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Transforming Care at the End of Life

Our Experience in Airedale, Wharfedale & Craven

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Where I work

- District General Hospital (Foundation Trust) and Sue Ryder Manorlands Hospice
- 200,000 population
- 700 square miles
- Keighley, North Bradford, Yorkshire Dales

Our health and social care economy

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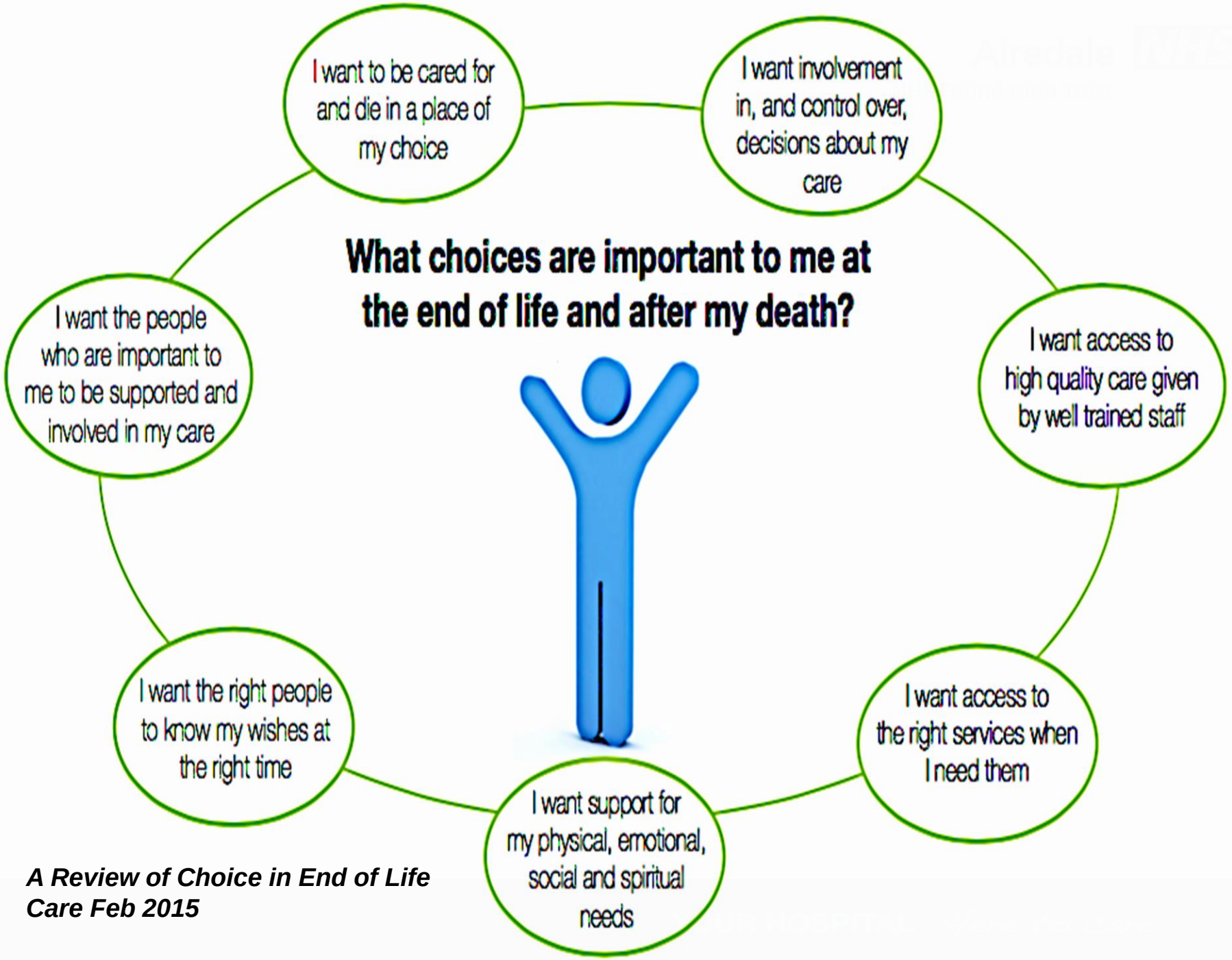
- Integration pioneers
- Vanguard: enhanced care in care homes
- New models of care

So -
What is good care at the end of life?



A Review of Choice in End of Life Care Feb 2015

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

01 Each person is seen as an individual

02 Each person gets fair access to care

03 Maximising comfort and wellbeing

04 Care is coordinated

05 All staff are prepared to care

06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."

