

End of Life Care: making a difference in Urgent and Emergency Care

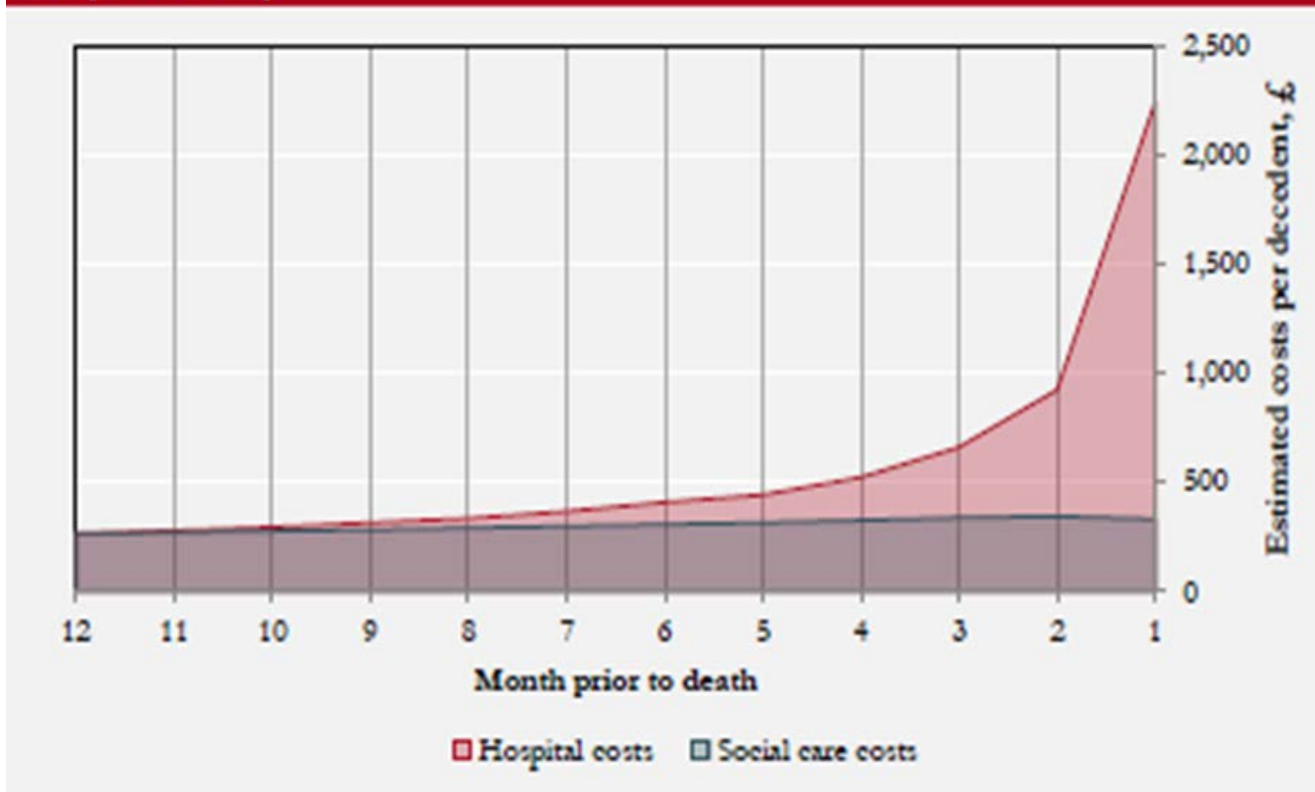


Facts

- About 1% of the population (approx. half a million people) die each year ¹
- Majority of deaths (approx. 75%) can be predicted ²
- 30% of patients occupying a hospital bed will die in the next 12 months (?)
- 48.3% of people dying in hospital following an emergency admission who were in hospital for between 8 & 90 days in that admission in TV ³
- 80% of patients in care homes have a prognosis of less than 12 months ^{4?}
- 67.7% patients in last year of life have 3 or more unplanned hospital admissions ⁵

Acute health costs increase significantly in the last months of life

Figure 4.3. Estimated average cost of care services in each of the last twelve months of life (N = 73,243)



Ambitions for End of life Care

National Framework for Local Action 2015-2020



Personalised care planning	Shared records
Education and training	24/7 access
Evidence and information	Involving, supporting and caring for those important to the dying person
Co-design	Leadership

What are the key challenges in succeeding well co-ordinated high quality care?

