



Improving services to provide holistic and personalised care for people near the end of life

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NHS England and NHS Improvement



Policy context in England

	End of life care	National
2008	National Strategy	Darzi Report
2011		
2013	More Care Less Pathway	Health & Social Care Act
2014	One Chance to Get it Right	Five Year Forward View
2015	Ambitions for Palliative and End of Life Care Framework	
2016	Choice Commitment (DHSC)	
2017		5YFV Next Steps
2019		NHS Long Term Plan GP QOF Universal Personalised Care: Comprehensive Model
2020		COVID-19
2021	Ambitions Framework refresh NHSE/I Delivery Plan Strategic Clinical Networks	Recovery Plans Integrated Care Systems



Palliative and End of Life Care Commitments

Six ambitions to bring that vision about

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"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)."



NHS England and NHS Improvement

[Ambitions for Palliative and EoLC: A National Framework 2015-2020](#)

[Six Point EoLC Commitment](#)

[NHS Long Term Plan](#)

[Universal Personalised Care: Comprehensive Model](#)

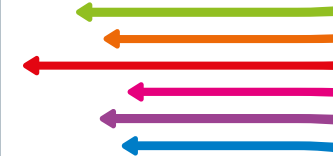
The Ambitions



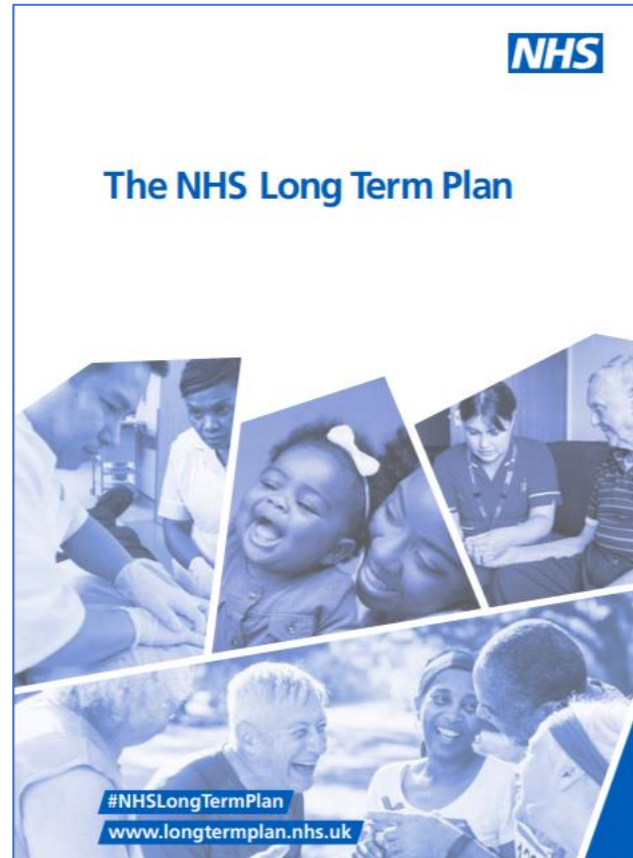
The Government's six point Commitment

As you approach the end of your life, you should be given the opportunity and support to:

- Have honest discussions about needs and preferences;
- Make informed choices about care, supported by clear and accessible information;
- Develop and document personalised care plan;
- Share personalised care plan with care professionals;
- Involve, to the extent that you wish, family, carers and those important to you; and
- Know who to contact if you need help and advice at any time.



