

*inside*

# PALLIATIVE CARE

The quarterly magazine from the National Council for Palliative Care



## INTO THE FUTURE

How the End of Life Care Strategy will improve palliative care

THE  
NATIONAL  
COUNCIL FOR  
PALLIATIVE  
CARE

Volume 5  
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# THE NATIONAL COUNCIL FOR PALLIATIVE CARE

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## About NCPC

The National Council for Palliative Care (NCPC) is the umbrella organisation for all those who are involved in providing, commissioning and using palliative care and hospice services in England, Wales & Northern Ireland. NCPC promotes the extension and improvement of palliative care services for all people with life-threatening and life-limiting conditions. NCPC promotes palliative care in health and social care settings across all sectors to government, national and local policy makers.

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Eve Richardson

The National Council  
for Palliative Care

The Fitzpatrick Building  
188-194 York Way  
London  
N7 9AS

Tel: 020 7697 1520  
Fax: 020 7697 1530  
Email: [enquiries@ncpc.org.uk](mailto:enquiries@ncpc.org.uk)  
Web: [www.ncpc.org.uk](http://www.ncpc.org.uk)

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# *in this edition*

'The time is right for palliative and end of life care' was the positive message of an influential Strategic Health Authority Chief Executive, on the launch of their plans for end of life care. He went to say that he expected NCPC to hold them to account... and we will. This edition of *Inside Palliative Care* focuses on the launch of the National End of Life Strategy for England on 16<sup>th</sup> July. We welcome the strategy and the commitment to double the investment in funding, and we highlight how NCPC intends to support its implementation and to monitor its success.



We are delighted to be leading on the development of a new broad-based national coalition of organisations promoting greater public discussion and awareness of all issues around death and dying that was announced in the strategy. Our aim will be to work over time to help change attitudes in society and to promote the normalising of death so that it can be seen as an important part of life's cycle. To influence society we must work together with professionals and organisations across all sectors, with the public and the media and with politicians. Locally this means working in communities with schools, colleges, old age charities, employers, funeral directors, hospices and community groups to embrace this, promoting discussion and offering support. There will not, however, be a quick fix to change things. So, to make sure we get it right, over the next few months we will be actively discussing proposals and plans with partners, stakeholders and other experts.

On page 10 we look at the new Transitions Partnership which aims to ensure that young adults get good end of life care, in line with their choices and appropriate to their needs. At the other end of the spectrum we focus on the National Dementia Strategy (page 17) and the need to ensure that it includes end of life care and is positively linked to the End of Life Care Strategy.

Finally, I am pleased that the Welsh Assembly has committed new funding to improve palliative care across Wales (page 24). The funding comes as part of a wider investment in healthcare which should result in real benefits for patients.

*Eve*

Eve Richardson  
Chief Executive

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# NCPC news

## New faces at NCPC

Emily Sam joins NCPC as Deputy Director of Policy Development. Emily joins us from MS Society in their policy and campaigns team. Whilst there she helped develop and coordinate a project exploring paediatric MS, a new area for the Society, and led on many of their responses to national consultations including to the End of Life Care Strategy and to the Darzi Review. Prior to the MS Society, Emily was Senior Public Policy Officer at Help the Hospices, where her role included supporting the organisation's work on hospice funding.

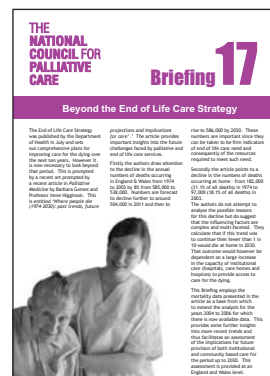
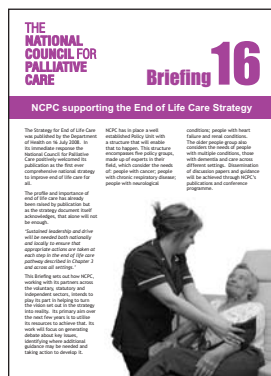


Adrian Jones has joined the team as Information Analyst. Previously he was a database developer at Barnet PCT, creating and maintaining databases for their Stop Smoking Service. Prior to that Adrian worked as a software developer for a number of companies, specialising in object-oriented development.



Kevin Miller is NCPC's newest recruit to our Board of Trustees. He joins the Board after a long career in the civil service, most recently as Director of Social Services for Wirral Council, and previously as the District Manager for operational services in Warrington at Cheshire County Council. Kevin's experiences leading social care organisations through legislative change will be a great asset to NCPC as the End of Life Care Strategy reaches beyond health and into social care.