- Achieving early **identification** of patients in last months of life to enable staged conversations and informed choices
- **Lack of personalised care planning:** An advance care plan reflecting the wishes of the patient and those important to them
 - *Completed ACPs will reduce the number of avoidable admissions in the last 90 days of life
- Not knowing **who to contact** in an emergency order to avoid unnecessary admissions to hospital (Choice Commitment 2015)
- Effective **information sharing** via Electronic Palliative Care Co-ordination Systems (EPaCCS) systems

Key challenges continued

- Evidence of a timely, **responsive 24/7 community health and social care** services which support patients to remain in their preferred place of care at a time of crisis
- Appropriate and reactive clinical responses to **calls made to NHS 111 and 999**
- For those patients **identified as dying** within an acute setting:
 - Enabling **appropriate environments** and staff to deliver quality care
 - Ensuring access to **Specialist Palliative care services**
 - Engaging robust **Rapid discharge** teams to enable a patient to die at home, if they wish
- A mandated **workforce education**, to skill staff in end of life care, in all settings.

Key questions

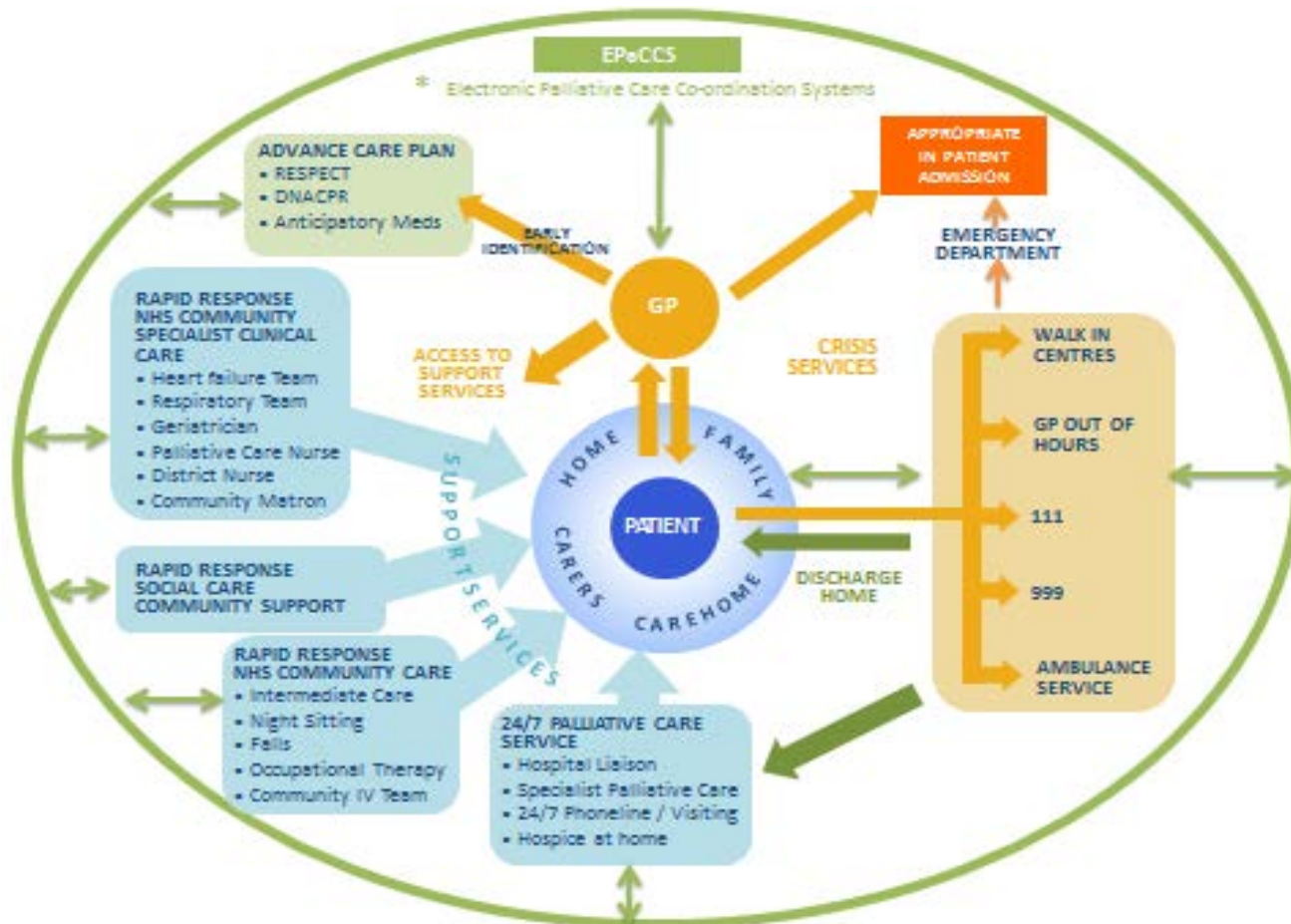
What is being done to:

- Improve **early identification and advance care planning**
- Implement Recommended Summary Plan for Emergency Care and Treatment (**ReSPECT**)
- Ensure **Electronic Palliative Care Co-ordination Systems (EPaCCS)** meets national standards
- Address needs and wishes of patients **presenting in ED**
- Facilitate **rapid discharge from acute care**
- Build robust and accessible **community-based services**

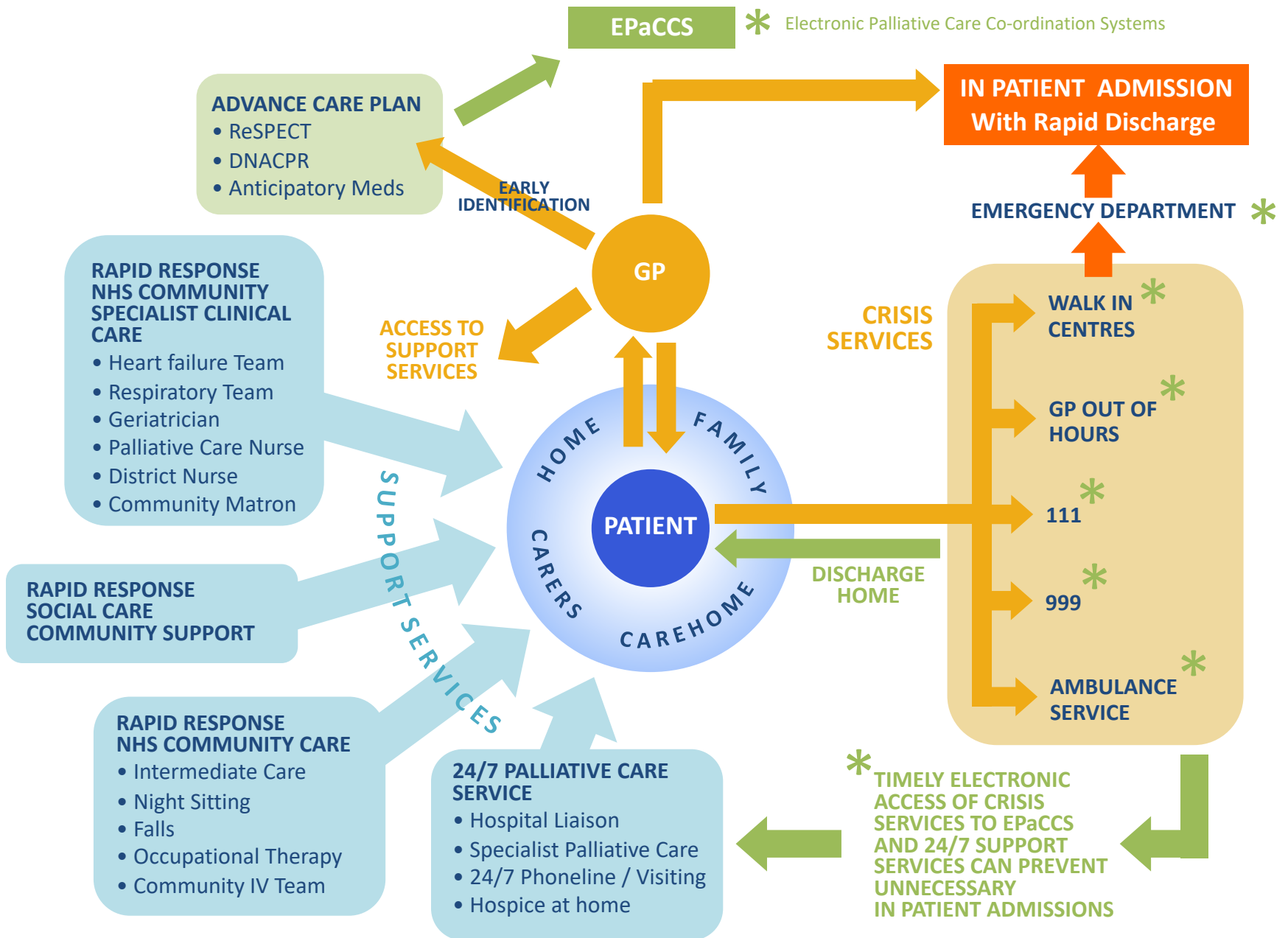
Proposing a Pathway

A new pathway
for patients at end of life
with urgent care needs

Potential Pathway for Care of Patient at End of Life with Urgent Care Needs

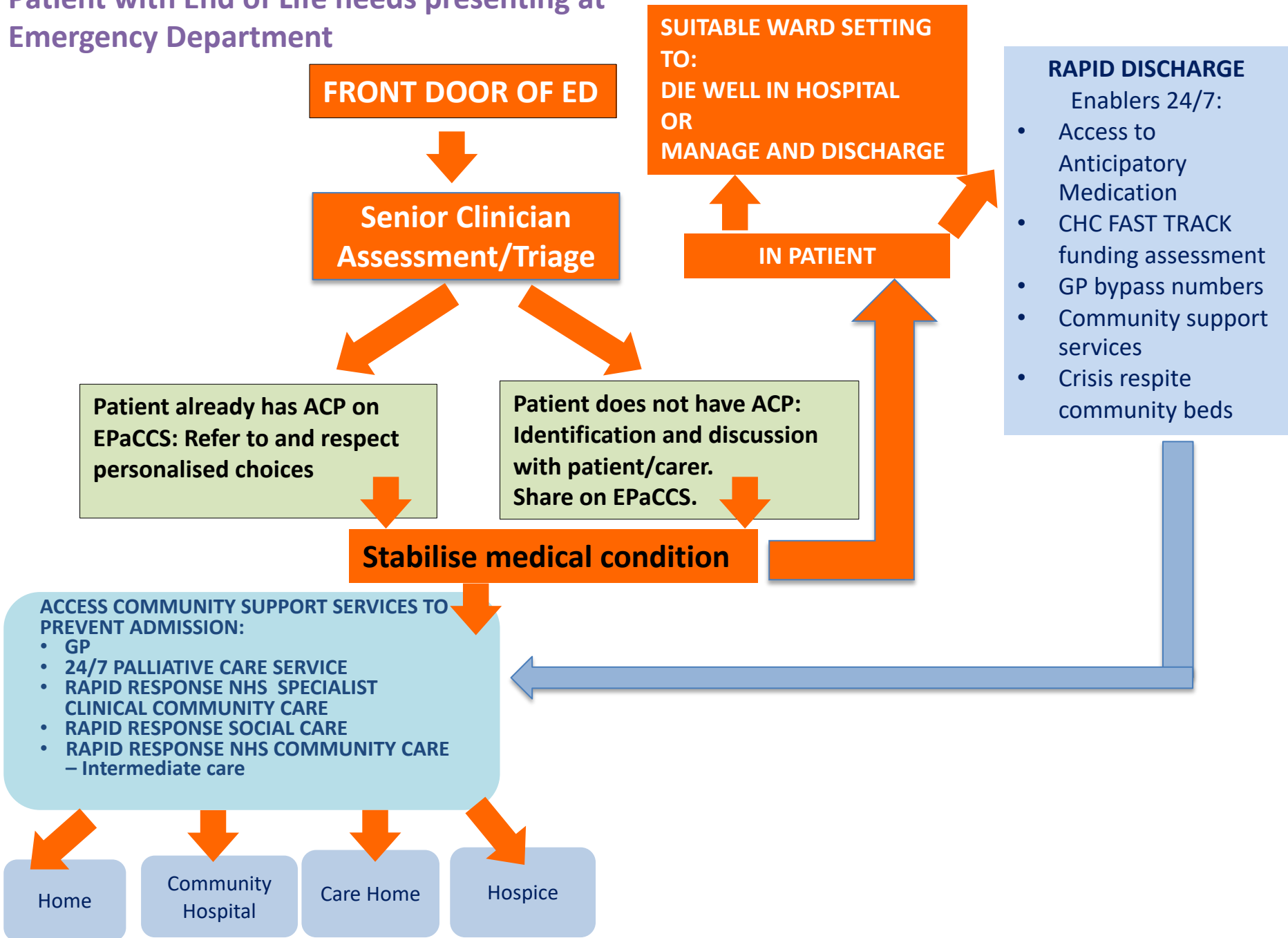


Crisis services with direct access to EPaCCS
and provision of support services
can prevent acute admission