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

Alan

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Alan's priorities

- To have his preferences for care respected
- To be free of pain and troublesome symptoms
- To stay in his familiar surroundings
- To spend time with his daughter, Katie
- Not to need to attend hospital appointments
- Privacy and dignity

Katie's concerns

- How will she manage her fathers needs?
- What if he is in pain or distressed?
- How will professionals get to them in a timely way?
- Will she be 'allowed' to be her Dad's main carer?

Challenges

- Remote place making visiting very time consuming for professionals
- Lengthy delays waiting for professionals to manage any symptoms
- Alan is private and doesn't want a lot of people in his home
- Katie wants to be her Dad's main carer but needs support to do this

What happened

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- Alan offered an iPad with teleconsultation software
- He and his daughter use this for advice and support, 24/7 from senior nurse ‘face to face’
- Nurse calls other services as needed-but supports while they are waiting
- Injectable medicines are prescribed and left in a ‘just in case’ box with syringes etc
- Daughter taught to give injections
- Hospice team can also contact via ipad

- If he becomes restless or in pain and needs an injection, Katie calls the hub via ipad, the nurse assesses Alan and advises on medication
- The nurse supports Katie to give the injection and checks back with her later that it has been effective
- Alan died peacefully in his own bed
- Katie felt empowered and supported to fulfil Alan's wishes

What Katie said:

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‘*The 24 hour a day support via the ipad meant that both Alan and me, his carer, knew he could have medication for distressing symptoms as soon as he needed it, and in fact this was needed several times in the last few days of his life.*

Being able to talk things through at any time of day or night with a nurse, and have their confident help meant that we both felt well cared for and supported.

Alan had the dignified and peaceful death he wanted, in his own bed, on one of the most remote farms in England’

Setting the scene in EoL care

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- 1% population die each year
- We need to identify people who are approaching the end of their lives
- Requires skilled communication
- Identification leads to opportunities for care planning and this improves outcomes
- Most people would prefer to die at home but the majority die in hospital

Our EoL work - key elements

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- **increasing identification** of patients approaching end of life –and then offering care planning- embedding this in primary and secondary care
- **training staff** to have 'Difficult conversations' sensitively
- **shared IT system** to make key information available to all professionals in all settings
- **coordinating care especially 'out of hours'**
- **using Telemedicine** to support individuals at home and care homes

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The digital care hub

- Provides ‘Gold Line’
- Telephone and tele-consultation
- Offered to all patients identified as approaching end of life (last year or so)
- Team of senior nurses
- Single phone number 24/7
- Provides support and coordinates care across all settings

Gold Line http://www.health.org.uk/gold-line

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Progress so far

- AWC CCG c.1100 predictable deaths per year
- 650 (60%) registered to Gold Line
- Half have a ‘non-cancer’ diagnosis
- Economic evaluation (independent)
  - GL patients had 23% fewer hospital admissions and less bed days in last year of life
- Qualitative evaluation – feedback from patients and carers hugely positive

