Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

Report of: Idris Griffiths Chief Operating Officer NHS Sheffield CCG

Subject: **End of Life Care in Sheffield**

Author of Report: **Jackie Gladden, Senior Commissioning Manager, Sheffield CCG jackiegladden@nhs.net**

Summary:

The report provides an update on the issues raised at the meeting of scrutiny on 19th January 2014 and also seeks to answer the questions raised subsequent to that meeting

The report introduces the draft Sheffield End of Life Care Strategy for 2014 – 2019 and requests views from the committee.

It also provides an update on changes in national policy regarding End of Life Care and the work which is taking place locally to address this.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**X**
Other	

The Scrutiny Committee is being asked to:
Consider the draft Sheffield End of life Care Strategy and provide views and comments

Background Papers:

One Chance to get it Right - Leadership Alliance for the care of Dying people 2014
End of life Care Strategy Fourth Annual Report DH October 2012

Category of Report: OPEN

End of Life Care in Sheffield

1. Introduction/Context

This report is a follow up to the meeting of the scrutiny committee held on 19th January 2014 section and provides an update on the issues raised then.

At that meeting the CCG representative reported that a new End of Life Care Strategy would be drafted and Appendix 1 of this report is the draft strategy. Comments are invited from committee members.

It was also reported at the meeting that a response was awaited on the replacement for the Liverpool Care Pathway. This was published at the end of June, and the report gives information on the key standards and the local work which has taken place to respond to these.

A number of additional questions have also been raised by committee members, and these are addressed in the report.

2. Update on Issues raised by the Committee on 19th January 2014

2.1 Length of contract with St Luke's Hospice

The CCG noted the concerns raised by the committee in relation to the duration of contract previously offered to SLH, and have therefore agreed and signed a two-year contract with SLH, commencing 1st April 2014. In addition the contract value will remain at the same level as in 2013/14, despite other services being subject to a nationally mandated 1.5-1.8% reduction in funding. This level of funding will remain in place for the full two year contract period, regardless of any national guidance that is issued prior to the 2015/16 financial year.

2.2 Contingency Plan

The CCG has agreed with SLH a joint contingency plan to address issues that may arise as a result of any potential financial difficulties that SLH experience. This will include (but will not be limited to) establishing a process of joint financial monitoring (which will provide periodic assurance of financial sustainability), considering the availability of alternative provision across the city and establishing an agreement on

those services that may, in the event of financial failure, be preserved due to patient safety and equality reasons.

2.3 GP Engagement

The committee also raised concerns regarding GP engagement with the Hospice and this was the topic of discussion between the Scrutiny Committee chair and Dr Anthony Gore and Jackie Gladden on the 3rd of February. Dr Gore explained that whilst it was the South Yorkshire and Bassetlaw Area Team of NHS England who now directly commissioned primary care, the CCG still had a responsibility to support the maintenance and improvement of quality. The quality of End of Life Care provided by GPs continues to be a high priority for the CCG.

For the last two years an End of Life facilitation team has been offering support visits to GP practices. Improvements have already been made in the proportion of people who are on the palliative care register and therefore able to access end of life care, and care for these patients is discussed at a regular palliative care multidisciplinary team meeting. The CCG recognises that further work is needed to ensure consistent high quality across the city, and a training session for primary care on the topic of End of Life Care was held in May this year.

There will be further training for practices on the implications of the new guidance replacing the Liverpool Care Pathway.

3. Questions posed by the committee subsequent to the meeting on 19th January

3.1 What is the proportion of people that end their life in place of their choice?

The current information systems do not enable us to identify the place of death of choice for all Sheffield residents. We are currently planning an Electronic Palliative care Co-ordination System which would enable us to monitor this information. We do know that nationally around 70% would prefer to die at home and the latest data for Sheffield is as follows:-

Data from the National End of Life Care profile for Sheffield, based on ONS data, shows the following breakdown for place of death in Sheffield and England averages for the years 2010 - 2012

Place of death	Sheffield	England average
Percentage of deaths in hospital	53.84 %	50.71%
Percentage of deaths in own home	19.76%	21.54%
Percentage of deaths in hospice	4.45%	5.59%
Percentage of deaths in care home	19.45%	19.59%
Percentage of deaths other places	2.04%	2.12%

Please note that the numbers of people who die in hospital includes those who die in the Macmillan specialist palliative care unit. Since this is a 20 bedded unit, if the figures for deaths in this unit were counted as hospice beds, then the proportion dying in hospital would be considerably reduced.

3.2 How are people being supported to make their end of life plans, and how are these plans then shared with the relevant organisations?

Having an end of life plan which is shared with the main relevant organisations is key to ensuring that people receive the type of care, and in the appropriate place that they wish.

Every year there is a national Dying Matters week in May, which aims to encourage people to plan for their death. The CCG has supported this by issuing press releases, commissioning a transmission from Hallam FM organising sessions for staff in both the local authority and CCG, sections on the SCC and CCG websites, leaflets and poster distribution to GP practices and care homes, and poster and leaflet displays in public places. Wherever there are other chances to distribute the posters and leaflets, such as the CCG AGM, this opportunity is taken up. It is recognised that this is a major culture change will take a long time.

Training has been provided for GPs and healthcare staff in STH on communication skills to help them introduce the topic with patients and carers. We are doing work on providing an information manual to support practices in dealing with end of life care issues with people from Black, Asian and minority ethnic communities.

