

National Perspective: End of Life Care - in

Frailty the Forgotten Voice in EoLC

Prof Bee Wee
National Clinical Director
for End of Life Care
NHS England;
Consultant in Palliative Medicine,
Oxford University Hospitals NHS Trust

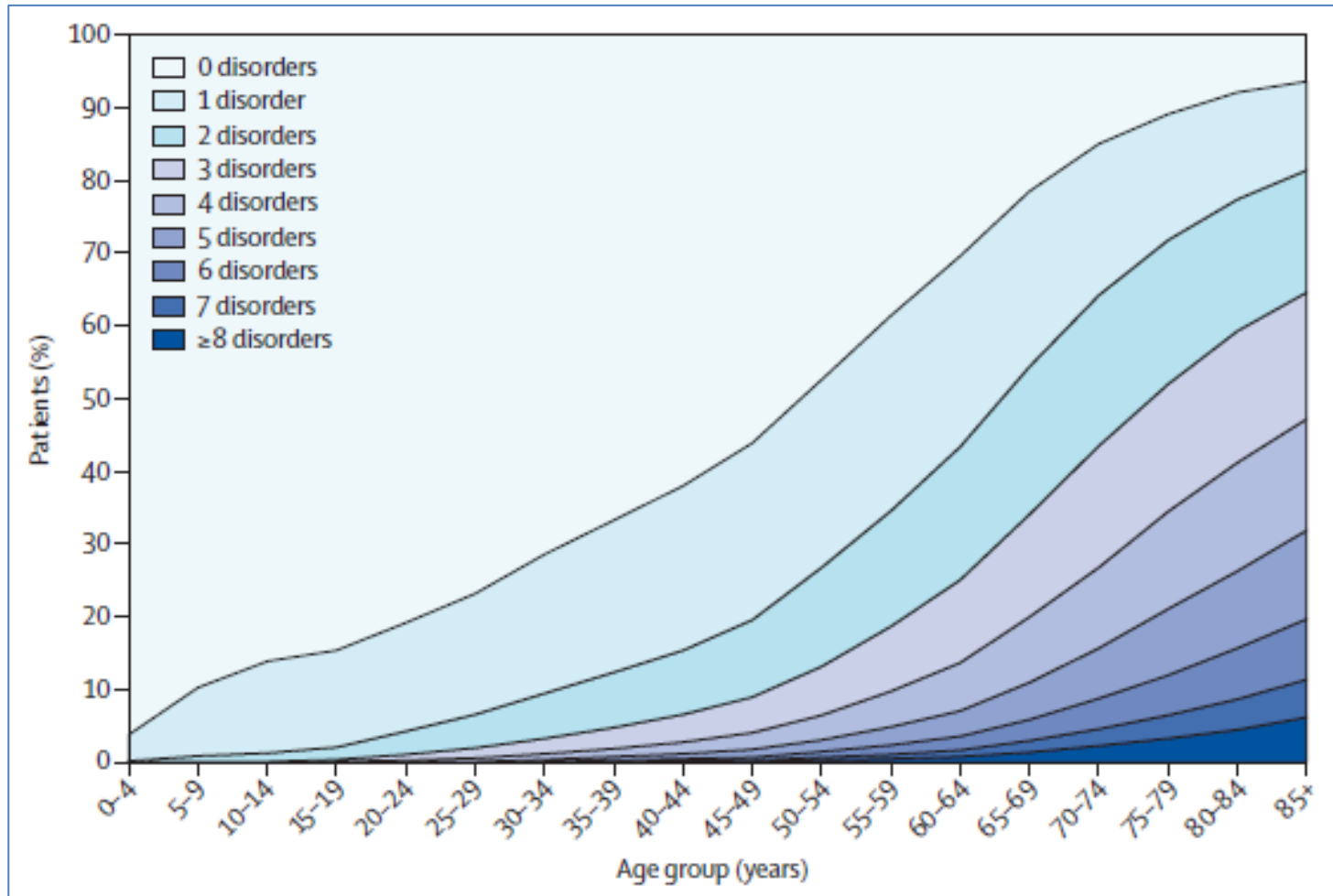
14th March 2018



The scale of our challenge

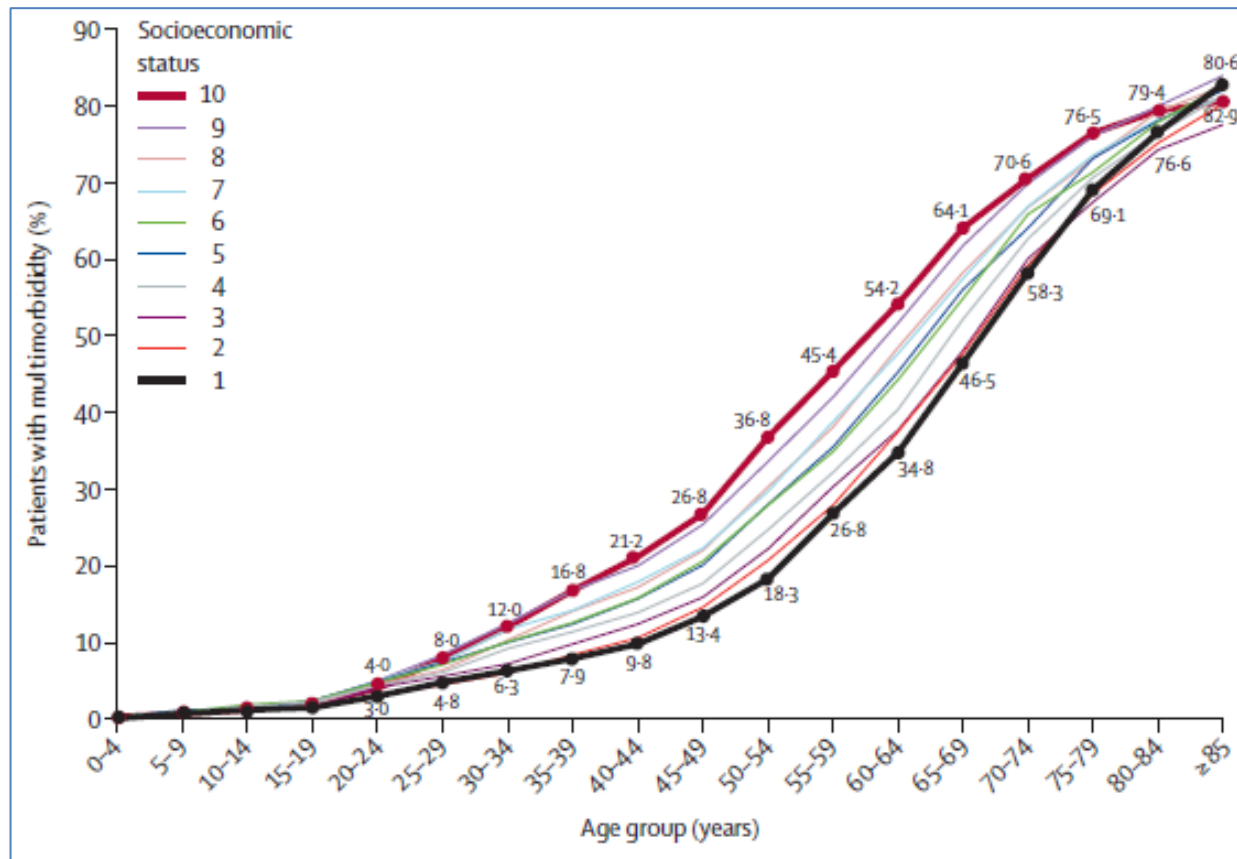
- Number of deaths registered in England and Wales
 - 2015 - 530,000 (5.6% more than in 2014)
 - Projected 628,659 by 2040
- Scottish study – over **1 in 4** of hospital inpatients were dead within 12 months; a third of these died during index admission (Clark et al, 2014)
- Projected number needing palliative care (Etkind et al, 2017):
 - Increase by 25 – 42%
 - Dementia and cancer will be main drivers of increased need

Number of chronic disorders by age group



Source: Barnett et al, Lancet 2012

Prevalence of multimorbidity by age and socio-economic status



Challenges for EoLC

- Context – tough for all
- Prognostication and parallel planning
- Integration with earlier trajectory
- Counting backwards
- Measuring what matters
- Hearing the patient voice

Dying in the hospital setting: Ranked domains of importance

Patient	Family
1. Effective communication & SDM	1. Expert care
2. Expert care	2. Effective communication & SDM
3. Respectful & compassionate care	3. Respectful & compassionate care
4. Trust & confidence in clinicians	4. Trust & confidence in clinicians
5. Adequate environment for care	5. Financial affairs
5. Minimising burden	

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)."



Unpacking the vision (universal): what does this mean for the person?

1. Condition recognised as advanced or getting worse
2. Personalised planning - leading to coordinated action - is offered for treatment, care and support
3. High quality experience anywhere anytime

Unpacking the vision (universal): what does this mean for the person?

