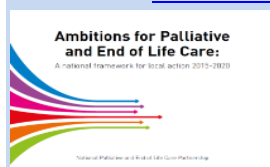


West Midlands STP/ICS Palliative & End of Life Care Blueprint: 2018/19, what you need to know this year.

Enabling patients to have choice at the end of their lives, and experience great care and outcomes is important for all people, regardless of age or condition. Strategic and operational planning for great care and outcomes may also help you to make best use of your healthcare budget. The following information should help guide your leadership team when considering high quality and cost-effective interventions in palliative and end of life care.

This <http://endoflifecareambitions.org.uk/> is the national palliative and end of life care framework for local action. It is for all people, of all ages, with all conditions and in all care settings; a detailed self-assessment tool is also available at ENGLAND.endoflifecare@nhs.net. Both help population level strategic and operational planning.



There are quality and cost-effective approaches in palliative and end of life care including this Public Health England Tool and Report <http://www.endoflifecare-intelligence.org.uk/resources/publications/costeffectivecomm> and NHS RightCare Long-Term Condition Scenarios, comparing common sub-optimal but typical scenarios against ideal pathways [Katie's story: Colorectal Cancer – full narrative](#) and [Sarah's story: Parkinson's – full narrative](#) and <https://www.england.nhs.uk/publication/getting-the-dementia-pathway-right/> also available: 'how to' commission specialist-level care guidance <https://www.england.nhs.uk/resources/resources-for-ccgs/#palliative>

Your local NHS RightCare Delivery Partner <https://www.england.nhs.uk/rightcare/how-can-we-help-you/delivery-partners/> may be interested in exploring your 'opportunities' with you, by highlighting data and 'opportunities' from <https://www.england.nhs.uk/rightcare/products/ltc/>; additional mechanisms for monitoring 'patient reported outcome measures' in supportive and palliative care also exist. The CCG IAF now includes *Metric 105c: the percentage of deaths with three or more emergency admissions in last three months of life*, both trend and comparator data.

To see how *your* CCG/STP locality measures up to others in the West Midlands, view the in-depth West Midlands reports and recommendations, below and overleaf, created with you and your STP/ICS in mind, at: <http://www.strategyunitwm.nhs.uk/publications/palliative-and-end-life-care-west-midlands> and <https://www.strategyunitwm.nhs.uk/publications/palliative-and-end-life-care-report-children-and-young-people> and <https://www.strategyunit.co.uk/publications/status-electronic-palliative-care-coordination-systems-west-midlands>

Did you know that interventions to enable great palliative care may also help you to address some of your other commissioning/planning priorities? Your bespoke national 'STP Data Pack' will detail how, and also contain further information about cost-effectiveness and quality tools; please request yours here ENGLAND.endoflifecare@nhs.net

'Patients, citizens and the Government have said all this really matters. Find out more at: <https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response> <http://www.ncpc.org.uk/news/every-moment-counts-new-vision-coordinated-care-people-near-end-life-calls-brave-conversations>

There is also a useful repository of nationally-available information from The National Palliative and End of Life Care Partnership at: <http://endoflifecareambitions.org.uk/resources/>

If you need strategic clinical leadership advice, please ask your clinical lead or STP clinical group chair to contact local expert our clinical director at NHS England West Midlands, Dr Joanne Bowen england.eolnetwork@nhs.net or joanne.bowen2@nhs.net

The National End of Life Care Team, Personalised Care Group, NHS England is led by National Clinical Director for End of Life Care, Professor Bee Wee. The team can be contacted at ENGLAND.endoflifecare@nhs.net

STP/ICS Recommendations 'at a glance' condensed from longer reports/publications:

Six National 'Ambitions':

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

Supported by 8 Foundations

<http://endoflifecareambitions.org.uk/resources/>

Six Point 'Choice Commitment': people at end of life should be able to:

1. Have honest discussions with care professionals about their needs and preferences
2. Make informed choices about their care
3. Develop and document a personalised care plan
4. Discuss their personalised care plans with care professionals
5. Involve their family, carers and those important to them in all aspects of their care as much as they want
6. Know who to contact for help and advice at any time

<https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response>

Six WM STP/ICS Recommendations – 'all ages':

1. Establish demand & capacity plans for EoLC.
2. Jointly commission a peer review of community specialist palliative care.
3. Increase the coverage of palliative care registers.
4. Identify & avoid non-beneficial acute sector treatments in the last 12 months of life.
5. Jointly commission a review of the status of shared electronic records including EPaCCS.
6. Ensure that acute hospital trusts have a lay member on the Trust Board with responsibility for end of life care & at least one EoL Care Facilitator.

<http://www.strategyunitwm.nhs.uk/publications/palliative-and-end-life-care-west-midlands>

Six WM STP/ICS Bespoke Recommendations:

1. Out of hospital provision of palliative and end of life care.
2. Greater service coordination & integration.
3. The number of consultants in palliative medicine.
4. The balance of consultant time spent in hospital & other settings.
5. The cost of acute hospital usage in the last 12 months of life.
6. Plans to improve hospital-based end of life care.

Find out which one pertains to your STP

<http://www.strategyunitwm.nhs.uk/publications/palliative-and-end-life-care-west-midlands>

Six WM STP Recommendations '0-25 Years':

1. Improve the identification of children & young people with life-limiting and life-threatening conditions & associated short or long term palliative care needs.
2. Profile all current paediatric palliative care services, including current commissioning & funding arrangements.
3. Improve communication between tertiary, secondary & primary care & voluntary sector organisations; increase the inclusion of children and young people in primary care palliative care registers, & improve communication and support for families at transition.
4. Work closely with urgent and emergency care & critical care to identify opportunity for improved palliative care & improve access to Advance Care Planning www.cypacp.uk
5. Embed the six NICE quality standards for end of life care for infants, children & young people across community & acute settings

<https://www.nice.org.uk/guidance/qs160/chapter/Quality-statements>

6. Ensure board level representative with responsibility for palliative & end of life care in all acute and community NHS trusts & commissioning organisations <https://www.strategyunitwm.nhs.uk/publications/palliative-and-end-life-care-report-children-and-young-people>

Six WM STP Public Health Recommendations:

1. Encourage routine inequality data collection.
2. Review cause of hospital admissions at end of life.
3. STP review of services, workforce and non-acute beds.
4. Patient & public engagement & feedback.
5. Define criterion of admission to provider care.
6. Further work on advance care plans.

The full public health inequalities report is available from NHS England West Midlands, Dr Joanne Bowen england.eolnetwork@nhs.net or joanne.bowen2@nhs.net