APM calls for greater consistency in hospital care for the dying in light of new Audit

- *Welcome evidence of improvements in care but too much variation between trusts*
- *Only 37% of hospitals in England providing seven days a week specialist palliative care*
- *In total, 26 of the 142 participating trusts did not indicate any level of provision of face-to-face specialist palliative care involving doctors, at any time.*
- *Formal in-house training covering communication skills training for care in the last hours or days of life for medical staff was not available in one in three trusts*
- *Care for dying patients needs to be seen as a core part of a hospital's 'business'*

The Association for Palliative Medicine (APM) has welcomed a new Audit[1], released this week (31st March) into care of the dying, but warns that with only a 37% of hospital trusts in England delivering face-to-face specialist palliative care seven days a week, significant improvements still need to be made to support dying patients and those close to them.

APM president Prof Rob George said a core job of any hospital is to care for the dying, yet this Audit shows this is still not consistently happening.

"Twelve years on from NICE recommending that medical and nursing services should be available seven days a week in palliative care, only a fifth of hospitals are in a position to provide the level needed," said Prof George. "More worryingly twenty six trusts had no medical input into the provision of face-to-face specialist palliative care."

"NICE guidance is usually seen as mandatory for commissioners and providers to implement but, despite multiple reports over the past twelve years reiterating the need for this level of support for patients and those important to them, the Audit highlights considerable variation in care across the country, suggesting the issue is still not regarded as a priority. Training capacity and resources to support delivery are not being matched to the needs of the increasing population of patients needing palliative care. We find this very troubling"

The number of people dying in England is set to rise; over 85s account now for 36% of deaths but by 2035 they are forecast to represent half of all UK deaths[2]. This, he said, will mean the demand and scope of end of life care will rise exponentially and become more complex. "We're simply not prepared. We need to address the quality and provision of palliative care now," said Prof George.

The Audit revealed that training formal in-house training did not include/cover specifically communication skills training for care in the last hours or days of life for doctors in only 37% of Trusts and for nurses in only 29%, despite national recommendations.

"Adequate basic training is provided for all doctors and nurses for a number of clinical issues like resuscitation and infection control, and we would expect hospitals to have specialists available when needed for urgent support in stroke management and heart disease, for example," commented Prof George.

“Yet, although we all face dying at some point, there isn’t adequate training and access to specialist support in the majority of hospitals to ensure all dying patients receive the care they deserve whenever they need it.

“It should be a basic entitlement for a dying person to have high quality, compassionate end of life care. This requires those caring for them to have adequate basic training and access to specialist support when needed, irrespective of where they are in the country.”

1 The results of the new end of life care audit run by the Royal College of Physicians (RCP) show that there has been steady progress in the care of dying people since the previous audit carried out in 2013 and published in 2014.

The audit, funded by NHS England and Marie Curie, and commissioned by the Healthcare Quality Improvement Partnership (HQIP), is the first to be carried out following the official withdrawal of the Liverpool Care Pathway (LCP) in 2014, although some hospitals had already started to replace the LCP with local policies before the previous audit. The new audit is a much more detailed investigation of the care of dying people against the five priorities of care established in ‘One Chance to Get it Right’*, but includes some similar questions to the 2013 audit, to allow direct comparisons.

Overall, the results show that there have been documented improvements in:

Recognition that patients are dying and that they have received holistic assessments of their care
The amount and quality of communication with patients who are able to communicate, and with those identified as important to them
Symptom control for the dying person
Commitment to education, training, reporting and continuous improvement in caring for dying people
However, there is room for improvement, particularly in the provision of palliative care services 24-7; the audit also shows how some hospitals did well in many areas but not in others.
Its sample looked at the quality of care received by 9302 people who died in 142 hospitals between 1 May and 31 May 2015..

[2] Source: Current and future needs for hospice care: an evidence-based report by Natalia Calanzani, Barbara Gomes and Irene J Higginson

Contact

About APM: The APM represents physicians working in palliative medicine and those with an interest in the specialty. It was established in 1986 to promote the advancement and development of palliative medicine. It has over 1100 members from all over Great Britain and Ireland, including doctors based overseas.