

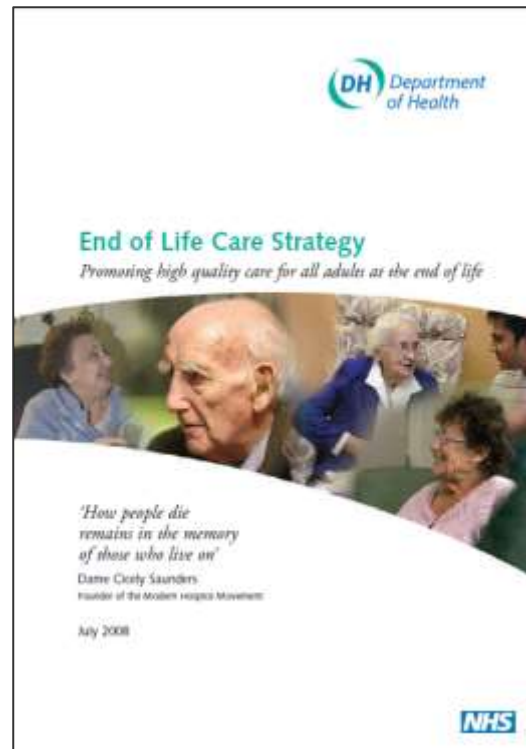
National Strategic Approach to Palliative and End of Life Care

Professor Bee Wee

National Clinical Director for End of Life Care, NHS England

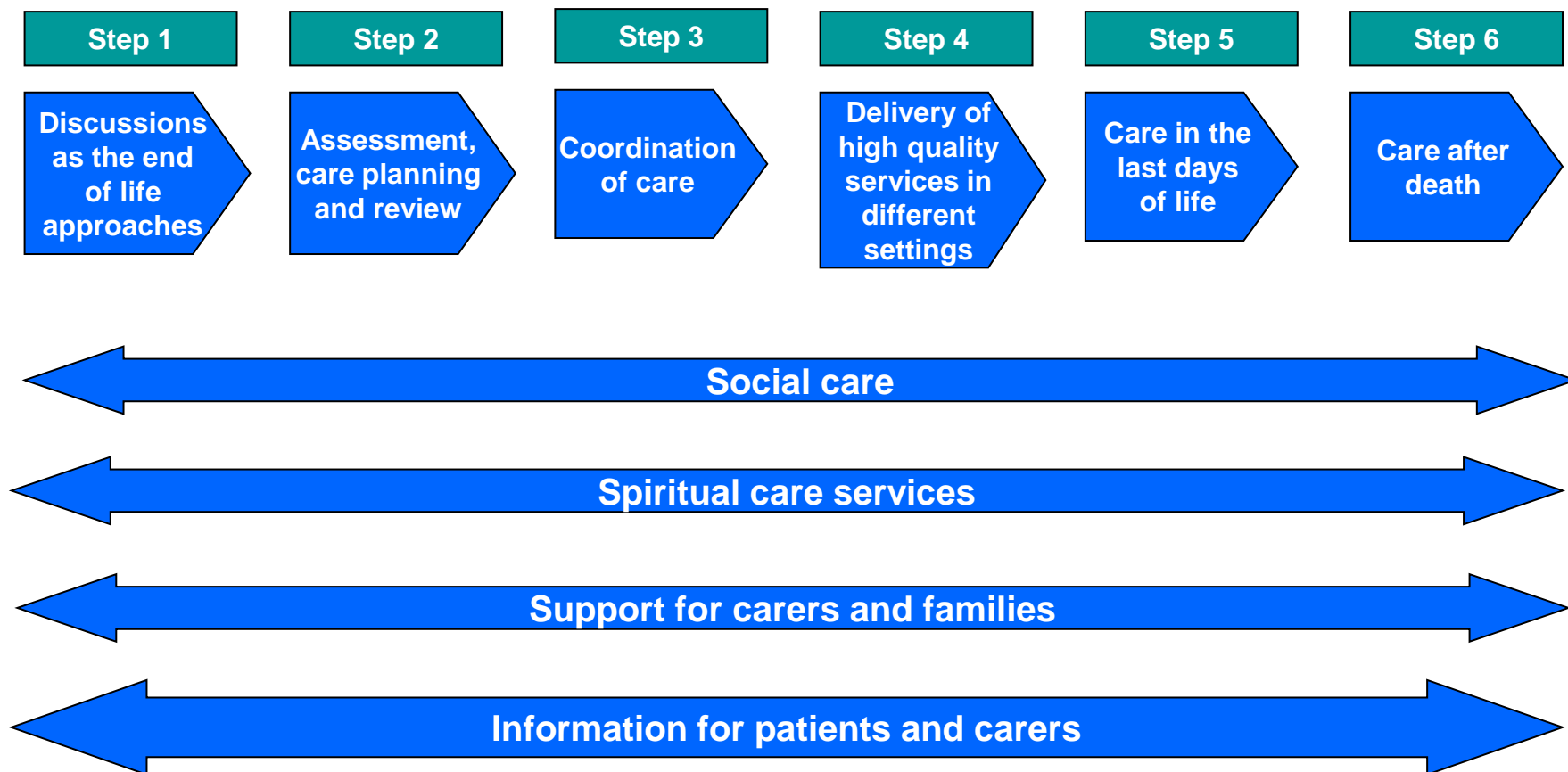
Consultant in Palliative Medicine, Oxford, UK

