

## Palliative care

16 April 2005

- Labour is improving the care for people coming to the end of their lives. Our 2005 manifesto pledges: *“In order to increase choices for patients with cancer we will double the investment going into palliative care services, giving more people the choice to be treated at home.”*
- A recent research project looked at people’s preferences regarding where they would like to be when they die. In their studies more than 50 per cent of respondents – and in some cases more than 75 per cent – said that they would like to die at home. However the reality is that only 25 per cent of cancer patients do so, with more than 50 per cent still dying in an NHS hospital.
- Our manifesto pledge responds to this campaign. We recognise that double the proportion of cancer patients would like to have the choice to die at home. It would involve a major information campaign for patients, carers and healthcare professionals to raise awareness of the issues around choice of place of death. In addition, it would involve the removal of barriers in service provision that make it more difficult for patients to die at home.
- Marie Curie are already organising a pilot with Department of Health funding and we will develop an additional 11 pilots costing £22 million.
- We are already increasing the pool of staff trained in palliative care. This will ensure that all patients, irrespective of their diagnosis, have access to high quality palliative care and more choice in where they wish to live and die.
- Our Gold Standards Framework aims to improve palliative care provided by the whole primary care team and is currently being used by over 500 GP practices across 30 out of 34 cancer networks. It enables those approaching the end of life to be identified, their care needs assessed, and a plan of care with all relevant agencies, put in place. The framework focuses on optimising continuity of care, teamwork, advanced planning (including out of hours), symptom control and patient, carer and staff support.
- As recommended by the Health Select Committee, we have already encouraged strategic health authorities (SHAs) to engage with local champions to assess the palliative care needs of the local population and to set out agreed plans to meet those needs.
- Over time, this investment will result in greater choice for patients in where they wish to live and die. This will bring about a decrease in the number of older people transferred from care homes to a district general hospital in the last week of life, and a decrease in emergency admissions of patients nearing the end of life who expressly wish to die at home.