

Health Scrutiny Committee
19th March 2014

End of life care provision in acute trusts within Surrey

Purpose of the report: Scrutiny of Services (End of Life Care)
The Committee have requested this report in order to “scrutinise current service provision in responding to a person’s choices in end of life care”.

Introduction

In 2008, the Department of Health (DH) produced the generic End of Life Care Strategy, whilst in 2010 the National End of Life Care Programme (NHS) produced the Route to Success for “achieving quality (*in end of life care*) in acute hospitals”. In addition, in 2011, the National Institute for Health and Care Excellence (NICE) produced quality standards for end of life care. The aim of the End of Life Care Strategy is to improve the quality of dying for all patients, with all diseases, and in all settings. All five acute trusts in Surrey adhere to the principles of the End of Life Care Strategy.

The aim of the Route to Success is to improve the quality of dying in acute hospitals: the initiative involves five “key enablers”:

- 1) advance care planning;
- 2) electronic patient care co-ordination systems (EPaCCS);
- 3) AMBER care bundle;
- 4) rapid discharge home to die pathway;
- 5) Liverpool care pathway (LCP).

[Currently, the LCP is being phased out / replaced in the United Kingdom].

The cornerstone of end of life care is advance care planning, which involves the person making informed decisions about their medical care in the last year of life, and communicating these decisions to relevant healthcare professionals, i.e. general practitioner, hospital doctors. One way this can be achieved is by the use of an EPaCCS. Advance care plans should include

decisions about preferred place of care, “ceiling of care” (i.e. limits to medical intervention), resuscitation status, and preferred place of death. Advance care plans may include advance decisions to refuse treatment, which are legally binding (if appropriately constituted).

Implementation of “key enablers” of Route to Success

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- **Royal Surrey County Hospital**
 - Advance care planning* – implemented
 - Electronic patient care co-ordination system* – none (awaiting decision from commissioners)
 - AMBER care bundle* – fully implemented
 - Rapid discharge home to die pathway* – fully implemented
 - Liverpool Care Pathway* – replacement for LCP under development

- **Ashford & St. Peter’s Hospital**
 - Advance care planning* – action plan produced
 - Electronic patient care co-ordination system* – none (awaiting decision from commissioners)
 - AMBER care bundle* – no plan to introduce due to concerns about Liverpool Care Pathway
 - Rapid discharge home to die pathway* – implemented; not active due to lack of in-reach provision
 - Liverpool Care Pathway* – replacement for LCP under development

- **East Surrey Hospital (Surrey & Sussex NHS Trust)**
 - Advance care planning* – implemented
 - Electronic patient care co-ordination system* – none (awaiting decision from commissioners)
 - AMBER care bundle* – on hold (awaiting results of an evaluation of impact of tool by developers)
 - Rapid discharge home to die pathway* – implemented; active despite lack of in-reach provision (business case written)
 - Liverpool Care Pathway* – replaced by individual end of life care plans

- **Epsom Hospital (Epsom & St. Helier University Hospitals NHS Trust)**
 - Advance care planning* – implemented
 - Electronic patient care co-ordination system* – implemented (“Coordinate My Care”)
 - Amber care bundle* – no
 - Rapid discharge home to die pathway* – implemented
 - Liverpool Care Pathway* – guidance produced / replacement for LCP under development

- **Frimley Park Hospital**
 - Advance care planning* – implemented

Electronic patient care co-ordination system – none (awaiting decision from commissioners)
Amber care bundle – on hold (awaiting results of an evaluation of impact of tool by developers)
Rapid discharge home to die pathway – implemented
Liverpool Care Pathway – replaced by individual end of life care plans

Quality indicators re. end of life care

- **Royal Surrey County Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection (October 2013) – “Over all we found end of life care to be safe, caring, effective, responsive and well-led. Patients and relatives were positive about the quality of end of life care. None of the people we spoke to had any concerns about the way staff maintained patients’ privacy and dignity. We found that staff were caring and services responded to patient’s needs. Services were well-led”. No issues of concern were identified.

CQUIN (2012-13) – The Trust achieved its CQUIN target of reducing hospital mortality. [CQUIN = commissioning for quality and innovation].

