

What is Palliative Care?

Jennifer Brewer
Lead Palliative Care Nurse
Heart of England NHS Foundation Trust





"He's our new Palliative Specialist!"



"You wanted a second opinion?"

Definitions

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

(World Health Organisation, 2016)



Palliative Care.....

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications. (WHO, 2016)

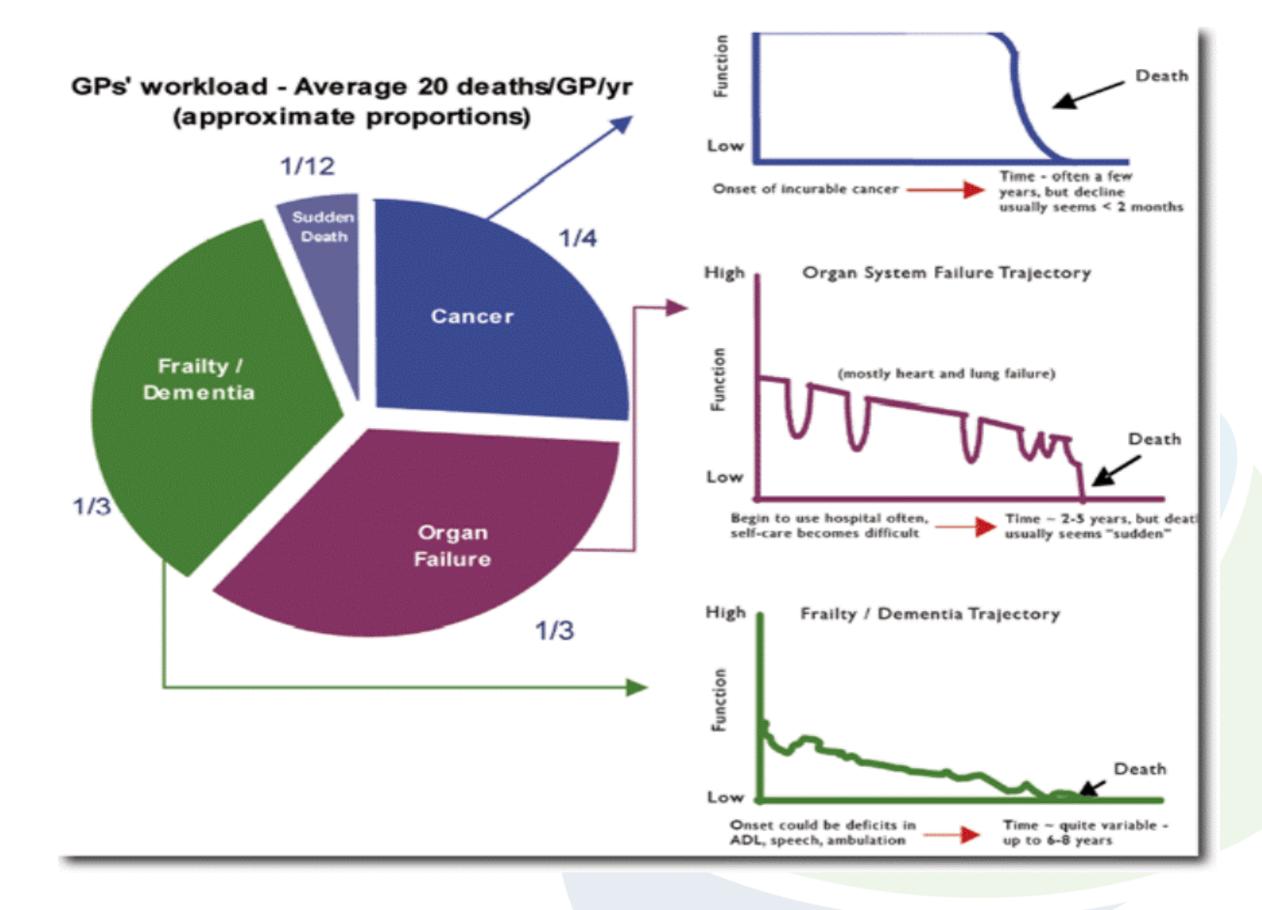




When does 'End of Life Care' begin?

End of life care should begin when you need it and may last a few days, or for months or years.





