

Good Progress being made at Portsmouth Hospitals NHS Trust on End of Life Care

I am writing to update you on the good work that has been carried out at the hospital over the past 12 months regarding end of life care through the work of the end of life care support team.

Following the recommendations made to the hospital by the Independent Reconfiguration Panel last year much has been progressed. A 12 month review has recently been undertaken and I am writing to share with you the outcomes.

In September 2010, the Medicine for Older People, Rehabilitation and Stroke (MOPRS) team implemented a quality, innovation, productivity and prevention (QIPP) initiative to revise end of life care for older people in the care of Portsmouth Hospitals. This involved the replacement of ward G5, a dedicated inpatient ward for patients at the end of life, with an in-reach team of experienced nurses.

The end of life care support team is a team of six registered nurses, all of whom have amassed significant experience of caring for patients at the end of their life. Their work involves looking after patients nearing the end of life and in addition they have been sharing this expertise across the organisation through education, advice and support for other clinicians. In the 12 months from September 2010 – September 2011 the team have supported clinical teams in the care of 673 patients. The service they provide is also supportive of family and friends of the dying, and these skills are also imparted to other clinicians as their work is enhancing the end of life pathway right across the hospital.

The team's work with a patient is on average three days, supporting an end-of-life approach with clinicians and initiating the Liverpool Care Pathway for the Dying (LCP). Within this time there are many decisions to be made including discussions about whether to stop acute treatment, thorough investigation of medical plans, and timely discussions with relatives where the patient lacks capacity to make decisions. Our review shows that 67% of patients seen by the team during the year were on the LCP. Nationally 29% of hospital deaths are on the LCP.

Overwhelmingly positive responses to the end of life care team have been received from families and patients. This has included a number of letters received at the Trust thanking the team and ward staff, and some printed in local press praising the quality of end of life care at the hospital.

In one letter a daughter writes of her dying father's care 'these days the news is full of all the dreadful things that can happen to the elderly so it is really fantastic for us to be able to take this time to thank you and your team for the professional way you deal with elderly patients. You probably cannot know the enormous relief for families when all the worry about care is taken away because staff take this care seriously and have prime consideration for their patients. What a lovely team of people you are on G3'.

Another daughter writes of the care her mother received "I would very much like to bring to your attention the outstanding and professional care that my mother and my family received"

The end of life care team have also been working hard to ensure improvements in privacy and dignity for patients and data from the first 12 months show that 93% of the 673 patients referred to the team died in single bed rooms. Of the remainder, some patients or families expressed the preference to remain in a bay, or there was a rapidity of deterioration in the patient and movement was not appropriate.

The Trust has also maintained, through the expertise of Dr Mark Roland, Respiratory Consultant, an active role in regional end of life care strategy. Mark supported the South Central Strategic Health Authority to align local end of life strategies across commissioning organisations in addition to leading the Trust in its own advancement in this care. Indeed the national end of life care strategy referenced Mark's work at the Trust as a model of good practice.

An addition to the strategy last year, there has been the incorporation of the Amber Project – a tier of planning and care for inpatients reaching the end of their lives but not imminently dying, and therefore not yet appropriate to place on the LCP.

As a Trust we remain committed to:

- Continuously improving the quality of end of life care delivered in Portsmouth Hospitals NHS Trust
- Improving patient comfort and dignity
- Supporting patient choice (wherever possible and safe to do so) particularly in terms of preferred place of death and working in partnership with primary care and voluntary sector providers
- Ensuring the highest standards of care and communication are extended to the dying individual's family or significant others
- Ensuring that the education and support provided to our staff is commensurate with these goals
- Ensuring that we carry our responsibility beyond death, to the respect and appropriate care of the deceased and those who have been bereaved

One of our other actions taken in the last 12 months has been the introduction of a reference group in support of the End of Life Steering Group. The reference group has membership drawn from across the Portsmouth and South East Hampshire community to provide an independent review of hospital facilities for patients and their families and also to look at our quality data collected through the relative's satisfaction survey of end of life care. This reference group is also attended by a member of the End of Life Support Team.

I hope that you have found this summary update useful. If you would like to know more about the work of the end of life care team, or the work that the Trust has taken to meet the requirements of the IRP in the last 12 months please contact my office and I will ask a member of the team to contact you.

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