

End of Life Care for Older People in Hospital

The Independent Reconfiguration Panel report and plans to move forward with our new model of care

Dr Mark Roland, Consultant Physician & SHA End of Life Lead
Christopher Ash, General Manager

06 July 2011

Overview

- The story so far

- End of Life Support Team effectiveness
 - Clinical outcomes
 - Service user satisfaction

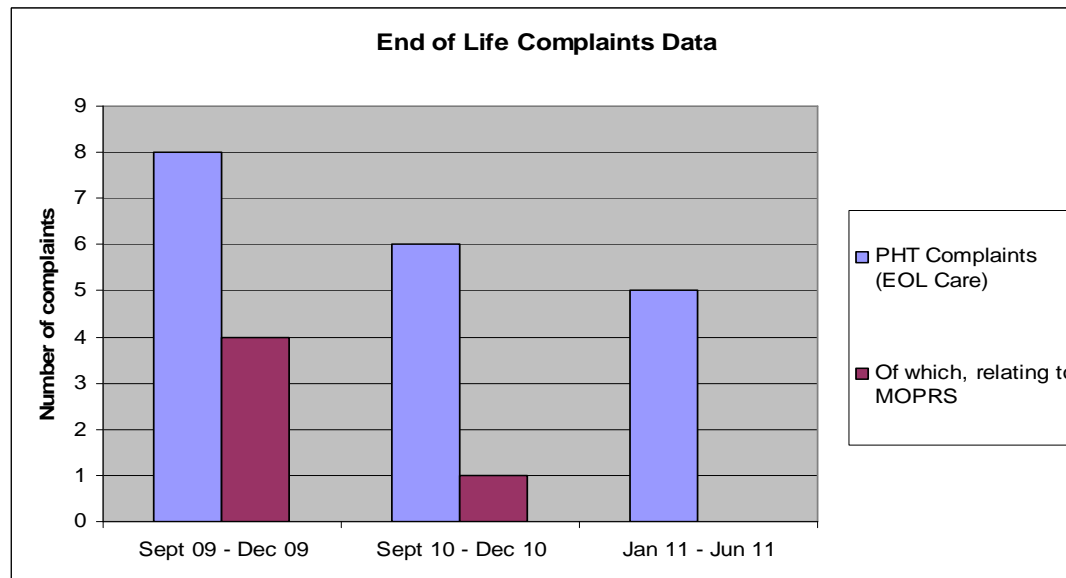
- Enacting the IRP Recommendations

Chronology

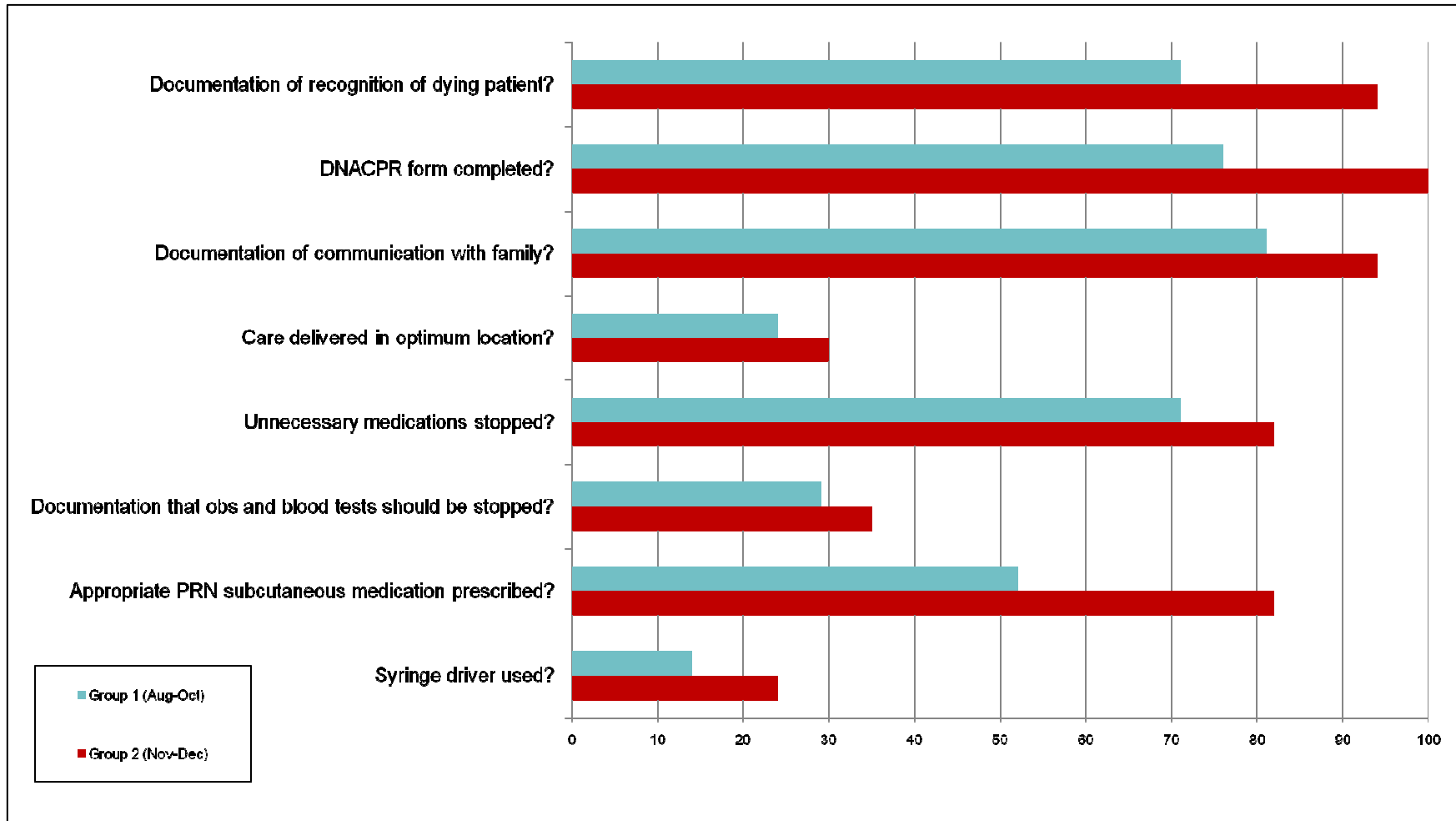
- August 2010
 - G5 ward closes to enact new Support Team model for End of Life Care
- September 2010
 - End of Life Support Team commence operation on MOPRS wards, and D3 Hip Fracture ward
- November 2010
 - End of Life Satisfaction Questionnaire launched
- December 2010
 - Secretary of State asks IRP to review service change
- May 2011 –
 - IRP report recommends that reversal of service change is not sustainable
 - Report makes wide reaching recommendations about development of End of Life care (EOLC) in the Portsmouth & South East Hampshire health system.

