



Better Bolton.

Bolton Palliative and End of Life Care Strategy



Why Need a Local Palliative and EoL Care Strategy?



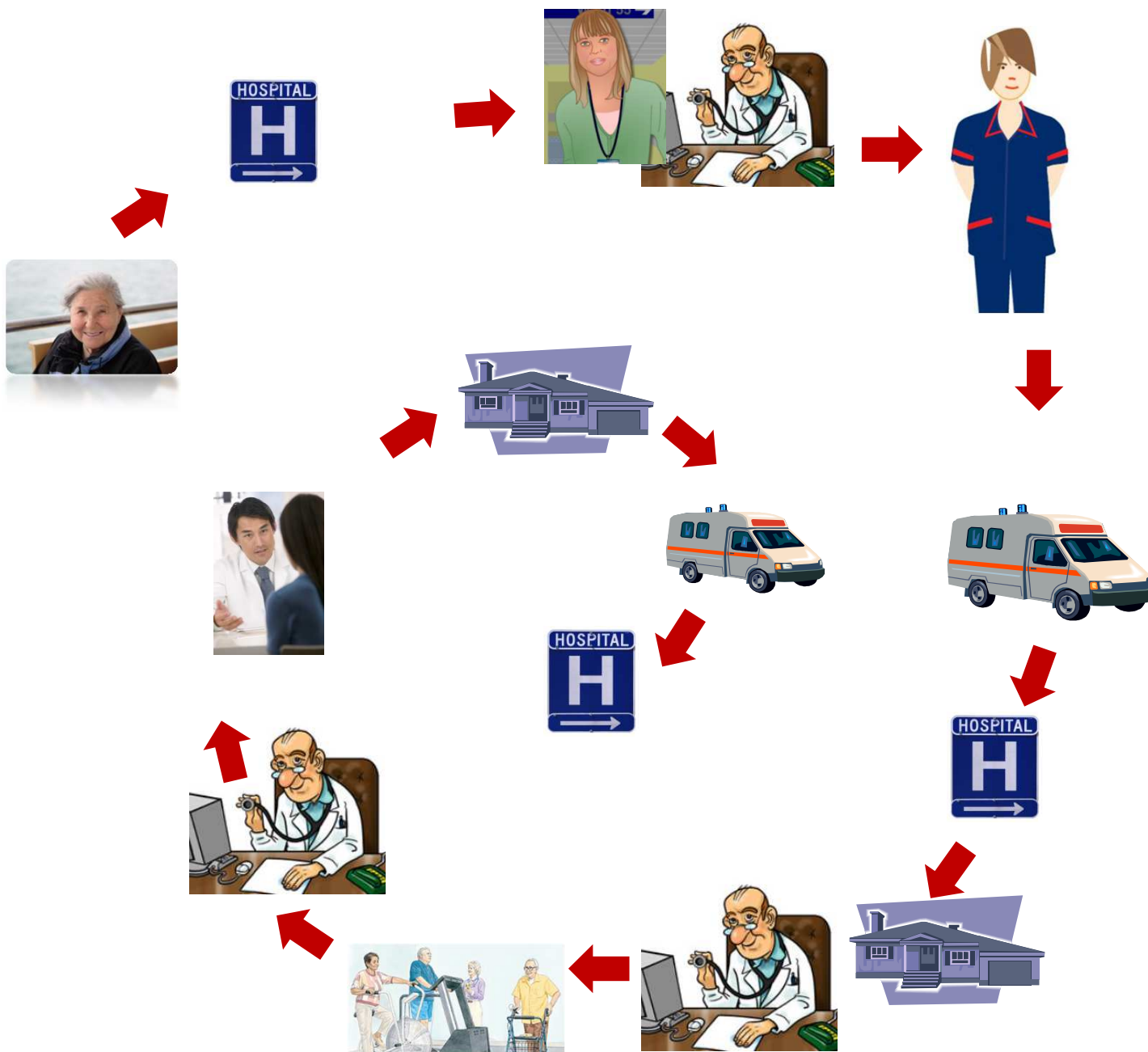
Better Bolton.

NHS
Bolton Clinical Commissioning Group

Story about Mary



Mary is a 75 year old lady who is a retired teacher who suffers from diabetes, severe COPD, heart disease and hypertension. Lives alone in a bungalow and her daughter who lives close by. Over the last year her mobility had declined.