NHS Long Term Plan



“more personalised palliative and end of life care”

- Best start in life – CYP
- Major health problems - LTC
- Ageing Well

- Doing things differently
- Prevention and health inequalities
- Backing workforce
- Data and digital technology
- Getting the most out of taxpayer’s investment



Investment and Reform: 5 year framework for GP Contract Reform: QOF reforms: QI in EoLC 2019-20

Aims - improvement in:

1. **Early identification and support for people** with advanced progressive illness who might die within the next 12 months
2. **Well-planned and coordinated care** that is responsive to the person's changing needs with the aim of improving the experience of care
3. **Identification and support for family/informal caregivers**, both as part of the core care team around the patient and as individuals facing impending bereavement



Palliative and End of Life Care (PEoLC): pre-pandemic

Challenges

- Open and honest conversations
- Information sharing
- Coordinated care
- Funding pressures
 - Fragility of some hospice providers
 - Pressure on NHS providers
- Social care
- Workforce
- Technology limitations

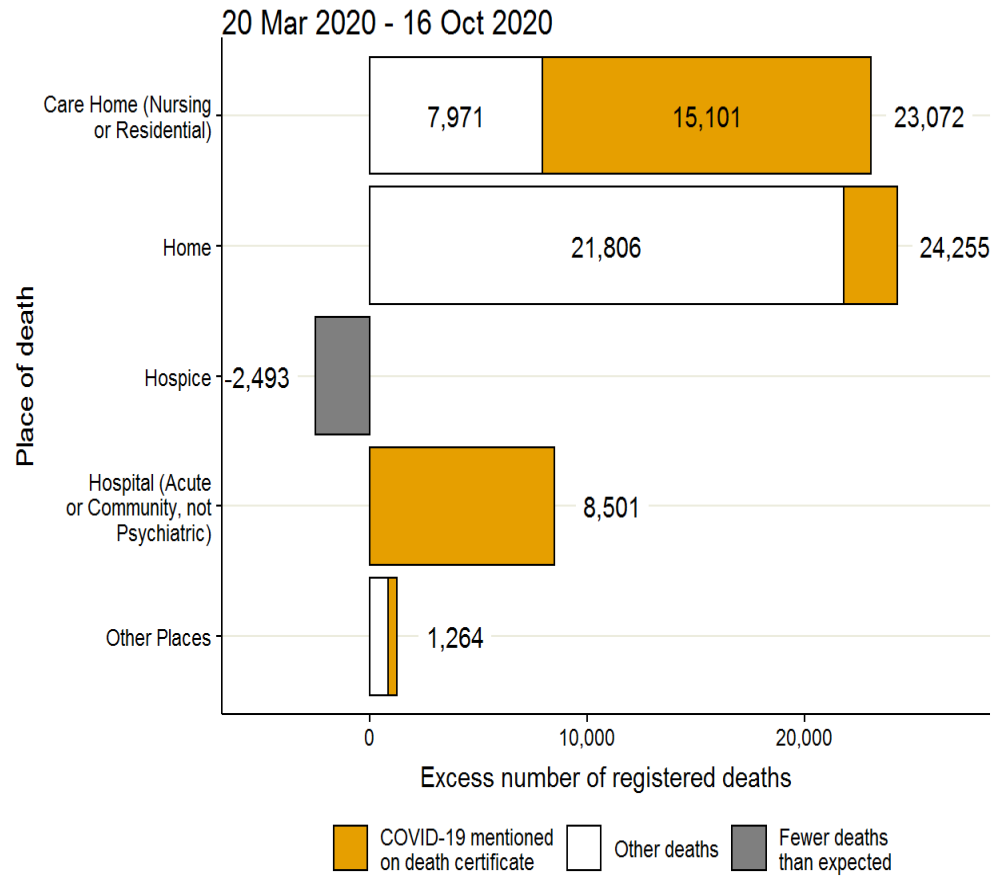
What we are good at

- Working across boundaries:
 - Health-social care
 - Primary-secondary care
 - NHS-voluntary sector
- Listening to the person
- Personalised care and support
- Encompassing the unpaid carer
- Problem solving
- Adaptability



