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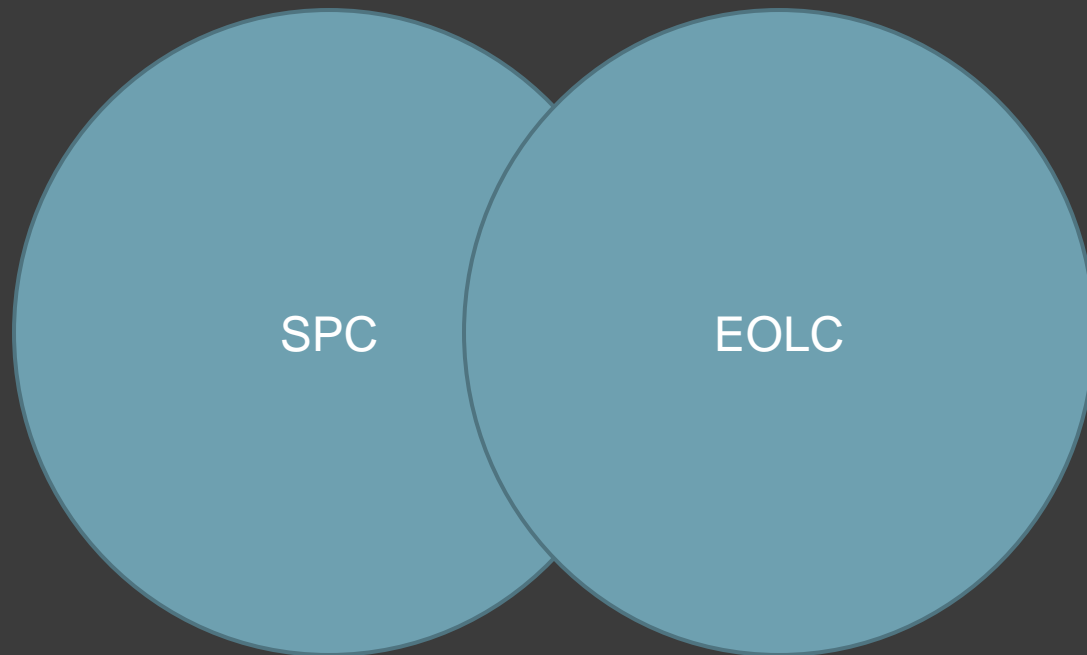
**FUTURE DEVELOPMENTS
FOR SPECIALIST PALLIATIVE
CARE:
THE HOSPITAL VIEW**

Definitions

- ◎ ***Specialist Palliative Care*** :
 - provided by those who specialise in palliative care (consultants in palliative medicine and clinical nurse specialists in palliative care, for example)
 - Can be at any point in the disease pathway

- ◎ **EOLC**
 - Care in the last few days/ hours of life
 - Provided by those involved the day-to-day care of patients and carers in their homes and in hospitals
 - Complex needs may need input from SPC

Hospital based SPC vs EOLC



2014 CQC visit to BHT

- EOLC: under category of “Are services *Effective?*”

“ *End of life care for patients did not meet national standards, this care was not monitored effectively and previous audits in this area had not led to change.*”

EOLC across Trust: “*Requires improvement*”

CQC 2014

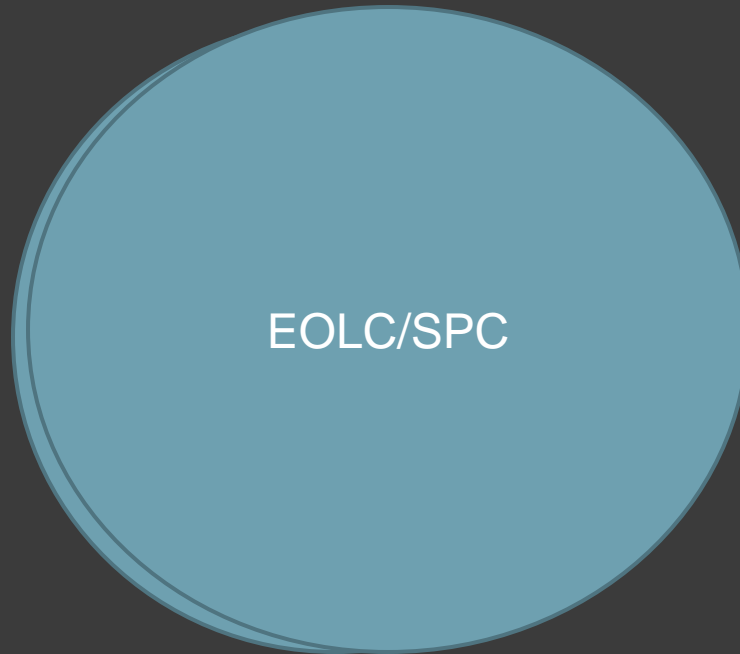
- Patients at the end of life must have person-centred, holistic plans of care to enable staff to assess and treat patients effectively.
- ‘Do not attempt cardio-pulmonary resuscitation’ (DNA CPR) forms must be accurately completed and records of end of life discussions with patients must be documented.
- Patients at the end of life should be treated according to the National Institute for Health and Care Excellence (NICE) ‘End of life care for adults quality standards’ (NICE, 2009).

