

Dying with Dignity

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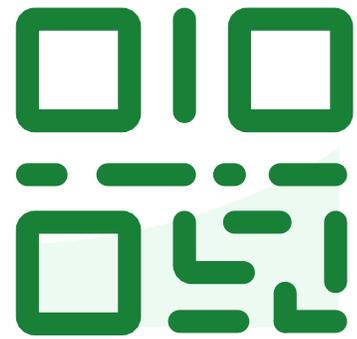


Topics for Discussion

- What do we mean by dying with dignity?
- What are the National requirements for End of Life Care?
- What about the Assisted Dying Bill?
- What is the Derby & Derbyshire Strategy for End of Life Care?
- What are the Priorities of the Derby & Derbyshire End of Life Care Board?
- What are our challenges?
- Your voice is needed to help shape your services - Slido

Dying with Dignity

- Dying with dignity generally refers to maintaining a sense of self-respect and control over one's end-of-life experience, including choices about treatment and care. It involves facing death with courage, grace, and acceptance, while also ensuring that one's wishes and values are respected. This can include avoiding unnecessary suffering, retaining control over one's body and decisions, and choosing to die in a way that aligns with personal beliefs and values.



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**With dying with dignity in mind
what matters to you and your
loved ones?**



What experience of end of life care have you had? Was this positive or could things be better?

What about the Assisted Dying Bill?



National Requirements for EoLC

- ICBs have a **legal responsibility to commission PEOLC health services** that meet the needs of their population.
- The **NHS England Palliative and End of Life Care National Delivery Plan 2022–2025** - emphasises key areas for improvement including access, quality and sustainability.
- **NHS Long Term Plan (2019)** - End of Life care is a key component and outlines commitments for palliative and end of life care, including increasing identification of people likely to be in their last 12 months of life and those people being offered personalised care, support and planning.
- **NICE Quality Standards** - National Institute for Health and Care Excellence (NICE) quality standards for adult and children's end of life care.

Local Strategy

Local population statistics:

- It is estimated that around 1% of the population in the UK die of an expected death each year.
- There are approximately 1,200,000 people registered with a GP in Derby and Derbyshire
- 12,000 are estimated to be in the last 12 months of life.

The JUCD EoLC Strategy (2023)

- Effective Neighbourhood based planning
- Enables local, compassionate, accessible, personalised and coordinated End of Life Care
- Supports collaborative action by system partners to make the improvements required for the benefit of our citizens,
- Whilst maximising the most efficient use of the resources in Derby & Derbyshire

End of Life Board Aspirations



A reduction in the number of inappropriate admissions in the last 90 days of life



An increase in the number of patients on the PEOLC registers to meet the national 1% target



An increase in the number of patients with a ReSPECT plan and preferred place of death recorded



Increase in number of patients dying in their preferred place of death (audits on post death analysis)

Preferred Place of Care

Supporting people to remain in their preferred place of care & preventing unnecessary hospital admissions

- TeamUp – a home visiting service for >65 year olds that are housebound
- GP's
- Community Rapid Response Nursing service
- Specialist Palliative Care service
- Hospice Roaming service
- Marie Curie Service
- End of Life Virtual Ward
- Dementia Palliative Care Service
- Palliative Care Urgent Response Service

Current Bedded Provision

Type of Bed		Specialist Hospital Palliative Nursing Care	
	Specialist inpatient Beds (Ashgate Hospice covers all of North Derbyshire and Nightingale Macmillan Unit at UHDB/Florence Nightingale Community Hosp covers all of Southern Derbyshire)		Hospital Palliative Nursing (Acute Trusts)
	Community Hospital with specific EoL provision (but there is access to other community non EoL specific beds)		Out of Area Specialist Inpatient Beds (Hospices)
	Generalist Acute Beds (UHDB & CRH)		



Current out of hospital Provision

	Type of EoL Support
	Day Care and wellbeing Services (All Hospices – covers all North and South residents)
	EoL facilitators & educationalists (Ashgate Hospice, UHDB and Treetops)
	Adult and Children Bereavement Service (All Hospices, CRH and UHDB & Cruse)
	OT & Physiotherapy (Ashgate, both Acute Trusts, DCCHS)
	Palliative Care Urgent Response Service (DHU) Roaming Service (Treetops & Blythe House)

Hospice Coverage

Blythe House – High Peak, Derbyshire Dales

Ashgate – Chesterfield, High Peak, North Dale and Northeast Derbyshire

Treetops – Southern Derbyshire

Palliative Care Urgent Response Service – All County at weekends (DHU)

	Specialist Palliative Nursing (Ashgate Hospice & UHDB)
	EoL Care@Home (All Hospices & Marie Curie)





What would you like for your end of life services?

Challenges

- Lack of coordination of EoL services. Looking at different models of care to join up all providers of EoL care.
 - Reduction in workforce for packages of care in community for EoL patients. Looking at Fast track solutions.
 - Difficulty estimating demand and capacity for non-specialist EoL care but we know these numbers are growing.
 - Commissioning/contracting in current climate.
 - Financial planning. Will be done differently.
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What are we doing to meet your needs?

- Improve the coordination of care by re-visiting the 24/7 Palliative and End of Life Care (PEoLC) advice and support line.
- Increase the number of patients with RESPECT plans using the Derbyshire Share Care Record platform and providing training and education for all providers.
- Promote the existing EoL online Toolkit as a support resource, where all PEoLC education will be hosted.

What are we doing to meet your needs?

- Developing the Generalist 2-hour urgent response for all age EoL e.g. Working with Advanced Paramedics particularly over the weekend working with the Palliative Care Urgent Response Service (PCURS). Looking for ways of expanding the service to be over 7 days a week, explore ways of expanding the home visiting service/Team Up to include Generalist EoL and ensure coordinated care for dying people of all ages. All Providers working together
- Improve the efficiency of the Specialist Palliative Care provision – Both in Hospices and Hospice at Home models, maintaining awareness that the Hospice Model is for planned care not urgent EoL care and is currently adult only.
- Transform the existing End of Life virtual ward service into a more responsive, coordinated service for EoL patients of all ages

What are we doing to meet your needs?

- Develop and transform CHC fast track provision into a more responsive and flexible service working with the ICB Quality Team.
- Working with Marie Curie and CRH (ED) to gather qualitative insights as to why people are admitted to hospital in the last year of life. Exploring ways of reducing admission to hospital through ED (using an innovation funded action research model).
- Working with Marie Curie and 3 North Derbyshire PCNs to support generalist practitioners to write care plans and better coordinate people's EoL care at home (using an innovation funded action research model).



**“You matter because you are you,
you matter to the last moment of
your life and we will do all we can,
not only to let you die peacefully,
but to help you live until you die.”**

Dame Cicely Saunders

Thank you.

Any Questions?



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