## Latest publications



NCPC's three latest titles will be published soon:

**Multiple Conditions: Multiple Challenges** looks at the ageing population and increasing number of people facing the end of life with multiple conditions. This important guidance is designed to support both providers and commissioners.

**Briefing 16: Supporting The End of Life Care Strategy** sets out how NCPC, working with its partners across the voluntary statutory and independent sector, intends to play its part in helping turn the vision set out in the strategy into reality.

**Briefing 17: Beyond The End of Life Care Strategy**, jointly produced with the Cicely Saunders will look further into the future with an ageing population and the capacity implications for institutional and community-based care.

Subscribers will receive all three titles over the coming weeks. Non-subscribers can order their copy from [www.ncpc.org.uk/publications](http://www.ncpc.org.uk/publications) or from Anamica Khare on 020 7697 1520 or [a.khare@ncpc.org.uk](mailto:a.khare@ncpc.org.uk)

# INTO THE FUTURE

## *How the End of Life Care Strategy will improve palliative care*

The End of Life Care Strategy for England (EOLCS) was published by the Department of Health (DH) on 16<sup>th</sup> July 2008. In its immediate response NCPC positively welcomed its publication as the first ever comprehensive national strategy to improve end of life care for all. We applaud the work of Mike Richards and his team in developing it. The profile and importance of end of life care has already been raised by publication but as the strategy document itself acknowledges, that alone will not be enough.

*“Sustained leadership and drive will be needed nationally and locally to ensure that appropriate actions are taken at each step in the end of life care pathway...and across all settings.”*

Working with partners across the voluntary, statutory and independent sectors NCPC will play its part in helping to turn the vision set out in the strategy into reality. Its primary aim over the next few years is to utilise its resources to achieve that. Its work will focus on generating debate about key issues, identifying where additional guidance may be needed and taking action to develop it. We are well placed with a well-established Policy Unit and a structure that will enable that to happen. All our policy groups are currently considering how best to implement the proposed End of Life Care Pathway.

### **The End of Life Care Pathway**

Central to the Strategy is the End of Life Care Pathway which is applicable to the majority of people at end of life. All stages matter: discussion as end of life approaches; assessment, care planning and review; coordination of care for individual patients; delivery of high quality services in different settings; care in the last days of life; care after death.



*Professor Mike Richards*

The Pathway as described in the Strategy is a generic framework that may need adaptation or extension for people with specific or multiple conditions. Its use will also need to be flexible according to the needs of individual patients and their families/carers and the settings in which they are cared for.

Our Policy Groups will be considering over the next few months how the recommended Pathway can best be utilised for specific patient groups. Such consideration will be supplemented by contributions from NCPC's Service User Advisory Group and its Ethics Committee. It is envisaged that the initial focus will be on recognition of triggers that would prompt first discussions with individuals about end of life care, the assessment process and how the pathway can be introduced into different care settings i.e. community, hospital, hospice or care home.

Adapting the Pathway for people with dementia may be particularly challenging. The Dementia Project Group will be basing its consideration on NCPC's publication Creative Partnerships. The next publication will include guidance on advance care planning for this patient group.

The Group is also seeking to influence the DH's National Dementia Strategy which is currently in the course of development and to ensure that it links with the EOLCS.

### **Implementation in Different Care Settings**

One of the priority areas for implementing the End of Life Care Pathway is to ensure that it is introduced and followed in care homes. We are working closely with care homes to encourage end of life care training, to promote the use of the LCP, the GSF and the PPC and to stimulate partnership working at local level. We intend to produce a resource pack to help care homes build upon the care they already offer to residents and to use for staff training, adaptable by individual care homes to suit their own circumstances.

One of the areas that requires more consideration when implementing the EOLCS is the role of the wider housing sector in end of life care. Our initial work in this area demonstrates that higher priority should be given to the needs of people living in sheltered or extra care housing. Working with Housing21, we have published initial guidance on sheltered and extra-care housing, and it is anticipated that further guidance will be produced in 2009 for those responsible for the management of those who live in this housing sector and also for community hospitals.

### **Workforce Development**

Effective implementation of the Strategy will be dependent on having in place a skilled workforce in all the settings in which people at the end of life are likely to be supported or cared for. The key areas for education and training are identified as follows: care planning/assessment for care home and supported housing staff; symptom management; care planning/assessment for NHS staff; starting the EOLC conversation; social care and domiciliary care staff; GP and primary care additional training; nurse verification of death

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