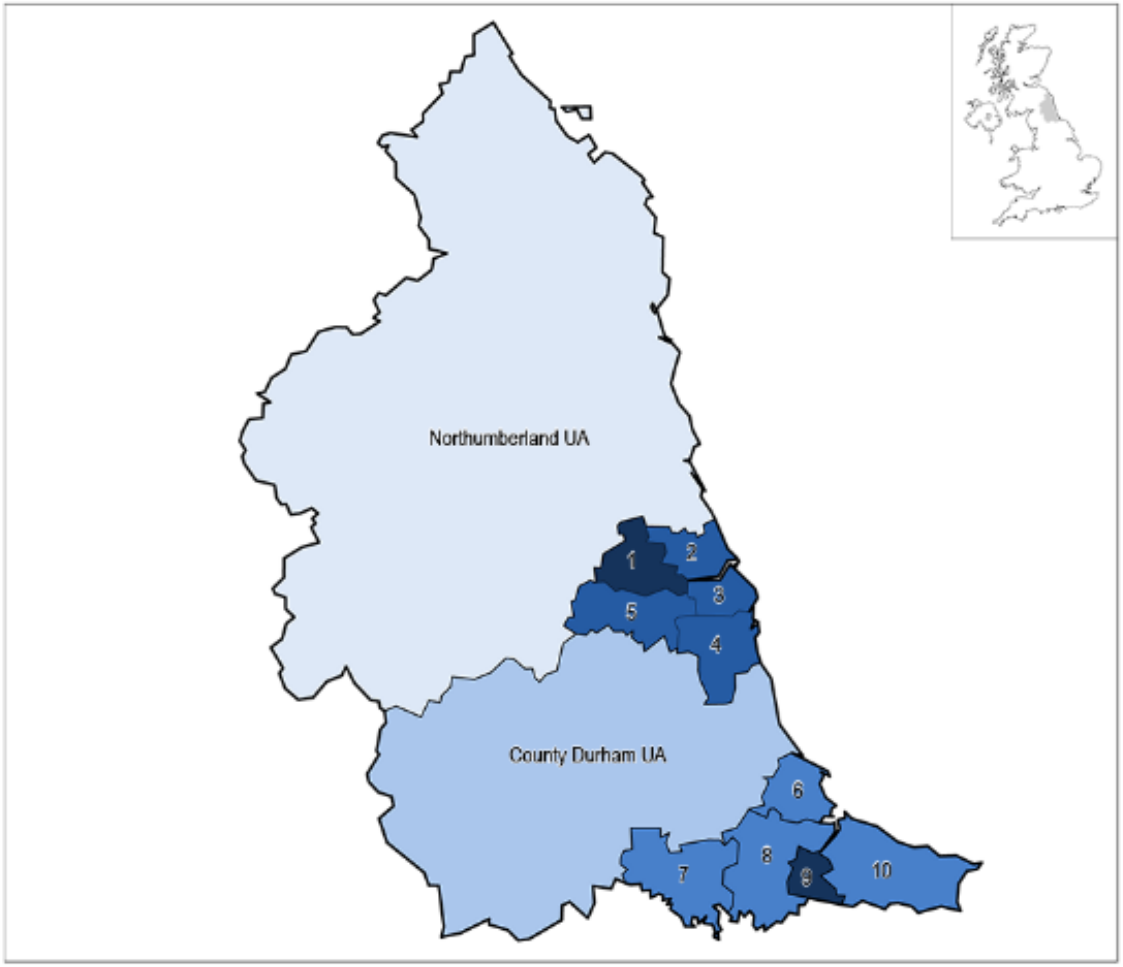
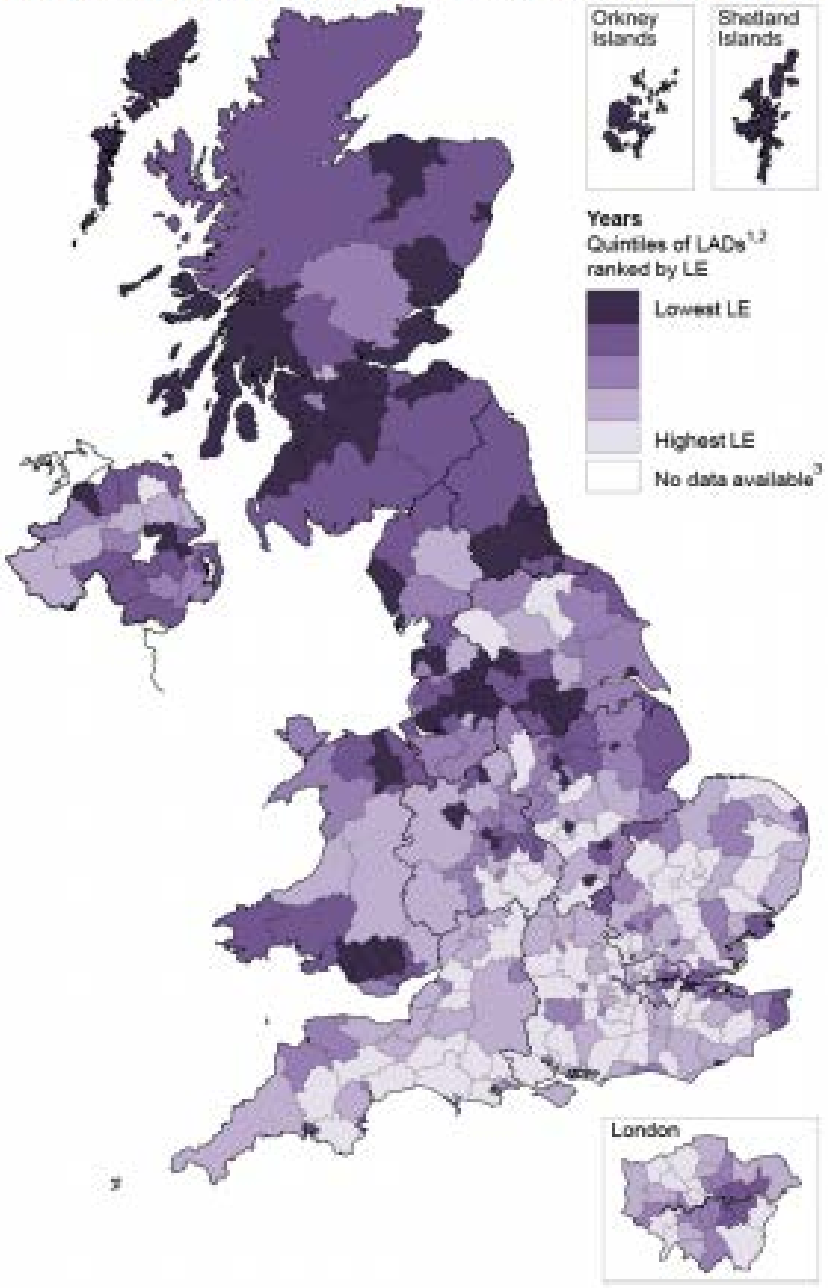


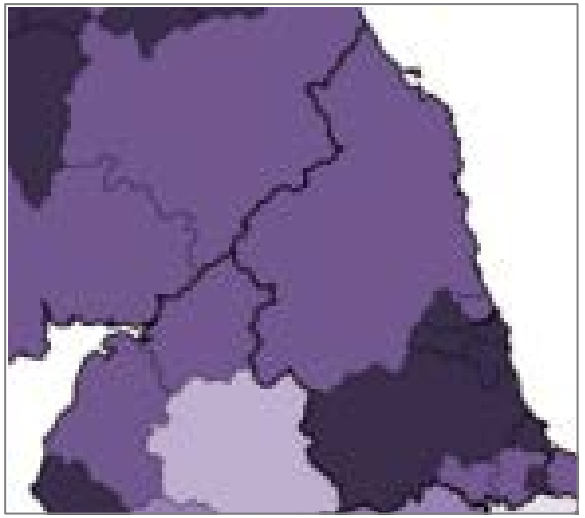
Population density, 2010
(people per sq km)

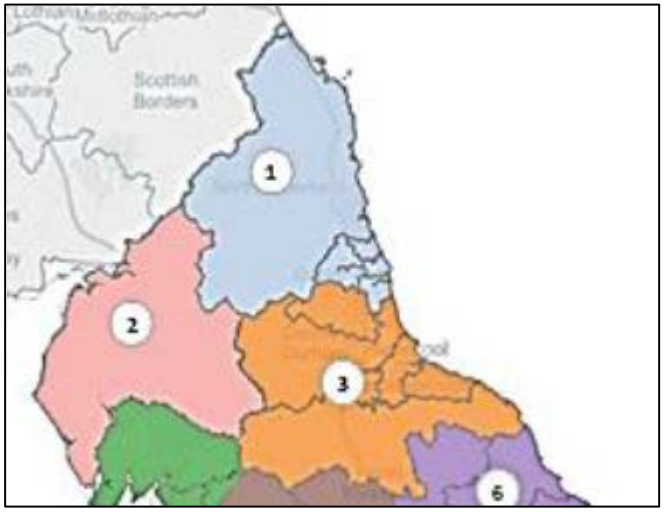
- 2,500 or over
- 1,000 - 2,499
- 500 - 999
- 250 - 499
- 100 - 249
- 99 or under

1 Newcastle upon Tyne
2 North Tyneside
3 South Tyneside
4 Sunderland
5 Gateshead
6 Hartlepool UA
7 Darlington UA
8 Stockton-on-Tees UA
9 Middlesbrough UA
10 Redcar and Cleveland UA

Map 2: Life expectancy (LE) for females at birth by local authority district, United Kingdom, 2010–12







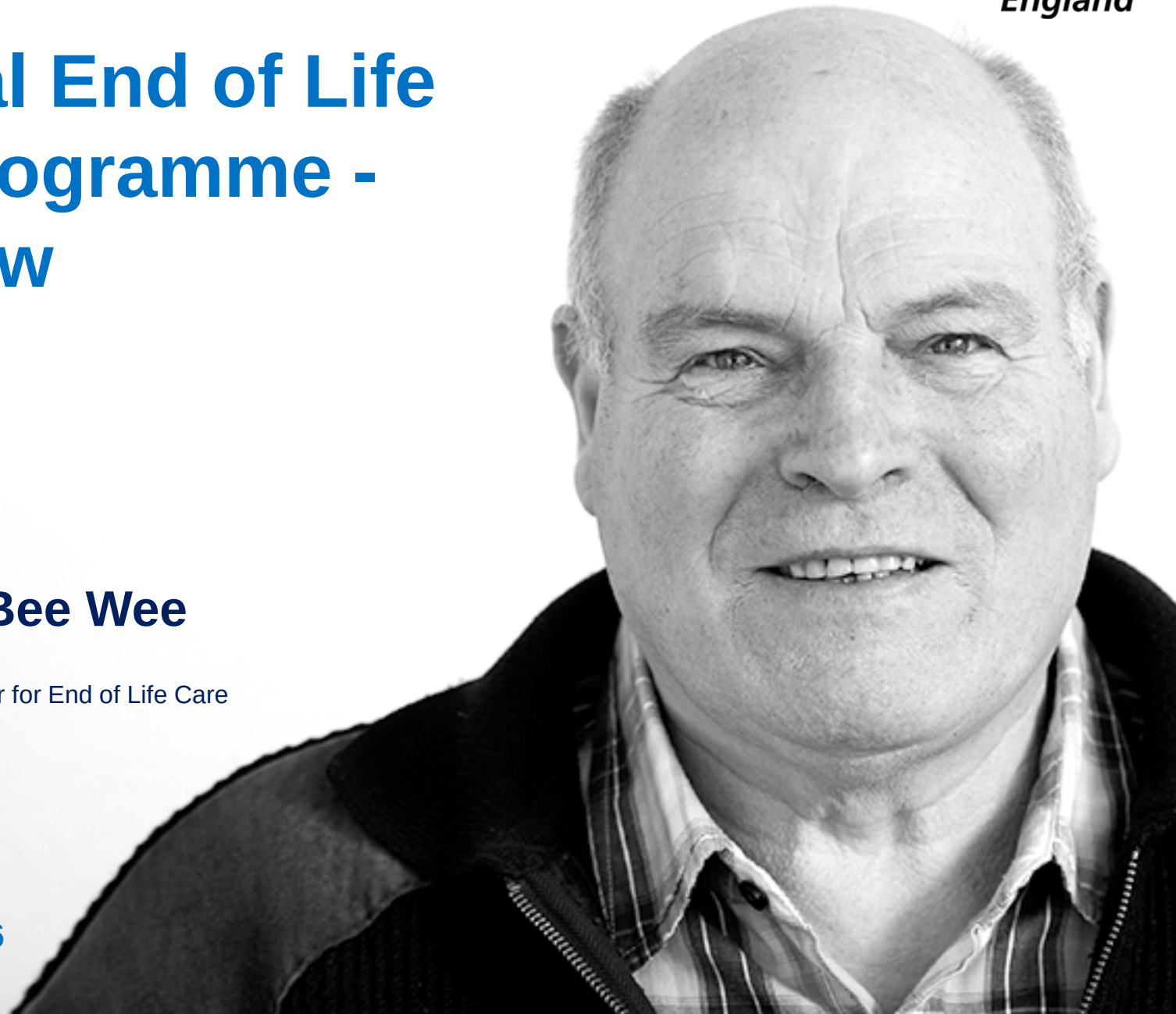

SUNDERLAND A.F.C.


MIDDLESBROUGH FC
RIVERSIDE STADIUM

The Cunning Plan

- A few talks – info and ponder-prompts
- A choice of Seminars – brisk changeovers
- Market Place of ideas
- Regular breaks – please visit the Market Stalls and choose your five target stalls for the Christmas Shopping session
- Market Stalls after lunch
- Strategy and planning: harnessing the experience and creativity of the North of England to inform NHSE planning – bring the ideas you have been pondering!

National End of Life Care programme - overview



Professor Bee Wee

National Clinical Director for End of Life Care
NHS England

9 December 2016

By 2020…. “significantly improve patient choice at end of life… including ensuring an increase in the number of people able to die in the place of their choice, including at home.”