A template has been developed for use by primary care for an End of life care Plan and there has been training on the use of this template.

GPs write 'Special Notes' for patients who are at end of life, or have particular care needs, which are shared with the Out of Hours Services and the Yorkshire Ambulance Service. There is work going one a regional level to try to improve the consistency of the information provided in these notes.

There is currently in Sheffield an Electronic Palliative care Communication System whereby consultants in STH and St Luke's Hospice identify patients who are in their last year of life and record information regarding diagnosis, the patient's understanding of their diagnosis, prognosis and aims of treatment, key workers and contact details, foci of care (summary term for aims of treatment) and management plan recommendations for consideration by GPs. This information is then emailed in letter format to the relevant GP for them to consider adding the patient to their own practice EOLC register and implementing the management plan recommendations. This is working well, and the number of team's implementing this in STH is gradually increasing. We are, however, seeking to move to an Electronic Palliative Care Co-ordination System in line with national guidance. This will enable the sharing of plans between primary care, secondary care, St Luke's hospice, community nursing, OOH and the ambulance service. It also links with the work going on through the Integrated Commissioning in the access and information work stream.

3.3 What are the End of Life Care links to Right First Time – care homes inappropriately calling 999 at end of life? Are GPs covering the care homes ensuring that homes getting appropriate support – e.g. community nursing so people can remain in their 'home' at end of life should they choose.

The principles of Right First Time are clearly applicable to End of life Care, but the main links are in work to improve the discharge process.

Work is taking place between care homes and the GP Out of Hours service to improve access to appropriate emergency care. All care homes can ring the Out of Hours service directly rather than having to go through 111 or 999.

End of life care is a key component of the specification for the Locally Commissioned Service for GPs to provide additional support to care home residents. This specification has been revised this year and now places greater emphasis on End of Life Care, both in the planning stages, and in the quality of care in the last few days /hours of life. Training sessions have been organised for GPs undertaking the Care Homes Service for 9th October and 26th November and this will cover the GPs' responsibilities regarding End of Life care, and training in communication skills to improve the communication with the residents and their families regarding end of life plans

4 One Chance to Get it Right

4.1 Policy Background

The Liverpool Care Pathway was developed in the late 1990s by the Royal Liverpool University Hospital and Liverpool's Marie Curie Hospice initially for the care of terminally ill cancer patients, and then extended to all dying patients.

In 2009 and again in 2012 there was considerable concern in the media about the implementation of the pathway, and about financial incentives to NHS trusts to use the pathway. The government commissioned Dame Julia Neuberger to undertake a review of the pathway, and in July 2013 this review – More care, Less pathway, was published.

In response, the Secretary of State for health stated that all NHS hospitals should ensure that there was a named senior clinician responsible for patients care in their final hours and days, that there should be an end to financial incentives for hospitals to promote a certain type of care for dying patients, that the LCP should be phased out over the next 6-12 months and replaced with a more individual approach including a personalised care plan, and that the CQC would undertake a thematic review into end of life care and consider end of life care issues in their approach to inspections.

The response to the review was developed by the Leadership Alliance, a coalition of 21 national organisations, and published in June this year. .

https://www.gov.uk/government/publications/liverpool-care-pathway-review-response-to-recommendations

The new document sets out the approach which should be used in future in caring for dying people by health and care organisations and staff caring for dying people in England The approach should be applied irrespective of the place in which someone is dying and focuses on achieving five Priorities for care when it is thought that a person may die within the next few days or hours.

1. This possibility is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
2. Sensitive communication takes place between staff and the dying person, and those identified as important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
4. The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
5. An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

The document also states that care should be

- compassionate;
- based on and tailored to the needs, wishes and preferences of the dying person, and, as appropriate, their family and those identified as important to them;
- includes regular and effective communication between the dying person and their family and health and care staff and between health and care staff themselves;
- involves assessment of the person's condition whenever that condition changes and
- Timely and appropriate responses to those changes;
- is led by a senior responsible doctor and a lead responsible nurse, who can access support from specialist palliative care services when needed; and
- is delivered by doctors, nurses, carers and others who have high professional standards and the skills, knowledge and experience needed to care for dying people and their families properly.

4.2 Local Action

In Sheffield the CCG did not provide financial incentives for use of the LCP.

In Sheffield there was a Sheffield Pathway which was based on the Liverpool Care Pathway. Clear guidance has been given to staff in community, acute and primary care that the Sheffield Care Pathway is no longer used.

Sheffield Teaching Hospitals set up a group to address the requirements and St Luke's Hospice has also worked on developing appropriate documentation. The CCG is working with both organisations to seek a process which can be used throughout Sheffield, and further updates will be provided at the Scrutiny meeting on 15th October.

5 Draft Strategy

The CCG has revised its End of Life Care Strategy in the light of changing needs and the publication of new policies and this is attached as Appendix 1. We are currently consulting on the strategy and would very much welcome views, particularly on the priorities for further action which are detailed in section 7.4 in the strategy.

4. Recommendation

4.1 The Committee is asked to consider the strategy proposals and provide views and comments,

4.2 The Committee is asked to note the responses to its previous points and subsequent questions, and the people presenting will be happy to provide more details if required.

Appendix 1 Draft Strategy for End of Life Care

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