Call outcomes

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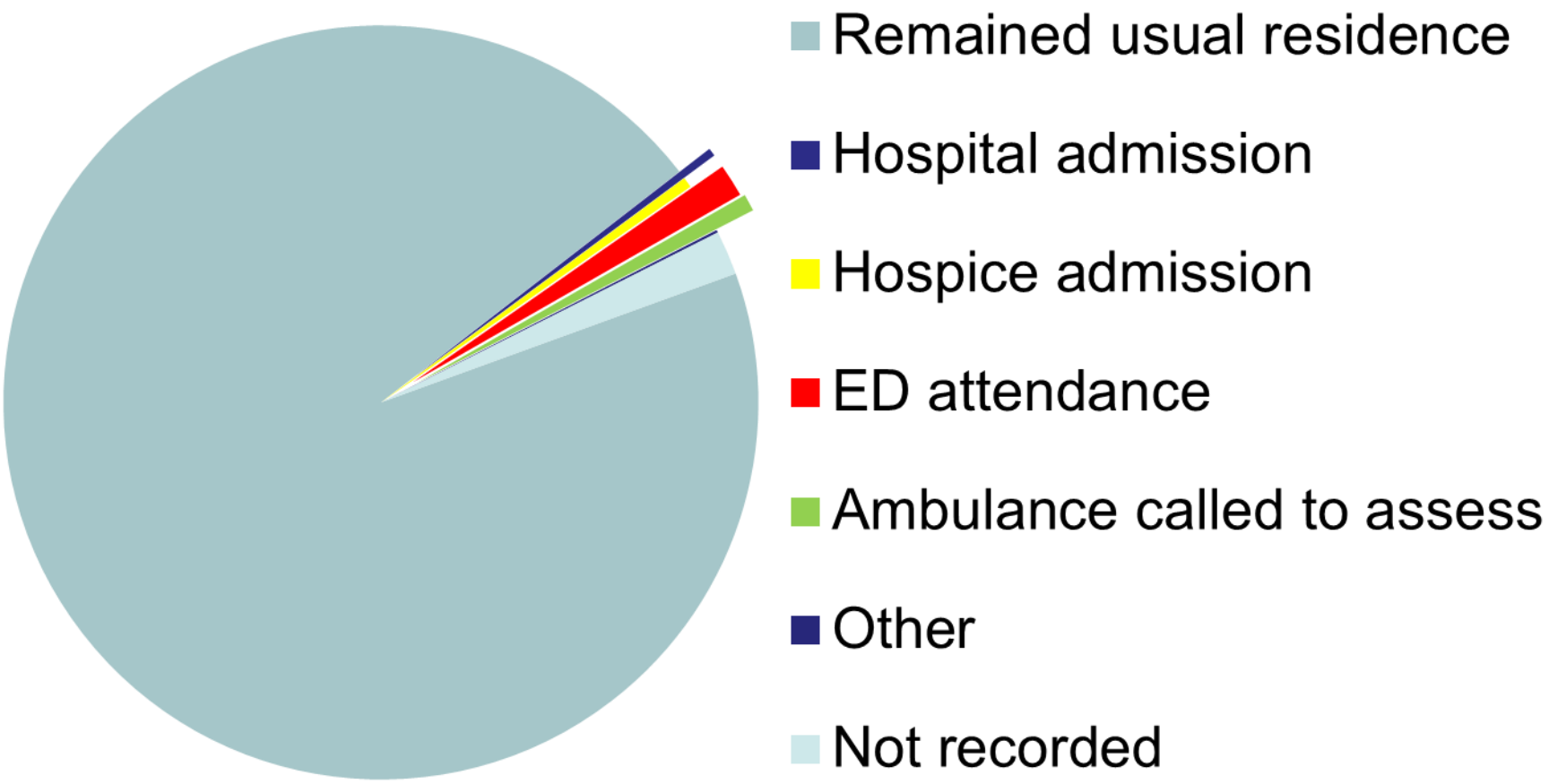

Disposition after call, year ending Oct 2015
6515 calls, 475 to report death, of the 6040 remaining:

Gold Line Impact

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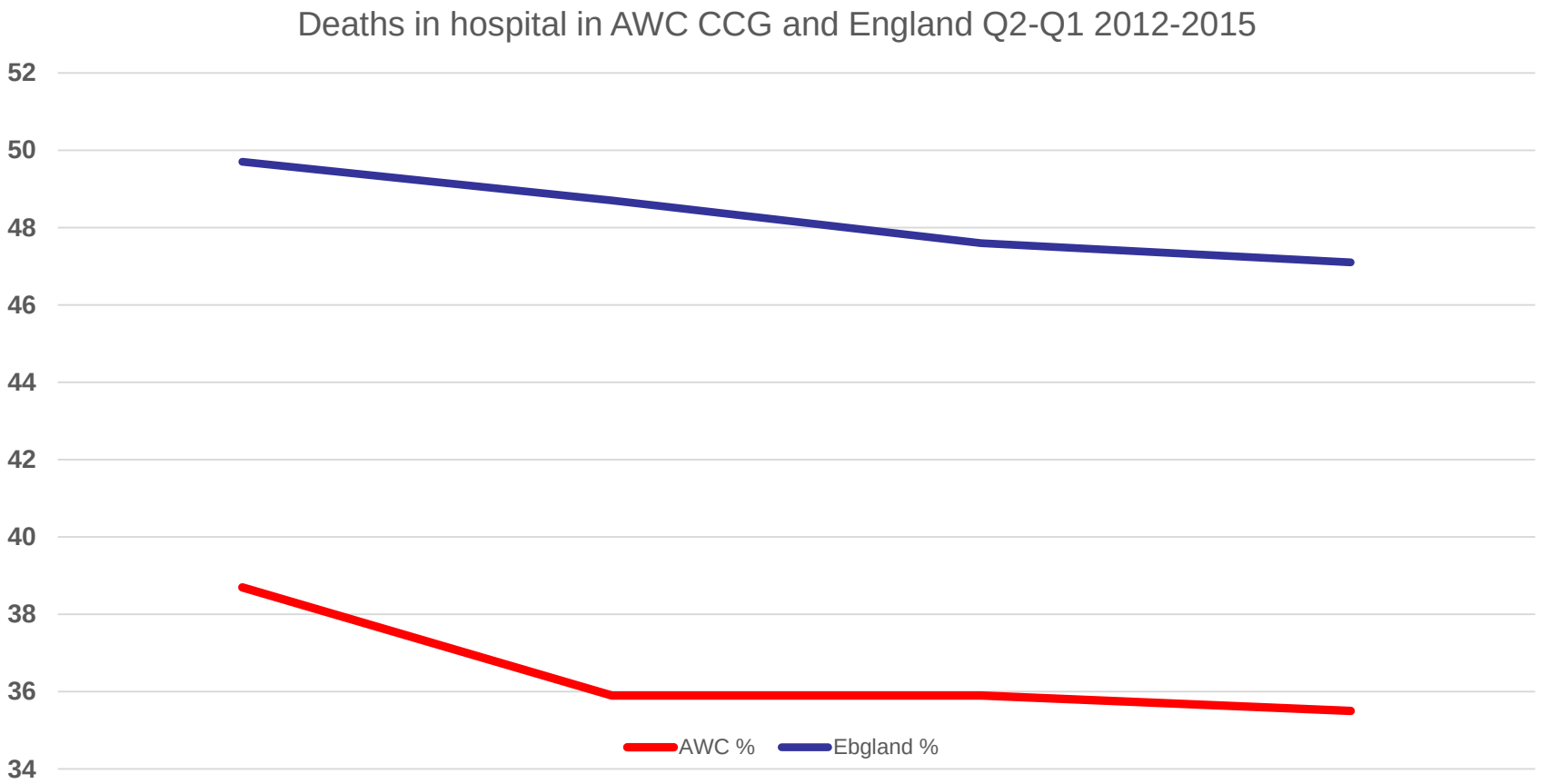
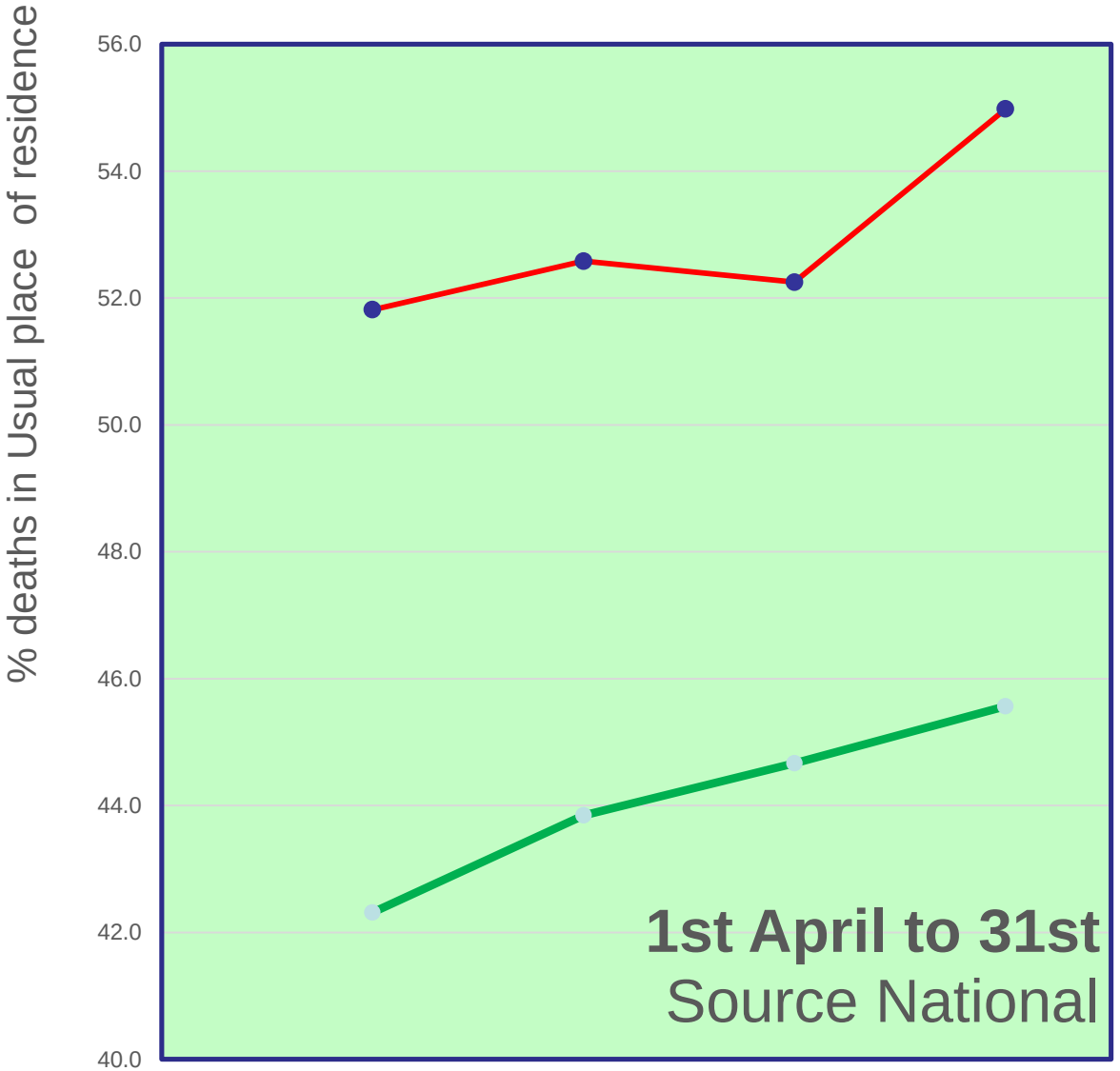
Avoidance data Oct 2014-Sept 2015