Government’s Mandate to NHS England 2016-17

The scale of our challenge

- England and Wales:
  - almost 530,000 deaths in 2015 (501,000 in 2014)
- WHO projections for Euro region:
  - NCD: from 7.9 million to 8.3 million deaths/year by 2030
- Scottish study – over **1 in 4** of hospital inpatients were dead within 12 months; a third of these died during index admission
- **75%** of deaths are from non-cancer/long term/frailty conditions

And…

- The larger the number of co-morbidities a patient has, the lower their quality of life

- Dying with dementia report (PHE):
  - age > 65 years: 58% die in care homes; < 10% at home
  - 38% have respiratory comorbidity
  - 36% have circulatory disease

- Increasing evidence on over-treatment and harm

- Early and timely recognition of, and response to, palliative care needs improves care and potentially reduces costs

And for End of Life Care in particular:

- Nobody likes talking about death and dying
- Death often seen as a failure of treatment
- Not just a medical or health issue – also a social and societal issue – deeply personal

- Difficult to use conventional metrics
- Those who have died unable to report back on their own experience
- Need to be able to stand back and make sure that services deliver for **everybody**

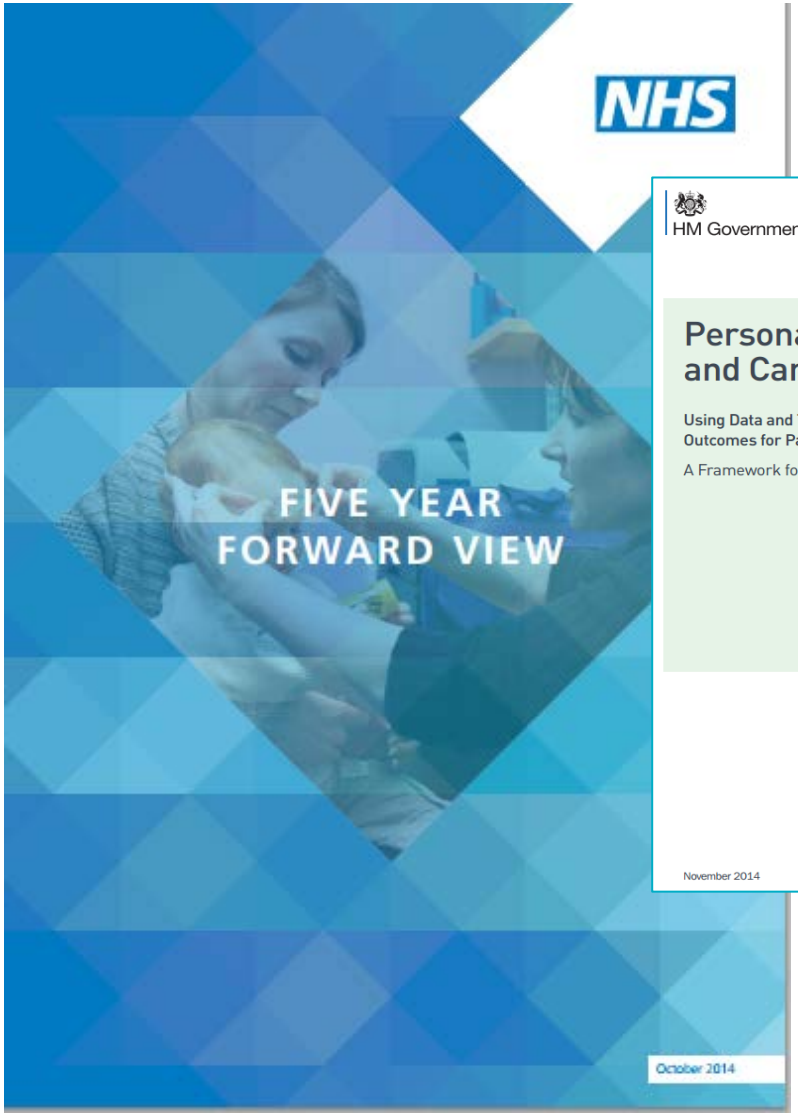
Gaps, System Challenges & Drivers

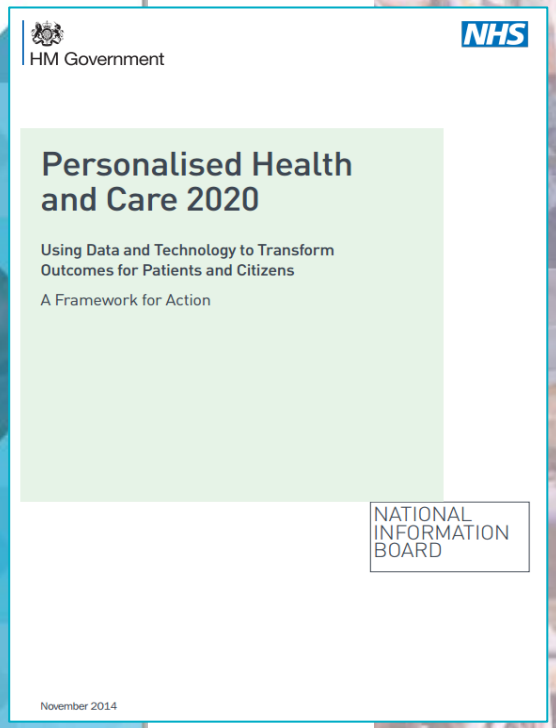
For the NHS

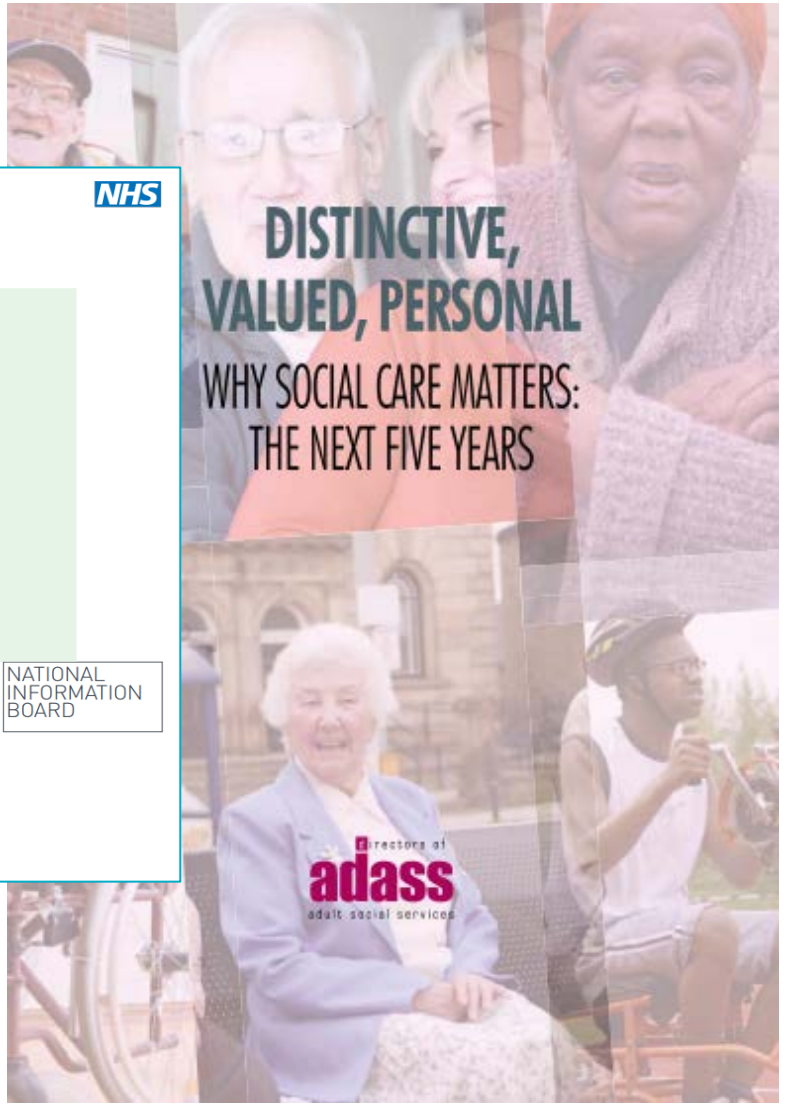
Gap	Challenge/Driver
Health and well-being	• Behaviour change: how can the NHS work differently? • Empowering patients / public • Engaging communities – developing partnerships
Care and quality	• Variations in outcomes • Reshape care delivery, e.g. new care models • Use of innovation and new technologies
Funding	• Relentless pressure on services • Estimated funding gap of £30 billion by 2020/21 • Local Authorities under even greater pressures • Driving efficiency • Local leadership

How will we meet this challenge?

What needs to be different?







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Important publications

- Operational Planning and Contracting Guidance 2017-19:
  - 9 areas of ‘must do’s’ – e.g.
  - Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
  - Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.

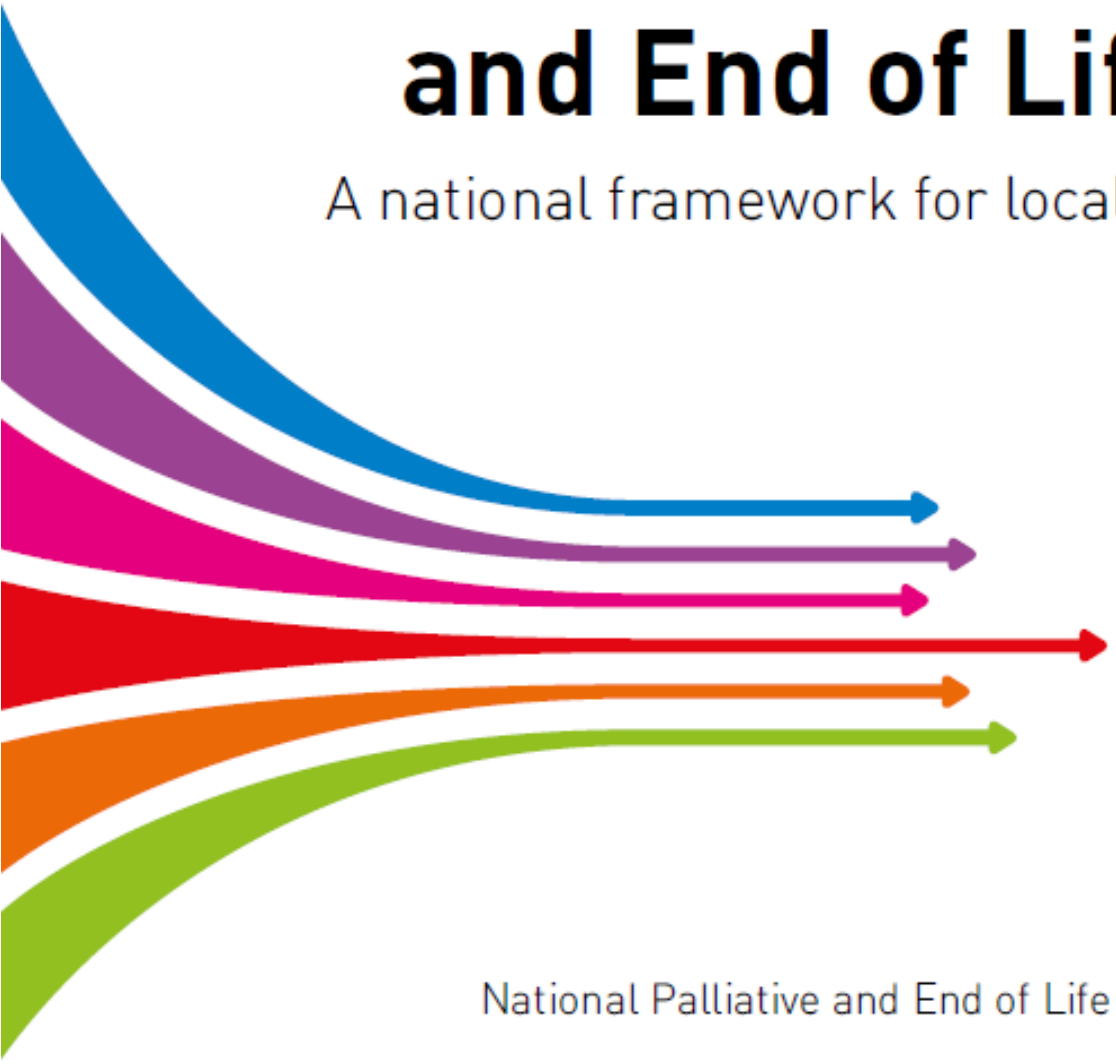
Important publications

- Planning Guidance
- Sustainability and Transformation Plans

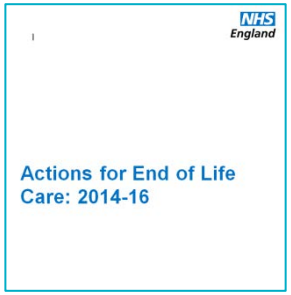
"It's really easy agreeing in principle. It's really easy in terms of direction of travel……but it's when you actually bring it down to, well, this means choices. This means decisions. This means choice of where you actually spend or don't spend. It means curtailing some services in order to actually develop others. That's where it…or decisions between organisational interests, that's where the difficulty is."

Ambitions for Palliative and End of Life Care:

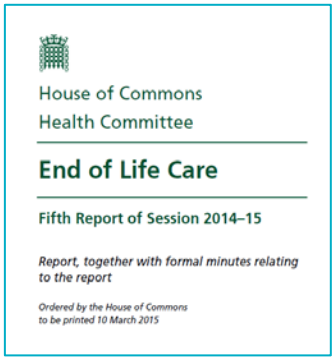
A national framework for local action 2015-2020

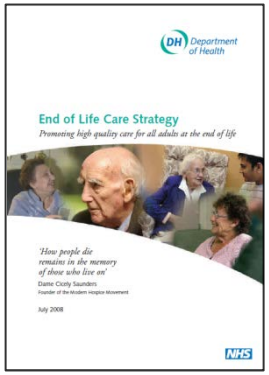


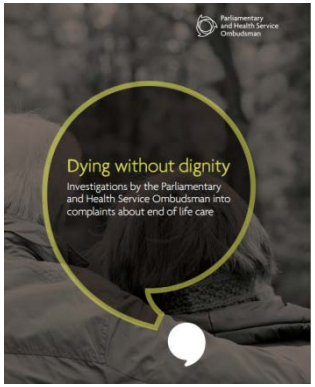
National Palliative and End of Life Care Partnership



NHS England







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Working with our Partners (27 of them in fact!)

Association for Palliative Medicine; Association of Ambulance Chief Executives;
Association of Directors of Adult Social Services;
Association of Palliative Care Social Workers; Care Quality Commission;
College of Health Care Chaplains; General Medical Council;
Health Education England; Hospice UK;
Macmillan Cancer Support; Marie Curie;
Motor Neurone Disease Association; National Bereavement Alliance;
National Care Forum; National Council for Palliative Care;
National Palliative Care Nurse Consultants Group; National Voices;
NHS England; NHS Improving Quality;
Patients Association; Public Health England;
Royal College of General Practitioners;
Royal College of Nursing; Royal College of Physicians;
Social Care Institute for Excellence;
Sue Ryder and
Together for Short Live

Vision for Palliative and EoLC

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

'Every Moment Counts' National Voices, National Council for Palliative Care and NHS England.

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

Six ambitions to bring that vision about

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

06 Each community is prepared to help

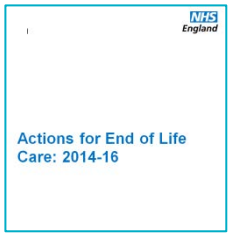
"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

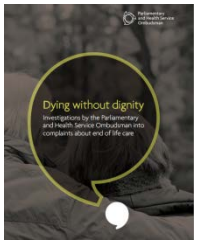
The foundations for the ambitions

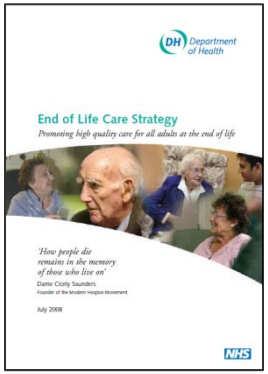
Personalised care planning	Shared records
Education and training	24/7 access
Evidence and information	Involving, supporting and caring for those important to the dying person
Co-design	Leadership

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk



NHS England





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How will NHS England oversee and support delivery and improvements in EoLC?

National EoLC Programme Board

- Chaired by Sir Bruce Keogh
- Objectives:
  - NHSE Mandate
  - Choice Review response
  - Ambitions
- Assurance mechanism for DH
- Meets every 2 months
- Membership – NHS England Directors, ALBs, DH, social care, Ambitions Partnership reps

NHS England workstreams

1. Enhancing physical and mental wellbeing of the individual

- To optimise the person's mental and physical wellbeing so that they can 'live as well as they wish' until they die
- To optimise support for their families, carers and those important to them to maximise their wellbeing before and after the person's death

2. Transforming experience of End of Life Care in the community and in hospitals

To significantly improve the experience of end of life care at home, and in hospitals, care homes, hospices and other institutions

3. Commissioning quality services that are accessible to all when needed

To support commissioners and service providers to design and implement models of care which promote integration and care that feels coordinated to those using, and delivering, end of life care services

Programme Highlights

NHS England

Empowerment video	Testing feasibility of Care navigator scheme	Personal Health budgets	Knowledge hub launch
Developing an EoLC Digital Delivery plan	EPaCCS implementation	Focus on different care settings	Launch of community of practice for EoLC in secure and detained settings
Published an EoLC commissioning toolkit	Published information for commissioners: specialist level palliative care	Palliative care currencies, and Palliative care clinical data set	24/7 SPC models evaluation

Lasting thought…

“How people die remains in the memory of those who live on.”

Dame Cicely Saunders
(founder of the modern hospice movement)

Thank you for listening!

#EoLCommitment

England.endoflifecare@nhs.net

End of Life Care Commitment

James Sanderson, Director of Personalisation and Choice

@JamesCSanderson
#EoLcommitment

The End of Life Care Commitment

- Published in July 2016, *Our Commitment to you for end of life care: The Government Response to the Review of Choice in End of Life Care*, sets out the government commitment for end of life care.

- Have honest discussions about needs and preferences;
- Make informed choices about care, supported by clear and accessible information;
- Develop and document personalised care plan;
- Share personalised care plan with care professionals;
- Involve, to the extent that you wish, family, carers and those important to you; and
- Know who to contact if you need help and advice at any time.

