
End of Life Care in a changing world

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Overview

- The End of Life Care Strategy: 3 years on
 - Progress and challenges
- The Coalition Government's commitments
 - The Palliative Care Funding Review
- End of Life Care in the new health service

The End of Life Care Strategy: 3 years on (1)

A Brief Reminder:

- Developments 2000-2008
- Commitments leading to the strategy (2008)
- Key elements of the strategy

The End of Life Care Strategy: 3 years on (2)

- 2000: NHS Cancer Plan committed an extra £50m pa for specialist palliative care services
- 2003: “Building on the Best” committed an extra £4m pa to improve choice at the end of life
 - End of Life Care Programme
 - Support for rollout of GSF, LCP, PPC
 - First real drive to improve care beyond cancer and in care homes
- 2005: Labour election manifesto commitment to improve choice at the end of life and to double investment in palliative care
- 2007 onwards: “Darzi” workstreams at SHA level

The End of Life Care Strategy: 3 years on (3)

- Key elements of the strategy:
 - Raising the profile of dying and end of life care in society
 - Care pathway for end of life care
 - Infrastructure support and funding
 - The aim of the strategy is to bring about a step change in the quality of care for people approaching the end of life
 - The strategy covers **all** conditions and **all** care settings

Progress in the past 3 years: High level

- The profile of end of life care has been raised – at least within the NHS
- The Dying Matters Coalition has been established, with thousands of organisations signing up
- Leadership at SHA level has continued to prove valuable, with different priorities being set by individual SHAs – but also sharing good practice
- Linkages are now being made between health and social care
- However ... Progress is still patchy

Progress related to the End of Life Care Pathway (1)

- End of Life Care Registers
 - Communication systems
 - E.g. Communicate my Care (London)
- QIPP: “Find the 1%” campaign
- End of Life Care Programme
 - “Routes to success” reports

Progress related to the End of Life Care Pathway (2)

- Acute hospitals:
 - Liverpool Care Pathway
 - Amber Programme
- Good examples of end of life care for patients with
 - Dementia
 - Heart failure
 - Renal failure
- There are still many areas which are not covered by 24/7 community services

Progress on Infrastructure and funding (1)

- Investment has been made, in line with End of Life Care Strategy commitments
- Training: SHA programmes
E Learning for Health
- Quality Markers (developed at request of SHAs)
- NICE Quality standard on End of Life Care

Progress on infrastructure and funding (2)

- Measurement of quality of care
 - VOICES pilots successful (2 PCTs)
 - VOICES survey just commencing (to be sent to almost 50,000 bereaved relatives)
 - This will provide information on quality of care in the last 3 months of life in different settings (e.g. Hospital, home, care home, hospice) and by cause of death
- Surveys of bereaved relatives have been identified as a marker for Domain 4 (patient experience) in the NHS Outcomes Framework

Progress on infrastructure and funding (2)

- National End of Life Care Intelligence Network (NEOLCIN)
 - Aim “from data poor to intelligence rich”
 - Combining information from different datasets
 - e.g. Death certification (ONS)
 - Hospital activity (HES)
 - Social care
 - Death in Usual Place of Residence (DIUPR) identified as a Key Performance Indicator
 - Numerous analyses/reports already available

The Palliative Care Funding Review (1)

- Aim: To develop a per patient funding tariff for palliative care
- Commitment in the Coalition Agreement
- Review led by Thomas Hughes-Hallett supported by Professor Sir Alan Craft (Adults and children)
- Academic input from Professor Irene Higginson and Dr Fliss Murtagh at King's College, London
- Engagement with a wide range of stakeholders
- Report published Summer 2011

The Palliative Care Funding Review (2)

- Key messages
 - Broad support for a per-patient funding tariff
 - Australian model provides a good starting point
 - Pilots to establish feasibility and costings will be needed in this country

Palliative Care Funding Review (3)

- Australian model identifies different needs and costs depending on status of the patient
 - Stable
 - Deteriorating
 - Unstable
 - Dying
- Specifications for pilots are currently being developed, but criteria are likely to include
 - Willingness to participate and collect data
 - An existing 'good' service
- We will wish to cover cancer and other conditions and different geographical patches

End of Life Care in the new health service (1)

- Currently around 500,000 patients die in England each year (a 50 year low)
- The number of deaths is set to increase markedly by 2030
- The number of deaths in very old age (>85 years) is set to grow particularly fast
- Integration between health and social care will be of particular importance
 - The Dilnot Commission
 - Ongoing consultation

End of Life Care in the new health service (2)

- Unanswered questions – on which your views are very welcome
 1. How do we maintain/replace the drive that has come from the SHA Darzi workstreams?
 2. Is there a need for End of Life Care Networks? How should these work effectively with other networks (e.g. Cancer, CHD, Stroke)

End of Life Care in the new health service (3)

3. How can local services work best together (e.g. Hospitals, community services, care homes, hospices)?
4. How can commissioners (health and social care) work best together?
5. How can we best use data/intelligence to drive up quality and to provide best value for money?
6. How can the NHS Commissioning Board best support end of life care?

Summary

1. Progress is being made on end of life care, but it is still patchy
2. The Palliative Care Funding Review provides a sound basis for taking forward work to develop a tariff
3. The new arrangements for the health service provide both challenges and opportunities. We need to use these to greatest effect for patients and carers