



Great Yarmouth and Waveney



Developing the workforce: creative approaches and overcoming challenges

Maggie Parsons, Cancer and EOL Clinical Development Lead
NHS Great Yarmouth and Waveney



Context

- Learning from the Marie Curie Delivering Choice Programmes:
 - Fragmented and duplicated provision of palliative and EOL education by multiple providers
 - Misperception and focus on palliative and EOL care as only a specialist area of practice and requiring specialist delivery of associated education and training
 - Mostly targeted at registered practitioners, despite most care being provided by bands 1-5
 - Many short term local initiatives to “up-skill” generalist staff
 - Need for a strategic approach to integrate palliative and EOL education into educational, commissioning and care delivery infrastructures

Norfolk, Great Yarmouth and Waveney and Suffolk Marie Curie Delivering Choice Programmes 2009/10



Impact on care delivery

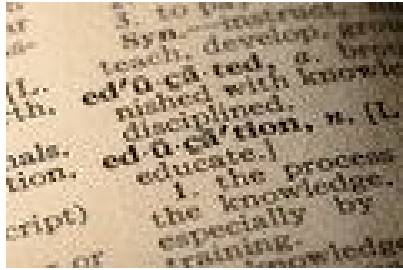
- Inconsistency and variable quality of palliative and EOL care:
 - Variable levels of communication skills to support the sensitive communication and psychological support required
 - Lack of palliative and EOL care using nationally defined best practice
 - Low awareness of the benefits of supporting self management for patients and carers as well as for staff
 - Insufficient knowledge re individual cultural attitudes to death and dying and how to address the associated taboos

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A local framework

1. What does best practice look like?
 - A **care pathway** reflecting national and regional guidance
2. What other tools are needed to support best practice?
 - A **staff resource file describing best practice**
 - A co-ordinated approach **to documentation of care**
 - **New patient/carer information leaflets** to support informed choices and self management
3. A co-ordinated approach to palliative and EOL care education and training
 - **A shared strategy**
 - **Promotion of our local SHA's EOL care e-learning programmes**
 - **Community pathfinder approach**
4. Linking academia and the evidence base to clinical practice
 - Establishment of an **"academy"** for EOL and palliative care



Delivering the strategy

- Recommendations for commissioners and providers of health and social care across the statutory, voluntary and independent sectors and education providers in further education colleges and higher education institutions to embed palliative and EOL care into:
 - Specifications and contracts for relevant services
 - Clinical governance infrastructures, staff training and CPD programmes
 - All relevant curricula as a core competency area



Delivering the SHA e learning programme

East of England ABC programme:

- EOL education Facilitators funded in partnership with our local cancer network
- Focused on the delivery of the nationally defined EOL competencies:
 - Overarching principles of end of life care, communication skills, assessment, advance care planning, comfort and wellbeing and end of life care tools
 - Face to face consolidation training



Delivering local education and training

- In partnership with a local SWIFT initiative
- Complementary to the SHA e-learning programme
- Multi-professional approach with sessions targeted at key local issues:
 - DNACPR, symptom control, dementia and EOL care, advance care planning, communication skills, implications of the Mental Capacity Act, care of syringe drivers
- And for key staff groups:
 - OOH, Ambulance Trust staff, GP's, Care Homes, Domiciliary Care Agencies