The End of Life Care Commitment

- The NHS Mandate for 2016/17 explicitly refers to end of life care and asks NHS England to significantly improve patient choice and quality in end of life care.

- To support continuing quality improvement through the CCG Improvement and Assessment Framework, NHS England will develop and implement a suite of new metrics to measure progress against the NHS Mandate on both quality and choice in end of life care.

- The government intends, by 2020, to include the commitment in the NHS Constitution, making a pledge to all that the care people receive at this most significant time in life truly offers every individual the chance to live well until they die.

- The Response also calls for a new right in the NHS Constitution for everyone to be offered choice in end of life care and have these choices and preferences recorded and held in their individual plans of care.

Implementing the Commitment: Personal Health Budgets

What is a personal health budget (PHB)?

"A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team".

- PHBs radically change the relationship between the health professional and patient to a much more equal one;
- Centre around a support and care plan and focus on outcomes;
- Delivers integration at individual level and higher quality care;
- Support personal choice;
- Enable a wider range of possible solutions than traditionally commissioned services. Not new money; and
- Promotes self-management and reduces reliance on NHS services.

PHB End of Life sites

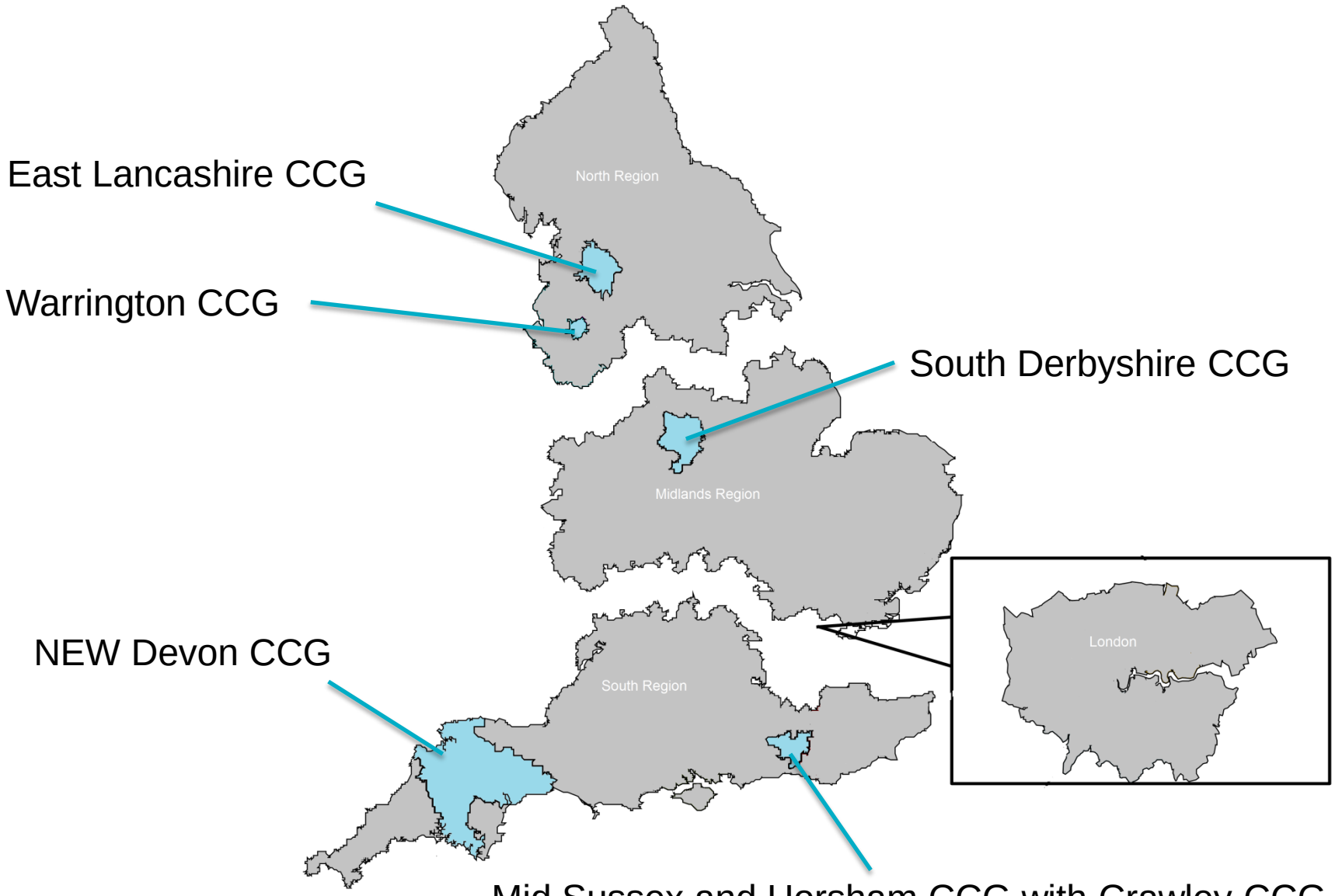
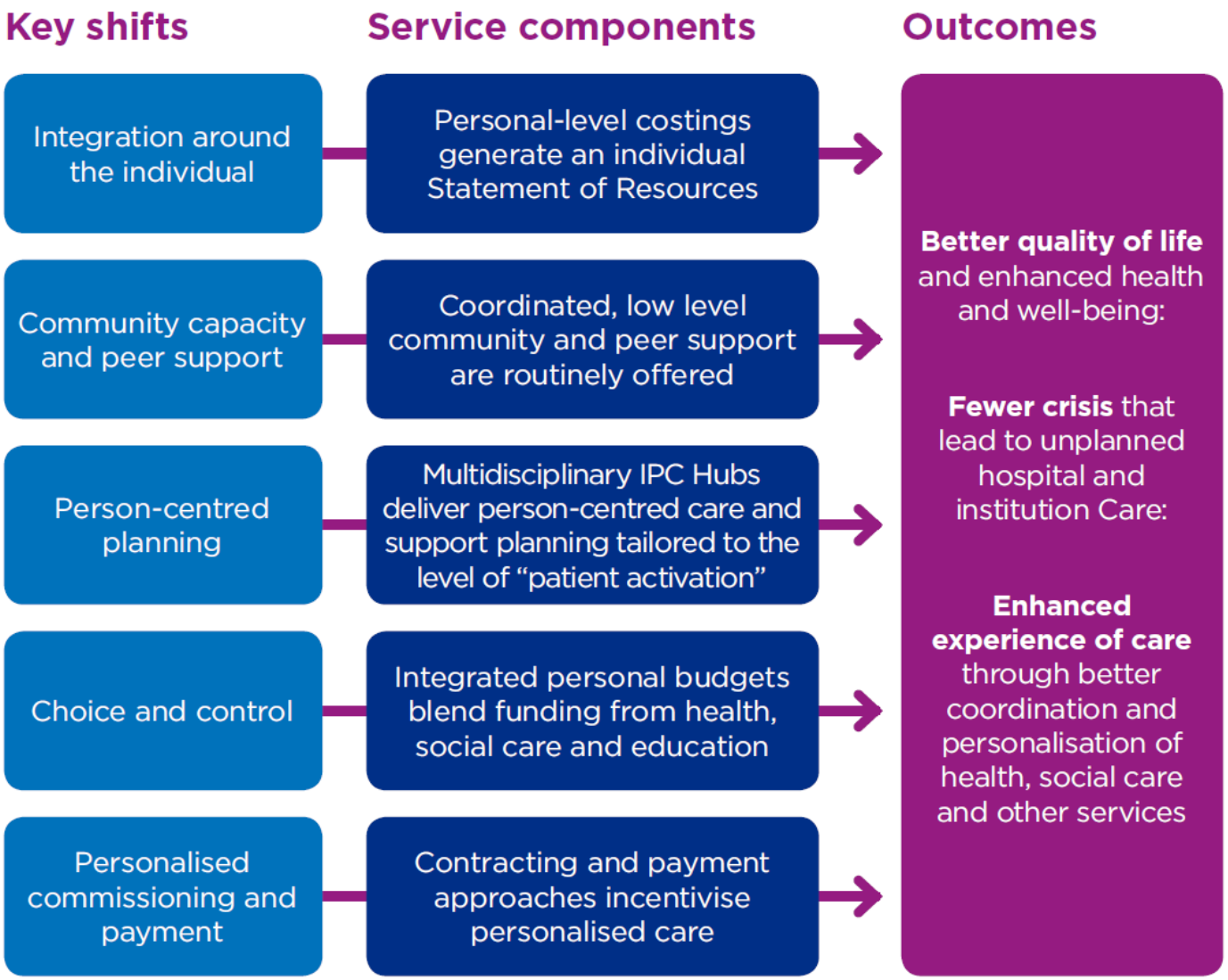


Figure 1: The emerging IPC Framework



Implementing the Commitment: A national discussion

- We will be supporting a national conversation on end of life care and the commitment, focused on:
  - Sharing learning and best practice from the roadshows;
  - Addressing questions raised at and around the roadshows; and
  - A discussion around each of the six elements of the commitment.
- Join the conversation and add your questions by using

#EoLCommitment

Patient empowerment film:
‘Getting the most from your clinical care’

- Why? Recognition that there is a need for people with life limited disease and those closest to them to understand their choices about their treatment, including refusal of treatment if they so wish;
- What? NHS England approached NCPC to make a film in response to the misunderstanding of what ‘palliative’ means, as a tool for patients; and
- Where? Film and guidance will be uploaded onto NHS Choices website. Also on the NCPC/dying Matters website.

#EoLCommitment

Implementing the Commitment: Key contacts and links

- Choice in the End of Life Care Commitment:

  Jennie Walker, Assistant Head of Patient Choice,
  jennie.walker@nhs.net

- Personal Health Budgets in end of life care:

  Trudy Reynolds, Personal Health Budgets Delivery Manager
  Trudy.reynolds2@nhs.net
  Suzanne Jones, Personal Health Budgets Project Manager
  suzanne.jones20@nhs.net

- Review response:
  http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/536326/choice-response.pdf

End of Life Care in North Tyneside

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End of Life Strategy 2008 Department of Health

- Most deaths (58%) occurred in NHS hospitals
- around 18% occurred at home
- 17% in care homes
- 4% in hospices
- 3% elsewhere

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North Tyneside
Clinical Commissioning Group

Dying matters

- Findings of Survey 2010
- 70% of people want to die at home
- 1% of GPs registered list is Palliative – patients who will die in the next 12months
- 1 in 4 of these palliative patients are in our nursing and residential homes with those at highest risk in our Nursing homes

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Clinical Commissioning Group

North Tyneside

- In 2010 for patients of all ages
  - 55% of people died in hospital
  - 37% of people died at home
  - North Tyneside had the third highest emergency admission rate at approximately 140% above the England average

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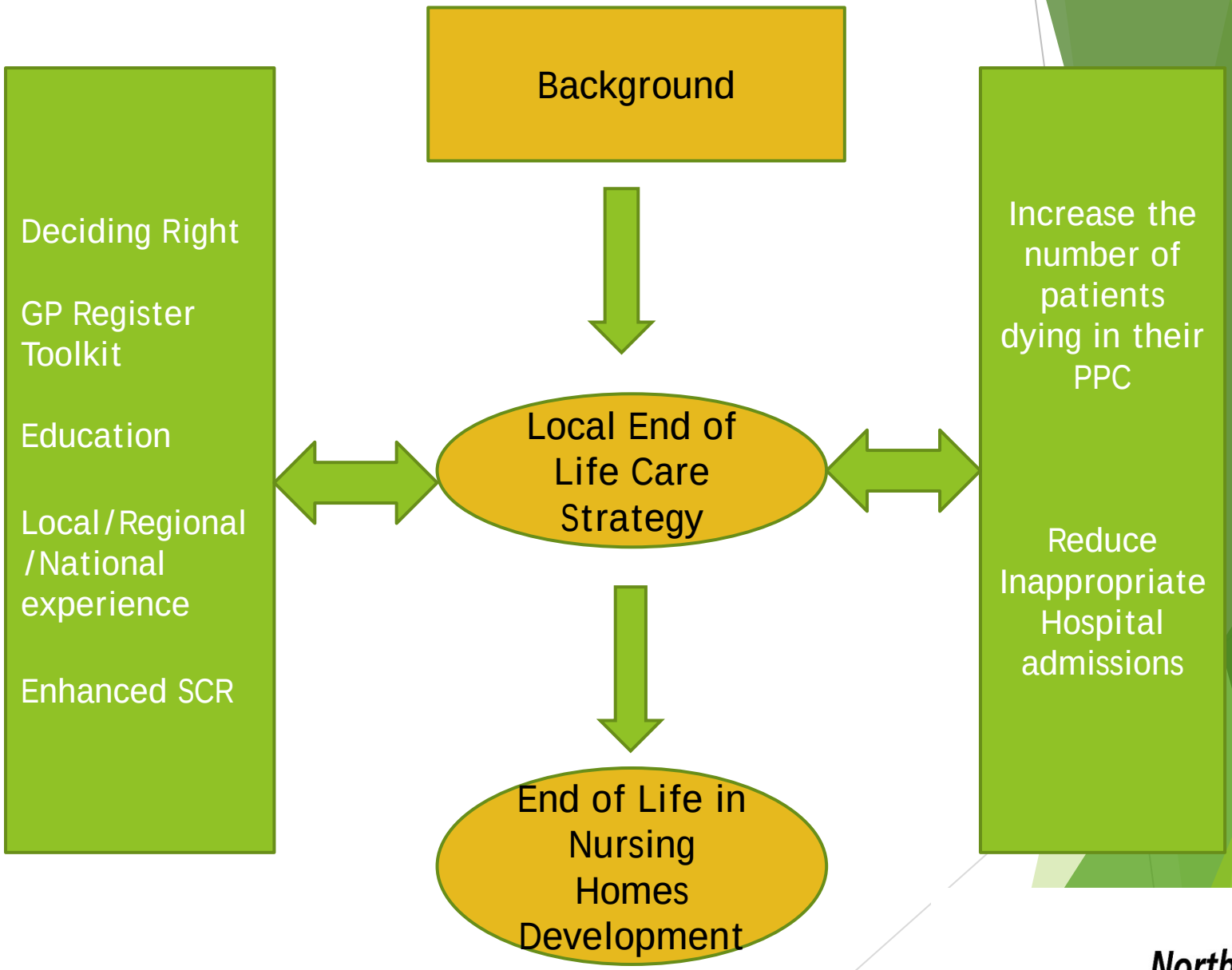
Clinical Commissioning Group