Impact of the new model on 'service user' satisfaction

- Overall PHT satisfaction with End of Life care 85%
- MOPRS scores highest among specialties with high inpatient deaths
 - Only 9.5% of service users report satisfaction level less than 80%
 - 40% of service users report 100% satisfaction
- Reduction in complaints related to End of Life care:



Impact of the new approach on clinical outcomes



Quality contract

2010/11

- Target 25% hospital deaths on Liverpool Care of the Dying Pathway (LCDP) – achieved 40%
- Target 40% group B staff have recorded evidence of EOLC training, achieved 37% plus an additional 150 medical staff receiving training in formal teaching sessions during year

2011/12

- Target 50% hospital deaths on LCDP – first quarter data being collated and will be available for HOSP/HOSC meetings
- Develop a locality register for EOLC incorporating advanced care planning – MR will update at meetings

Next steps – rollout plan

July 2011

Embed regular inreach to MAU/ED
Full time team leader role commences

1st September 2011

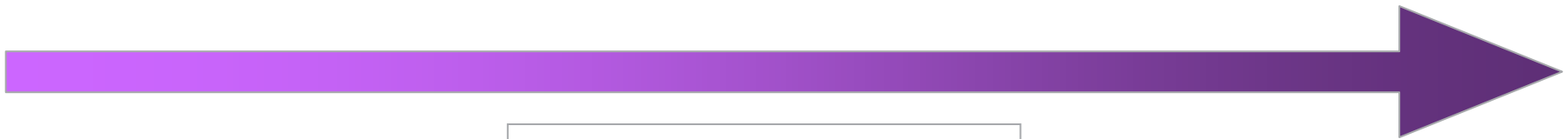
Commence visits in Surgery, MSK, Head and Neck and renal depts **(according to 'optimum' feedback)**
Team to make 'taster visits' to the rest of PHT

October 2011

Formal 12-month evaluation of model against outcomes framework

1st January 2012

Commence visits on remaining inpatient wards in PHT

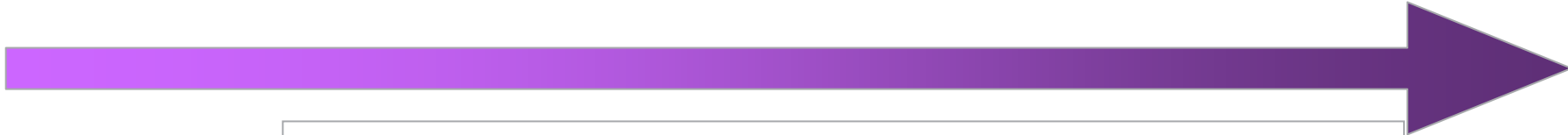


OUTCOME

Optimum results for HDSU, Head and neck and renal dept show consistent results above 75%.
Positive feedback for team from taster visits of rest of PHT- (plaudits/requests for further visits)