Hong Kong Hospital Authority Convention: May 2016



National End of Life Care Strategy 2008:

‘End of Life Care Pathway’





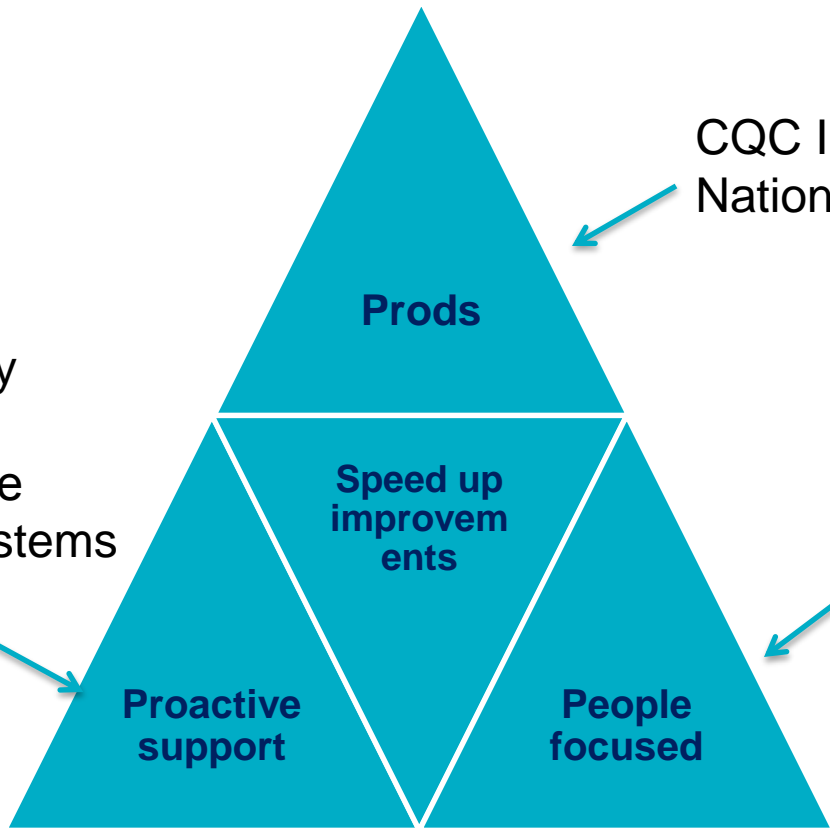
2013



Care Quality Commission
College of Health Care Chaplains
Department of Health
General Medical Council
General Pharmaceutical Council
Health and Care Professions Council
Health Education England
Macmillan Cancer Support
Marie Curie Cancer Care
Monitor
National Institute for Health Research
NHS England
NHS Improving Quality
NHS Trust Development Authority
NICE (National Institute for Health and Care Excellence)
Nursing and Midwifery Council