CQC 2014 findings on EOLC

The specialist palliative care team provided a safe, effective and responsive service

(!)

Post CQC: Hospital based SPC vs EOLC



Models of Delivery of SPC

- Evolution of palliative care input



Developments to Date

- Multidisciplinary Team Working
- 7 day working
- 24/7 access to specialist palliative care
- Medical outpatients
- Nurse led clinics
- Acute oncology teams (friends or foe?)

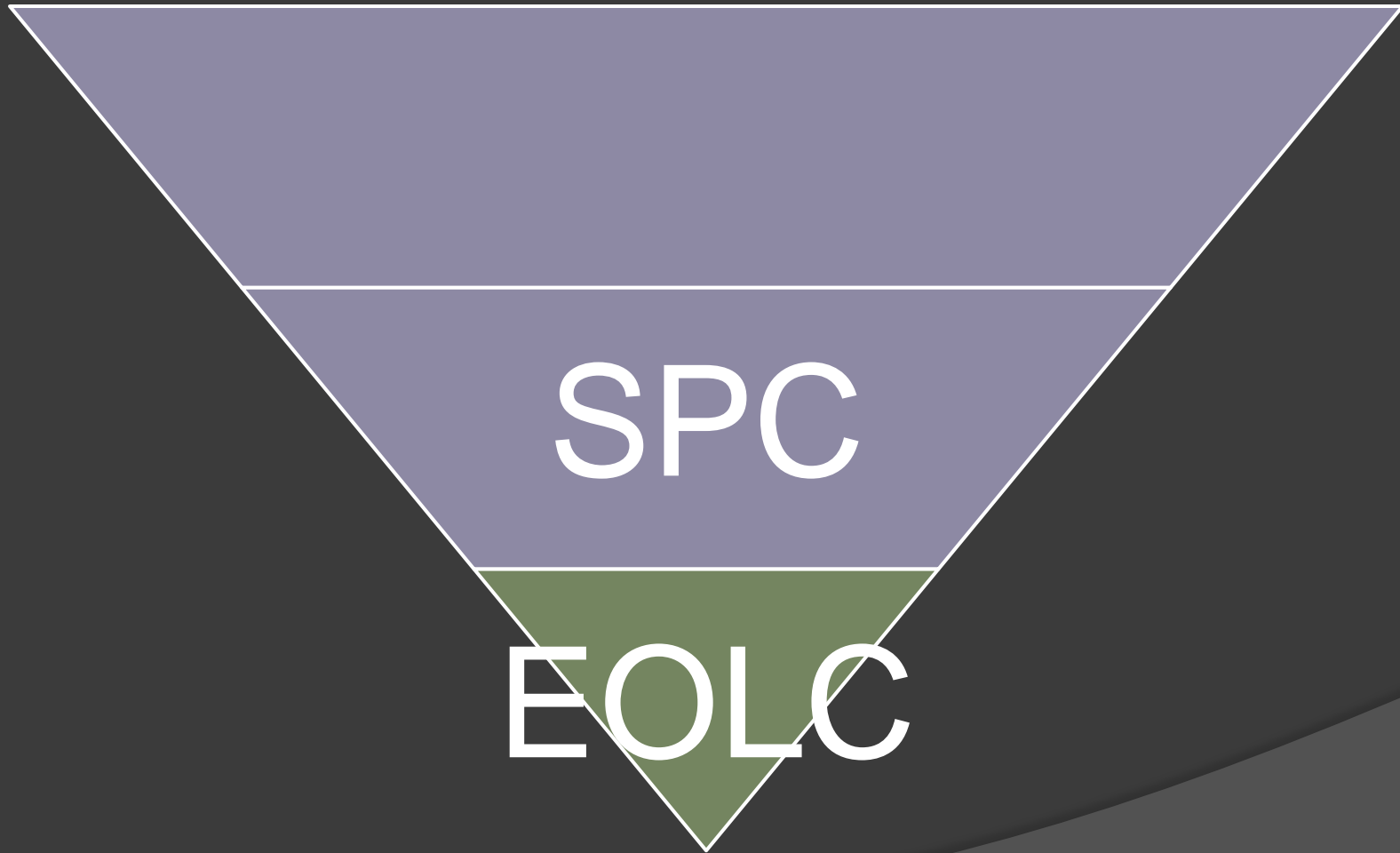
Future Developments will be led to a degree by:

- ⦿ Increase in frail elderly and LTCs
- ⦿ Drive to increase home deaths/ out of hospital deaths
- ⦿ Care closer to home: outpatient reviews vs reviews in the community
- ⦿ Drive to reduce admissions to acute hospitals if deemed “EOL”

Future developments (continued)

- ⦿ Turnaround of patients in A&E departments
- ⦿ Increasing *palliative* survivorship agenda
- ⦿ Integration of services (in-reach teams/ outreach to NHs etc)

Future of hospital SPC?



How do we show value of hospital SPC services?

- ① Achieve the Corporate ask whilst maintaining the integrity of the service
- ② Outcome measures
- ③ Education and Training
- ④ Presence at Senior Exec/ Management levels

Acknowledgements

- Irene Higginson
- Fiona Lisney