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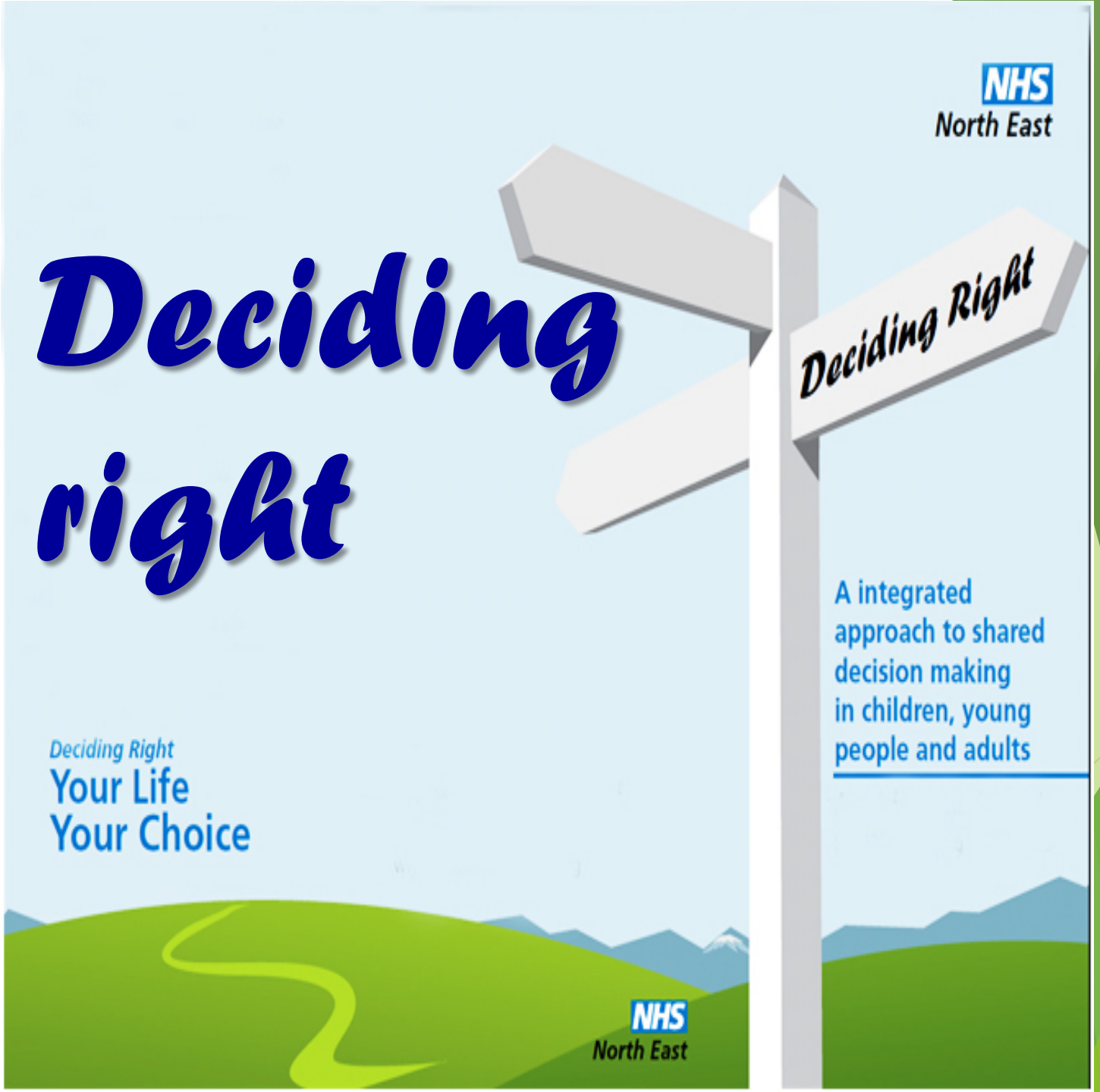
NHS
North East
Deciding right
Deciding Right
A integrated approach to shared decision making in children, young people and adults
Deciding Right
Your Life
Your Choice
NHS
North East

Primary care palliative registers 1%

- Core to end of life care
- Deciding right documents support it
- Using the register increases quality of care and increases chances of dying in preferred place of death
- Vital information for other care providers

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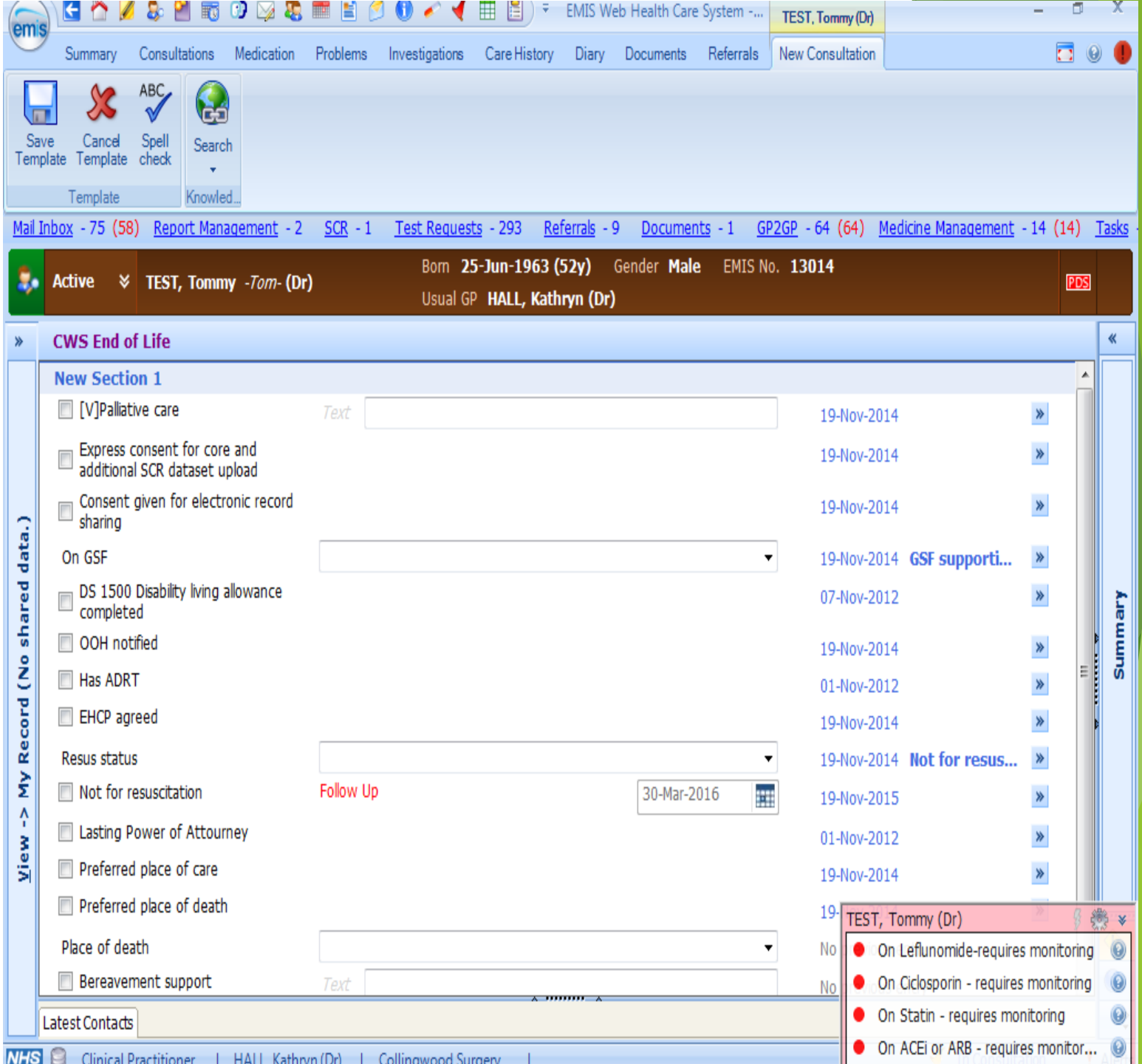
EMIS Web Health Care System -...
TEST, Tommy (Dr)
Summary
Consultations
Medication
Problems
Investigations
Care History
Diary
Documents
Referrals
New Consultation
Save Template
Cancel Template
Spell check
Search
Template
Knowled...
Mail Inbox - 75 (58)
Report Management - 2
SCR - 1
Test Requests - 293
Referrals - 9
Documents - 1
GP2GP - 64 (64)
Medicine Management - 14 (14)
Tasks
Active
TEST, Tommy -Tom- (Dr)
Born 25-Jun-1963 (52y)
Gender Male
EMIS No. 13014
Usual GP HALL, Kathryn (Dr)
PDS
CWS End of Life
New Section 1
[V]Palliative care
Text
19-Nov-2014
Express consent for core and additional SCR dataset upload
19-Nov-2014
Consent given for electronic record sharing
19-Nov-2014
On GSF
19-Nov-2014
GSF supporti...
DS 1500 Disability living allowance completed
07-Nov-2012
OOH notified
19-Nov-2014
Has ADRT
01-Nov-2012
EHCP agreed
19-Nov-2014
Resus status
19-Nov-2014
Not for resus...
Not for resuscitation
Follow Up
30-Mar-2016
19-Nov-2015
Lasting Power of Attourney
01-Nov-2012
Preferred place of care
19-Nov-2014
Preferred place of death
Place of death
Bereavement support
Text
View -> My Record (No shared data.)
Summary
Latest Contacts
TEST, Tommy (Dr)
On Leflunomide-requires monitoring
On Ciclosporin - requires monitoring
On Statin - requires monitoring
On ACEi or ARB - requires monitor...
Clinical Practitioner
HALL, Kathryn (Dr)
Collingwood Surgery

North Tyneside 2012

- GP Palliative Care Registers 0.3% (national average 0.2%)
- Deaths at home in North Tyneside 49% (national average 41.6%)

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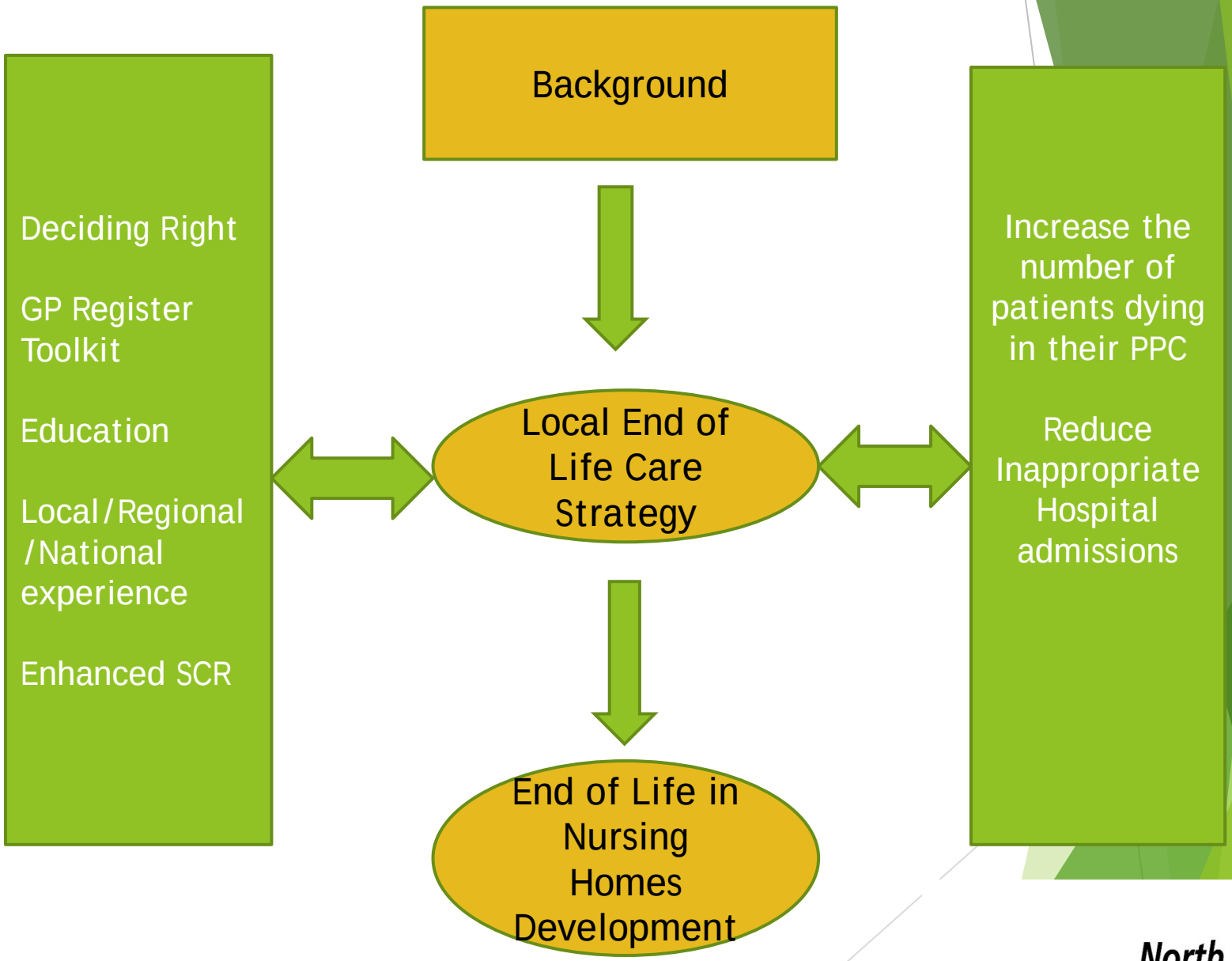

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End of life Care in Nursing Homes

- **Team**
  - **Band 7 part time Macmillan Nurse**
  - **Band 6 full time District Nurse**
  - **Band 5 full time District nurses x2**
  - **Admin support**

- Facilitate education and care in nursing homes to enable staff to start to have end of life conversations with patients linking in with the primary care team
- Support nursing home staff to reduce inappropriate admissions to hospital
- Review any inappropriate admissions and learn from them

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Workforce Benefits

- Six Steps to Success –programme of learning recognised by the National End of Life Programme
- Core Competency Training
- 50% scored 10/10 on feedback
- 100% scored 7 or more on feedback
- Staff report changes in attitudes to end of life care and approaches to other colleagues

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Patient and Carer feedback

- Personal feedback excellent
- Thank you cards etc
- Family voices – care home pilot for regional study
  - Excellent feedback

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Macmillan Social Workers

- 2 Macmillan Social Workers for North Tyneside
- based on Primary Care Palliative Care Registers

North Tyneside Council

WE ARE MACMILLAN. CANCER SUPPORT

NHS
North Tyneside
Clinical Commissioning Group

Macmillan Social Workers Evaluation report March 2015

Number of patients meeting referral criteria	Phase 1	Phase 2	Total	Deaths in place of choice
	158	**474** (est.)		
Number of referrals into the service	44	74	**118**	
Number of deaths	8	42	**50**	**37**

Referral Reason	Assessment Admission avoidance	Advice and info	Discharge planning	Advanced Planning - Service Access	Other
	68	**4**	**20**	**10**	**12**

Referral Source		Referral outcomes	
G.P's All but 4 surgeries	**30**	Adults Social Care assessments	**107**
Self/carer	**6**	Support plans	**25**
N.T. G.H. Back of House	**13**	Advice and Information	**77**
Oncology	**5**	Psycho Social Support	**87**
Specialist Nurse	**40**	Carer Support	**26**
Community Nurse	**8**	CHC screening request	**9**
Palliative Care Unit	**7**	Fast track requests	**24**
Adult Social Care	**6**	Facilitate discharge	**32**
Other - Councillor /Ambulance Macmillan support service	**3**	Reviews	**42**
Total	**118**		

North Tyneside Council

NHS North Tyneside Clinical Commissioning Group

2015 North Tyneside

- GP palliative care registers at 0.52 %
- DNACPR in place in 87% of patients on register

- Deaths at home –51.6%

- Nursing Homes residents dying at their home - 87%
- Specialist Palliative Care Team now in 16/40 Residential homes

In just 1 quarter April to July 2015 Deaths in usual place of residence for this population has risen from 58 to 79%

- End of Life Special Interest Group in place from CCG Patient Forum

NHS
North Tyneside
Clinical Commissioning Group

Northumbria Healthcare NHS
NHS Foundation Trust

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Palliative/End of Life Care North Tyneside

Patient Carer Voice Survey
June 2015

North Tyneside Council

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North Tyneside
Clinical Commissioning Group

Patient /Carer Voice Survey

- **Aim** - to hear the live views of patients and carers living in North Tyneside who are in receipt of End of Life Services.

- **Objective** - to provide an opportunity for patients and carers to be involved in the shaping of End of Life Services in North Tyneside.

Northumbria Healthcare NHS
NHS Foundation Trust

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North Tyneside Council

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What the survey results tell us

Patients voice

- 100%-I have received the right support for me.
- 98%- There is nothing worrying or concerning me.
- 100% - did not identify anything that would make things better for them.