Public Health England
Royal College of GPs
Royal College of Nursing
Royal College of Physicians
Sue Ryder

Marie Curie Cancer Care also represented Help the Hospices and the National Council for Palliative Care; Sue Ryder also represented the National Care Forum; Macmillan Cancer Support also represented the Richmond Group of Charities.



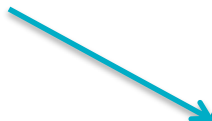
CQC Inspection
National audit

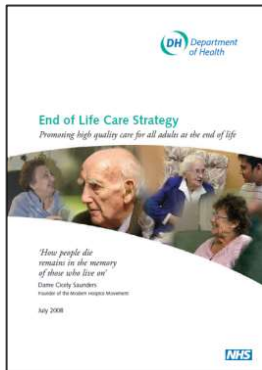


Curriculum
Education & training
CPD



Improvement strategy
& support
Sharing 'best' practice
Buddies and peer systems





National Palliative and End of Life Care Partnership

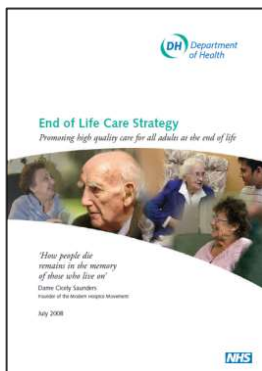
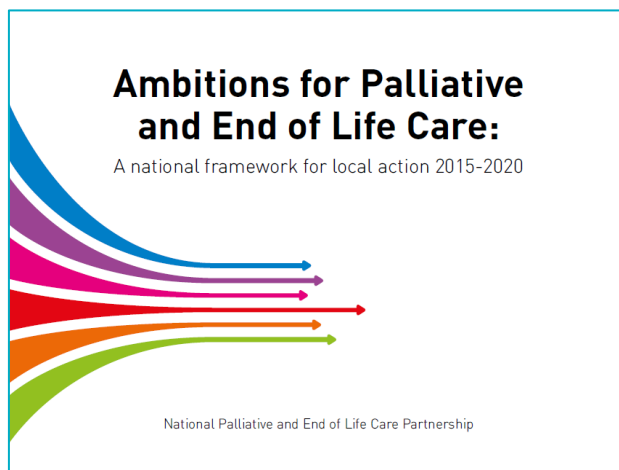
Association for Palliative Medicine; Association of Ambulance Chief Executives;
Association of Directors of Adult Social Services;
Association of Palliative Care Social Workers; Care Quality Commission;
College of Health Care Chaplains; General Medical Council;
Health Education England; Hospice UK;
Macmillan 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

Our overarching vision

“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.*





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)."



The foundations for the ambitions



Six ambitions to bring that vision about

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Maximising comfort and wellbeing

The building blocks for achieving our ambition

Recognising distress whatever the cause

It is important to recognise all sources of distress quickly, to acknowledge distress and to work with people to assess its extent, its cause and what might be done.

Addressing all forms of distress

The experience of suffering associated with physical symptoms may be exacerbated, or sometimes caused, by emotional, or psychological anguish, or social or spiritual distress. Addressing this requires professionals to recognise, understand and work to alleviate the causes.

Skilled assessment & symptom management

Attending to physical comfort, pain and symptom management is the primary obligation of clinicians at this time of a person's life and their skills and competence to do so must be assured and kept up to date.

Specialist palliative care

People approaching the end of life should have access to Specialist Palliative Care when this is needed. This should include a clear understanding of how to access medicines and equipment as part of the rapid response to changing needs.