National FAMCARE 2 service evaluation of bereaved carer’s satisfaction with end of life care (2013) – 4% responders (1 carer) reported being very dissatisfied with the end of life care provided to their relative, whilst 4% responders reported (1 carer) reported being dissatisfied with some aspects of the end of life care provided to their relative.

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

- **Ashford & St. Peter’s Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection – no recent inspection

CQUIN (2012-13) – The Trust achieved its CQUIN target of reducing hospital mortality. The Trust has commissioned inpatient beds at Sam Beare Hospice to support the reduction in hospital mortality.

National FAMCARE 2 service evaluation of bereaved carer’s satisfaction with end of life care (2013) – The service received very good feedback from carers, with the majority of responses being either “satisfied” or “very satisfied”.

National Care of the Dying Audit of Hospitals (4th Round – 2013) –
results pending

- **East Surrey Hospital (Surrey & Sussex NHS Trust)**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection – no recent inspection (inspection expected in Summer 2014)

CQUIN (2013-14) – The trust is on target for meeting its CQUIN of recording preferred place of care for patients known to the Palliative Care Team

National FAMCARE 2 service evaluation of bereaved carer's satisfaction with end of life care (2013) – 91% of responses, across all domains, indicated that relatives / carers were very satisfied or satisfied by the service from the hospital palliative care team. Only two responses of dissatisfaction (and none very dissatisfied) were received.

National Care of the Dying Audit of Hospitals (4th Round – 2013) –
results pending

- **Epsom Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection – no recent inspection

CQUIN – the Trust has achieved 100% delivery on annual end of life CQUINs.

National Care of the Dying Audit of Hospitals (4th Round – 2013) –
results pending

- **Frimley Park Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection (November 2013) – “The trust provides a service that meets the needs of patients at the end of life, and their families. The palliative care team has a presence across the hospital and also provides outreach services and links with services in the community”. No issues of concern were identified.

CQUIN (2012-13) – The Trust achieved its CQUIN target of recording preferred place of care for patients on the Liverpool Care Pathway.

National FAMCARE 2 service evaluation – the majority of responders were very satisfied or satisfied with quality of end of life care received. Three responders only were either very dissatisfied or dissatisfied with some aspects of end of life care delivered.

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

Conclusions:

All five acute trusts in Surrey adhere to the principles of the DH's End of Life Care Strategy, although implementation of certain aspects of the Strategy varies somewhat amongst the trusts.

All five trusts in Surrey provide good quality end of life care, as evidenced by the results of national audits / service evaluations, local feedback, and the attainment of local CQUINs (set by local commissioners).

It should be noted that this report is not comprehensive, and that all of the acute trusts are involved in a series of other initiatives to improve end of life care.

Public Health Impacts

In England, approximately half a million people die each year, and the majority of these deaths occur in hospital (and will continue to do so for the foreseeable future).

Implementation of the DH's End of Life Care Strategy (and related initiatives) should improve the quality of death of patients in hospital, and facilitate more patients receiving treatment in their preferred place of care, and dying in their preferred place of death.

Recommendations:

Commissioners should be encouraged to ensure resources are available to implement all aspects of the Strategy in all parts of the county, i.e. that there is equity of end of life care provision in Surrey. In particular, there needs to be access to specialist palliative care services 7 days a week (52 weeks of the year) in the acute trusts; the latter will require additional investment in human resources. Equally, there needs to be further expansion of end of life care education and training for non-specialist healthcare professionals in the acute trusts; the latter will also require additional investment.

Future CQUINs should be based on measures of quality of care, rather than measures of process.

Next steps:

The palliative care leads in the trusts will continue to engage with trust managers and commissioners to improve end of life care provision.

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Sources/background papers:

1. National End of Life Care Strategy: promoting high quality care for all adults at the end of life;

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf

2. The route to success - transforming end of life care in acute hospitals:

<http://www.nhs.uk/nhsiq/8203.aspx>

3. NICE Quality Standards for End of Life Care:

<http://www.nice.org.uk/guidance/qualitystandards/endoflifecare/home.jsp>