Avoidance Outcomes	Totals
Admission Avoided	118
A&E Attendance Avoided	231
GP Visit Avoided	438
Community Nurse Visit Avoided	228

% deaths in hospital AWC compared to England 2012-2015



Deaths in Usual Place of Residence



1st April to 31st March, 2011/12-2014/15

Source National EoL Intelligence Network

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Place of Death

	National data England 2013	Airedale and Craven 2013	GSF/Gold Line 2013/14
hospital	48.3	36.0	**14%**
home	22.4	20.1	**41%**
care homes	21.6	33.2	**22%**
hospice	5.5%	8.8	**23%**

Data from End of Life Care Profiles Public Health England/District wide reporting

Teleconsultation

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- Immediate support with a personal feel
- Sometimes replaces a visits from professional and offers support while waiting
- Empowers relatives to care with confidence
- Mobile connectivity still challenging

Replicable model?

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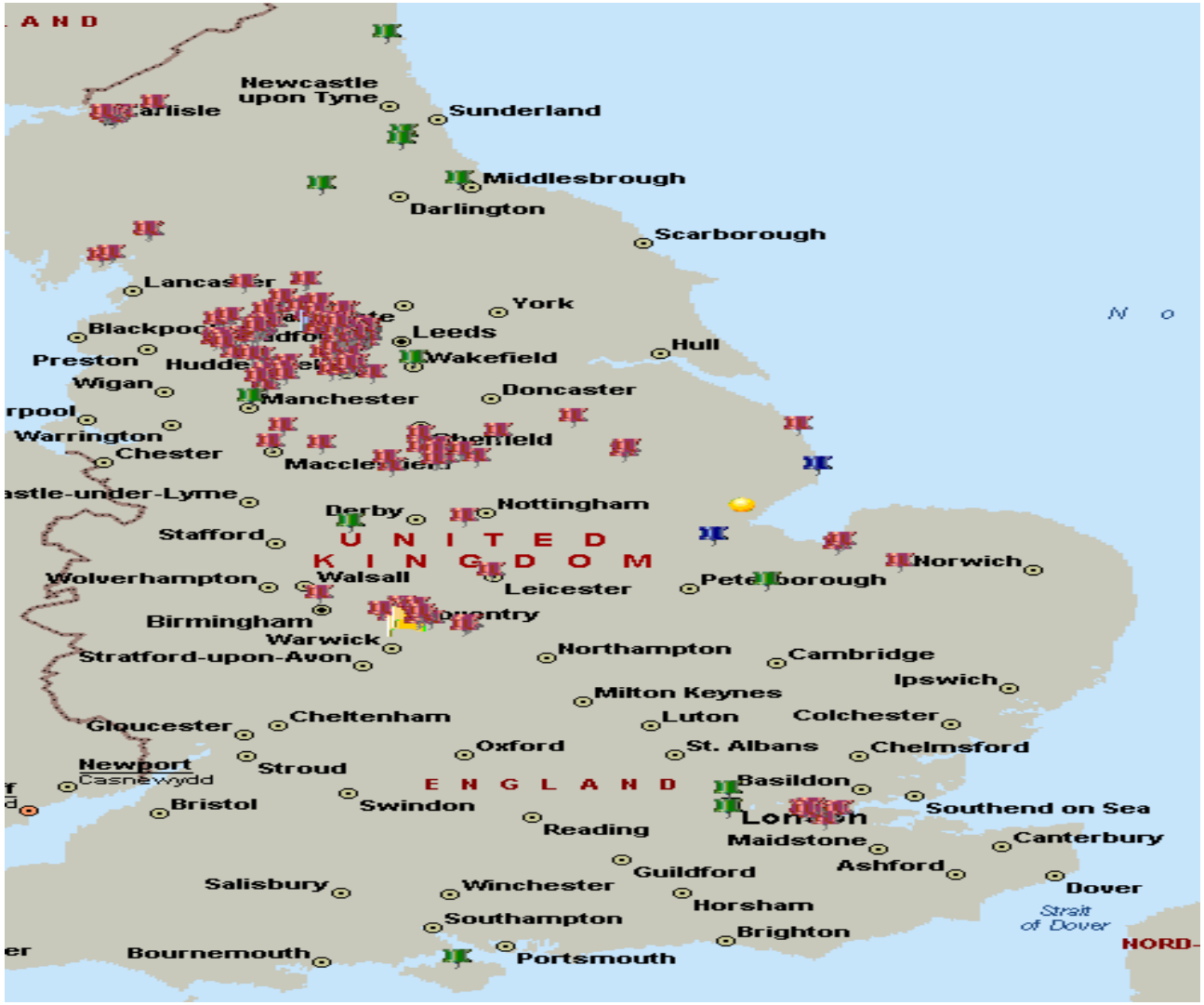

