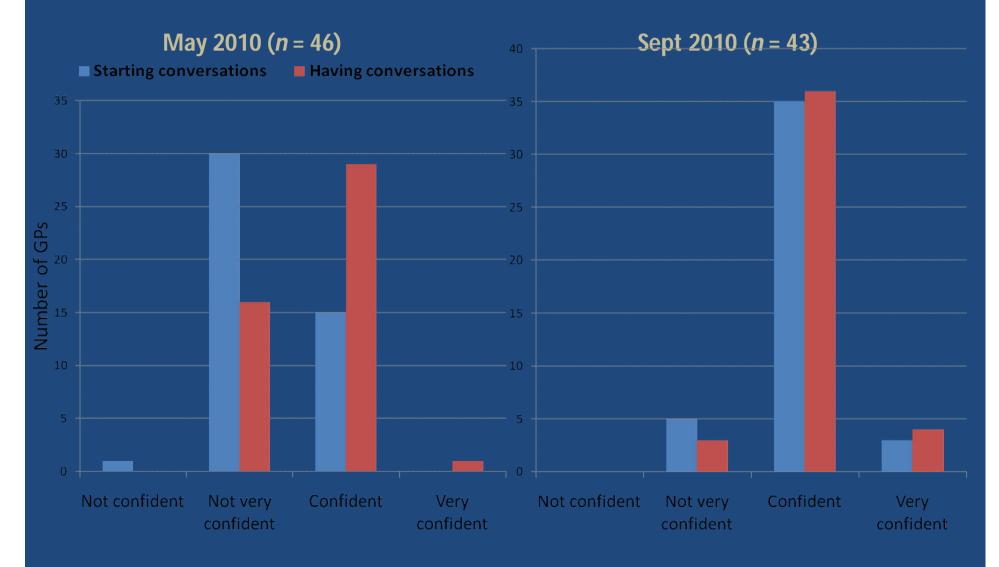
- Aim: Support GPs in conversations with patients & relatives about dying & death
- 31% of public would like information about EoLC from their GP
- 75% of GPs agree they should encourage patients to plan for EoLC.
- Yet, only 5% of GPs have written a will, 42% have discussed organ donation and 23% have discussed their funeral plans

### **Pilot Participation**

Participants and responses	Number
Practices participating	24
GP participating	59
Conversations between GP and patient recorded	139
Median age of patients	75
GPs returning completed both pre- and post-questionnaire	31
Practices undertaking & returning a Death Audit	12
GPs willing to be involved in ongoing work	35
Patient questionnaires returned	21

# Change in GP confidence

Change in all GPs self-rated confidence in starting and having conversations pre and post pilot

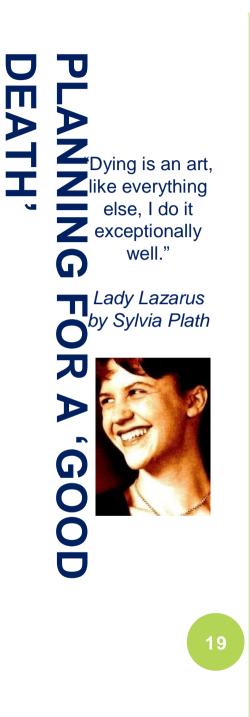


### **Evaluation Findings**

- It is possible to increase GPs confidence in having end of life conversations
- Conversations between GP and patients, family members and carers result in actions which contribute to a good death
- The Dying Matters communication materials were very useful to GPs and helpful to patients

## Planning for a 'good death' can include...

- Legal and Financial matters
  - Making a will, insurance, cost of funeral
- Organ Donation 'save other lives'
- Preferences
  - Place and type of care and support
  - Share concerns
  - Resuscitation decisions
- Funeral Arrangements
- Leaving a Memorial / Legacy
- Helping people in bereavement
  - What would you like people to know before you die, cherished memories?





## What you can do

- Join the Dying Matters Coalition NOW
- Help us, work with us and learn from us
- Talk about dying now don't leave it until it's too late
- www.dyingmatters.org