Are we living and dying well in Scotland?

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Primary Care in Scotland

- People at home
- In-patient complex care hospitals
- Care homes (with and without nurses)
- People in custody
- **Families and friends**
  - Care at home and care home staff
  - Nurses & GPs; in and out of hours services
  - Allied Health Professionals
  - Pharmacists: Community & Specialist
  - Specialist Palliative Care Services
  - Prison Healthcare Teams
What do we know?

• Health and social care systems are geared towards supporting people to live long, healthy lives, cure illnesses and prevent people from dying prematurely.

• We will never be able to eradicate the experiences of living with advanced disease and death.

• 54,000 people die in Scotland each year and around 224,000 people are bereaved each year.

Decline, death, dying and bereavement are not minority issues: they are experiences which will affect us all personally, profoundly and intimately, at some point.
What do we know?

• Over 50% of people die in hospitals.

• 29% of all acute bed days are used by patients in their last year of life.

• Nearly 1 in 10 patients in hospital will die during their current admission.
Other Policy & National Initiatives

- Shaping Bereavement Care (2011).
- Scottish Patient Safety Programme: [www.scottishpatientsafetyprogramme.scot.nhs.uk](http://www.scottishpatientsafetyprogramme.scot.nhs.uk)
- Person Centred and Care Collaborative: [www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_collaborative.aspx](http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_collaborative.aspx)
- Health and Social Care Integration (2014)
- Wider Public Service Reform Agenda (ongoing).

New national clinical lead for palliative and end of life care
Achievements

- National Integrated Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) policy.
- Most Health Boards in Scotland implemented the LCP.
- Electronic Palliative Care Summary (ePCS).
- Development of national palliative care clinical guidelines.
• The establishment of an alliance to promote more openness in Scottish society about death, dying and bereavement www.goodlifedeathgrief.org.uk

• Creation of Palliative Care Zone for patients and families on the NHS Inform portal: www.nhsinform.co.uk/palliativecare

• Cross party MSP group: palliative care.
Challenges

• Earlier Identification
  ‘introducing palliative care was fairly straightforward for those with cancer, who typically have a clear terminal decline, but much more difficult for patients with other life-threatening illnesses’ Zheng et al (2013).

• Anticipatory Care Planning
• End of Life Care
• Capturing ‘Voices’
• Approach & Ownership
Opportunities

IDENTIFICATION & ANTICIPATORY CARE PLANNING

Supportive and Palliative Care Indicator Tool (SPICT™): www.spict.org.uk

Palliative Performance Score (PPS).

Integrate core elements of care planning for people with advanced illnesses within clinical processes & resources.

GP Contract: Scotland.

Health Promoting Palliative Care.
Opportunities

END of LIFE CARE

To develop a new person centred approach to end of life care.

IHI Conversation Ready Programme.

CAPTURING ‘VOICES’

To give people a voice and to show how we have acted upon what they have told us.

Work together to build public confidence
Opportunities

APPROACH & OWNERSHIP
Whole system v primary care.
Palliative care v everybody business.

DEVELOPING MORE NEW & INTERESTING FRIENDS
Public & Communities.
Scottish Ambulance Service.
ICU to home.
Recovery cafe for those with addiction.
Prison.
Volunteers.
A clear vision for change needs to be developed and articulated which engages and inspires stakeholders (both public and professionals).
Grasp the opportunity to make new and interesting friends