A

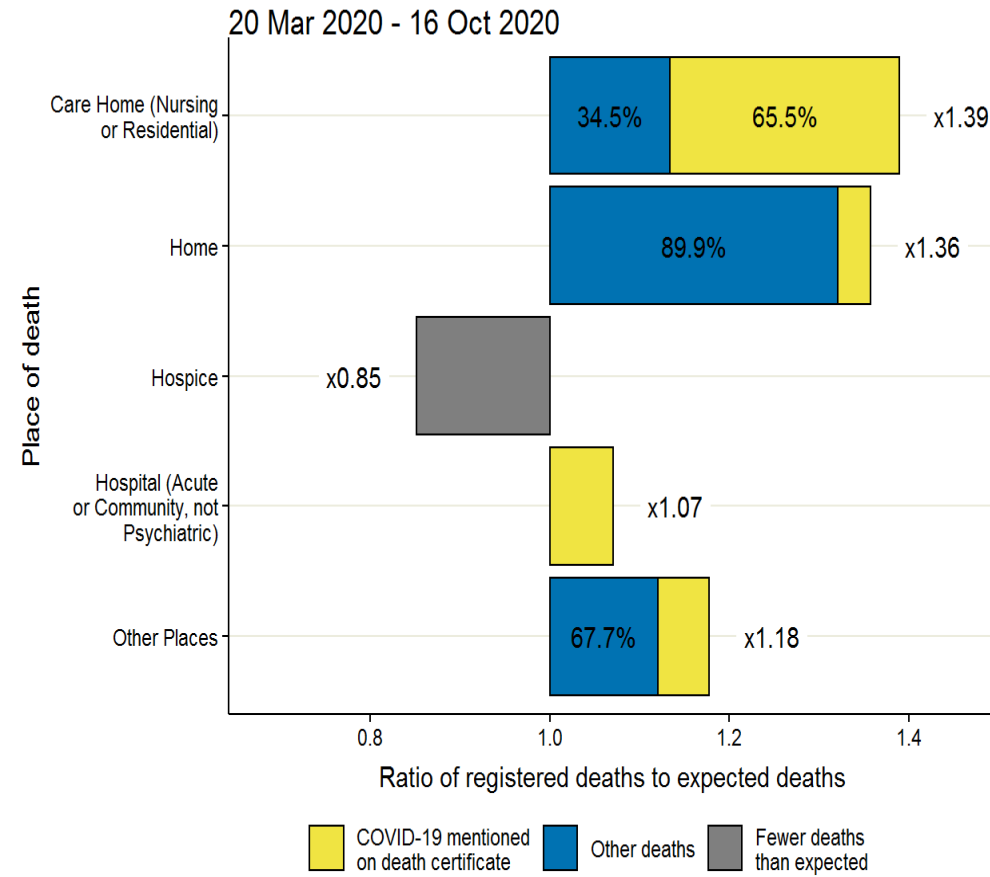
Excess Deaths in England



Source: Public Health England analysis of ONS death registration data

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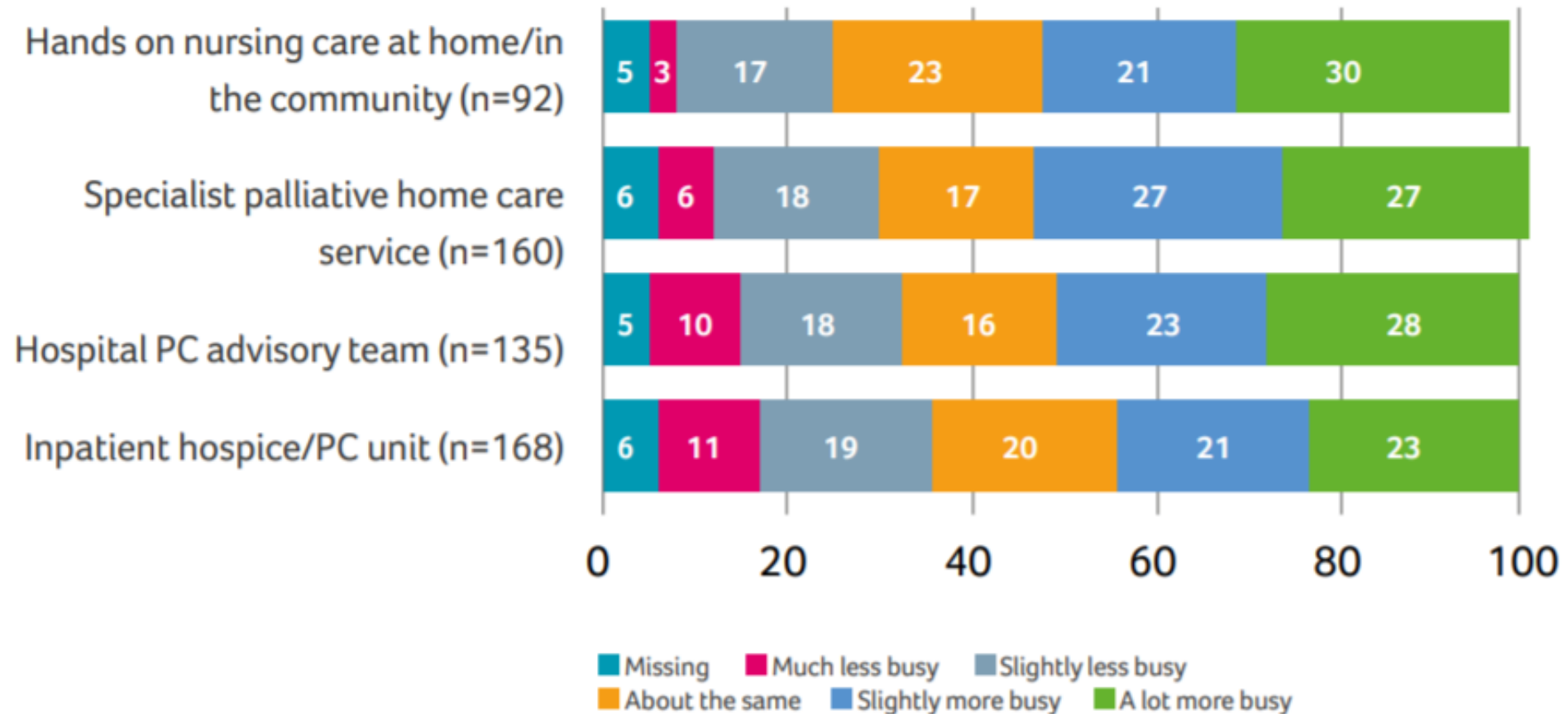
Ratio of Registered Deaths to Expected Deaths in England



Source: Public Health England analysis of ONS death registration data



Change in busyness of services



Source:
<https://www.mariecurie.org.uk/global-assets/media/documents/policy/policy-publications/2021/better-end-of-life-report-briefing.pdf>



Palliative and End of Life Care (PEoLC): during the pandemic

- At the front line:
 - Direct care of the person – different ways of working
 - Communicating remotely with families/those important to the person – and supporting
 - Educating and upskilling colleagues
 - Supporting colleagues
 - Looking after each other
- In the background:
 - Collaborative working and mutual aid
 - Enhancement of digital technology
 - Guidance
 - Supplies – medicines, equipment, PPE, testing
 - Care setting specific support – acute, at home, care homes, hospices, Nightingale Hospitals



Lessons learnt

- Importance of effective communication
- Central versus local 'control'
- Innovation, resilience and fragility:
 - Ways of working
 - Collaboration across boundaries
 - Role of digital technology
 - Workforce
- Pressure points in the community
- Physical and emotional impact
 - Long COVID
 - Bereavement
- Recovery is hard: patients/families, staff, system



NHSE/ Planning Guidance 2021/22

1. Supporting health and wellbeing of staff – action on recruitment and retention
2. Delivering NHS COVID vaccination programme and care
3. Building on learning – transform delivery of services, accelerate restoration of elective and cancer care and manage demand on mental health services
4. Expand primary care capacity to improve access, health outcomes and address health inequalities
5. Transform community and UEC to prevent inappropriate attendance at ED, improve timely admission to hospital for ED patients and reduce LOS
6. Working collaboratively across system to deliver on these priorities