Optimum results remain consistently above 75% for PHT

Launch of LCP v12



Integrated working with Hospital specialist palliative care team

Succession planning for the team – i.e. ward champions

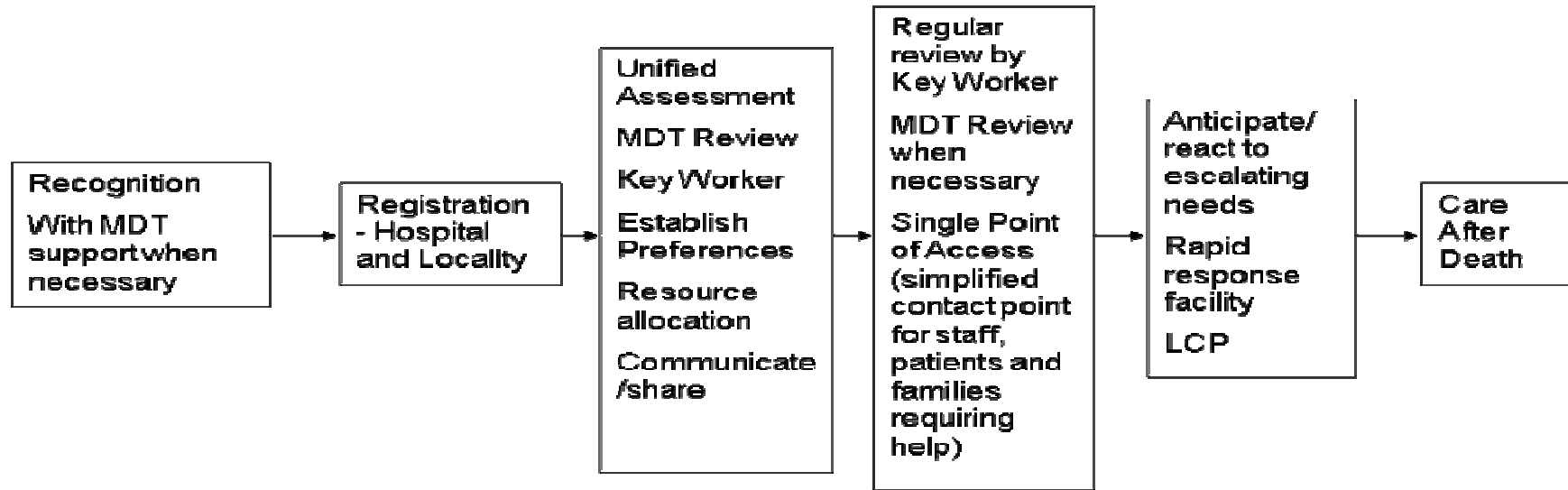
The IRP Recommendations

- 10 recommendations included in IRP report, with responsibility spread across agencies
- PHT coordinating tracking of associated actions
- Single action plan:
 - End of Life Steering Group overseeing delivery of plan
 - Task & Finish Groups with key stakeholders to monitor detailed actions
- Development of PHT End of Life Care Pathway and Strategy

IRP Recommendations and Actions to Date

No	Recommendation	Action	Due date
1	Underpinning qualities	To guide other actions	Ongoing
2	Overarching area strategy	By PCT's for 2012/13 commissioning plans	November 2011
3	Not sustainable to reopen G5	Nil specific	-
4	MOPRS EOLC operational plan	To review and enhance existing plans	Actioned
5	Reference group to review MOPRS EOL service	Establishing working group by end of July, to report by Nov 2011	July 2011 – Nov 2011
6	Reference group to audit PHT EOLC facilities	Establishing working group by end of July, to report by Nov 2011	July 2011 – Nov 2011
7	Trust Board to ensure MOPRS business plan updated to reflect recommendations from 5 & 6	As recommendation	Nov-Dec 2011
8	PHT review approach to public & Patient involvement	Review business planning policy to ensure proforma reflects communication required for specific service developments	Actioned
9	Portsmouth HOSP review policy and procedures	Portsmouth HOSP to review policy & procedures to ensure relevant issues can be identified and acted upon in a timely manner	To be agreed
10	South Central SHA to underpin whole	Under regular review with close contacts	Monthly update

PHT End of Life Care Pathway and Strategy



MDT (multidisciplinary team)

Unified Assessment

Advanced Care Planning

Rapid Response

Care After Death

Locality register

Key Workers

Single Point of Access

LCDP Version 12

Monitoring

Any questions?