

The National Context

End of Life Care and Dementia Care – Fitting it all Together

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NCPC

What is NCPC?

- **The umbrella body for palliative care**
- **Influences government policy**
- **Supports all sectors involved in providing, commissioning and using hospice and palliative care services**
- **Promotes palliative care for all**
- **Provides guidance on best practice**

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End of Life Care – the Increasing National Focus

www.ncpc.org.uk

Background

- **Around 500,000 people die in England each year**
- **DH has never had a comprehensive strategy on end of life care**
- **Some patients receive excellent care, others do not**
 - **54% of complaints in acute hospitals relate to care of the dying / bereavement care (Healthcare Commission 2007)**
- **Hospices have set a gold standard for care**

End of Life Care

- **New Minister**
- **White Paper**
- **PCT Baseline Reviews**
- **End of Life Care Strategy**
- **NAO Review of End of Life Care**
- **Lord Darzi NHS Review**
 - SHA EoLC Lead
 - Emerging Themes

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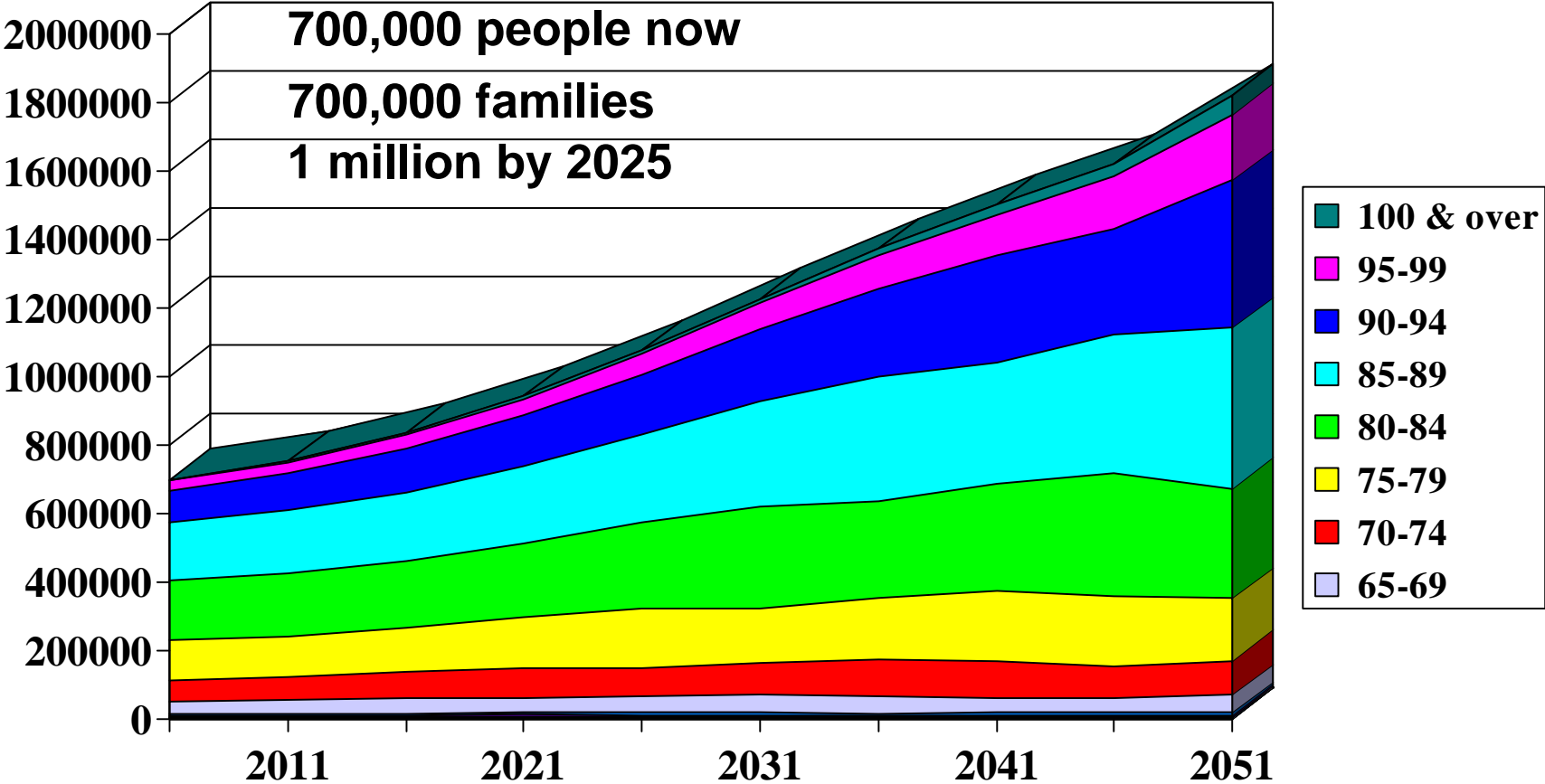
Dementia – the Increasing National Focus

www.ncpc.org.uk

Dementia UK 2007 Results



Numbers of people with late onset dementia by age group



Making the Case for Palliative Care Need at Population Level

Age Bands	65 to 74	75 to 84	85+
Cancer			
Number of deaths	33305	43330	20474
Number with dementia	977	3800	5951
% with dementia	2.90%	8.80%	29.10%
Circulatory			
Number of deaths	31548	71469	67962
Number with dementia	941	6319	19992
% with dementia	3.00%	8.80%	29.40%
Respiratory			
Number of deaths	9615	21019	18239
Number with dementia	283	1817	5224
% with dementia	2.90%	8.60%	28.60%

Older people may have different and more complex needs because:

- They are most commonly affected by multiple medical problems;
- The cumulative effect of these may be greater than any individual disease;
- They are at greater risk of adverse drug reactions and iatrogenic illness;
- Minor problems may have a greater cumulative psychological impact;
- Problems of acute illness superimposed on physical or mental impairment, economic hardship and social isolation and
- There is a tendency for under-assessment and under-treatment of symptoms compared with younger people

Patients with end stage dementia had a number of symptoms for which they did not receive effective palliative care – analgesia was infrequently used, dying phase not recognised and some people given antibiotics inappropriately in last days of life. (Lloyd-Williams and Payne, 2002)

Dementia

- **NAO Review**
- **National Dementia Strategy**
- **Mental Capacity Act**
- **Dignity in Care**
- **National Audits of Dementia Services**

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End of Life Care Pathway: Key steps

Strategic Coordination (PCTs and LAs)

- Public awareness and discussion



- Discussion with patient as end of life approaches + assessment + care plan



Coordination +/- register



Integrated service delivery (community, hospitals, care homes, hospices etc.)



Review



Last days of life



Death



Care after death

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Strategic coordination

Care Pathway

- **Triggers for initiating end of life care discussions.**
- **Ascertaining current levels of service and any modifications to the pathway.**
 - Establishing palliative and end of life care needs so modifications to assessment.
 - Ascertaining workforce development needs across settings.
- **Working to assist implementation in a variety of settings**

- **Workforce Development** – survey, competences, levels of staff, ongoing work.
- **Outcomes**
- **Commissioning and Funding** – baseline review survey, needs assessment development, care homes, MDS
- **Regulation**

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