Classification: Official

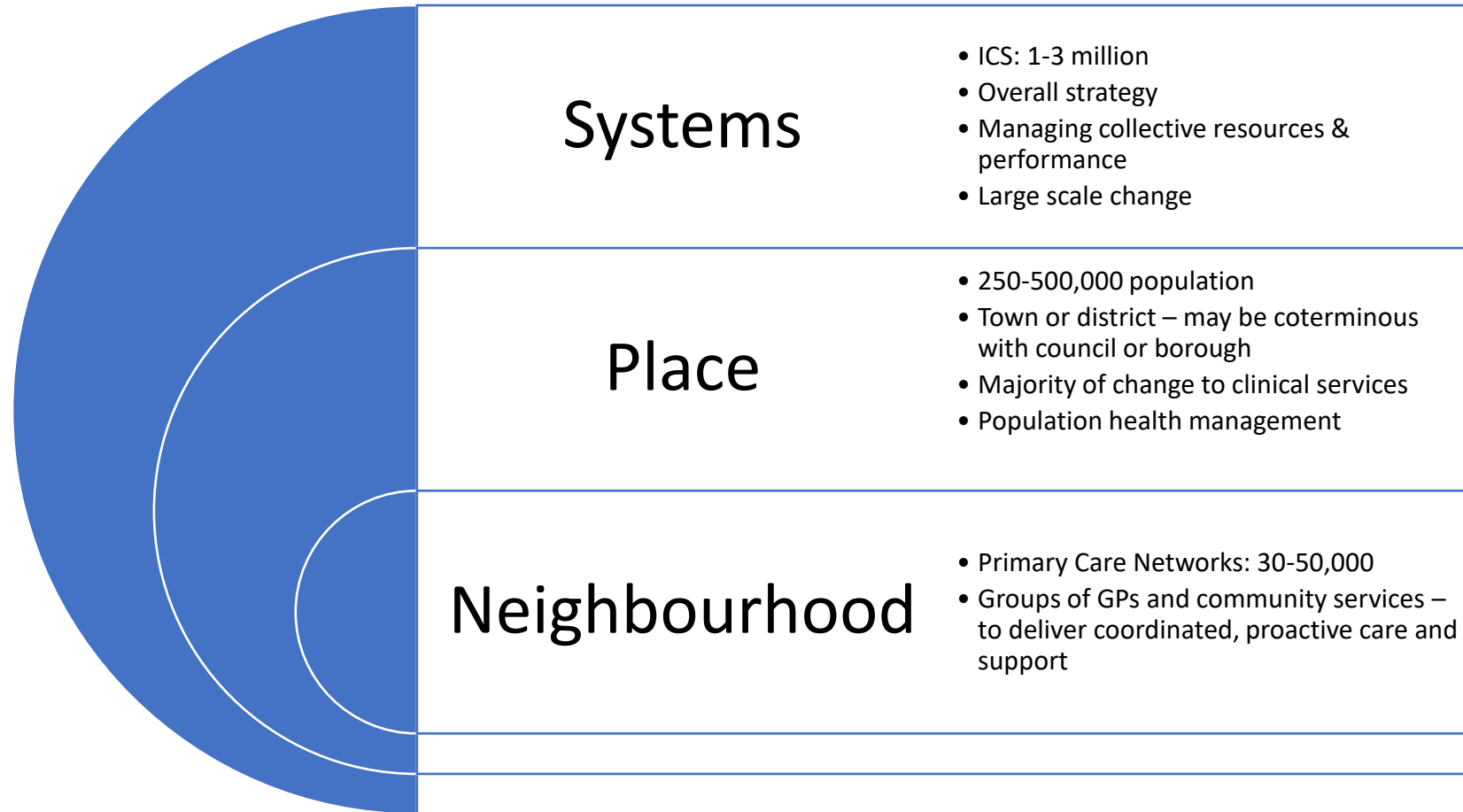
Publications approval reference: PAR642



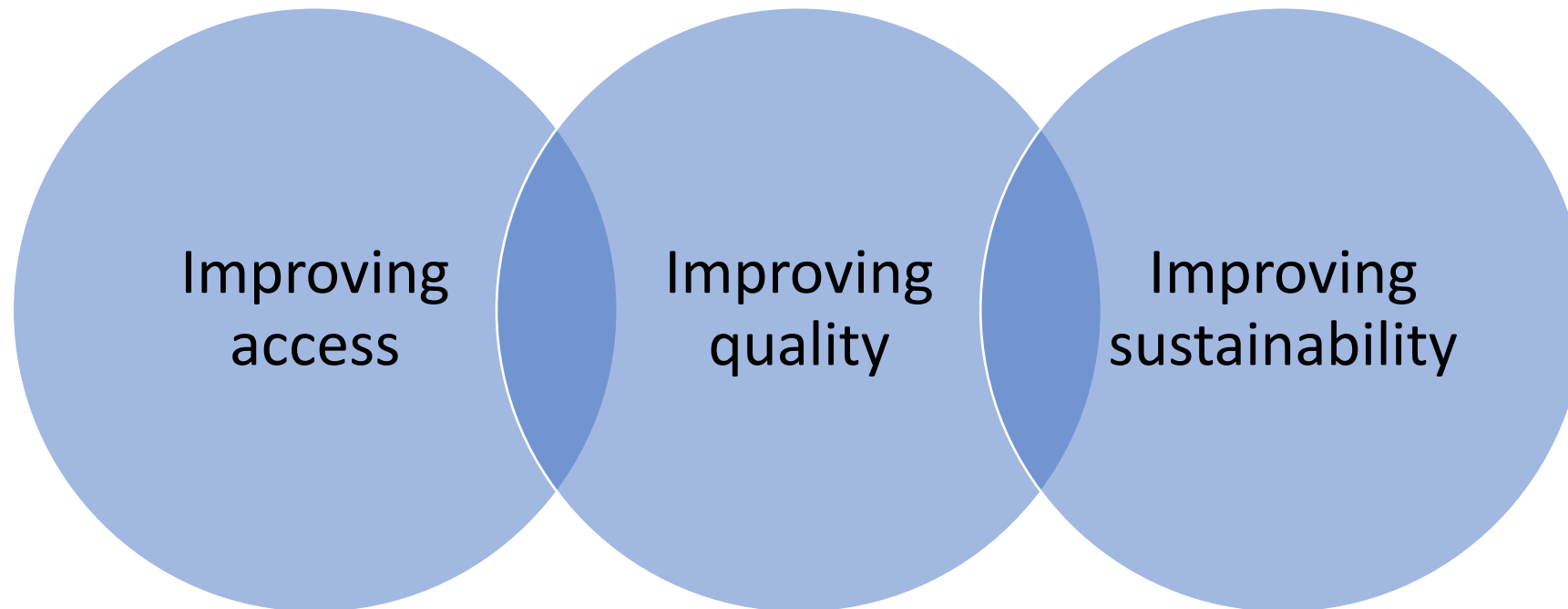
Integrated Care Systems: design framework

Version 1, June 2021





National PEOLC Programme



PEoLC Strategic Clinical Networks

Strategic Clinical Network for PEoLC:

- provides strategic clinical leadership
- brings together partners at regional level
- provides support for ICS level PEoLC networks
- helps to aligns national and local priorities and direction of travel
- facilitates sharing of good practice at regional and national level

Each PEoLC SCN has – at regional level:

- Senior Responsible Officer
- Clinical Lead
- Network Manager

Support from national team:

- Named regional relationship manager
- National Clinical Director support for Regional Clinical Leads



Getting to Outstanding: system-level improvement

	Outstanding	Good	Requires improvement	Inadequate
2016	19	156	81	11
2017	19	127	60	4
2018	23	134	47	4
2019	27	140	36	2
2020	42	155	21	3
2021	39	145	21	3



Opportunities to participate

- National PEoLC programme – Strategic Clinical Networks
- Ambitions Framework refresh
- Sharing your good practice in national webinar series
- PEoLC Practitioner Network – Future NHS Collaboration Platform: to enrol, email sherree.fagge@nhs.net
- PEoLC mailbox: england.palliativeandendoflife@nhs.net

