

Delivering sustainable excellence in End of Life Care

We are nearing the end of the first year of our End of Life programme. This programme has been made possible through the RCGP/Marie Curie partnership that aims to support the provision of excellent, sustainable end of life care delivered in the community.

End of life care (EoLC) remains at the heart of General Practice and it is increasingly apparent that the complexity introduced by the changing population demographics, resource constraints and the impact of increasing multimorbidity requires attention.

During the first year we have prioritised a focus on commissioning services that will not only improve care for patients but also aid GPs in meeting the goal of delivering more for less. We know most patients prefer to be cared for at the end of their lives with dignity, often at home, but many fail to achieve this. The current situation of multiple admissions in the last year of life, many of which are unplanned and potentially avoidable, is unsatisfactory for patients and economically inefficient. The RCGP commissioning guidance and the King's Fund report have underpinned our tour of the UK, facilitated by Marie Curie, which emphasised the value of co-ordinated care and rapid response, 24 hours a days, seven days a week¹.

The four key principles of good End of Life Care

- Facilitation of discharge from the acute setting
- rapid response services during periods out of hospital
- centralised co-ordination of care provision in the community for example EPaCCs
- guaranteeing 24/7 nursing care (put patient's first)

Source: Kings' Fund²

A further focus over the past 12 months has been building a foundation from which a series of educational initiatives will be made available. One of the most valuable developments within this has arisen as a result of the work done by the Leadership Alliance for the Care of Dying People. This follows the 'More Care, Less Pathway' report into the problems faced by the Liverpool Care Pathway. It is expected that workshops will be held throughout the UK backed with accessible web based resources to ensure that primary care teams are equipped to provide individualised, high-quality care in the last days of life.

Alongside the developing of RCGP educational initiatives it is also clear that there are some fantastic resources available from other organisations, which in the increasing business of clinical practice can be hard to identify. Keep an eye on the RCGP EOLC webpage which is soon to become a repository of information to aid clinical decision making for frontline practitioners. Making use of increasing access to mobile technology we are also investigating the value of a smartphone app to provide clinicians with convenient symptom control guidance.

Electronic Palliative Care Co-ordination Systems (EPaCCs) is another area we would like to concentrate on our second year. The ability of GPs and other professionals to record and share patients identified needs and preferences are crucial to the provision of a caring and sensitive service. EPaCCs systems facilitate this process and there is strong evidence of their effectiveness³. More will be said about these systems in a later article in this edition.

From the work we have undertaken to date it is clear that the standard of care delivered by British General Practice for patients at the end of life can be the best in the world. We remain passionate about highlighting the excellent work that goes on and should you wish to make contact with us to share your success stories or challenges we would be delighted to hear from you at CIRC@rcgp.org.uk

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References

1. You can find more information on this tour and its contents at <http://www.mariecurie.org.uk/Global/commissioners-and-referrers/Commissioning-EOLC-to-improve-patient-outcomes.pdf>
2. Transforming our Health Care System: Top priorities for commissioners; Kings Fund, Revised version: 1 April 2013
3. <http://www.nhs.uk/news-events/news/economic-evaluation-of-the-epaccs-early-implementer-sites.aspx>