Key

- Care Homes
- Hospices
- Hospitals
- Medical Centres
- Own Homes
- Prisons

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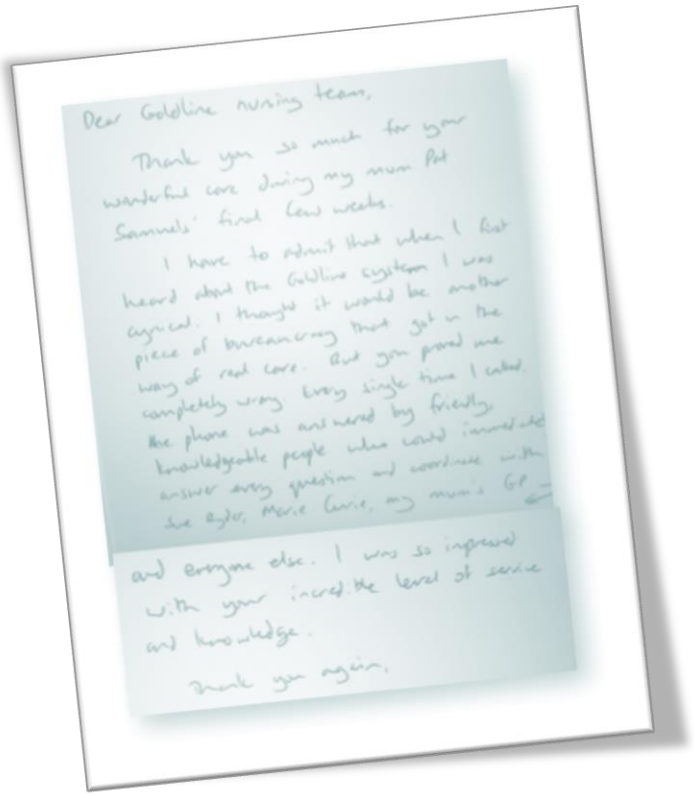
Going forwards….

- Video consultation more widely available- cheaper, using patients own devices
- Expand to people with complex needs
- Improved mobile connectivity (?)
- Compassionate communities supporting the vulnerable ?



Dear Gold Line team,

Thank you so much for your wonderful care during my mum's final few weeks.

I have to admit that when I first heard about the Gold Line I was cynical. I thought it would be another piece of bureaucracy that got in the way of real care. But you proved me completely wrong.

Every single time I called, the phone was answered by friendly, knowledgeable people who could immediately answer every question and coordinate with Sue Ryder, Marie Curie, my mum's GP and everyone else.

I was so impressed with your incredible level of service and knowledge.

Thank you again