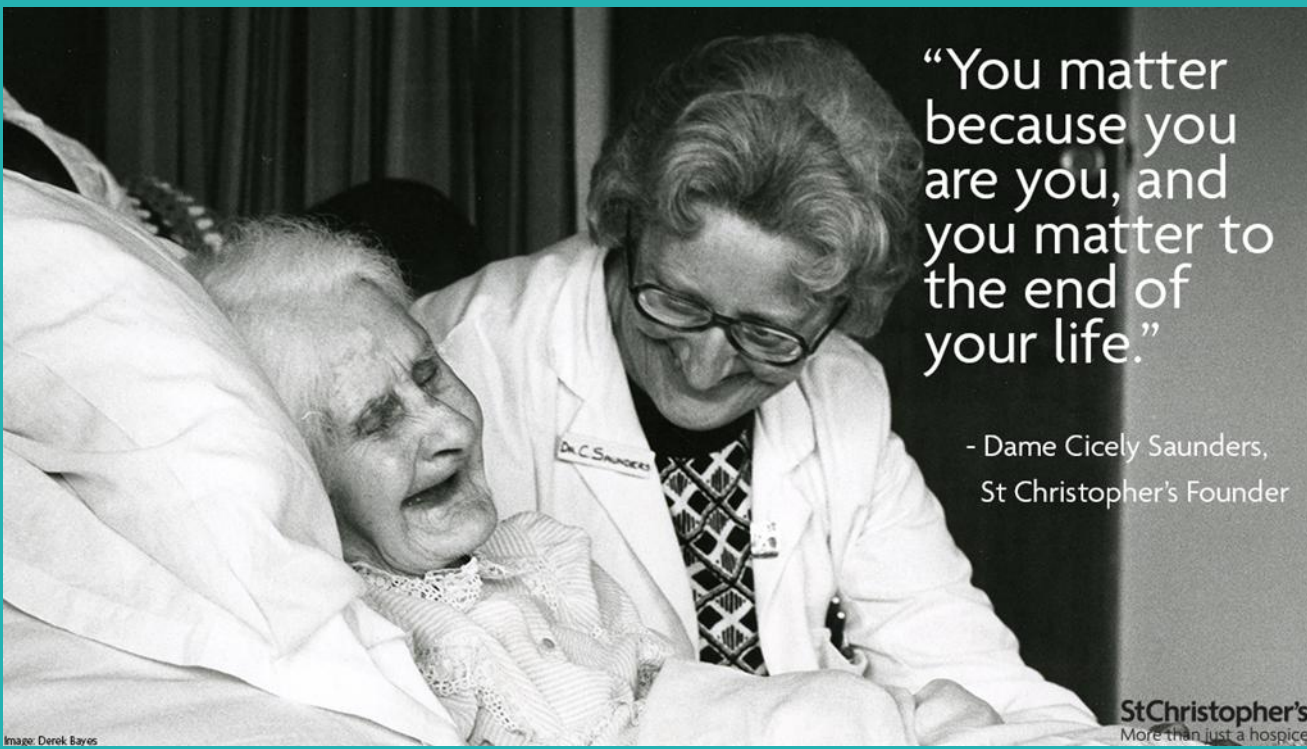




Palliative Medicine: current challenges and future opportunities

Dr Sarah Cox
Consultant in Palliative Medicine
Chelsea & Westminster NHS Foundation Trust
APM President



“You matter
because you
are you, and
you matter to
the end of
your life.”

