South London end of life care education & training strategy.
A work in progress!

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Delivering world class cancer care for London
South London - Context

Population of approximately 3 Million people
Approximately 19,000 deaths per annum
Approximately 0.6% of GPs registered population will die each year
Nationally, the death rate is predicted to increase by 17% by 2030; this is an additional 3,200 deaths per annum in S London
½ of dying people will die in Hospital, but when people are asked about their preferred place of care, majority state a preference for Home or Hospice (Gomes, 2013)
Quality of care variable
Londoners who die in hospital following an emergency admission have a longer length of stay than the National average
Withdrawal of the Liverpool Care Pathway from hospital
Social care and hospital costs in the final year of life are estimated to be £10,130 per person (Georghiou, 2012); this does not include primary care, community care and prescribing costs. Significant burden on carers (people who are married are more likely to be able to achieve a home death if this is their wish (Gomes, 2013))
South London – Context

Nationally, the proportion of deaths in the usual place of residence continues to increase 43.7% (2012) 37.9% (2008)
London has the widest range of values for deaths at home
Sutton (15.9%) City of Westminster (24.9%)
More likely to die at home if under Specialist Palliative Care
More likely to die in preferred place of care – electronic palliative care register
People over 85 years, those with a non-cancer diagnosis, BAME community are less likely to access Specialist Palliative Care
What’s happening?

**Health Improvement Network** – work streams: Cancer; Dementia; Patient Experience

The South London **Collaboration for Leadership in Applied Health Research and Care** – Palliative and End of Life Care theme

**London Cancer Alliance** – Palliative Care Group

**NHS London** – End of Life Care Clinical Leadership Group

**Coordinate My Care** – EPACCS, education and training, monitoring

**GP Enhanced Service** – 2% most vulnerable

**Health Education South London (HESL)** Training and Education Strategy (CMC, CEPNs and Strategic Investment Funding)

**Clinical Commissioning Groups** – service redesign and commissioning

**Specialist Palliative Care Services** – service delivery, education and training
South London
Palliative & End of Life Care Education & Training Strategy

Meeting the education and training needs of all the health & social care workforce involved in the end of life care of patients and the care of their carers

“How people die remains in the memory of those who live on” Dame Cicely Saunders
The Challenge - Some progress but more needs to be done

The Francis Report.
Chief Nurses 6 Cs
The Cavendish Report
More Care, Less Pathway
National Care of the Dying Audit of Hospitals
Strategy Vision – a work in progress

To ensure that the health and social care workforce in South London have the skills and confidence to care for the dying regardless of where they are cared for.

The implementation of the strategy will ensure incremental improvements and spread of high quality end of life care to all those who need it, regardless of patho-physiology, place of care or other characteristics which may have an impact on access to care.

The strategy needs to provide consistency but be locally flexible and adaptable
Workforce

Group A

Work in specialist palliative care & hospices who essentially spend the whole of their working lives dealing with end of life care.

Group B

Frequently deal with end of life care as part of their role.

Group C

Work as specialists or generalists within other services who infrequently have to deal with end of life care.
Principles

1. A workforce that is skilled and confident in the provision of palliative and end of life care underpins the development of reliable, responsible and sustainable services for those patients with life-limiting disease.

2. The development of robust and appropriate education provision for palliative and end of life care is therefore vital to ensure high quality care for these people.

3. It will focus on the education and training needs of levels B&C in the workforce with specialist palliative care practitioners and experts delivering the training (Volunteers, Ancillary Staff, A&C, Health & Social Care Assistants, Registered Health Care Professionals) and those who work in any care setting where dying people receive care, regardless of their area of practice/expertise.

4. It will outline the behaviours, attitudes, competencies and skills of health and social care staff who care for dying people and their relatives.
High Quality Person Centred End of Life Care

The 4 cornerstones of high quality person-centred end of life care
Skills and Competencies

To ensure the workforce are confident, competent and deliver compassionate care; education, training and support should broadly be developed and delivered around the following 4 cornerstones of high quality person-centred end of life care:

**Communication Skills** - Staff involved in discussing end of life issues are appropriately trained and supported. Staff understand the importance of communicating with and supporting family members and friends as well as the dying person. Where appropriate, registered professionals are competent in discussing issues related to DNACPR, artificial hydration and nutrition etc.

**Advance Care Planning** – Staff are comfortable talking about issues related to prognosis, preferences for care and place of care, the use of advanced decisions to refuse treatment/ lasting power of attorney. Staff understand the importance of discussing issues with carers in relation to DNAR and refusal of treatment. Staff understand the mechanisms for documenting and sharing these discussions with the wider health and social care team.
**Skills and Competencies**

**Assessment and Care Planning** – Staff are able to assess and understand the needs of the dying person in their individual social and cultural context. They are confident in assessment of need and prioritising care. Staff have an understanding of the services and professionals available and are able to participate in multi-professional discussions. Staff understand the need to gain consent for all aspects of care and assess mental capacity and take this into account as part of their assessment. Staff are able to provide information and support for family members following death and through bereavement.

**Symptom Management: Comfort & Wellbeing** – Staff are competent in assessing symptoms and providing advice and treatment for relief of symptoms including the use of syringe drivers and other equipment (where appropriate). Staff are skilled at managing care in the after death period as well as in the time preceding death.
Staff groups/ Approach

For each cornerstone of high quality person-centred end of life care, competencies will be developed based around four groupings of staff to ensure education, training and support is delivered to the appropriate level and necessary skill set of that workforce group.

1. Volunteers
2. Health and Social Care Assistants/Non Registered Workforce
3. Registered/Professional Health/Social Care Workforce
4. Medical

Where possible, multi-professional education, training and support should be delivered as this is how care is delivered and there is an additional outcome of the training where staff gain a better understanding and appreciation of each other’s roles, responsibilities and a recognition of each person’s unique contribution in the patients pathway.
Delivery

Specialist Palliative Care providers commissioned to provide education, training and ongoing support & networking

Sustained funding for SPC providers to deliver training over a number of years

Robust assessment of competence by SPC education and training providers

Use of evidence based approaches and robust evaluation of new training
What next?

Discussion / Feedback

Circulate the draft document

Feedback via email: lca-information@nhs.net

Development of Implementation Plan

Development of competencies

Ongoing Discussion with HESL/ rest of London
Questions

kateheaps@gbch.org.uk
Breakout session 1
What is core to an end of life care education & training strategy?
Breakout session 2

• St George’s Hospital: How we have approached end of life care education and training.

• Kingston Hospital: Education: What we have done at Kingston Hospital

• Princess Alice Hospice: The Gold Standards Framework Care Home Training Programme

• Greenwich & Bexley Community Hospice: Training for volunteers in Greenwich & Bexley
Feedback in plenary session from breakout groups on end of life care education & training strategy
Perspective from the London End of Life Care Network

Dr Catherine (Katie) Urch
Co-Clinical Director for the London End of Life Clinical Network and Lead Consultant Palliative Medicine
Imperial College Healthcare Trust
Summary and take home message

Dr Nigel Sykes
LCA Palliative Care Group Chair
Medical Director
St Christopher’s Hospice