

16 July, 2013

Gateway number: 00264

Guidance for doctors and nurses caring for people in the last days of life

The purpose of this paper is to give doctors and nurses early guidance in the light of the Independent Review's recommendation that the use of the Liverpool Care Pathway (LCP) should be phased out within the next six to twelve months and replaced with an end of life care plan. While the recommendations included in the report are reviewed in detail, it is imperative that people who are dying continue to receive good end of life care.

Where the LCP is being properly used, this must not stop abruptly. Many people have experienced good end of life care using the LCP. The principles of good palliative care, on which it is based, must continue to be upheld: regular assessment and management of symptom control and comfort measures, effective communication with patients and their families, and provision of psychological, social and spiritual support. These principles hold true, whether or not the LCP or any integrated care pathway or plan for the dying is used. In keeping with standard good practice, a named senior clinician should be accountable for the care of the individual patient.

Further discussion and consultation, led by NHS England and other key stakeholders, will take place about how best to ensure that people in the last days of life, and their families, receive the best possible quality of care. In the meantime, doctors and nurses should take heed of the following advice:

Hospitals currently using the Liverpool Care Pathway (LCP)

1. For patients who are currently on the LCP, doctors and nurses should:

- Continue to reassess the patient regularly and frequently.
- Ensure a consultant review of the decision for the patient to remain on the LCP, ideally by the consultant and team who best know the patient.
- Ensure that the patient's family is aware that the patient is on the LCP, understands the reason and purpose of this, and agrees with this decision.
- Communicate with the patient (wherever possible) and family/carers regularly to address questions or concerns about any aspect of care, or the LCP itself.
- If a patient remains on the LCP, continue to implement it properly. This includes regular assessments, symptom control and comfort measures

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(including offering oral fluids and good mouth care), communication with the patient and family/carers, and provision of psychological, social and spiritual care.

- If a patient comes off the LCP, continue to pay attention to, and address, symptom control, comfort measures, and psychological, social and spiritual care, alongside any other treatment.
- Reassess the patient regularly and frequently so that the care plan can be adjusted, taking into account the patient's wishes (where known) and family's views, especially their knowledge of the patient's wishes.

2. For patients who are not currently on the LCP but who is likely to die within the next few days, doctors and nurses should:

- Assess the patient regularly and frequently so that an end of life care plan can be made or adjusted, taking into account the patient's wishes (where known) and families' views.
- Communicate with the patient (wherever possible) and family/carers regularly to address questions or concerns about any aspect of care. In particular, families need to be warned if the patient is likely to die in the next few days or hours, so that they have time to begin preparing themselves.
- Ensure that any decision to put any patient on the LCP is made only by a consultant who best knows the patient following a face to face assessment, in consultation with the patient (wherever possible) and family/carers, and other members of the multi-professional team.
- Continue to pay attention to, and address, symptom control and comfort measures (including offering oral fluids and good mouth care), and provision of psychological, social and spiritual care.

Hospitals not using the Liverpool Care Pathway (LCP)

3. For patients who are likely to die in the next few hours or days, doctors and nurses should:

- Assess the patient regularly and frequently so that the end of life care plan can be made or adjusted, taking into account the patient's wishes (where known) and family's views.
- Communicate with the patient (wherever possible) and family/carers regularly to address questions or concerns about any aspect of care. In particular, families need to be warned if the patient is likely to die in the next few days or hours, so that they have time to begin preparing themselves.
- Ensure that, if a patient is already on an integrated care pathway or plan for the dying, a consultant review of this decision takes place, ideally by the consultant and team who best know the patient. The patient (where

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possible) and family/carers should be consulted and their agreement with this plan confirmed.

- Ensure that any decision to put a patient on an integrated care pathway or plan is made by a consultant who best knows the patient following a face to face assessment and, wherever possible, in consultation with the patient and family, and other members of the multi-professional team.
- Continue to pay attention to, and address, symptom control and comfort measures (including offering oral fluids and good mouth care), and provision of psychological and spiritual care.

NB: Because of heightened awareness about the LCP at the moment, there may be increased anxiety. Professionals should go out of their way to check if patients and their families have any concern about their end of life care, whether or not the Liverpool Care Pathway (or any integrated care pathway or plan for the dying) is being used.

Patients in the community, including care homes

The patient must be assessed and the decision for the patient to remain on the LCP (or equivalent integrated care pathway) reviewed by the responsible GP, in consultation with the patient (wherever possible), family and specialist palliative care / community nursing team.

The patient should be assessed regularly and frequently so that the end of life care plan can be made or adjusted, taking into account the patient's wishes (where known) and families' views. Symptom control and comfort measures (including offering oral fluids and good mouth care), and provision of psychological, social and spiritual care are core to the care of the dying person.

Communication with the patient (wherever possible) and the family/carers should take place regularly to address questions or concerns about any aspect of care. In particular, families need to be warned if the patient is likely to die in the next few days or hours, so that they have time to begin preparing themselves.