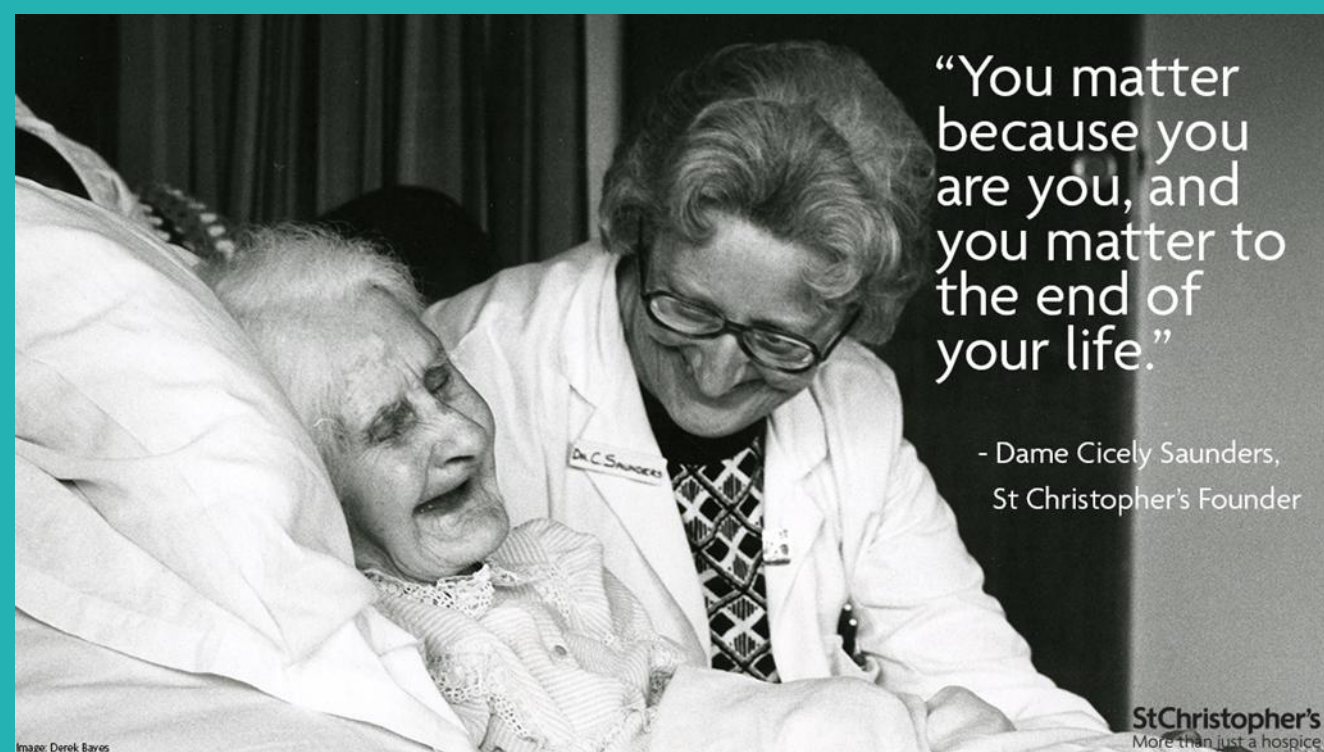
- Dame Cicely Saunders,
St Christopher's Founder

StChristopher's
More than just a hospice.