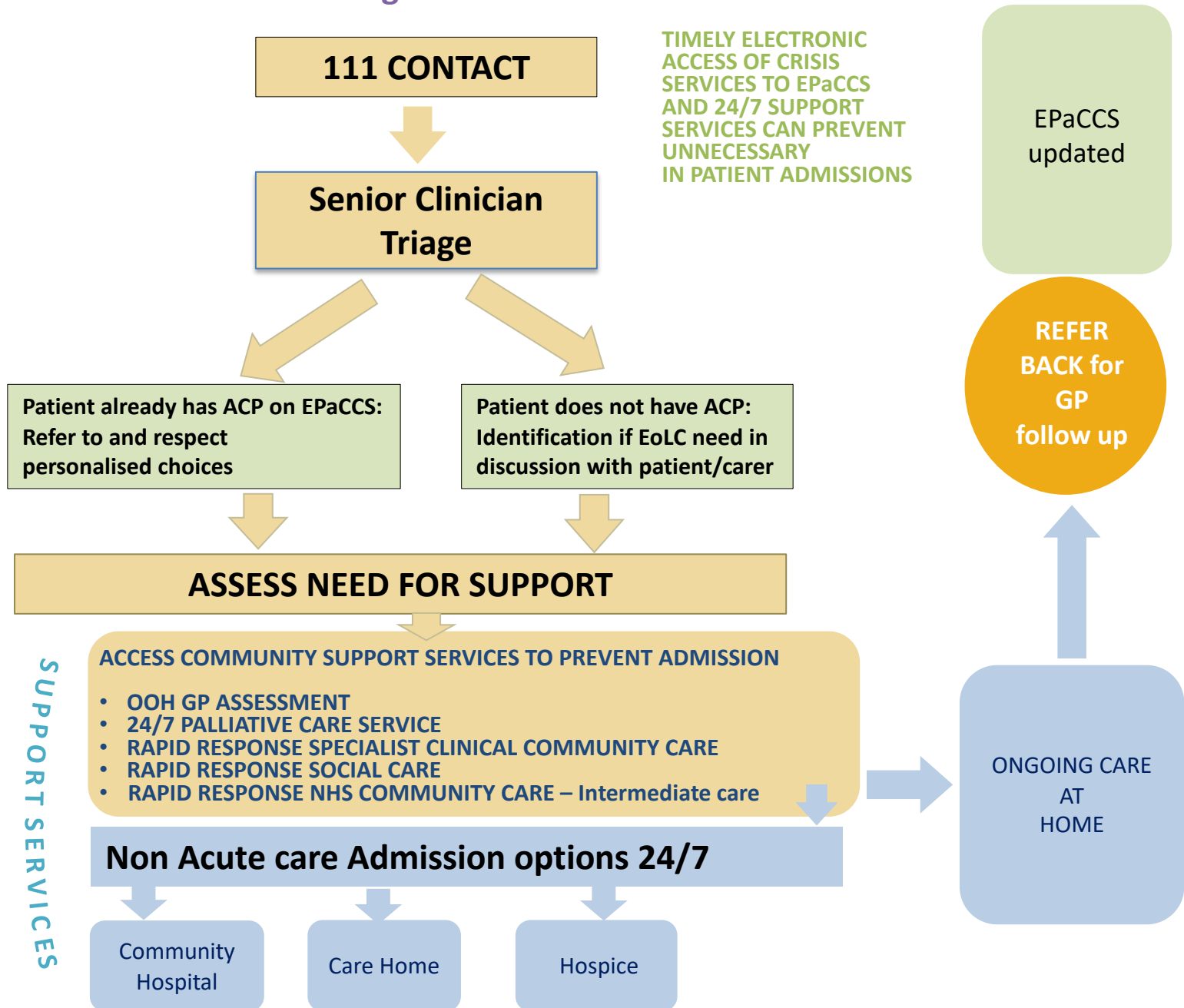
Patient with end of life needs presenting at the Emergency Department

Patient with End of Life needs presenting at Emergency Department



Patient with end of life needs calling 111

Patient with End of Life needs calling 111



3 key recommendations for commissioners to support End of Life challenges in the Urgent and Emergency Care System

Recommendation 1

Is the CCG assured that Primary Care meets all the requirements in identifying patients at End of Life (EoL)?

- The actual number of patients on an EoL register matches the predicted number (based on 1% practice population deaths per year/ use of “Surprise Question”*/ use of SPICT alerts)
- All patients on an EOL Register have a digital EPaCCS alert completed and OOH services have read/ write access
- Practice based mortality reviews /critical appraisal using after death analysis (ADA) tools are undertaken.

The Network recommends that each CCG utilises the next steps from the TVCSN EPaCCS report

Recommendation 2

Is the CCG confident that all Providers offer personalised care planning and record patient's wishes and preferences?

- An Advance Care Planning conversation is offered to all patients identified at EOL (in line with Choice Commitment 2015)
- The Advance Care Plan incorporates the principles of [ReSPECT](#) or promotes adoption of ReSPECT
- The conversation captured within the care plan is regularly audited to measure quality and impact

The Network promotes cross-provider implementation of Resuscitation Council ReSPECT process

Recommendation 3

How can the CCG be assured that commissioned services support crisis management and deliver responsive high quality care at end of life?

