



Oldham
Council

Report to HEALTH SCRUTINY COMMITTEE

Talking About Dying: A Review of Palliative and End of Life Care in Oldham

Organisation: Healthwatch Oldham

Report Author: Julie Farley, Manager Healthwatch Oldham (who has recently changed employment)

Contact for more information: Ben Gilchrist, Interim Manager Healthwatch Oldham – ben.gilchrist@actiontogether.org.uk; 07525030495

12th June 2020

Reason for Decision

Healthwatch Oldham has undertaken an End of Life Review to gather the experiences of families and carers who have supported a family member through palliative and end of life care in Oldham. The review was triggered by the highlighting of issues faced by carers supporting loved ones at the end of their life, comments about the lack of community bereavement support, mixed feedback from families accessing palliative and End of Life (EOL) care, and an increase in the number of Do Not Attempt Resuscitation (DNAR) complaints. The review findings and draft recommendations are presented in the appended report

Recommendations

That the Health Scrutiny Committee is asked to consider the appended Healthwatch Oldham report “Talking About Dying: A Review of Palliative and End of Life Care in Oldham” and provide any comments or observations as to the findings and draft recommendations prior to the formal conclusion and sign-off of the report.

Talking About Dying: A Review of Palliative and End of Life Care in Oldham

1 Background

- 1.1 Between July and December 2019 Healthwatch Oldham carried out a review of palliative and end of life (EOL) services in response to a number of highlighted local issues. This provided an opportunity for local people to share their experiences, thoughts and wishes to help inform best practice and shape local services.
- 1.2 The Review is made up of feedback from three different surveys which gathered views from the general public, from families with experience of supporting a family member at the end of their life, and from professional involved in EOL care and support.
- 1.3 The detailed responses arising from the consultation, along with the Key Findings are fully detailed within the appended report "Talking About Dying: A Review of Palliative and End of Life Care in Oldham".
- 1.4 The report makes detailed recommendations which are aligned under the Greater Manchester Health and Social Care Commitments. These commitments set out what individuals with palliative and end of life care needs can expect across Greater Manchester and provide a baseline to measure the quality of care provided in Oldham.
- 1.5 The detailed recommendations, on which the Health Scrutiny Committee are asked specifically to review and comment on are listed at pages 9 to 10 in the Healthwatch Oldham report and are listed in full below –
 1. **Coordinated Care** – Establish a **Lead Provider Model** for Oldham where EOL services are centrally coordinated across different settings and practitioners to ensure continuity of patient-centred care. Staff teams in the EOL hub should mirror and integrate with each of the 5 neighbourhood cluster teams and the local MDT would be responsible for assigning a key worker as the main point of contact for the EOL patient and their family. This model should include increased access to and usage of shared digital records between professionals to improve both continuity and quality of care.
 2. **Timely Identification** – Ensure that patient reviews will actively prompt practitioners to identify people within or approaching the last year of life, particularly people with co-morbidities. This will help to ensure the smooth and timely transition from palliative to EOL care.
 3. **Planning Care** – Provide training and consistent guidance on the production of holistic EOL Care Plans which include the identification and management of underlying health conditions, the preferred place of care and death, and consider the need for a Carers Assessment. Practitioners should encourage the individual to share their EOL wishes with their family, including thoughts on DNACPR, whilst respecting the wishes of individuals who do not want to discuss or plan for their EOL.
 4. **Communication** – The Lead Provider Model should include mandatory EOL training for professionals across acute and neighbourhood settings covering all aspects of EOL communication, from delivering a terminal diagnosis to conversations during bereavement. The training should focus on managing sensitive issues with compassion, giving clear information to the dying person and their family about what to expect, and offering time for questions. The patient and family experience should be measured annually through carer/family feedback.

-
5. **Consistent Care** – Working closely with each neighbourhood cluster the Lead Provider Model should introduce measures, including an assigned EOL Key Worker, to limit the number of different people involved in the ongoing care of the patient.
 6. **Hospice at Home** – For people who want to die at home the Lead Provider Model should ensure that EOL care is managed by the Hospice at Home Service and ensure reliable access to pain relief 24 hours a day.
 7. **Information and Advice** – The Lead Provider Model, in partnership with the Macmillan 1 To 1 Service, should develop consistent information and advice resources across a range of EOL conditions to help families prepare for legal and financial issues, and any final medical wishes.
 8. **Crisis Care** – Improve urgent care for EOL patients through a single point of access that provides 24 hour advice and the central coordination urgent care services including hospice admissions, DNs and specialist palliative care nurses. Promotional information should be available in a range of formats and languages to promote the service.
 9. **Last Weeks of Life** – The Lead Provider Model should ensure timely access to EOL funding and work with Fast Track CHC systems to make the process more transparent and increase the number of trained staff able to complete successful applications.
 10. **Care for the Last Days of Life** – Review the flexibility of funded care packages to allow more night sitting support for carers providing 24 hours care.
 11. **Training** – The Lead Provider Model should coordinate and deliver mandatory training for professionals/GPs within neighbourhood clusters on the Mental Capacity Act and DNACPR. Training should ensure a consistent approach to DNACPR conversations by adopting a Serious Illness Conversation Guide and NHS England guidelines to ensure doctors in acute and primary care settings take the time to explain their views and talk openly with patients and families.
 12. **Support Carers** – Oldham Carers Partnership Board is asked to consider how providers, including the voluntary and community sector, can increase support for carers to help manage their physical and emotional needs. Specific focus should be given to working carers, older carers and those caring on their own without wider family support.
 13. **Bereavement Support** – Ensure that consistent access to bereavement support for carers/families is available regardless of where the person has died. Bereavement services should also include support to address social isolation, financial issues, selling property, legal advice and wellbeing and link into wider peer support and mainstream prevention services offered by the voluntary and community sectors.

2. **Issues for the Health Scrutiny Committee to consider**

- 2.1 The above Healthwatch Oldham recommendations are still draft and are subject to any comments or observations that this Committee might wish to make.

3. **Background Papers**

- 3.1 There are no background papers to this report.

4. **Appendices**

- 4.1 Healthwatch Oldham report “Talking About Dying: A Review of Palliative and End of Life Care in Oldham”