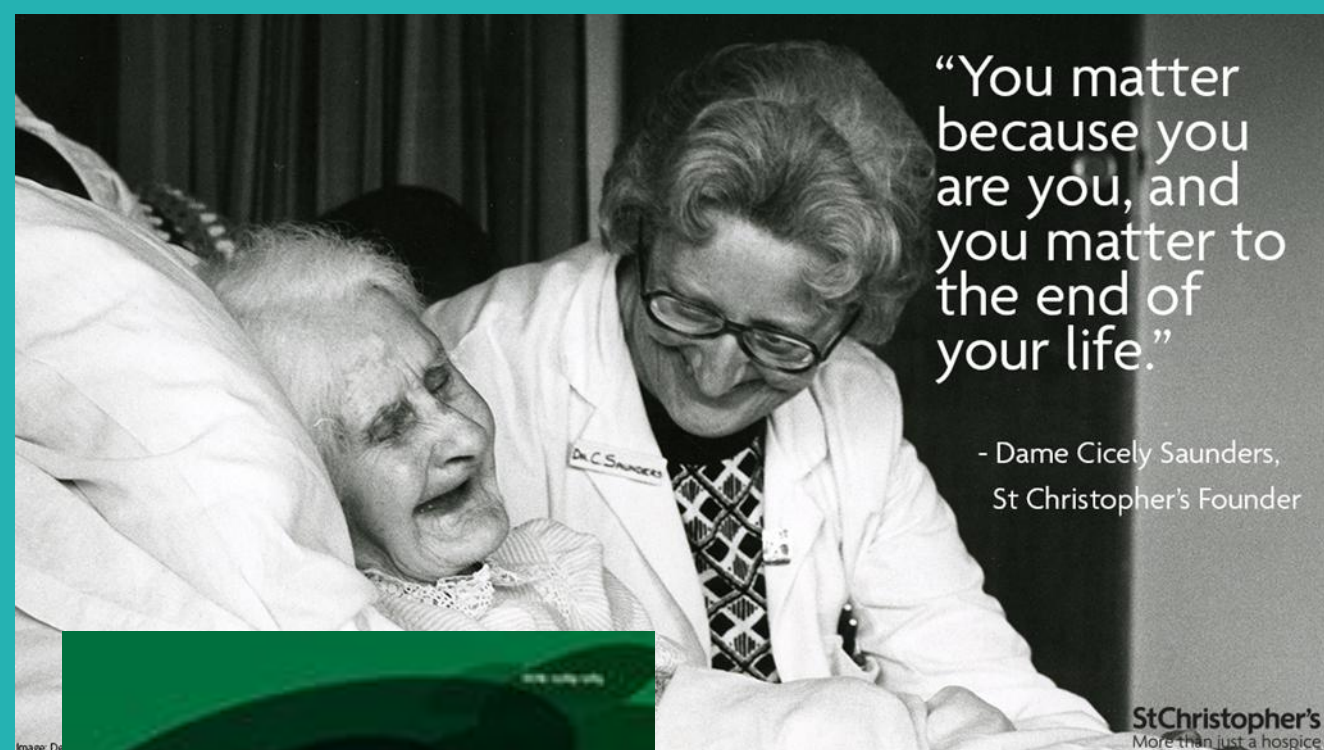
Image: Derek Bayes



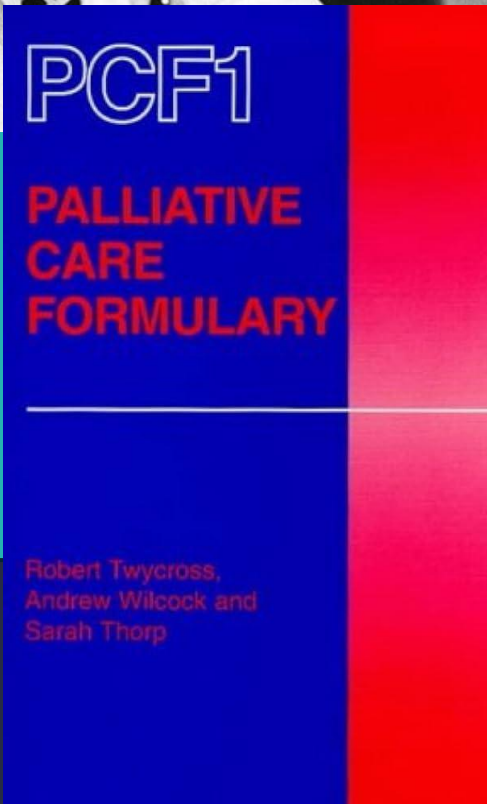
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Palliative Care Formulary

Honouring Robert Twycross

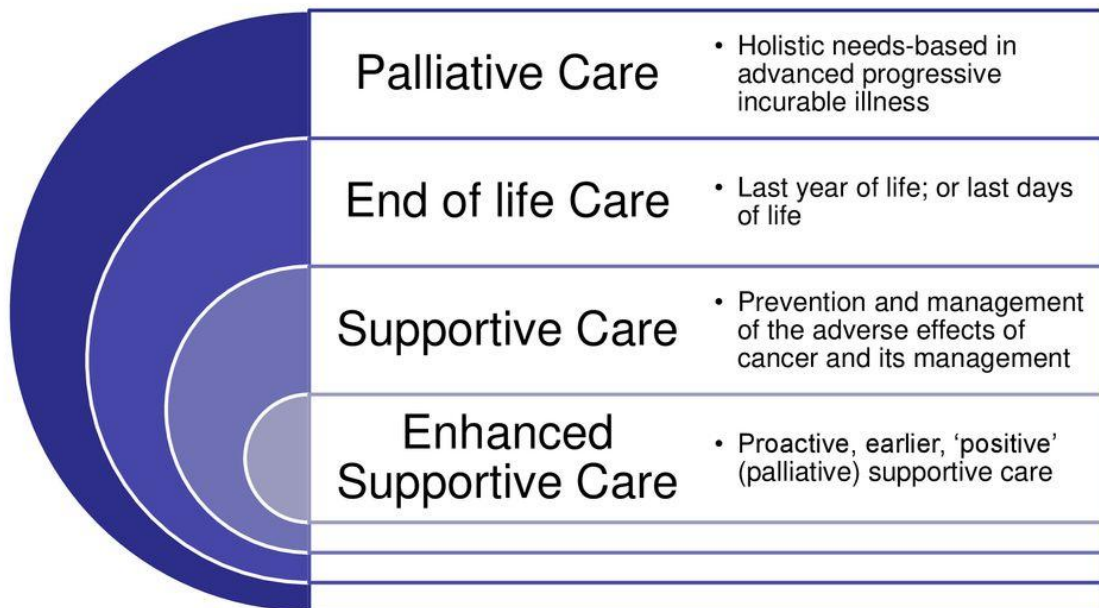
Congratulations on a distinguished 50-year career dedicated to furthering our understanding of effective pain management and the use of drugs in hospice and palliative care