Carer Voice

- 99%- I have received the right support for me.
- 99%- There is nothing worrying or concerning me
- 98% - did not identify anything that would make things better for them

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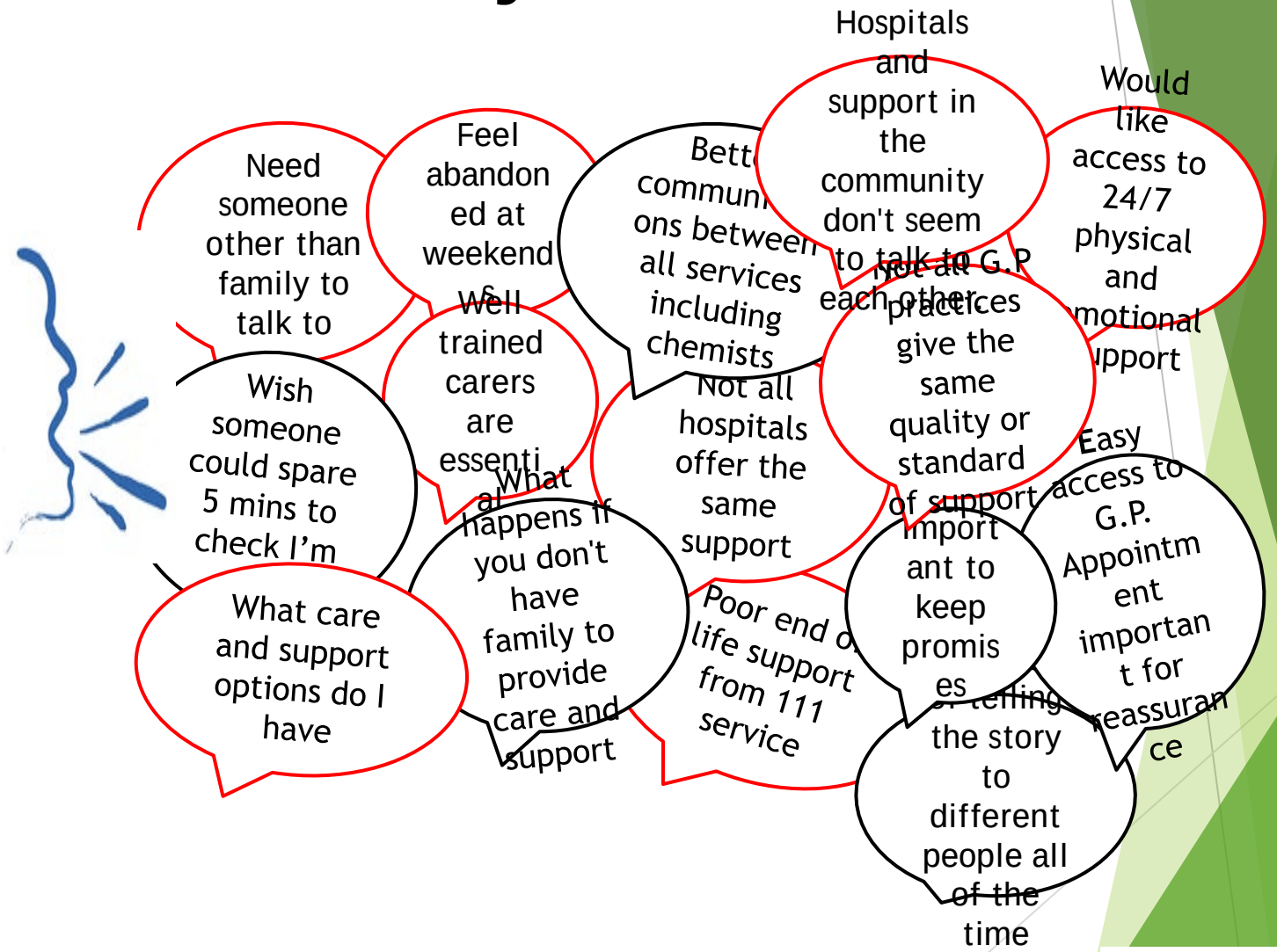
What the survey voices tell us



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Additional carer comments

- " I wish people realised I'm leaving my most precious asset in life to be cared for by someone else. I need to believe that they are capable of caring".
- "at night I sometimes think about what's ahead and get frightened I wish I had someone to talk to"
- "knowing what is available and how to get in touch gives me peace of mind".
- "having the extra support allows me to keep caring for my husband as it allows me to have some time out"

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What's important in a nut shell

- Access to 24/7 -365 day physical, emotional, psychological and spiritual support.
- Knowledge about what the Palliative/End of Life care and support offer is in North Tyneside.
- Who people are, what they do and how to get in touch
- Services that talk to each other
- Rapid response to requests for help
- Well trained Palliative/End of life workforce

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End of Life services

- Macmillan Social Work Service
- Macmillan Financial Assessment Service

- Macmillan Support Services and Day Hospice
- Palliative Hospital Liaison Service

- Deciding Right - Allow my Natural Death -'My Death - My Way'
- Collaborative policy for Death under Deprivation of Liberty
  - Coroner; Police;Secondary and Primary Care; Social Care

- Care of the Dying Patient Document

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End of Life Services

- End of Life conference- Celebrating improvements to date and keeping up with developments
- Enhanced Summary Care Record
- Who we are what we do and how to get in touch booklet available electronically with an option to download a hard copy.
- Adult Social Care website to introduce a End of Life on line information resource.
- Learning together from each other- A suite of End of Life Training accessible to all
- New models of Care

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Rapid Response Hospice at Home Service

- 8am to 10pm cover Monday to Sunday
- AIMING FOR RESPONSE WITHIN THE HOUR
- Direct access for professionals and patients/carers
- Consultant led
- Band 7 Specialist Nurses
- Band 6, Band 5, Band 3

Northumbria Healthcare NHS
NHS Foundation Trust

Marie Curie
Care and support through terminal illness

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Medical Interoperability Gateway MIG – A Snapshot

The Village Green Surgery

Users should be aware that MIG messages received from EMIS or INPS are subject to an exclusion code set. This means that there may be sensitive data in the patient record that you cannot see. For further information go to http://www.healthcarogstoway.co.uk/contact.

Summary

12-Aug-2016	GP out of hours service notified
13-May-2016	Malignant neoplasm of bronchus or lung NOS
11-Apr-2016	Peripheral ischaemic vascular disease
11-Jan-2016	Foot pain
16-Nov-2015	Pleural plaque disease due to asbestosis
2015	Osteoporosis
01-Dec-2014	[D]Nocturia
01-Jun-2006	Generalised osteoarthritis - OA
20-Sep-2004	Chronic obstructive pulmonary disease
13-Aug-2002	Pain in joint - arthralgia
20-May-2002	Actinic keratosis
1996	Bronchiectasis

Current Medication

Acute Medication

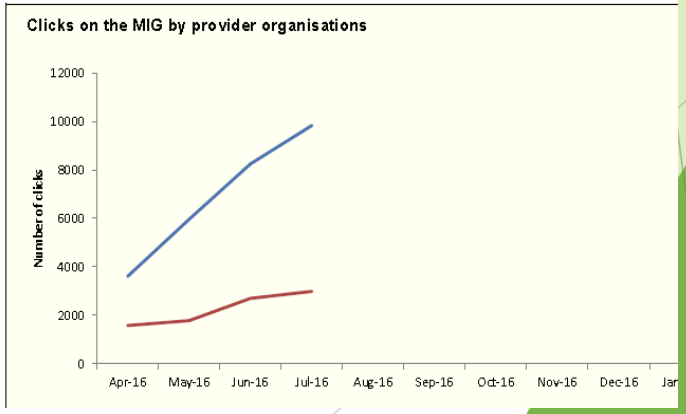
Furosemide 20mg tablets | Dexamethasone 2mg tablets | Colomycin 2million unit powder for solution for injection vials (Forest Laboratories UK Ltd)

Repeat Medication

Aspirin 75mg dispersible tablets | Atorvastatin 40mg tablets | Carbomer '980' 0.2% eye drops | Docusate 100mg capsules | DuoResp Spiromax 320micrograms/dose /

	Problem	Onset D...
	Active Problems	
A	GP out of hours service notified *(Minor)*	12-Aug-2016
B	Leg swelling *(Minor)* Laterality: Bilateral.	12-Aug-2016
C	Not for attempted CPR (cardiopulmonary resuscitation) *(Minor)* form completed in hosp	29-Jun-2016
D	Malignant neoplasm of bronchus or lung NOS *(Significant)* clinical diagnosis mesothelioma	13-May-2016
E	Peripheral ischaemic vascular disease *(Significant)*	11-Apr-2016
F	Foot pain *(Significant)*	11-Jan-2016

		Apr-16	May-16	Jun-16	Jul-16
By Commissioner					
Northumberland CCG	No. clicks	2440	3629	5093	5857
	No. errors	533	812	853	783
	%Clicks returning error	21.8%	22.4%	16.7%	13.4%
North Tyneside CCG	No. clicks	2277	3540	4745	5412
	No. errors	382	403	278	228
	%Clicks returning error	16.8%	11.4%	5.9%	4.2%
By Provider					
NHCT	No. clicks	3611	5956	8242	9832
	No. errors	813	1265	1117	1098
	%Clicks returning error	22.5%	21.2%	13.6%	11.2%
NTW	No. clicks	1584	1788	2702	2984
	No. errors	191	122	270	440
	%Clicks returning error	12.1%	6.8%	10.0%	14.7%
Total	No. clicks	5195	7744	10944	12816
	No. errors	1004	1387	1387	1538
	%Clicks returning error	19.3%	17.9%	12.7%	12.0%



2016 North Tyneside

- GP palliative care registers at 0.52 %
- DNACPR in place in 87% of patients on register
- Deaths at home –53.7%
- Nursing Homes residents dying at their home - 83%
- Residential homes residents dying at their home – 60-77%

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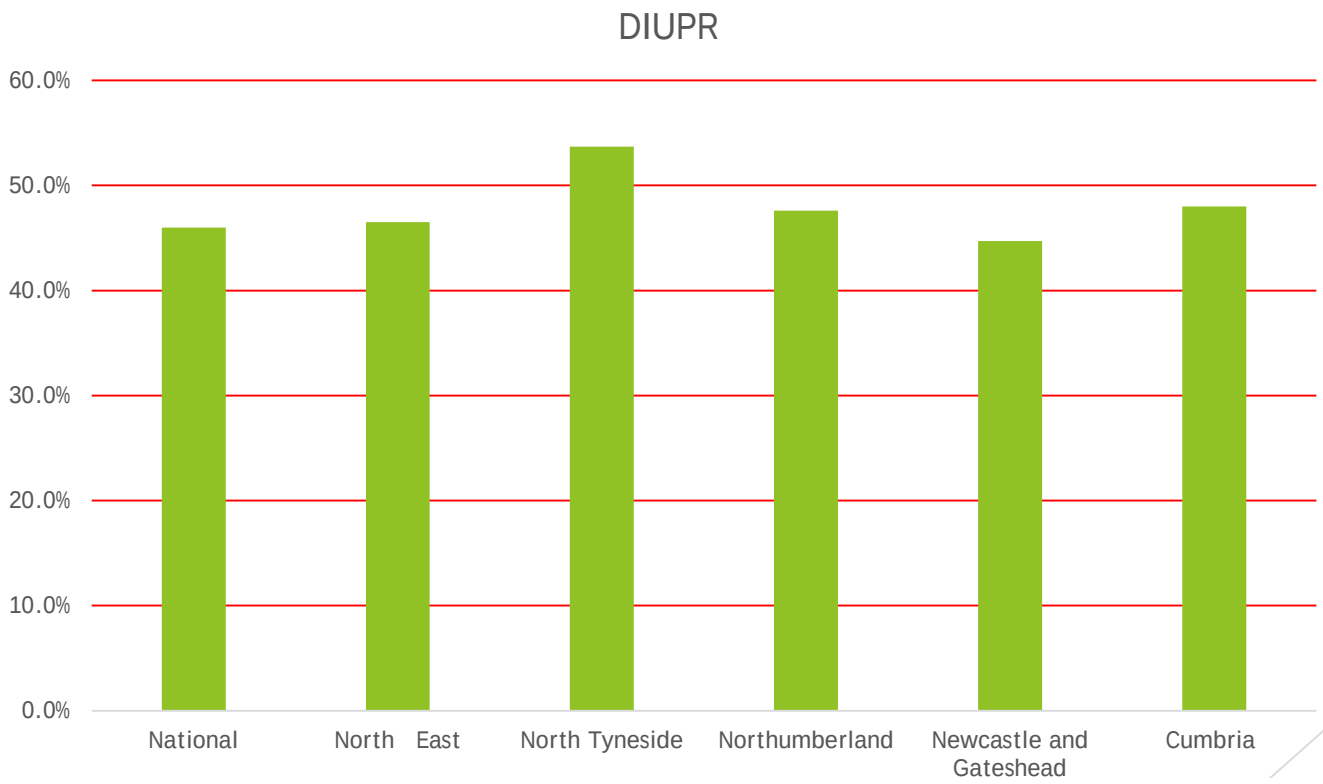
Death in Usual Place of Residence Q4 2014/15 to Q3 2015/16



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Visit the Market Stalls!

Workshops Session 1 : ‘How to do it’ sessions

1130 – 1155 : Break out into first choice of workshop

Workshop A : Finding dying patients in hospitals

Workshop B : Advance Care Planning in Care Homes

Workshop C : Personal Healthcare Budgets and EoL Care

1155 – 1200 : Workshop changeover time

1200 – 1220 : Move across to second choice of workshop

Workshop A : Finding dying patients in hospitals

Workshop B : Advance Care Planning in Care Homes

Workshop C : Personal Healthcare Budgets and EoL Care

Visit the Market Stalls, and finalise your shopping list!

North East Ambulance Service NHS
NHS Foundation Trust

Northern England & Clinical Networks
End of Life National Road Show

End of Life Care Transport

Andrew Airlie
Project Lead NEAS
9th December 2016

End of Life Transport Dilemma

- Ambulance Core Service is to respond to life threatening (Red) incidents
- In October 2016 we responded to 17,393 such incidents
- End of Life patients need a fast and efficient response to their request for transport
- Using core resources life threatening incidents will always be prioritised ahead of end of life transport requests

Daily Mail

Scandal of ambulance drivers being told: Do not take 'death list' patients to hospital

Thousands die from ambulance delays

by PAUL KENDALL, Daily Mail

Thousands of people are dying because ambulances take too long to answer emergency calls, it was revealed yesterday.

Only three of England's 32 ambulance services reach a large majority of 'immediately life-threatening' call-outs within eight minutes, according to the latest statistics.

All the rest are falling short of Government targets - laid down three years ago - that 75 per cent of urgent calls are reached in that time.

The NEAS Response Summer 2015

Launch of the End of Life Transport Scheme

October 5th 2015

- Funded by Winter Resilience Money
- 6 month Pilot
- 3 ring fenced vehicles
- Dedicated trained crew supplied by St John
- Backed up where possible by our core staff

Dying Matters
23 hrs ·

Now this sounds a wonderful initiative. The North Eas
End of Life Transport scheme is offering dying peopl
taken by ambulance with a specially-trained crew to t
end their life, anywhere in the area.

The scheme has apparently been very well received
even taken a patient home via the beach, after he ex
see it one last time.

Ambulances take pa
place they want to d
An innovative scheme is offer
patients to the place they wan

NORTHUMBERLANDGAZETTE

Like · Comment · Share

Ben Sargent and 806 others

307 shares · 53 comments

Write a comment...

Deb Wilkes I visited a patient at Lymington Hospital one day, and as I was there the Ambulance Crew came to pick her up. She had not arrived at the Hospice an hour later (it was 10 mins away), so when they turned up I asked what happened.They drove her to Keyhave... See more

Like · Reply · 62 · 15 hrs

Amanda Maguire Whitehouse I organised an ambulance to take a patient of mine to the local woods where he wanted to die... He was able to sit in the woods and die peacefully. Took lots of negotiation and planning but worked really well

Like · Reply · 30 · 14 hrs

View 51 more comments

ChronicleLive

Terminally ill North East patients being driven to the place they want to die

More than 1,000 people used the pilot scheme, with most choosing to be taken from hospital to die peacefully at home

7 SHARES · 2 COMMENTS

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Newcastle want two more attack-minded players - and here's

Mirror

Terminally ill patients can access new ambulance service to take them to where they want to die

The End of Life Transport scheme has been launched by North East Ambulance Service following a successful pilot

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NHS ambulances will take terminally ill home to die

TERMINALLY ill patients are being given the chance to spend their last hours at home.

By LUCY JOHNSTON
PUBLISHED: 00:01, Sun, Jul 10, 2016

SHARE · TWEET · 1K · 14

Terminally ill patients will now have the chance to die at home

An NHS ambulance trust is running a unique experimental service taking those at the end of life to the place they want to die. Dedicated ambulances have been allocated to the seven-day-a-week scheme, along with medics trained in end-of-life care.