Priorities for care of the dying person

People approaching death should expect local systems to accord with the priorities identified by the Leadership Alliance for the Care of Dying People.

Rehabilitative palliative care

Maximising the person's independence and social participation to the extent that they wish requires professionals to work with, and support, the person in helping them to achieve their personal goals.



All staff are prepared to care

The building blocks for achieving our ambition

Professional ethos

To ensure people receive the care they need paid carers and clinicians at every level of expertise need to be trained, supported and encouraged to bring a professional ethos to that care.

Support and resilience

To give care day in and day out requires organisational and professional environments that ensure psychological safety, support and resilience.

Knowledge based judgement

Only well-trained, competent and confident staff can bring professionalism, compassion and skill to the most difficult and intensely delicate physical and psychological caring.

Using new technology

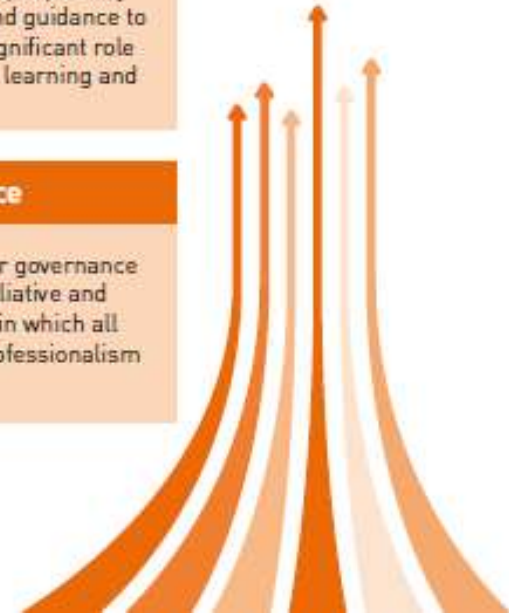
Professionals have to adapt to new ways of learning and of interacting with the people they are supporting and they need help and guidance to do so. Technology can also play a significant role in enhancing the professionals' own learning and development.

Awareness of legislation

All those who provide palliative and end of life care must understand and comply with legislation that seeks to ensure an individualised approach.

Executive governance

Every organisation should have clear governance at Board level for high quality palliative and end of life care and environments in which all staff can provide the best of their professionalism and humanity.



Each community is prepared to help

The building blocks for achieving our ambition

Compassionate and resilient communities

Public health approaches to palliative and end of life care need to be accelerated and support given to people and communities who can provide practical help and compassion.

Public awareness

Those who share our ambition should work to improve public awareness of the difficulties people face and create a better understanding of the help that is available.