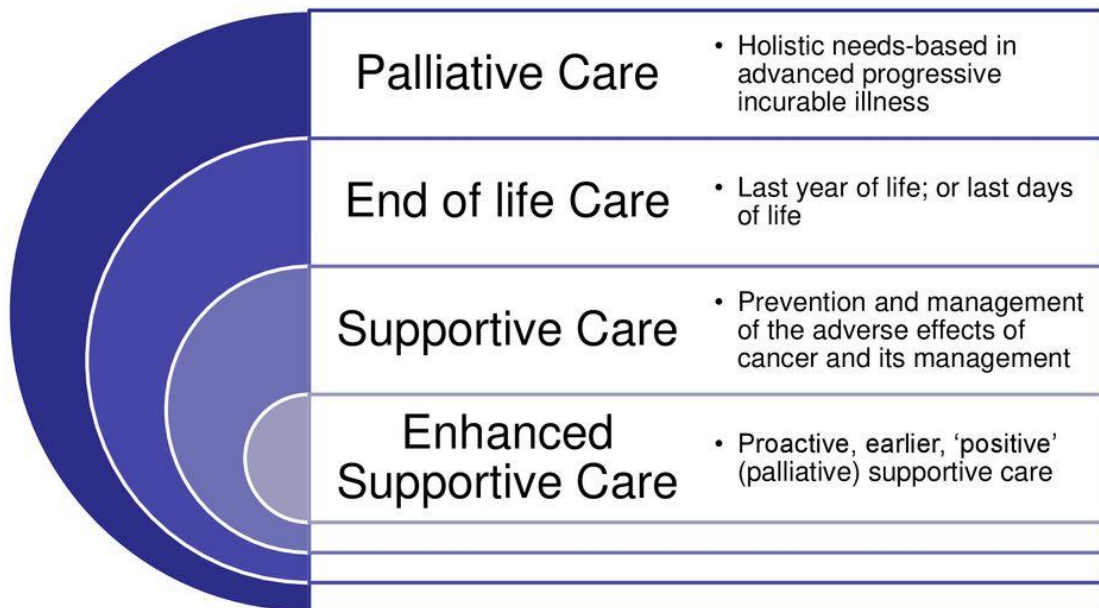
The active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments



Definitions: What is ESC



Definitions: What is ESC



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Supportive Care in Cancer (2024) 32:414
<https://doi.org/10.1007/s00520-024-08598-w>

REVIEW

The role of specialist palliative care in individuals “living beyond cancer”: a narrative review of the literature

Amy Taylor¹ · Andrew Davies^{2,3} 



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Challenges

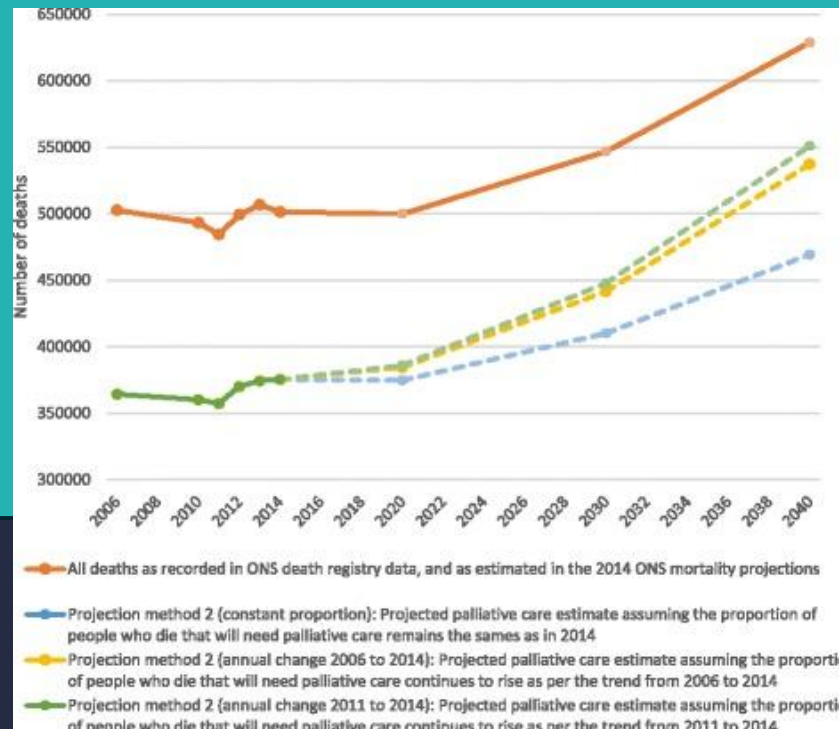
- Are we getting the right care to the right people, in the right places?
- Do we have the resources we need?
- What does the future hold?