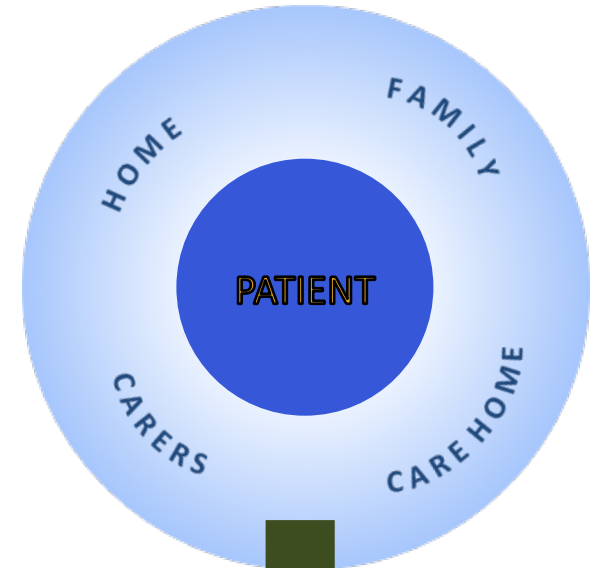
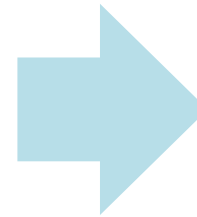
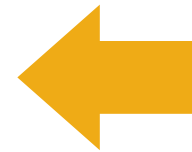
- Is there a range of 24/7 community wrap around services?
- Rapid response services are available for crisis intervention and to support rapid discharge from hospital
- There is adequate provision of specialist services to support patients with complex needs

The network recommends each CCG undertake a scoping exercise, using a service provision tool

**RESPONSIVE
SUPPORT SERVICES**

Community wrap around Services	Telephone v face to face	Weekday only	7 days week	24/7
Specialist Palliative care Community Services	Telephone advice			
	Rapid response			
Specialist acute based community teams	Telephone advice			
	Rapid response			
NHS Generalist Community teams	Telephone advice			
	Rapid response			
Social service funded teams	Telephone advice			
	Rapid response			

**HOSPITAL ACCESS to SUPPORT SERVICES
For RAPID DISCHARGE HOME**



TIMELY ELECTRONIC ACCESS

by

CRISIS SERVICES TO EPaCCS*

and

24/7 RAPID RESPONSIVE SERVICES

can prevent

UNNECESSARY HOSPITAL ADMISSIONS

A tool to scope service provision availability

A tool to scope service provision availability

Services to be scoped	Service provision availability based on days and hours of day covered		
	Weekdays only	7 days a week 9-5	24/7
Specialist NHS/Hospice Palliative Care provision			
CNS teams			
Inpatient beds			
Hospice at Home RN/NA services			
Rapid Response			
Advice lines			
Specialist Acute based and community teams			
Heart failure			
Respiratory			
Elderly care			
Neurological			

A tool to scope service provision availability

Services to be scoped	Service provision availability based on days and hours of day covered		
	Weekdays only	7 days a week 9-5	24/7
Generalist Community Services			
Community matrons			
Community nursing teams			
Crisis teams eg intermediate care			
Night sitting			
IV/ high tech teams			
Community beds			
Fast track CHC			
Other- please state			
Social care services			
CHC / SS funded care packages			
Specialist care agencies			
Emergency care home placement			

Summary

1. **Is the CCG assured Primary Care meets all the requirements in identifying patients at EoL?**

The Network recommends that each CCG utilises the next steps from the TVCSN EPaCCS report

2. **Is the CCG confident that all Providers offer personalised care planning and record patient's wishes and preferences?**

The Network promotes cross-provider implementation of Resuscitation Council ReSPECT process

3. **Can the CCG guarantee that commissioned services support crisis management and deliver responsive high quality care at end of life?**

The network recommends CCGs undertake a scoping exercise, using a service provision tool

References

1. The Choice in End of Life Care Programme Board (TCEoLCP)(2015). *What is important to me: A review of choice in End of Life Care*. London: the Stationary Office
2. NEOLCIN (2011) Predicting Death “Estimating the proportion of deaths that are ‘unexpected’”. NEOLCIN.
3. Public Health England (2013) What we know now. London: Stationary Office
4. Seymour et al (2011) Do NH have the support they need to provide end of life care. Palliative Medicine
5. NEOLCIN (2015) National End of Life Care Intelligence Network. PHE

Questions?

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