Most read in UK

1 
Child locked in car on hottest day of the year while mother 'shopped for 40 MINUTES'

2 
Theresa May tells Donald Tusk: Britain WILL NOT take up EU Presidency in 2017

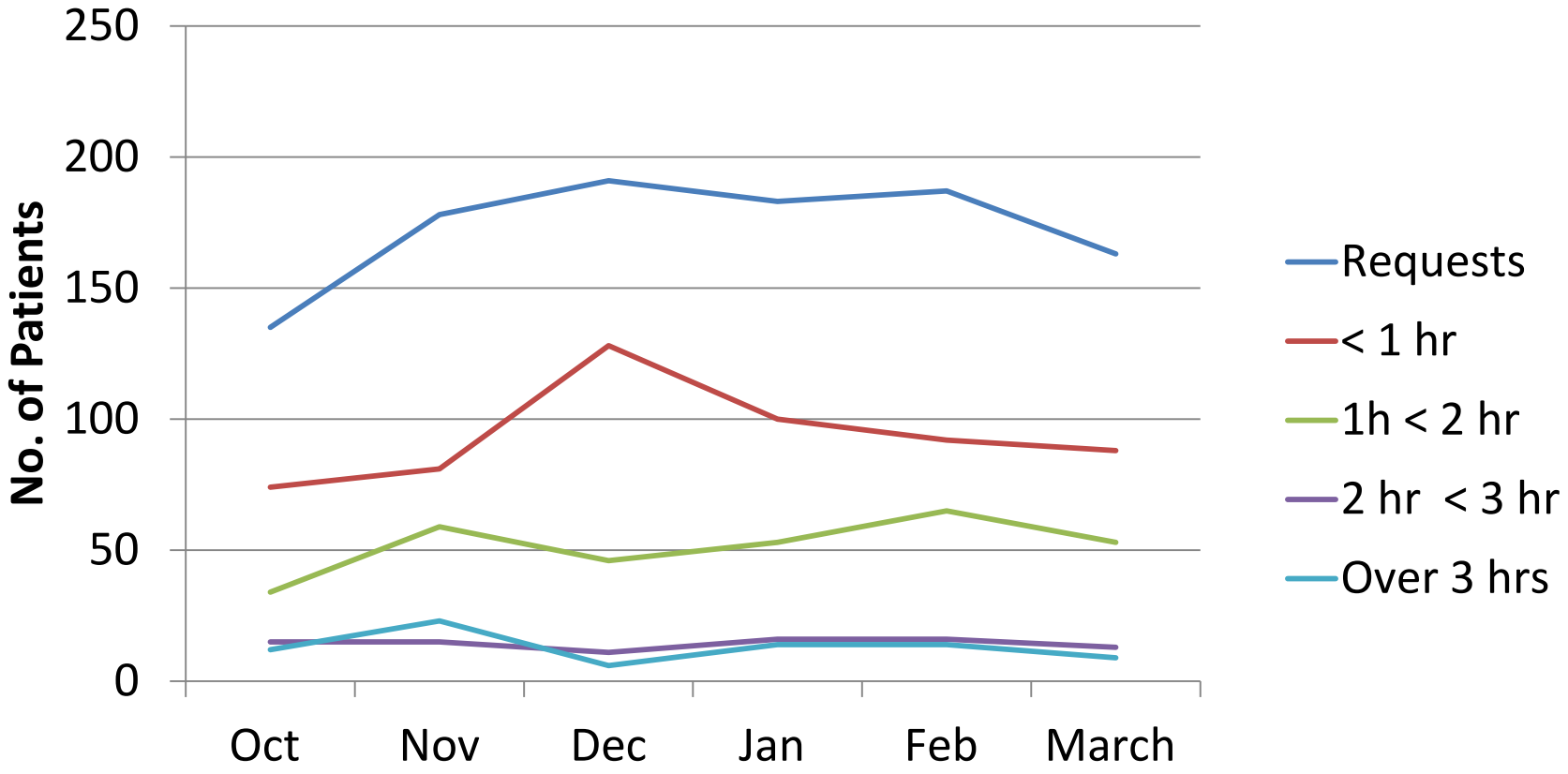
3 
IMF 'clowns' forced to admit Britain's economy is GROWING despite predicting Brexit doom

4 
REVEALED: Warring migrant gangs engaged in bloody turf war near site of Spalding shooting

5 
Britons called onto house 20,000 Syrians - and PAY OUT £9,000 in

ForLife

Demand for our service Oct 2015 to March 2016



End of Pilot Scheme 2016

- 1,037 patients had been transported
- Net out flow of patients to Community was 471
- 84% of all patients were picked up within 2 hours
- 95% of patient requests were during the working week
- Cost of project was £300,000
- Benefits to the health economy were estimated at £554,918, a Return on Investment of 85%
- Resilience funding ended and future funding progressed through contract negotiations

Comments from stakeholders

- Elizabeth Goddard, Palliative Care, North Tees and Hartlepool Hospitals NHS Foundation Trust: "*I just wanted to say that over recent weeks as the end of life co-ordinator I have been asking for your service to be used and have found it responsive and beneficial*."
- Robert McCoy, Macmillan Clinical Nurse: "*First I must say the palliative ambulance transport service has been a positive experience for all patients I know who have used it. The response times have been much faster with discharge and admission to preferred place of care. There have been several examples whereby the ambulance attendants have gone way beyond what would normally be expected.*
- James Ellam, Chief Executive St Oswald's Hospice: "*This service has been the best advert for NEAS in many a year, and I think that's a universally held opinion across all stakeholders in palliative care*."

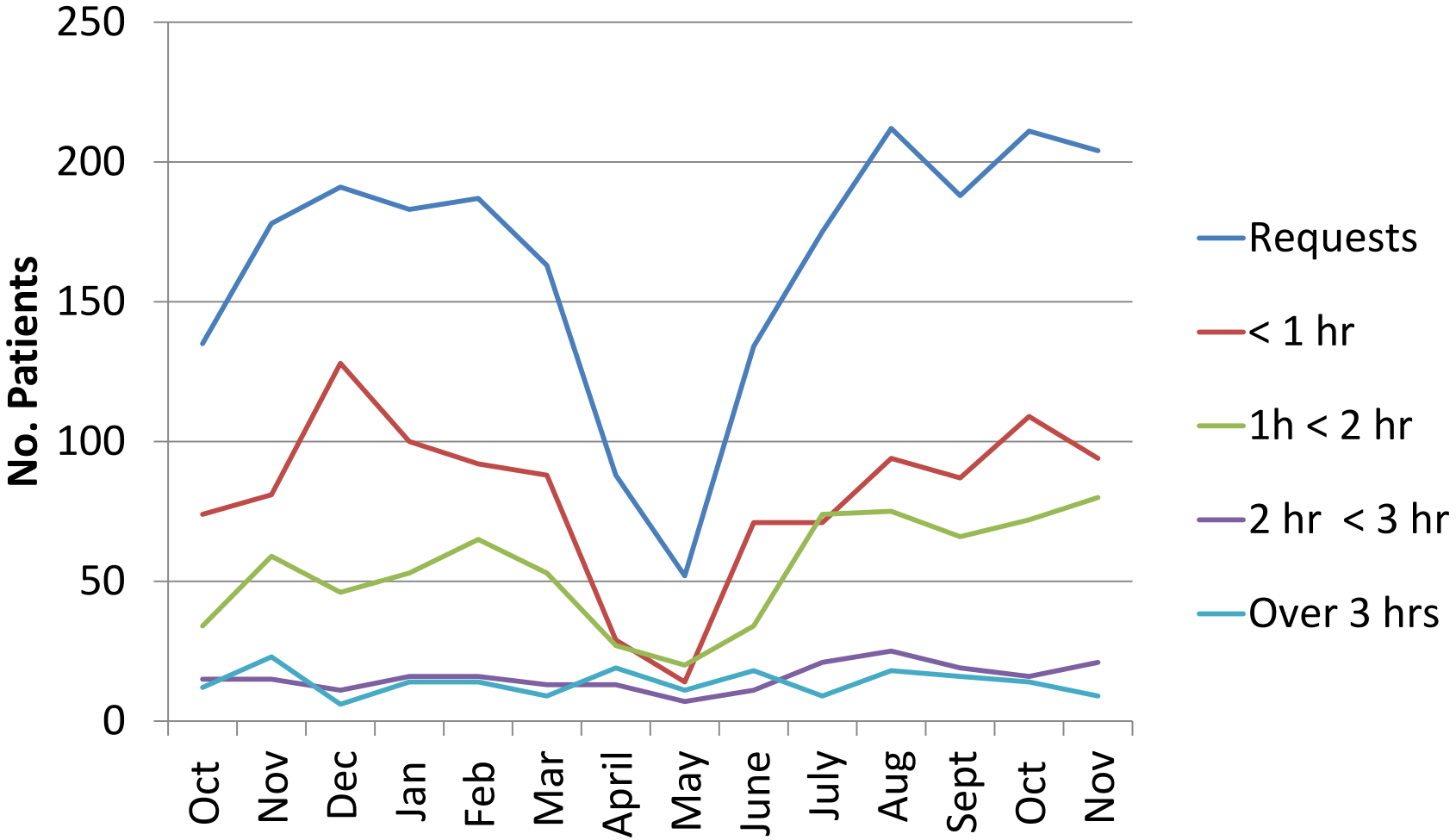
April 2016

- Dedicated vehicles stood down and core emergency care resources deployed to respond if available
- Data from a survey of service users carried out during this period reported:-
- 62% of respondents saw an increase in waiting times to over 2hrs
- 37.5% stated the number of patients being moved had drop, with 25% seeing a drop of over 50%
- Increase in use of private ambulances and families using own vehicles
- 75% of the costs were picked up by charities and families.

Commissioned service from May 2016

- Dedicated vehicles were reinstated from May 16th following an agreement reached with commissioners
- Commissioners funding 50% of the service
- Payment to be made in Quarter 4 2016/17 after evidence of savings/ costs avoided made by the service

Demand for our service Oct 2015 – Nov 2016



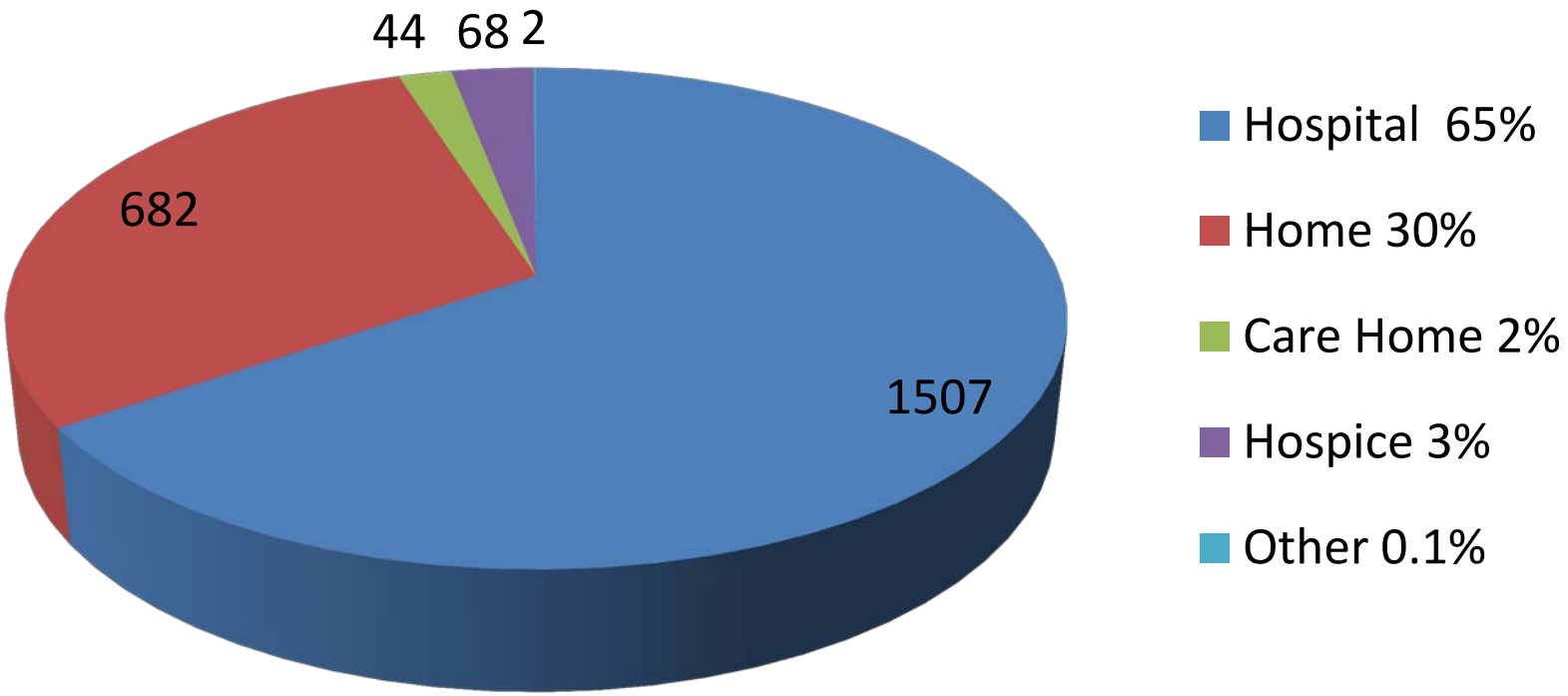
Project Impact

Figures to 30th November 2016

- Patients transported 2,303
- 82% requested were responded to under 2 hours
- Net out flow from hospital to community based care of 1,094 patients
- 93% of requests are made during the working week

