

DH End of life care pathway and local position

DH - end of life care pathway stages	<p>Step 1</p> <p>Discussions as the end of life approaches</p> <ul style="list-style-type: none"> • Open, honest communication • Identifying triggers for discussion 	<p>Step 2</p> <p>Assessment, care planning and review</p> <ul style="list-style-type: none"> • Agreed care plan and regular review of needs and preferences • Assessing needs of carers 	<p>Step 3</p> <p>Coordination of care</p> <ul style="list-style-type: none"> • Strategic coordination • Coordination of individual patient care • Rapid response services 	<p>Step 4</p> <p>Delivery of high quality services in different settings</p> <ul style="list-style-type: none"> • High quality care provision in all settings • Acute hospitals, community, care homes, hospices, community hospitals, prisons, secure hospitals and hostels • Ambulance services 	<p>Step 5</p> <p>Care in the last days of life</p> <ul style="list-style-type: none"> • Identification of the dying phase • Review of needs and preferences for place of death • Support for both patient and carer • Recognition of wishes regarding resuscitation and organ donation 	<p>Step 6</p> <ul style="list-style-type: none"> • Recognition that end of life care does not stop at the point of death. • Timely verification and certification of death or referral to coroner • Care and support of carer and family, including emotional and practical bereavement support
Current end of life services	<ul style="list-style-type: none"> • Approx one third of deaths are identified on GP end of life registers 	<ul style="list-style-type: none"> • Approx one third of deaths are identified on GP end of life registers • Assessing needs of carers part is of end of life care planning 	<ul style="list-style-type: none"> • Strategic coordination: • Individual care co-ordination: provided by General Practice, District Nursing, with some patients receiving additional support from St Francis hospice specialist palliative care service • Rapid response: Community Treatment Team (CTT) • PELC (GP Out of hours) • 'Special patients notes' processes used to ensure PELC and LAS are aware of wishes 	<ul style="list-style-type: none"> • Acute: BHRUT • Community: NELFT - district nurses; Marie Curie – overnight respite service; St Francis Hospice – hospice at home; continuing health care – put comprehensive care packages into a person's home for the 'last 3 months of life • Hospice: St Francis Hospice – inpatient facility • Care Homes: could be considered a person's usual residence or a person could be placed in a nursing home by the continuing health care team • Ambulance: 'Special patients notes' processes used to ensure PELC and LAS are aware of wishes 	<ul style="list-style-type: none"> • Acute: BHRUT • Community: NELFT - district nurses; Marie Curie – overnight respite service; St Francis Hospice – hospice at home; continuing health care – put comprehensive care packages into a person's home for the 'last 3 months of life • Hospice: St Francis Hospice – inpatient facility • Care Homes: could be considered a person's usual residence or a person could be placed in a nursing home by the continuing health care team 	<ul style="list-style-type: none"> • St Francis hospice provide bereavement support where the deceased is known to the hospice • Bereavement service – provided by Hoe & Co (Hope)

APPENDIX 1

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Gaps in end of life services when compared to DH best practice</p>	<ul style="list-style-type: none"> • End of life training programme for general practice • Clarify end of life metrics and measurement of success 	<ul style="list-style-type: none"> • End of life training programme for general practice • Clarify end of life metrics and measurement of success • Carer needs assessment and support would be supported by a GP practice training programme 	<ul style="list-style-type: none"> • Develop and embed end of life provision by ICM and CTT • Electronic system to centralise storage of EOL care plans 	<ul style="list-style-type: none"> • Improvement to end of life standards within care home contracts • If successful in increasing EOL identification community nursing provision would be insufficient to support patients in their home • Acute trust response to the independent review of the Liverpool care pathway (LCP) 	<ul style="list-style-type: none"> • Improvement to end of life standards within care home contracts • If successful in increasing EOL identification community nursing provision would be insufficient to support patients in their home • Acute trust response to the independent review of the Liverpool care pathway (LCP) 	
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