The System-wide Vision for EoLC



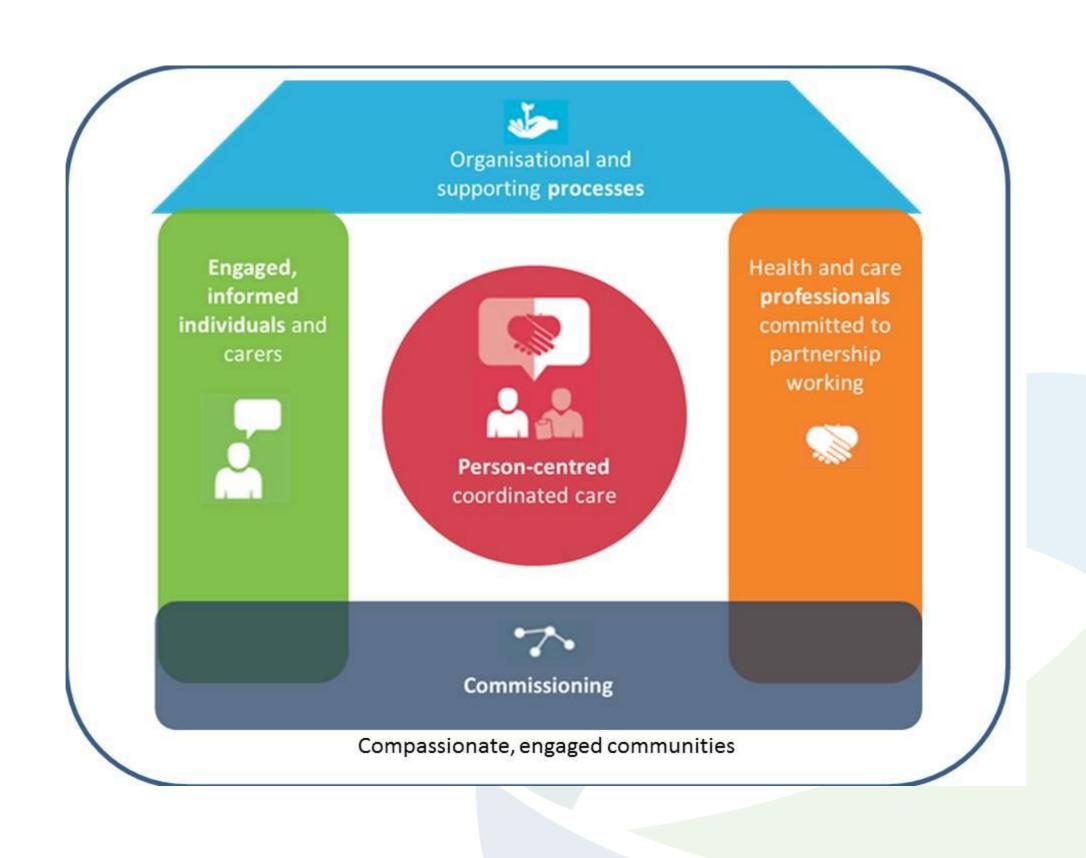
NHS England is one of the 27 partners who produced the 'Palliative & End of Life Care Ambitions: National framework for local action 2015-2020'.

Six ambitions to bring that vision about



"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."





Challenges

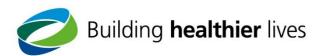
- Demographic ageing population
- Not all end of life is specialist
- Workforce
- 30% mortality in 1yr for all current hospital In Patients
- 2014/2015 Solihull Place of Death Hospital 48%, Home 22%, NH/Care Home 20%, Hospice 8%
- Nationally 25% of trust beds are used for people in the last year of their life
- If adequate support were available more than half could be cared for elsewhere
- C1800 patients referred to the palliative care team last year.
 32% referrals led to death.
- Royal College of Physicians National Audit results
- Care homes with increasingly complex needs (87% admissions via 999 calls, 44% admissions OOH, 21% no DNA CPR ?ACP)
- Focus on health based system Configured for admission avoidance not prevention



What have we been doing at HEFT?

- Specialist Palliative Care 7 days a week 9-5
- Access to Specialist Palliative Care telephone advice service 24/07
- Recognition, uncertainty, last days of life Pilots
- Rapid discharge to die at home protocol
- Profile
- Education
- Solihull vanguard single coordinated response hub
- Gap analysis of End of Life care June 2016
- Integrated Palliative and End of Life Care Strategy
- Carers Forum
- Volunteer workforce/EOLC Workforce

Be brave enough to start a conversation that matters.







Transforming EOLC in Acute Trusts

5 Key Enablers:

- Advanced Care Planning What Matters Most to you?
- Amber Care Bundle Recovery Uncertain
- Care in the last days of life
- Rapid Discharge
- EPaCCs (Electronic Palliative Care Coordination System) – Patients approaching EOLC

"You only get one chance to get it right."



