



End of Life Care Briefing

'The NHS in England: the operating framework for 2007/08' published in December 2006, set out local action for PCTs to begin to lay the foundations for future improvements. This included undertaking a local end of life care service baseline review in preparation for the publication of the National End of Life Care strategy. The purpose of the review was to provide health and social services with information that would enable PCTs and Local Authorities to:

- Assess the population need for end of life care services
- Map current provision including its quality
- Compare current provision with population need
- Identify where service improvements are needed
- Be prepared to respond to the end of life care strategy when published.

The strategy is in response to Government commitment to increase choice at the end of life for all adults irrespective of the condition they are suffering from.

NHS Surrey undertook the baseline review in partnership with stakeholders including acute, community, hospice and voluntary sector providers, General Practitioners and Surrey County Council. The review highlighted gaps and inequity in specialist and general end of life care services including:

- For all patients and carers, there is little choice about where they are looked after at the end of life
- The needs of those with diagnoses other than cancer, and their carers, are not met as well as those with cancer
- There is a need to raise standards and knowledge of general end of life care for healthcare professionals
- There is a need to improve the coordination of services for the end of life throughout the 24 hour period, increasing the responsiveness of end of life care in and out of hours by health and social care professionals
- End of life care provision in care homes is an important area for development
- Services in the community to support end of life are variable

The key findings were presented to the Professional Executive Committee in **March 2008**.

Whilst the End of Life Care review was being undertaken NHS Surrey took the lead role for End of Life Care on behalf of the SHA as part of the 'Leading Local Change' initiative spearheaded by Lord Darzi and the Our NHS, Our Future review. The work of the Clinical Pathway group highlighted examples of good practice identified a range of factors that hinder the provision of good end of life care, agreed the key principles of best practice both from the clinicians and patient / carer perspectives and highlighted gaps in service provision across the region. Many of the findings were

similar to those found in Surrey including the need for improved coordination of services, variable provision of services in the community to support the end of life and gaps in appropriate end of life care and support to care homes. The work of the Clinical Pathway Group informed the Next Stage Review; High Quality Care for All and the South East Coast vision for the future of healthcare, Healthier People, Excellent Care.

Following the review the End of Life Care workstream was formally established and launched in **July 2008**, alongside the publication of the End of Life Care Strategy; promoting high quality care for all adults at the end of life (DH), as part of the Long Term Condition Strategic Delivery Programme. Its vision is:

To provide a high quality personalised service for people needing End of Life Care that is integrated, coordinated and locally accountable. The service will offer choice and equity both in terms of access and outcomes for patients and their carers.

In addition, through the World Class Commissioning process and the development / refresh of NHS Surrey's Strategic Commissioning Plan, End of Life Care was proposed as one of NHS Surrey's top ten health outcomes. The outcome will measure the percentage of deaths taking place outside an acute hospital with NHS Surrey aiming to support more people to be cared for at the end of their lives, and die, in a place of their choice. This outcome will be supported by more robust personal care planning and the roll out of preferred priorities of care.

The steering group which supported the End of Life Care review evolved into a Strategic Advisory Group for end of life care across Surrey. Its aims and objectives include:

- Reviewing current service provision and resources with key stakeholders, building on NHS Surrey baseline review
- Working with local stakeholders to propose a model of service. This will be informed by the local needs assessment, review of current services, recommendations from the South East Coast SHA Clinical Pathway Group, the Healthcare for London review and National End of Life Care Strategy, other evidence and best practice and what our service users and carers have told us is important to them.
- Developing a commissioning framework and service specification for end of life care
- Assessing and evaluating local implications of options proposed and advising the Programme Board, Professional Executive Committee (PEC) and NHS Surrey Board.

This group is supported by a Clinical Reference Group chaired by the PEC Chair. It ensures service specifications demonstrate safety, quality, effectiveness and accessibility and clinicians are fully involved in, consulted on and informed of service developments.

Both of these groups have been instrumental in the development of the End of Life Care commissioning framework and service specification. In addition the PCT has held two End of Life Care Co-design events in **October and November 2008**. These events aimed to secure the views of patients and carers as well as other stakeholders regarding service provision and what 'quality markers' (based on the draft quality standards and process measures developed by the South East Coast SHA Clinical Pathway Group) Surrey PCT should adopt to measure the quality and success of services in the future.

In **December 2008**, NHS Surrey participated in a South East Coast SHA event to finalise the pledges for 'Healthier People, Excellent Care' For End of Life Care these are:

- By 2012 all health, social care and third sector providers will provide evidence of achieving best practice in End of Life Care against recognised quality standards, including evidence of care plans
- By 2012 a rapid response service to access and help manage patients with their pain and other symptom control, including psychological, social and equipment needs, will be available everywhere everyday 24/7
- The NHS in Kent, Surrey and Sussex will actively work with staff, public, and partners to raise awareness of end of life issues
- PCTs will ensure a strategic approach, developed in partnership with voluntary, third sector and social services, to commissioning End of Life Care services to patients and their families
- By 2012 the workforce, including social care, third sector and voluntary, will be appropriately trained in End of Life care as measured against relevant competencies.

NHS Surrey received a small amount of non recurrent funding to support the development of End of Life care in 2008/09. NHS Surrey has used the funds to progress a number of projects including raising the awareness and use of the Liverpool Care Pathway and the Gold Standards Framework in residential and nursing homes and rolling out the preferred priorities of care across Surrey. This work has been supported by a part time service development manager.

The service specification sets the standards for the provision of End of Life care in Surrey. It focuses on commissioning a high quality, personalised service that is integrated, coordinated, and delivered as close to home as possible. Any provider will need to ensure the service offers choice and equity both in terms of access and outcomes for patients and their carers across all care settings as well as organisational and geographical boundaries. The service specification takes account of both the 'Quality Markers' and the Measurement Framework for End of Life Care being developed by the Department of Health and expects any provider to comply with both.

As the service specification for end of life care is now nearing completion the focus of both the Strategic Advisory Group and the Clinical Reference Group will change in 2009/10. In line with the South East Coast Healthier People, Excellent Care pledge; to develop more supported clinical networks across the whole of healthcare, social care and the third sector to identify, share and promote evidence-based best practice to

improve quality of care and of commissioning to achieve best outcomes for patients, NHS Surrey intends to move to a network model. Networks harness the knowledge and skill of clinicians to drive change and service improvements across health and social care economies. They work collaboratively, across organisational boundaries and aim to raise standards, reduce inequity, improve access and share information, driving up quality of care for patients and carers. The Clinical Reference Group will focus on agreeing common data sets, sharing information, developing standards and protocols which are evidence based and rolling out the Liverpool Care Pathway, Gold Standards Framework and Preferred Priorities of Care. The End of Life Care Network Group will focus on developing systems and processes which support organisations to work differently ensuring standards and protocols developed by the Clinical Reference Group are implemented and monitoring progress against the chosen 'quality markers'

In Summary

NHS Surrey has made significant progress during 2008/09 in reviewing current service provision and identifying the gaps, agreeing the priorities for service development including the development of an End of Life Care service specification and ensuring that structures are in place to improve standards and reduce inequity during 2009/10.

The significant progress and successes of 2008/09 have been greatly influenced by the engagement and involvement of the wide range of stakeholders both in the Strategic Advisory and Clinical Reference Groups and through the Co-design events. NHS Surrey expects to continue to work in this collaborative way to ensure future services are evidence based, clinically effective and financially sustainable.

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