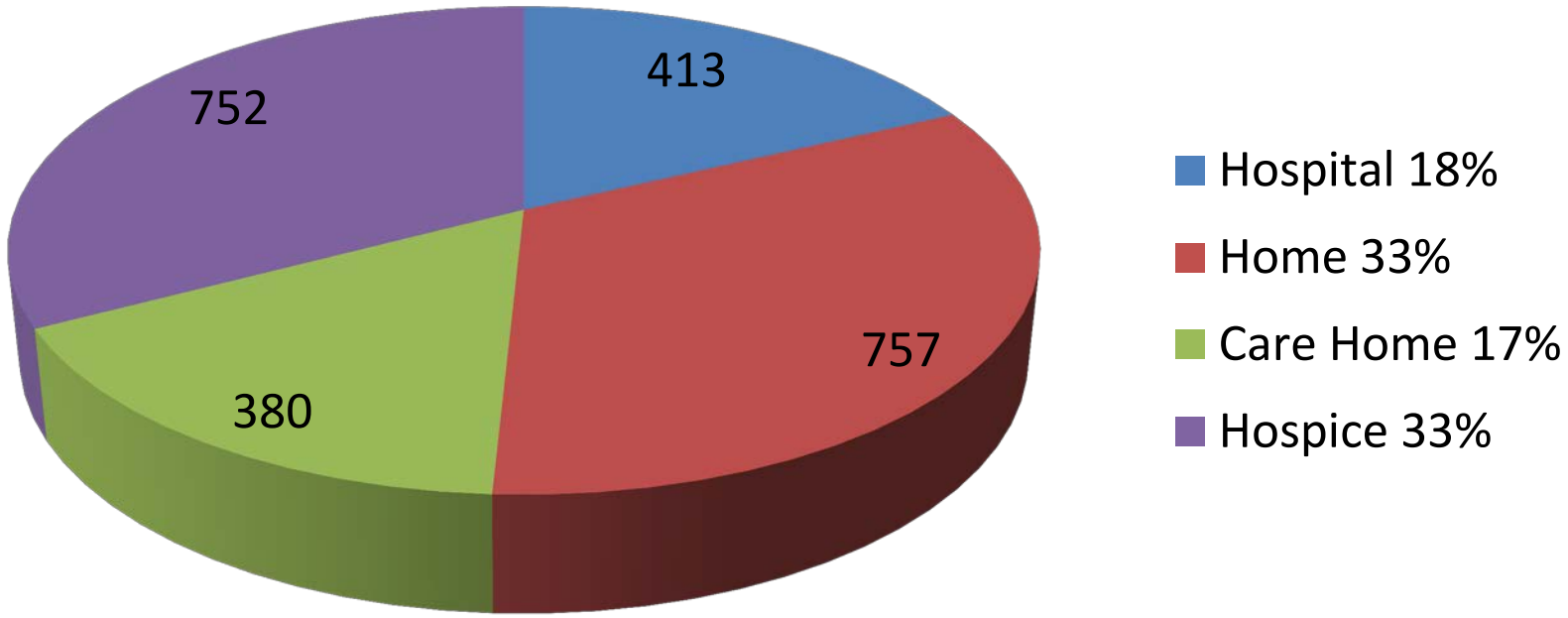
Project Impact

Patient Pickup Locations



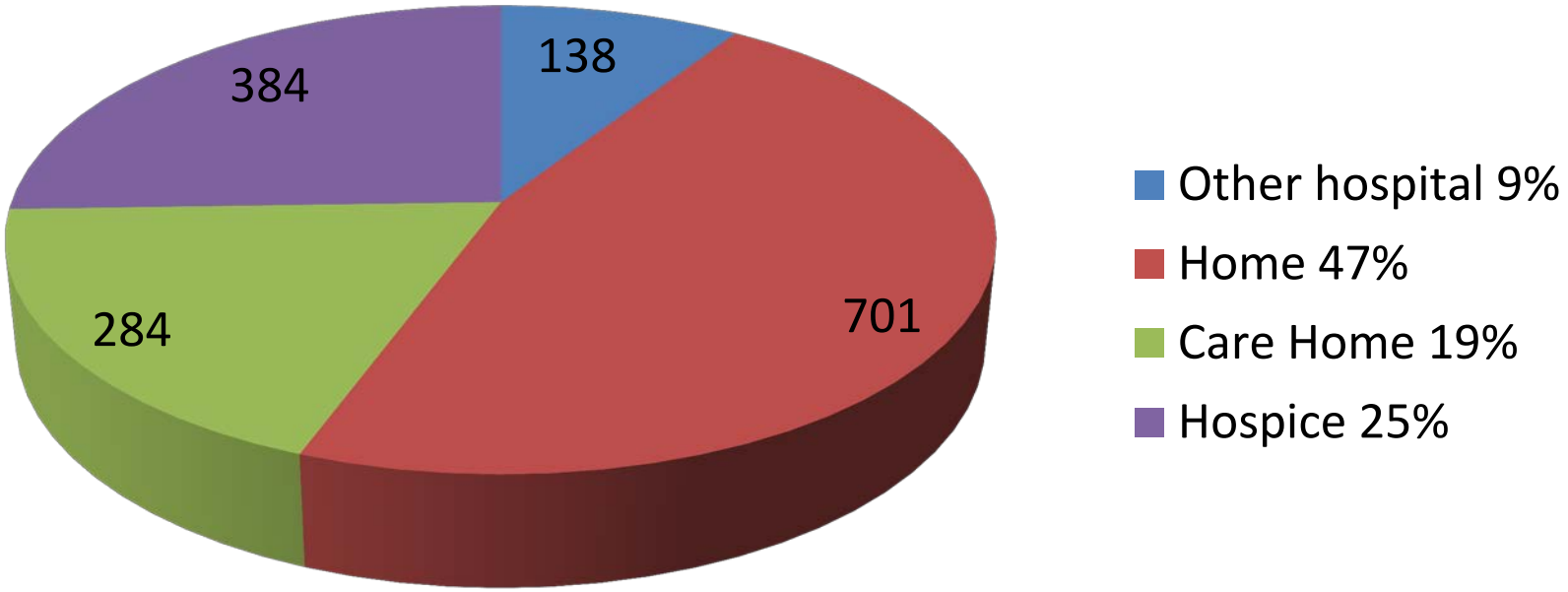
Project Impact

Patient Destinations



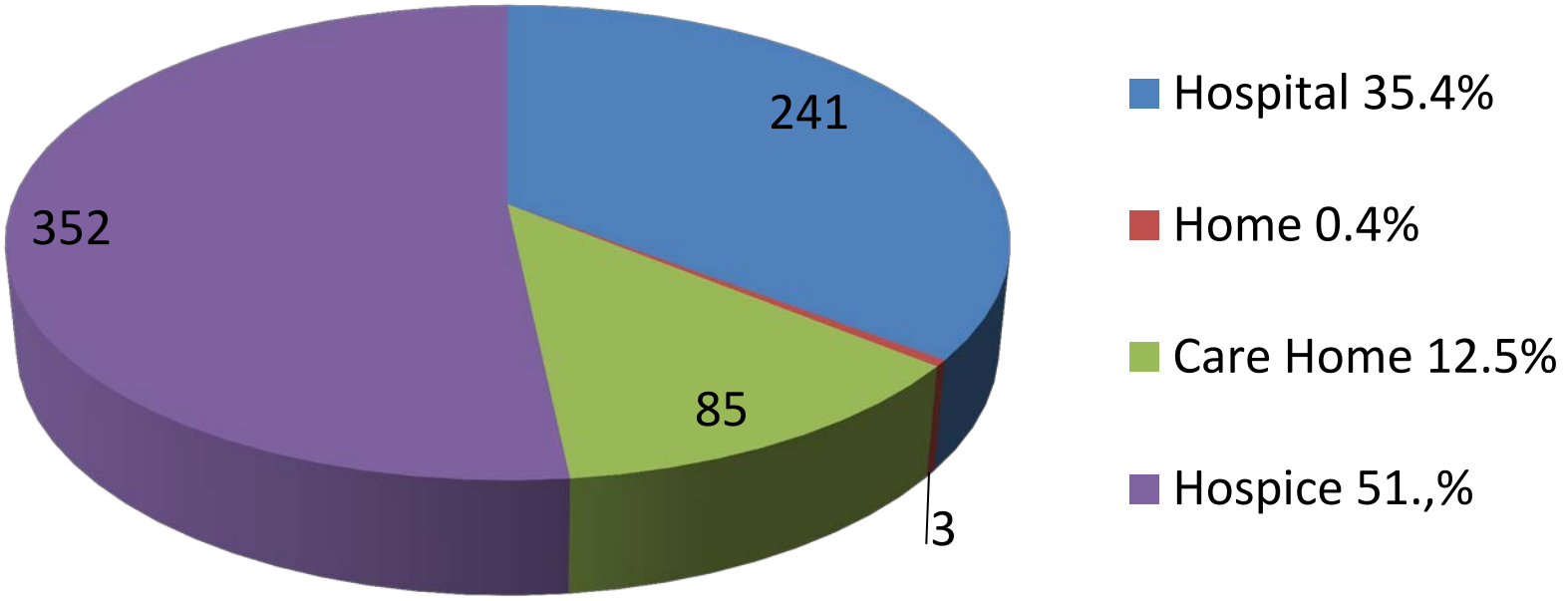
Project Impact

Hospital Pickup Destinations



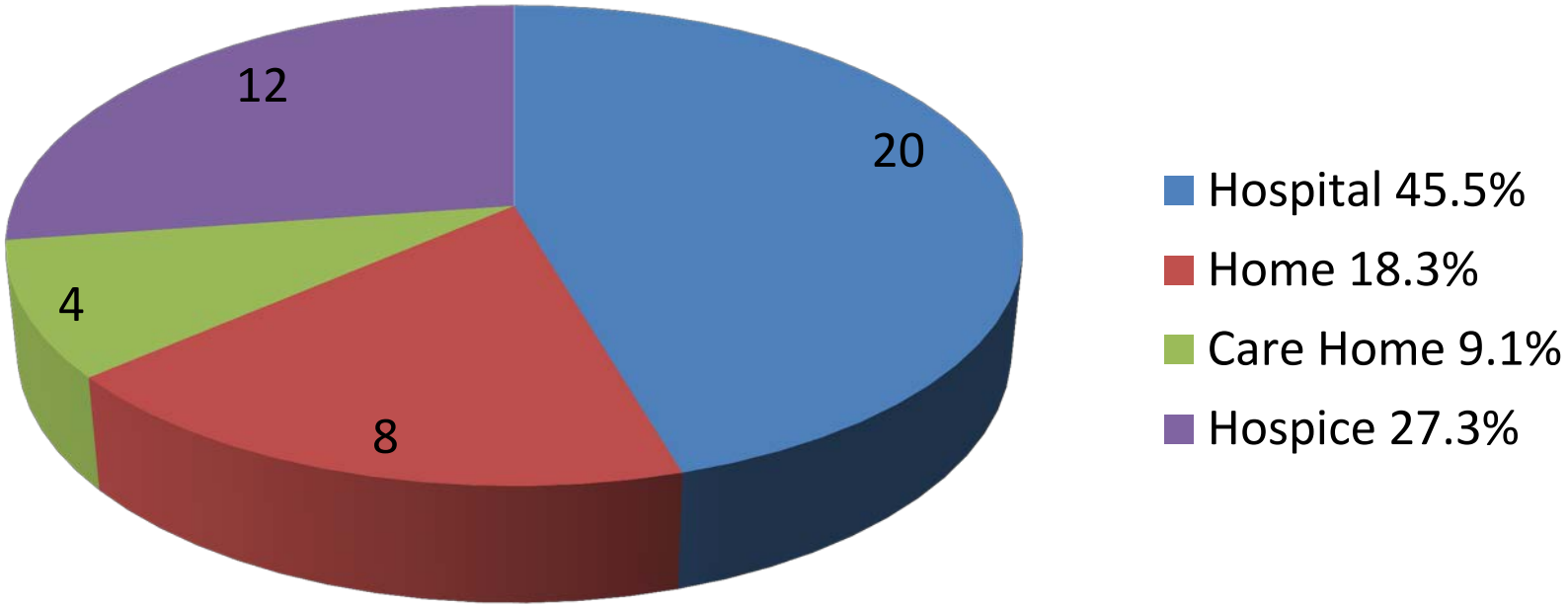
Project Impact

Home Pickup Destinations



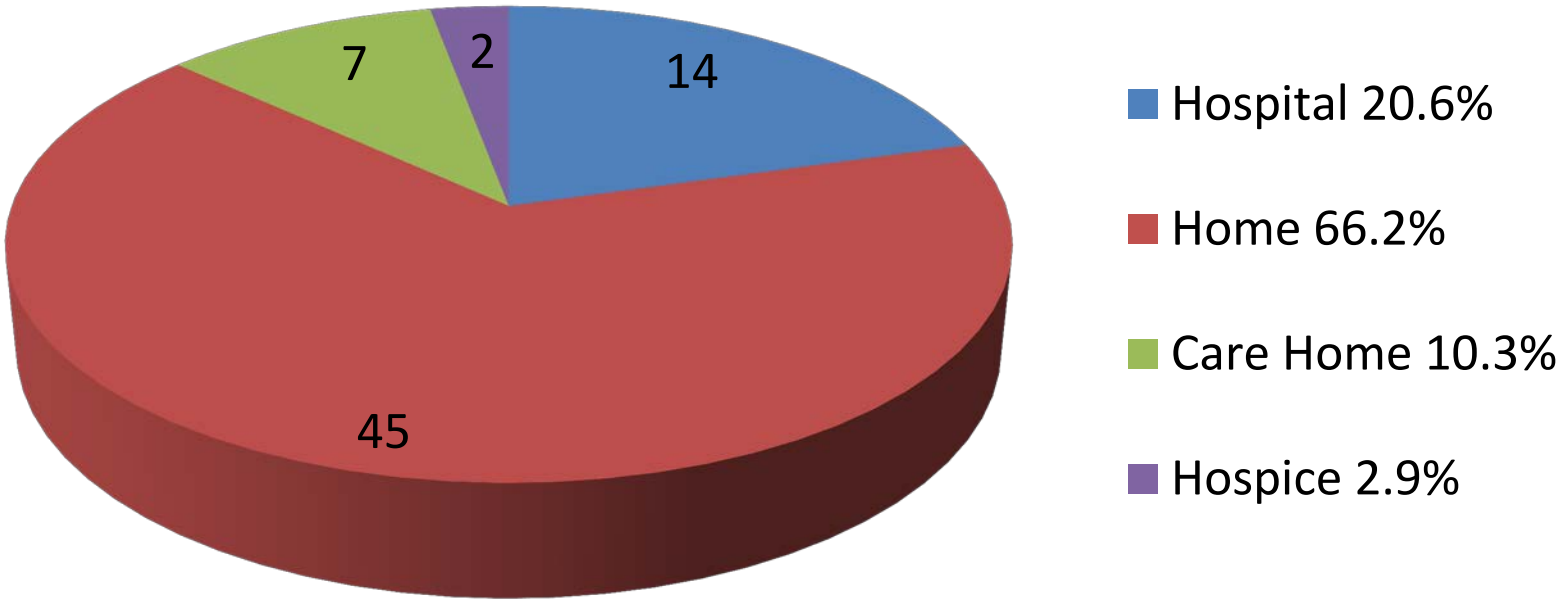
Project Impact

Care Home Pickup Destinations



Project Impact

Hospice Pickup Destinations



Financial Impact

QIPP Indicator for End of Life Care. Proposal of a new indicator, NEoLCIN,

- The price of an inpatient admission in the last year of life that ends in death is estimated to range from £2,352-£3,779, with NICE estimating the cost to be £2506*.
- Whilst there is considerable difficulty in measuring the costs of community-based end of life care, it is estimated to range from £1,415-£2,800 per person, per episode at the end of life*.
- Taking a midpoint of the estimated inpatient (£3,065.50) and community-based (£2,107.50) end of life care costs, there is an estimated potential net saving of **£958** per person who dies in the community*

Cost savings to the Health Sector Community

- Estimated cost of project to from 5th October 2015 to 30th November 2016 is £700,000 (£50k per month)
- Net out flow of patients from hospital to community sectors 956
- Potential savings 1,094 x £958 = £1,048,052
- Efficiencies of moving patients faster £100 per patient, 2,303 patients x £100 = 230,300
- A total saving £1,048,052 + £230,300 = £1,248,352
- Return on Investment 82.6% as at November 2016

Cost savings to the Health Sector Community

- What was not measured:-
- Reduced 999 calls
- Diverted admissions to A&E/ hospital
- Better planning and allowing patients to go to the preferred place of care, e.g. hospice rather than hospital

Going Forward

- Continuous improvement of the service
- Raise awareness, our service has formed part of a Radio 4 programme ‘We need to talk about death’ presented by Joan Bakewell.
- More communication, still untapped demand
- Closer working with stakeholder partners to ensure best possible care for the patient

"How people die remains in the memory of those who live on."