Community pathfinder approach

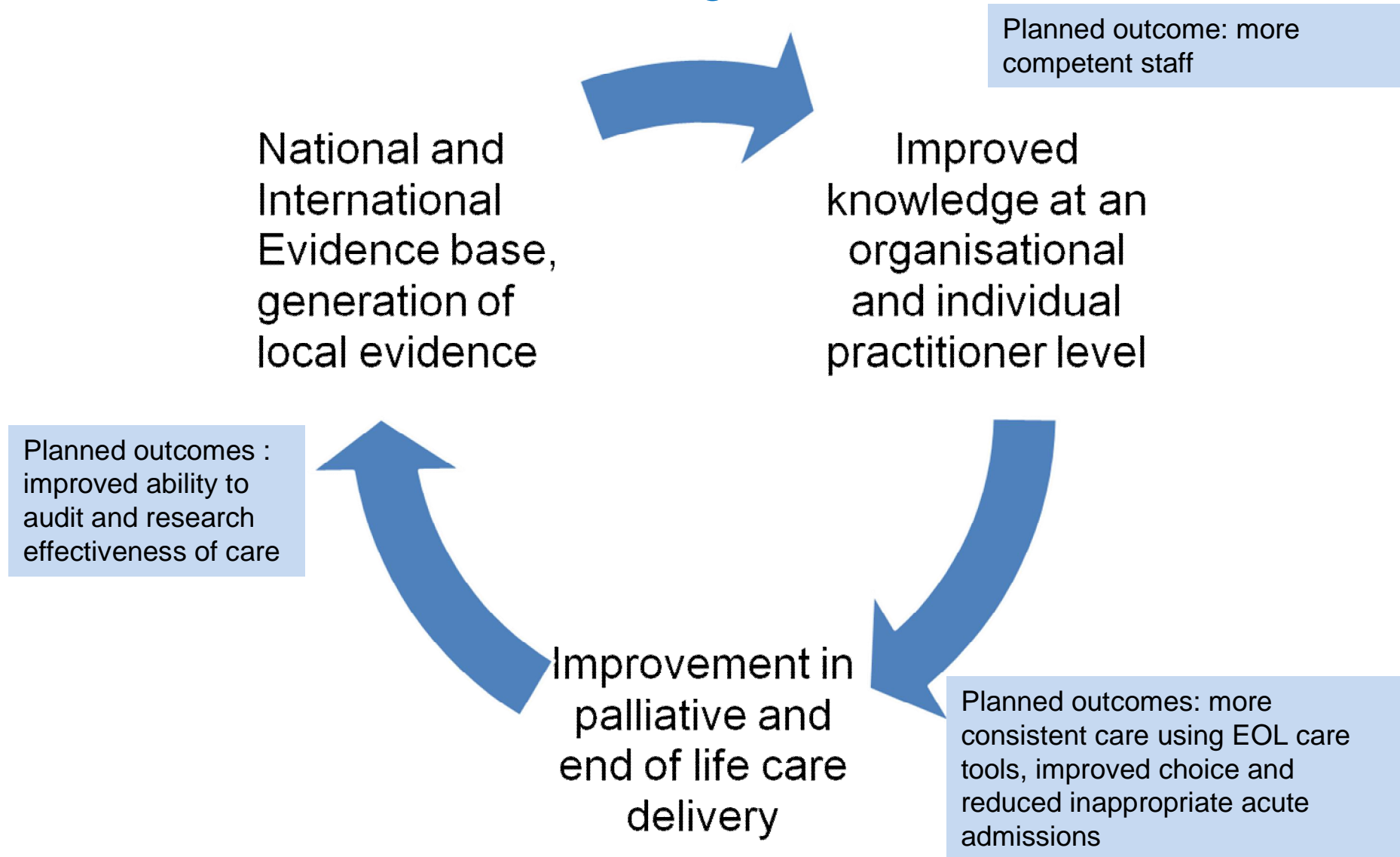
- Primary care EOL care Facilitator and GP Lead
 - Review GP practice and associated community nursing teams approach to palliative and EOL care and their training needs
 - Audit current care provided (x 5 after death analyses)
 - Promote SHA e-learning/provide bespoke local face to face training
 - Support their implementation of new documentation, patient/carer information and implementation of EOL care tools as required
- GP practice and community nursing team
 - To review their associated care homes and community hospital approaches to palliative and EOL care and their training needs
 - Audit current care provided (x 5 after death analyses)
 - Promote SHA e-learning/local face to face training
 - GP practice and community nursing team to support their implementation of new documentation, patient/carer information and implementation of EOL care tools as required
- NB This approach requires close partnership working with the specialist palliative care service



Establishing a palliative and EOL care academy

- Aims:
 - To bring together like minded individuals in 'communities of practice' to develop their knowledge and skills
 - To develop the skills and capacity of staff at all levels of palliative and end of life care service delivery
 - To provide training and education via face to face/ e learning/mentoring etc.
 - To establish a palliative and a palliative/end of life care quality award scheme
 - To promote multi-professional research to generate local contributions to the national and international evidence base and evaluate local care provision

Academy model





Planned outcomes

- Improved patient/carer experience
- Evidence of care using the nationally defined EOL tools.
- Improved consistency in documentation of care
- An increased number of patients who achieve their preferences re place of care and death
- More competent staff will also contribute to a reduction in the number of emergency admissions to acute care settings in the last month/year of life.
- Improved ability to audit the quality and effectiveness of care



Proposed next steps

- *Embed*
 - end of life care tools into practice in all relevant care settings
- *Roll out*
 - care tools such as the resource file, patient/carer information and documentation of care
- *Roll on*
 - the establishment of the academy!

Any questions?



maggie.parsons@nhs.net