3. High quality experience anywhere anytime
 - Staff who know what they are doing
 - Timely access to medicines, equipment, etc.
 - Feeling safe physically and emotionally
 - Family/those important to me are supported

What now?

National focus

- Shift away from an excessive and solitary focus on place of death – search for more nuanced outcomes
- Supporting STPs in addressing their priorities

futureNHS collaboration platform:

<https://future.nhs.uk>

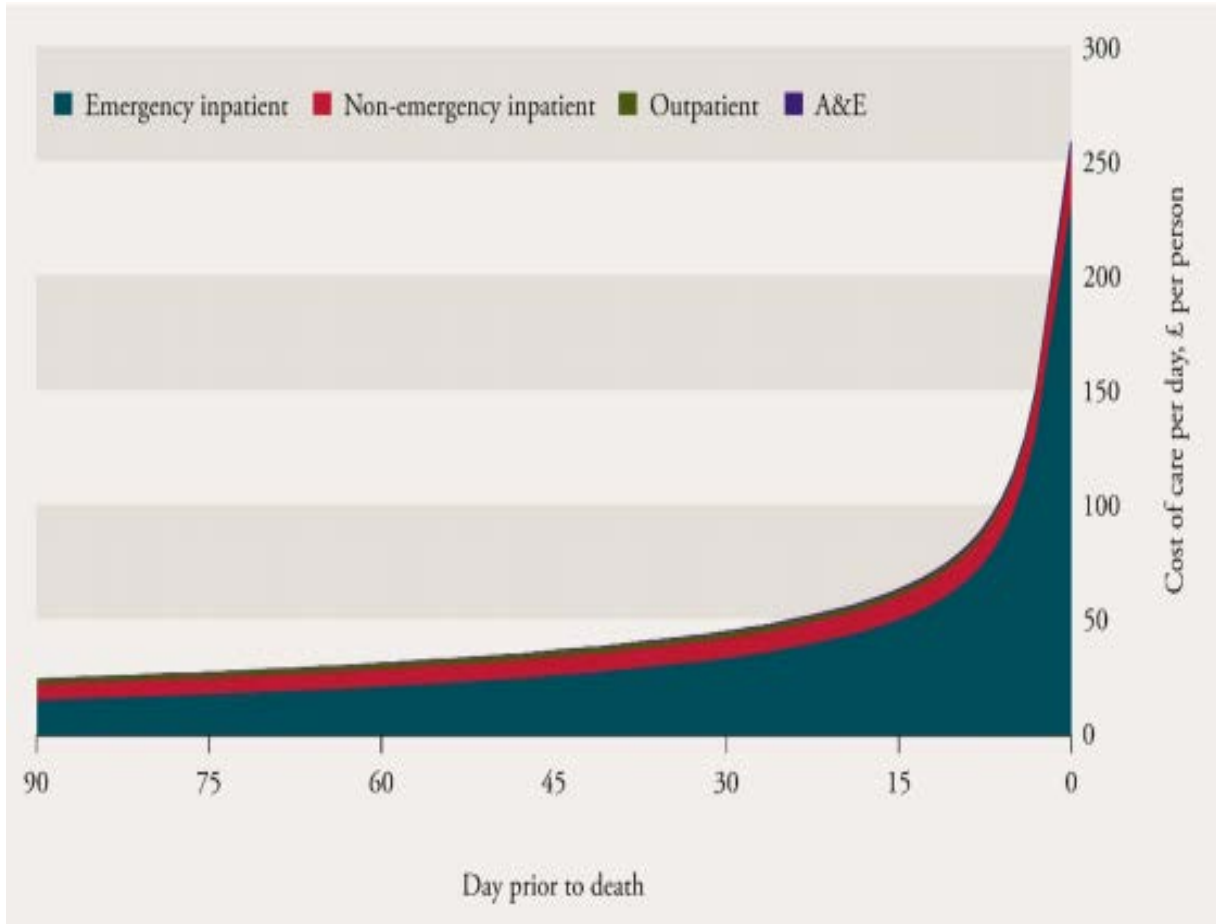


End of life care

Sustainability and Transformation
Partnership support tool

**Buckinghamshire, Oxfordshire
and Berkshire West**

Average hospital cost per day in last 90 days of life (n=1.22 million)



Source: Georghiou & Bardsley:
Exploring the cost of care at the end of life, Nuffield Trust, Sept 2014

National focus

- Shift away from an excessive and solitary focus on place of death – search for more nuanced outcomes
- Supporting STPs in addressing their priorities
- Support, and be part of, whole population approach to personalised care

Shared
decision
making

Social
prescribing

Personal
health
budgets

Health
literacy

