QUALITY CONFERENCE: OUR COLLECTIVE MINDSET FOR HIGH VALUE CARE

COMPASSIONATE CULTURE: HEARING AND HEEDING PATIENT AND FAMILY VOICES IN END OF LIFE CARE

Chair:
Cassandra Cameron, policy advisor (quality and mental health), NHS Providers

Speakers:
Bev Fitzsimmons, head of improvement, The Point of Care Foundation
Dr Katherine Sleeman, NIHR clinician scientist, consultant in palliative medicine, King’s College London
Patrick Walter, soul midwife, Soul Midwives

This session explored the case for change in end of life care and some innovative projects that trusts are implementing to improve the quality of medical and non-medical care at the end of life.

- Katherine Sleeman highlighted the need to radically transform end of life care in the NHS to achieve better patient outcomes and higher value care. Given that the number of older people, complexity of co-morbidities and mortality rates are projected to increase, the NHS needs to consider what high value end of life care looks like. Katherine presented evidence showing that palliative care improves patients’ quality of life and satisfaction with their care, and reduces the cost of care overall (the extra expense of the team is offset by a reduction in hospital trips and expensive treatments, and early intervention is key to this). However, the current provision does not meet patients’ expectations or have the capacity to cope with current demand (3 in 4 deaths – 375,000 per year – would benefit from it); only 1 in 3 NHS trusts follow NICE recommendations to have 7-day palliative care services and a Royal College of Practitioners survey showed that only 50% of hospital boards have a lay member responsible for end of life care, which Katherine sees as essential. The NHS needs to invest in palliative care, implement radical change and empower staff to have conversations about end of life so the system as a whole becomes more efficient (only 1 in 10 nurses feel equipped to have these conversations, Royal College of Nursing).

- Bev Fitzsimmons outlined the work the Point of Care Foundation is doing to support practical interventions that improve patient experience and quality of end of life care in generalist settings. Their ‘Living well to the end programme’ is run nationally by 20 teams and encourages NHS staff to see care through the patient perspective by giving them the opportunity to shadow patients, listen to their experiences and co-design improvements. Bev presented the improvements made at Oxford University Hospitals Trust and University Hospital Southampton NHS Foundation Trust following feedback from patients and their loved ones. These included improvements to practical arrangements (e.g. making refreshments available on wards), the environment on the wards (e.g. increasing privacy and reducing noise) and communications (e.g. leaflets and increasing staff presence on wards). The Foundation also provides support and training to staff to develop communication skills in end of life care.

- Patrick Walter provided a non-medical perspective on end of life care, and outlined how Soul Midwives can help clinicians by providing valuable time to support the dying and their loved ones to make choices, plan for the end of life, and advocate on their behalf. The project currently has 106 soul midwives in all care settings, as well as partnerships with hospices to train staff in supporting people at the end of life and equip them with the tools to open up conversations about death.