Reactive

1900 Home deaths 85%

Now home deaths - 23%



Hospital - 48%



Need for change



**MORE CARE,
LESS PATHWAY**
**A REVIEW OF THE
LIVERPOOL CARE
PATHWAY**

- Challenges around recognition of the dying.
- Poor communication with patients and families.
- LCP being used as a protocol rather than a guide
- Issues around hydration
- Lack of patient centred care and clinical judgment - 'tick box'
- Need for patient centred compassionate care

National Response



Actions for End of Life Care: 2014-16



Ambitions for Palliative and End of Life Care:

A national framework for local action 2015-2020



National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

6 Key Ambitions

Ambitions for Palliative and End of Life Care

01 Each person is seen as an individual
I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.

02 Each person gets fair access to care
I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.

03 Maximising comfort and wellbeing
My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.

04 Care is coordinated
I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

05 All staff are prepared to care
Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

06 Each community is prepared to help
I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.

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What does the data tell us

- 15 million in England have long term conditions and this is expected to rise to 18 million by 2025
- There are also increasing frail elderly with 10-11% of over 65s being frail.
- 71% of those on a palliative care registers had a primary diagnosis of cancer yet cancer accounts for 29% of deaths

More data

- Presently end of life care costs around £460 million a considerable portion of funding comes from charity and fund raising
- 2014 Bolton Council purchased 102,500 hours of home care for people in the last year of their life.
- Bolton Council recent average expenditure on the social care needs of people in the last year of their life is in excess of £10m per annum

Top challenges

1. Communication

- Patients and families
- Between professionals and services

2. Recognition of the dying person

3. Coordinated integrated responsive patient centred care

4. Education and training

5. Measuring good quality of EoL care

6. After death support for family and friends

Our Bolton Vision

All people in Bolton approaching the end of life, their carers and family receive well coordinated, high quality care and support in alignment with their wishes and preferences.



Bolton Strategy for Better Palliative and End of Life Care





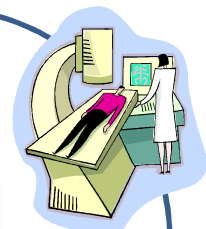
The 6CIT Dementia Test

How the test works

Question	Score range	Weighting
What year is it	0-1	16
What month is it	0-1	16
Give the money price	0-3	
Count back from 100	0-1	16
About what time is it	0-1	16
Count back from 20	0-1	16
Say months in order	0-2	12
Repeat the memory phrase	0-1	16
Total score for 6CIT		0-72



Extreme 0-15	• Extreme risk of security controls being compromised with the possibility of catastrophic financial losses occurring as a result
High 16-22	• High risk of security controls being compromised with the potential for significant financial losses occurring as a result
Elevated 23-30	• Elevated risk of security controls being compromised with the potential for material financial losses occurring as a result
Moderate 31-40	• Moderate risk of security controls being compromised with the possibility of limited financial losses occurring as a result
Low 41-50	• Low risk of security controls being compromised with measurable negative impacts as a result



Proactive Integrated

What are we already doing?

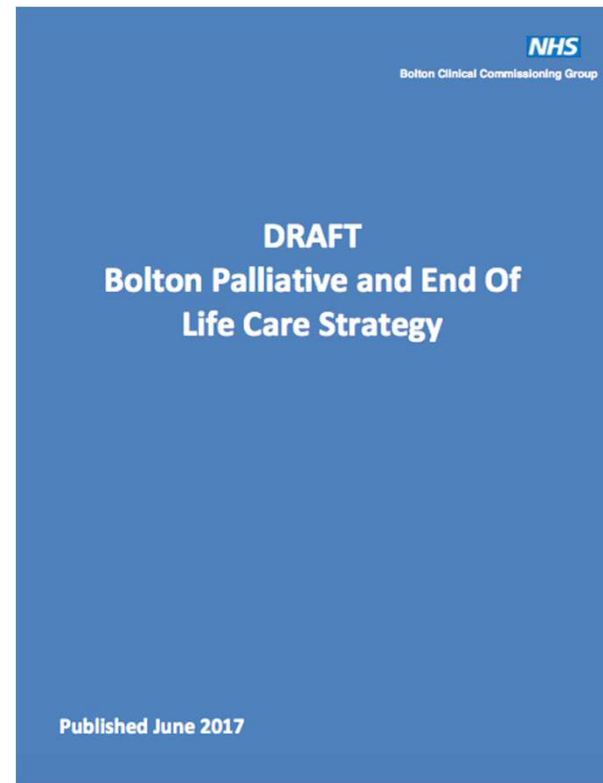


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Actions in progress

- EPaCCS – electronic palliative care coordination system
- Formulated a Bolton End of Life Care Education Alliance
- EoL Care Process mapping events
- BQC end of life care standard



GSF Register success in Bolton



■ Q1 2015 ■ Q4 2016

