

At any time of day and night?

Simon Chapman

One of the key objectives of the End of Life Care Strategy (Department of Health, 2008) is to enable people to be cared for and die in the community setting of their choice. This will very often be the place that they are currently living. 24/7 services are a vital component of that; people need to be able to access care and support around the clock.

The need for better coordinated 24/7 care and support has been a constant feature in feedback from people with personal experience of the end of life that the National Council for Palliative Care (NCPC) and the Dying Matters coalition work with. Their insight has helped shape our thinking. For example, as we explained in our recent discussion document 'Are you there? Reviewing specialist palliative care inpatient admissions criteria' (NCPC, 2011) we have decided no longer to use the hitherto common phrase 'out of hours' to describe these services, and are encouraging others to stop doing so as well.

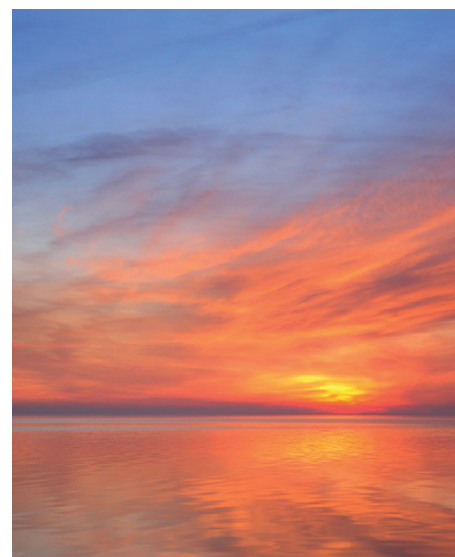
This is in response to a question from a carer: 'Out of hours? Whose hours are we talking about?' Carers and people approaching the end of life do not keep office hours. Their needs can arise at any time. There are 168 hours in the week and less than 25% of them come within so-called normal office hours of 9.00–5.00 Monday–Friday. The language of 'out of hours' is, as the questioner effectively pointed out, entirely provider-focused. 'Out of ordinary office hours' would be more honest, but still falls short of what people need.

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Therefore, the fact that the National Institute for Health and Clinical Excellence (NICE) has recognized the importance of 24/7 services in its recently-published quality standard on (NICE, 2011), and taken care to express this in clear and robust language, is very much welcomed. The quality standard contains 16 statements about services that, when delivered collectively should contribute to improving the effectiveness, safety and experience of care for adults approaching the end of life and the experience of their families and carers. Four of those sixteen statements describe services that people approaching the end of life should be able to access 'at any time of day or night'. They include access to physical and psychological care and support including provision of medicines and equipment; co-ordination across all settings; appropriate urgent care if they experience a crisis; and access to specialist palliative care.

NICE quality standards are not mandatory. However, it is to be hoped that this quality standard will be used to inform service specifications and that local commissioners and providers will be held accountable against it. Ensuring that people approaching the end of life can access these key services 'at any time of day or night', should they be needed, is a powerful but necessary challenge to the NHS and voluntary sector, if people are to be able to live and be cared for in the community setting of their choice until the end of life.

This quality standard applies to all people approaching the end of life by which it means: 'adults aged 18 years and older with advanced, progressive,



incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions.' This will include many people with neurological conditions.

The quality standard identifies the dementia quality standard (NICE, 2010) and other condition-specific quality standards as being related. Looking forward, it will be important to ensure that, wherever appropriate, any future condition-specific quality standards for neurological or other conditions clearly identify how care should be joined-up to include end-of-life care. From the perspective of the person approaching the end of life, whatever their condition, it is important that their care be well-coordinated and as seamless as possible, and that they can indeed access the services they need 'at any time of day or night'.

BJNN

Department of Health (2008) *End of Life Care Strategy—Promoting High Quality Care for All Adults at the End of Life*. The Stationery Office, London

National Council for Palliative Care (2011) *Are you there? Reviewing specialist palliative care inpatient admissions criteria*. NCPC, London
National Institute for Health and Clinical Excellence (2010) *Dementia quality standard*. NICE, London

National Institute for Health and Clinical Excellence (2011) *End of life care for adults quality standard*. NICE, London

Further Information

The National Council for Palliative Care
www.ncpc.org.uk