– Dame Cicely Saunders (1918–2005)

www.neas.nhs.uk

/North East Ambulance Service

@NEAmbulance

Workshops Session 2 : 'How to do it' sessions

1340 – 1400 : Break out into first choice of workshop

Workshop A : Working with national outcomes measures

Workshop B : EPaCCS and the Great North Electronic Care Record

Workshop C : Deciding right : Regional Education Project

1400 – 1405 : Workshop changeover time

1405 – 1425 : Move across to second choice of workshop

Workshop A : Working with national outcomes measures

Workshop B : EPaCCs and the Great North Electronic Care Record

Workshop C : Deciding right : Regional Education Project

Market stalls ‘speed dating’

NHS Northern England Clinical Networks

North Tees Palliative Care Register letter

Exemplars of advanced care planning

Weekend working for specialist teams – NUTH, Northumbria

EoL care hospital support team – NUTH

Facilitating primary care registers

Marie Curie@Northumbria

The Dragon Fly Scheme

NE Palliative Care Education Centre

Just in Case Medications and Syringe Driver Documentation in Cumbria

Dying Matters and The BIG CONVERSATION

Dedicated transport case story

Gosh, you've really earned a tea break…

Interactive Workshop

Bee Wee
National Clinical Director
End of Life Care

Nicola Spencer
Programme Support Manager
End of Life Care

9th December 2016

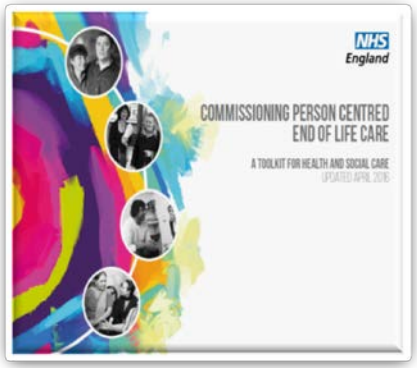
Self assessment framework

Knowledge Hub

Supporting commissioning

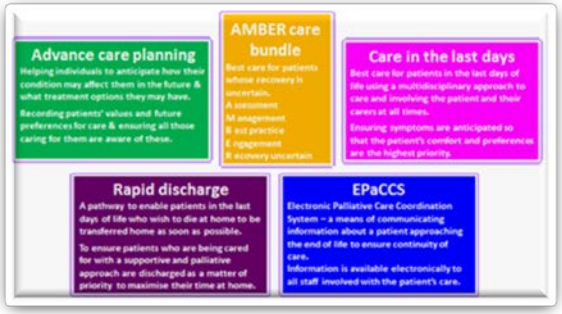
End of life care spectrum

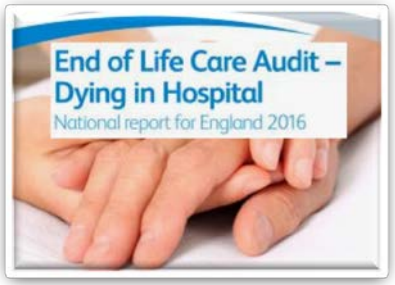
- EoLC Commissioning Toolkit
- Commissioning for Value Packs



Specialist Palliative Care

- Information for Commissioners
- (including sample specification)
- Palliative care currencies
- Palliative care clinical data set





NHS England

Improving Quality

- Transforming programme 'route to success'
- National audit of dying in hospital
- CQC reports and ratings
- CQC thematic review of inequalities

Improving care coordination

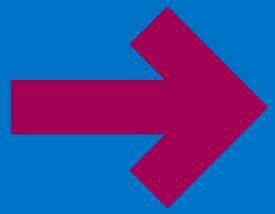
- EPaCCS
- Digital maturity assessment

Data and intelligence

- Quality and Outcomes Framework
- CCG Improvement & Assessment Framework
- National EoLC Intelligence Network

Group work

#EoLCommitment



In groups; please consider the following questions:

Given the challenges that you face in your particular role/organisation for improving palliative and end of life care:

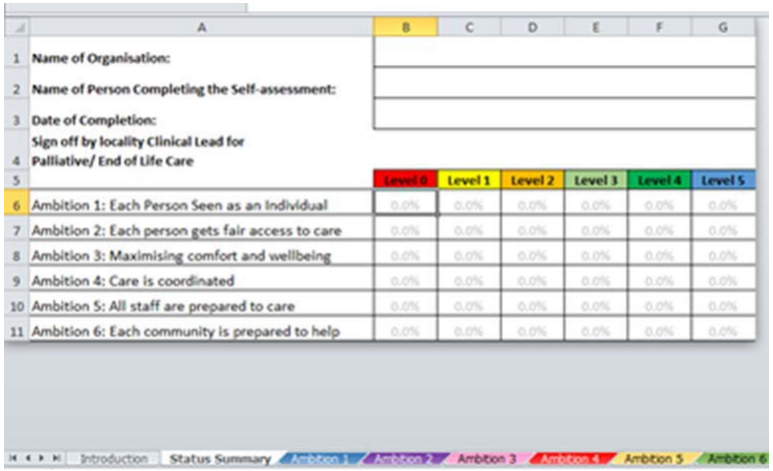
- How might you be able to **draw on the information, examples and tools** that you have heard about today **to help you?**
- **What support do you need** to use these tools more effectively?
- **What else do you need** to help you drive forward the Ambitions for Palliative and End of Life Care locally?

Appendix

Ambitions self-assessment framework

It is hoped that the self-assessment framework will help to:

- Support delivery of the six national ambitions
- Encourage cross-organisational collaboration
- Provide a coordinated response across the locality
- Help identify areas for future priorities
- Collate the evidence
- Recommend annual appraisal



	A	B	C	D	E	F	G
1	Name of Organisation:						
2	Name of Person Completing the Self-assessment:						
3	Date of Completion:						
4	Sign off by locality Clinical Lead for Palliative/ End of Life Care						
5		Level 0	Level 1	Level 2	Level 3	Level 4	Level 5
6	Ambition 1: Each Person Seen as an Individual	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
7	Ambition 2: Each person gets fair access to care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
8	Ambition 3: Maximising comfort and wellbeing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
9	Ambition 4: Care is coordinated	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
10	Ambition 5: All staff are prepared to care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
11	Ambition 6: Each community is prepared to help	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Introduction | Status Summary | Ambition 1 | Ambition 2 | Ambition 3 | Ambition 4 | Ambition 5 | Ambition 6

Commissioning toolkit

Provides a wide range of links to tools and sources of support for commissioners.

Showcases good practice and seeks to indicate what a well-commissioned end of life care service looks like.

Offers a four-stage approach across all sectors.

It explains the commissioning cycle in practical terms

Continuous improvement

Whole system relationships

Identifies the main elements involved in the commissioning process

Interactive policy and guidance, signposting to relevant health and care practice on commissioning person centred care for those that are dying or bereaved.

Data collection and monitoring

Data transfer *(information sharing)*

Specialist Palliative Care: information for commissioners

Aims to provide commissioners with key information to support the commissioning specialist palliative care

Includes: factors that commissioners need to consider in commissioning specialist palliative care

Information and data to help determine how much specialist palliative care is needed

How specialist palliative care can help achieve a number goals in relation to the NHS Outcomes Framework

How value and impact of specialist palliative care can be measured

The guide emphasises the importance of taking into account local variations in service provision and funding.

Evidence of the potential for cost reduction and cost avoidance.

Highlights the increasing demands on generalist and specialist palliative care

Commissioning for Value packs

LTC Commissioning for Value pack - will include EoLC – November 2016

Quality metrics (likely to be RAG rated) will focus on place of death and amount of time spent in hospital – either days before death or on emergency admissions:

- Average total number of emergency hospital admissions during the last year of life
- Average & Median days spent in emergency hospital admissions during the last year of life per person
- Place of death (by disease group)

- Interactive tool coming later that will help to show expenditure details as follows:
  - £ metrics likely to be shown (not RAG rated) are:
  - Specialist Nursing - Palliative/Respite Care
  - Macmillan Nurses
  - Hospice Care
  - Palliative care services - not hospice based
  - Pharmacy for hospices
  - Fast track assessment (continuing care)
  - Bereavement services

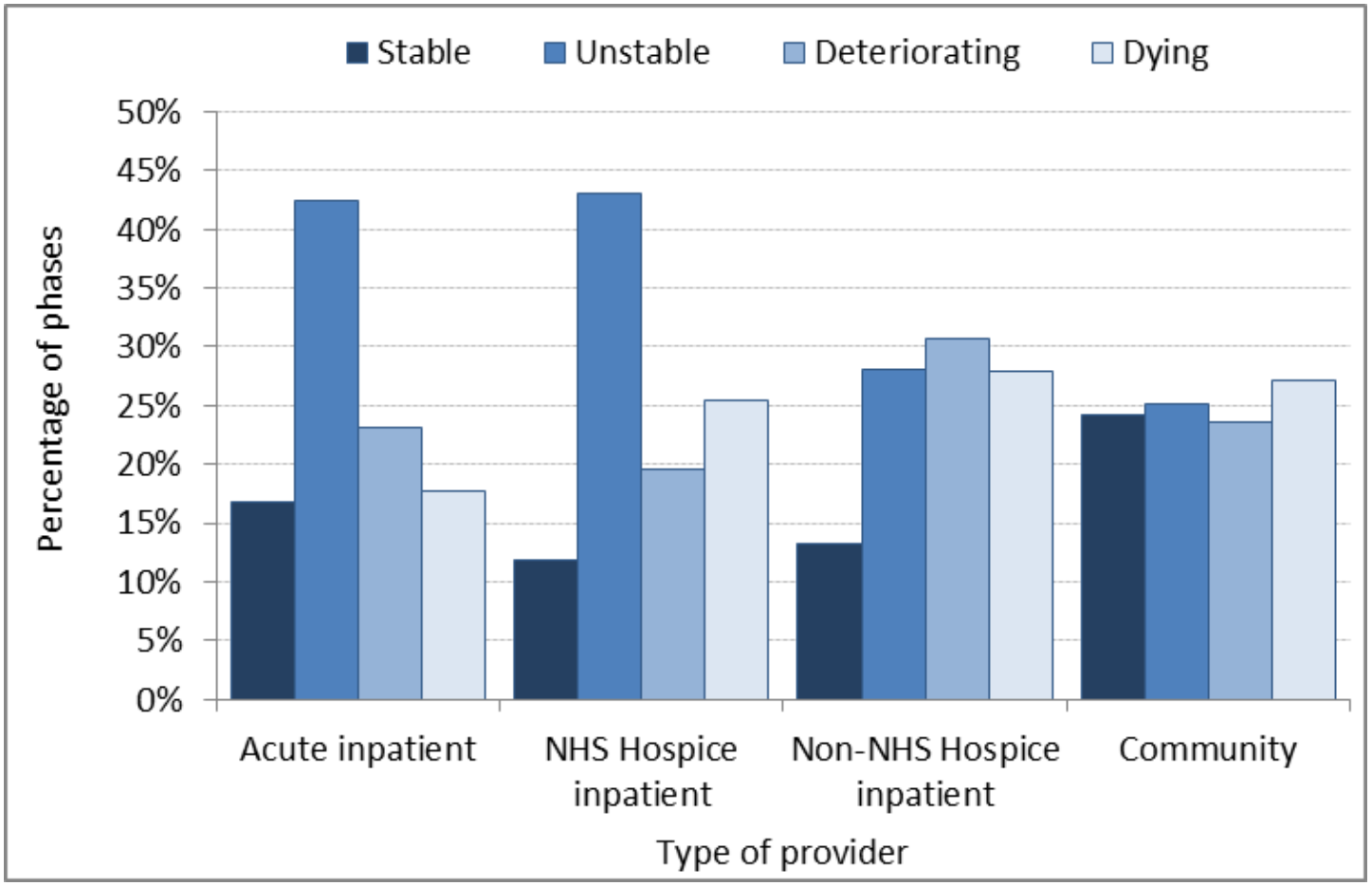
	Prevention & Public Health	Estimated Prevalence	Detection	Primary Care Management	Self Care	Prescribing	Elective	Non-Elective	Step up/down	Rehab	Outcome	End of Life
Breast Cancer						▲	▼		▼		▼	▼
Lower GI Cancer				▲			▼		▼		▼	▼
Lung Cancer				▲			▼		▼			▼
Diabetes				▼		▼			▼			▲
Neurological				▼		▼			▼			▲
Severe Mental Illness						▲	▲		▼		▼	▲
Common mental health disorders						▲	▼		▼		▼	▲
Dementia									▼			▲
CHD				▼		▼	▼		▼	▼		▲
Stroke						▲	▲		▼	▲		▲
COPD						▲			▼	▲		▲
Asthma				▲		▼			▼	▼		▲
Musculoskeletal						▲	▼		▼	▼		
Frailty						▲	▼		▼	▲		
Renal						▼	▲		▼		▼	▲
Multiple Conditions							▲		▼			▲

Specialist Palliative Care Currencies

- New currencies for Specialist Palliative Care providers will be published, alongside guidance on how to use them and case studies (December 2016)
- Piloted for several years in acute, community services (adults & children)
- Can be used to support the commissioning and payment from April 2017
- Is not a tariff
- Think of these currencies as the 'building blocks' for payment. Helps commissioners and providers of SPC to understand provision and case complexity of patients being care for.
    - Phase of illness
    - Diagnosis
    - Age
    - Setting
    - Functional Status

Phase of illness & Provider Category

Adults



Palliative Care Clinical Dataset

- NHSE commissioned PHE to develop an individual level clinical dataset – piloted in a number of settings across the country and about to be published with guidance (Nov 2016)

- Aligned with the currencies – supplemented with data items to capture clinical outcomes

- Non-mandatory but can be adopted by commissioners/ providers to understand the current clinical provision of Specialist Palliative Care and evaluate outcomes.

Feedback from sites using the currency & dataset

- Sheffield St Luke - transformed MDT meetings condensing 4 separate sessions into one single meeting that is completed in half the time, as a result of embedding into their clinical assessment/management processes the language of phase of illness and the use of IPOS outcome measures.
- Using the currency framework of phase of illness has allowed many hospices to improve their forward planning and to understand better their patient needs.
- All report that working with the currencies has given clarity to the impact they have on patients and families and provided evidence of the complexity of their caseload.
- North London Hospice continue to use the currency pilot data collection template because it has proved useful in dialogue with local commissioners.
- Small independent hospices such as Blythe House near Glossop have found they are in a better position to explain what they do and the impact they have on the local health economy.

Evaluation of 24/7 Specialist Palliative Care models

- Evaluation of 7 models of Specialist Palliative Care provision from different local health economies
- Outlines characteristics and elements of each model – understand which one could be adapted / adopted for your own locality
- NHSE commissioned NCPC to deliver – will be published in November

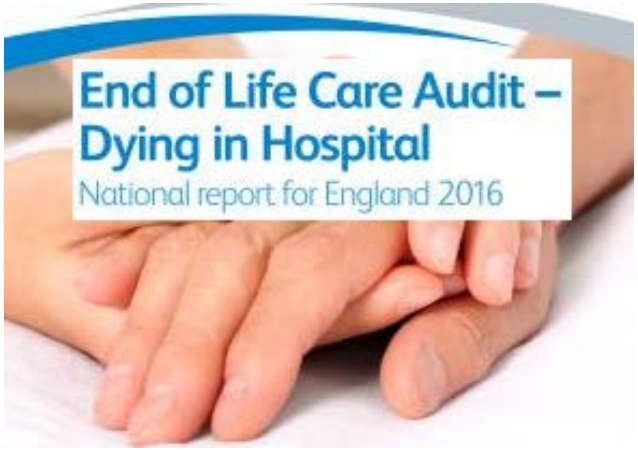
Hospital improvement

Outstanding
The service is performing exceptionally well.

Good
The service is performing well and meeting our expectations.

Requires improvement
The service isn't performing as well as it should and we have told the service how it must improve.

Inadequate
The service is performing badly and we've taken action against the person or organisation that runs it.



Advance care planning
Helping individuals to anticipate how their condition may affect them in the future & what treatment options they may have.

Recording patients' values and future preferences for care & ensuring all those caring for them are aware of these.

AMBER care bundle
Best care for patients whose recovery is uncertain.
A ssessment
M anagement
B est practice
E ngagement
R ecovery uncertain

Care in the last days
Best care for patients in the last days of life using a multidisciplinary approach to care and involving the patient and their carers at all times.

Ensuring symptoms are anticipated so that the patient's comfort and preferences are the highest priority.

Rapid discharge
A pathway to enable patients in the last days of life who wish to die at home to be transferred home as soon as possible.

To ensure patients who are being cared for with a supportive and palliative approach are discharged as a matter of priority to maximise their time at home.

EPaCCS
Electronic Palliative Care Coordination System – a means of communicating information about a patient approaching the end of life to ensure continuity of care.
Information is available electronically to all staff involved with the patient's care.

Knowledge Hub

- NHSE commissioned development of the Ambitions website to become a hub of information related to EoLC
- The knowledge hub is the go-to place for resources and learning about palliative and EoLC. It's a searchable, well-structured website
- The hub will include historic resources that are still current (or have been updated) from the NHSIQ and, prior to that, the National End of Life Care Programme websites.
- This site will be developed further to contain even more content (phase 2).
- After this it will be continually added to by the national Palliative & EoLC Partnership using robust criteria to ensure the information is relevant, informative and appropriate for users of the site.

EPaCCS

- **Digital maturity index** - says how well EPaCCS are embedded within hospital trusts (understand gaps)
- **Guidance available –** technical guidance and lessons learns information is available on the knowledge hub (also reviewing information to understand what's already available; what needs updating and any information gaps)
- **Case studies** – explaining different EPaCCS solutions including the benefits from a commissioner perspective
- **Why EPaCCS video** – portrays benefits from a clinician/patient persepctive - available on Youtube
- **Expert reference group** – made up of people across the country who have implemented EPaCCS successfully to offer rapid advice and support to struggling sites

Quality markers

- **QOF register**
  - Rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
  - Not mandatory; general practices asked to evidence indicators on the following:
    - Register of all patients needing palliative and EoLC support (irrespective of age)
    - MDT meetings where all patients on register are discussed

- **CCG IAF**
  - Includes % of deaths that take place in hospital – will be replaced with better measures of quality

- **National Clinical Intelligence Network**
  - PHE hosted - data, intelligence, reports
  - EoLC profiles for localities enable commissioners to understand and compare factors including underlying cause of death, place of death for local population
  - Will be publishing Atlas of Variation in 2017 to build on this with further metrics

Thank you all for participating.
Merry Christmas!