Practical support

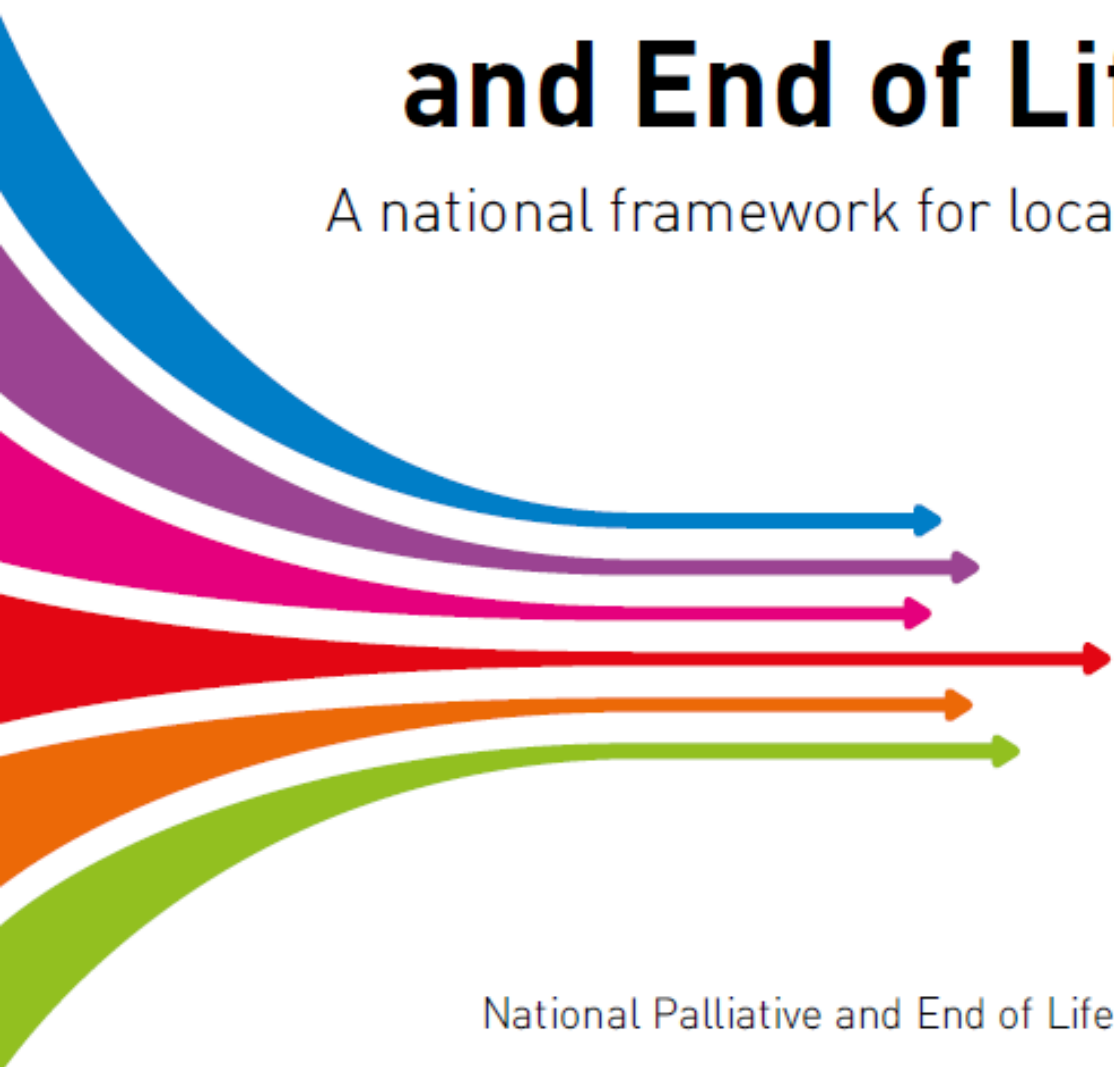
Local health, care and voluntary organisations should find new ways to give the practical support, information and training that enables families, neighbours and community organisations to help.

Volunteers

To achieve our ambition more should be done locally and nationally to recruit, train, value and connect volunteers into a more integrated effort to help support people, their families and communities.

Ambitions for Palliative and End of Life Care:

A national framework for local action 2015-2020



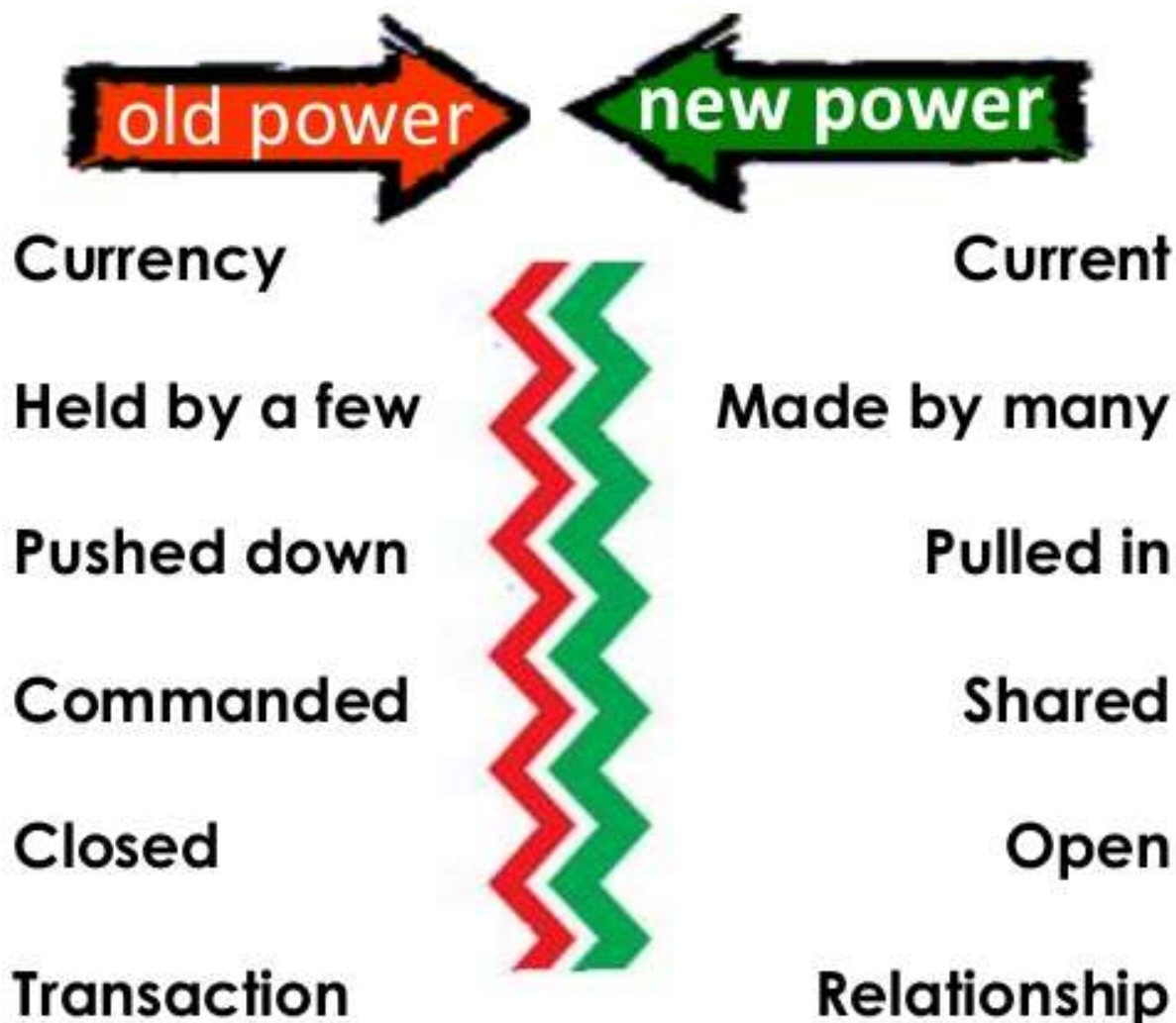
National Palliative and End of Life Care Partnership

Reflections that may be useful

- Strong central direction:
 - can miss things going wrong locally
 - reliance on tick boxes and 'assurance'
 - can create (or appear to) dogma that is hard to shift
 - needs lots of resources to make happen
- Need to work out how specialist palliative care and generalist teams fit together, and value both

Reflections that may be useful

- Measurement:
 - being clear measuring for what?
 - what matters, not just what's measurable
- Engagement as true partners:
 - patients and families
 - clinical communities
 - across health and social care
 - service providers and funders
 - NGOs and wider community
- Partnership working requires lots of effort, generosity and goodwill – but enormously rewarding and can harness additional energy



Jeremy Heimans TED talk "What new power looks like"

