

COMMISSIONING PALLIATIVE CARE SERVICES



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Why should the PCT as Commissioners have a particular focus on Palliative Care?

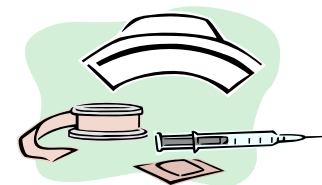
- Developing Palliative Care Services gives a real opportunity to:
 - improve services for patients
 - improve support to relatives and carers
 - enable a greater level of patient choice
 - support the principle of a 'good death'
- Reduce repeated unplanned admissions to acute beds
- Move resource expenditure from Secondary Care into Primary Care to enable services to be delivered in the patient's home or closer to the patient's home.



Palliative Care is currently delivered by:

- Specialist Palliative Care Services
- the Voluntary Sector
- Secondary Care through Specialities
- Primary Care
- General Palliative Care Services
- Carers and Relatives
- Social Services

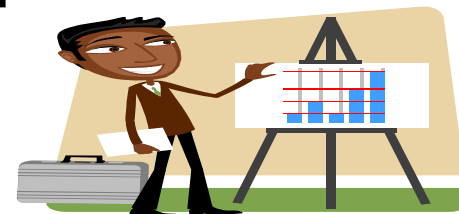
BUT Services may have grown up and developed in an historical and patchy way . . .



As Commissioners we now need to understand..

- Statistics around deaths in hospital and what proportion of patients would have preferred to die at home
- The numbers of unplanned admissions for end of life care for cancer and non-cancer patients (and consequent expenditure in Secondary Care)
- The current range of services and the *level* and *type* of unmet need

We **THEN** need to decide our priorities with our partners, GPs, and patient groups and take into account national guidance



What have we been up to so far ! . .

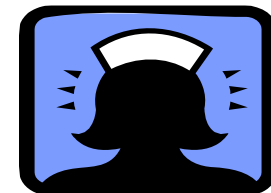
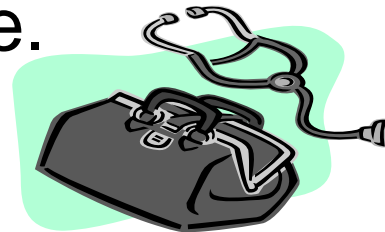
- We have worked closely with Secondary Care Partners and GPs in developing a General Palliative Care Service (Cancer and Non-Cancer) in Bournemouth

(Aiming to avoid 300 - 600 deaths in hospital per year)
Service established 3 years ago

- We are now developing a General Palliative Care Service for Poole

(Aiming to avoid 400 – 500 deaths in hospital per year)

These services will complement existing services in Primary and Secondary Care.





What next . . . ?



- Really understand how we can work within the Commissioning Framework and use the tariff/PbR to improve services for patients
- Continue to seek ways of identifying unmet need
- Ensure effective interagency, integrated working
- Understand what our local population sees as priorities for investment
- Work with partners in supporting third sector provision
- Be clear about a total care model and patient pathways for the population of Bournemouth and Poole
- Always focus on a patient centred, outcomes based approach to service redesign.