

Plenary Sessions

P1.1**Chronic Disease Management****10:45 Convention Hall & Theatre 1**

Collaboration among Healthcare Workers and between Health and Social Sectors in the UK

*Finlay of Llandaff I**House of Lords, UK*

The UK has been rated first in the world in the Quality of Death index from the Economist's Health unit (supported by the Ling Foundation). Although the UK was the founding home of the modern hospice movement, yet there is more to be done in the UK to ensure that patients and their families have a dignified, comfortable, fulfilling time as life draws to a close.

Many major life-threatening illness follow a somewhat relapsing and remitting pathway, often leaving the patient depleted of energy after each relapse. Take the cancer patient who undergoes chemotherapy and or radiotherapy. Such treatments can feel punishing, resulting in fatigue and an inability to work. When the situation is palliative, a major challenge for families is how best to provide long term care during the weeks and months before the final phase of an illness.

For the patient, fears about their future can be magnified by the difficulties of adapting to living with uncertainty. Advance care planning rests on the legal frameworks in the Mental Capacity Act of 'Advance Statements of Wishes' and 'Advance Decisions to Refuse Treatment'. But many patients are reluctant to openly plan their final phase, changing their minds about their care preferences as unexpected events that arise.

The costs of social care can erode capital funds and continuity of care becomes increasingly important as a person becomes frailer. If support is inadequate the full burden falls on families.

Initiatives in the UK include volunteers becoming increasingly important part of an informal support networks, through schemes such as 'Compassionate Communities' and 'Help Force' in hospitals, yet the greater number of people involved, the more crucial good information transfer becomes between all collaborators.