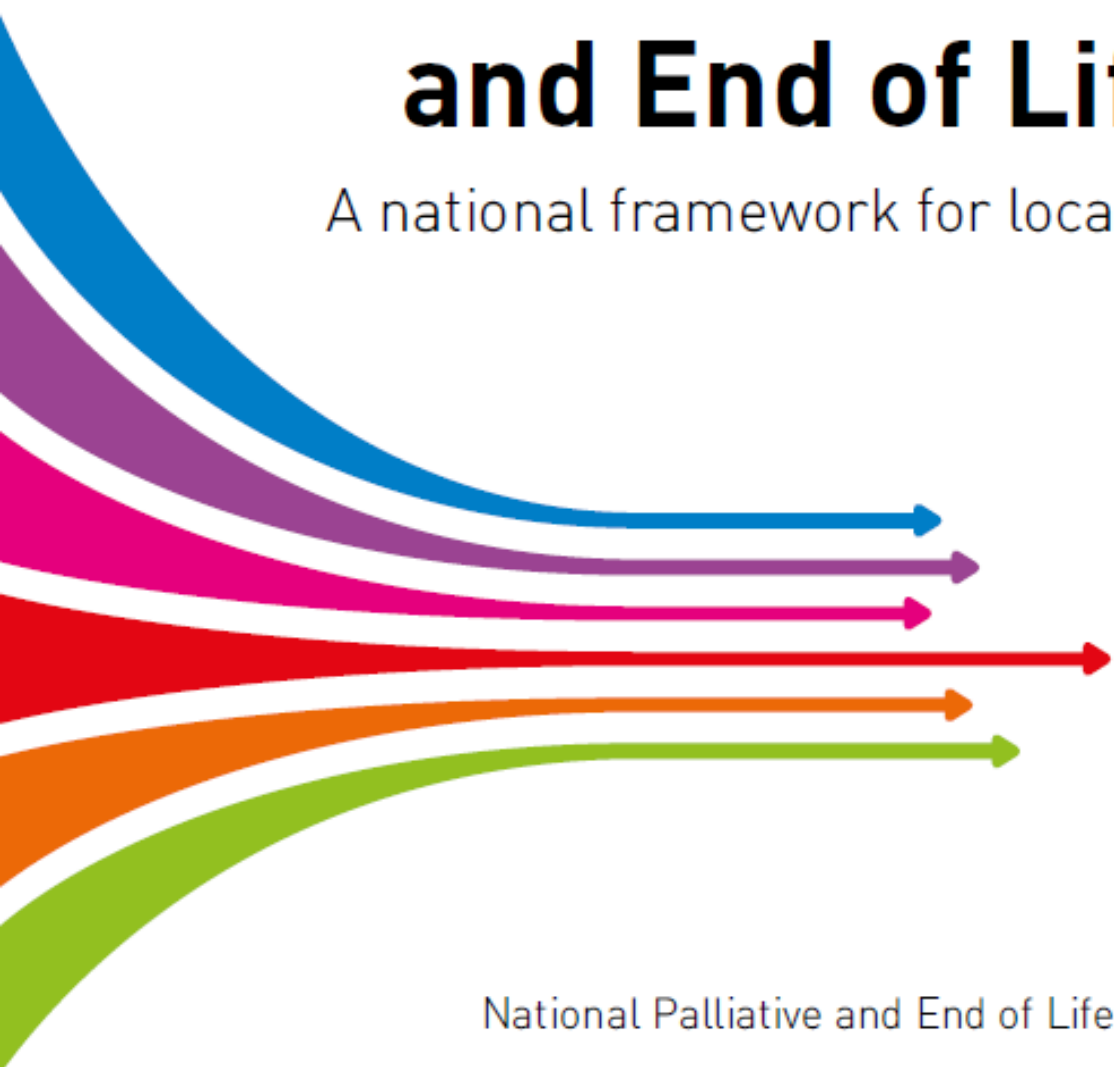
<https://www.youtube.com/watch?v=j-S03JfgHEA>



@HelenBevan @JodiOlden #EdgeTalks

Ambitions for Palliative and End of Life Care:

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National Palliative and End of Life Care Partnership