Are we getting the right care to the right people?

- Globally around 14% receive SPC
- An estimated 75% of those dying in resource rich countries need SPC

Connor 2014



Gomez-Batiste 2014

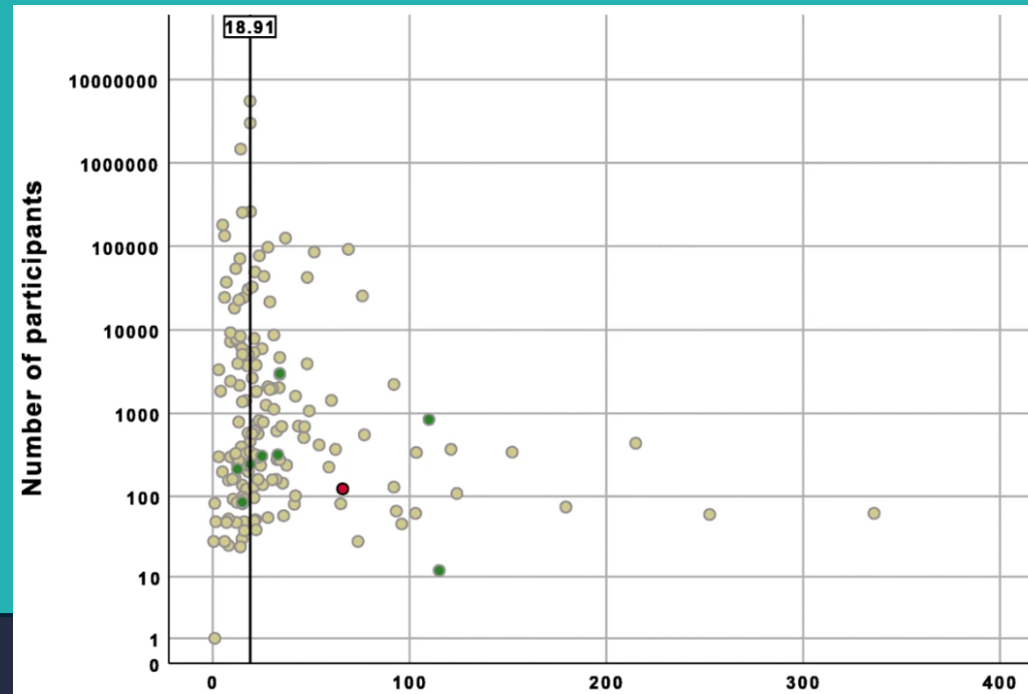
Etkind et al 2017

Time from referral to SPC to death

- UK hospices – 48 days
- International study, 11 million deaths 18.9 days

Allsop 2018

Jordan 2020



Benefits of specialist palliative care by identifying active ingredients of service composition, structure, and delivery model: A systematic review with meta-analysis and meta-regression

Miriam J. Johnson, Leah Rutterford, Anisha Sunny, Sophie Pask, Susanne de Wolf-Linder, Fliss E. M. Murtagh, Christina Ramsenthaler 

- Moderate overall effect size for both quality of life and emotional wellbeing benefits from SPC
 - regardless of underlying condition,
 - multidisciplinary, multicomponent, and multi-setting models most effective.
- Clinically significant benefit in trials with patients living more than three months

Are we getting the right care to the right people?

- 87% of referral to UK hospices had cancer diagnosis

Finucane et al 2021

- 88% of palliative care inpatients and 75% of referrals to hospital SPC teams have cancer diagnoses

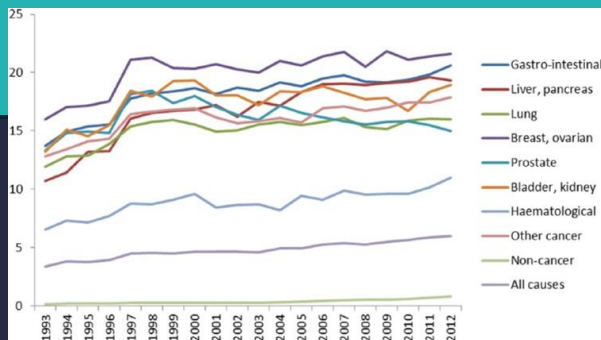
Minimum data set 2014

- Evidence for as much need in non cancer population as cancer population

Quinn 2020

- Patients with non-cancer diagnoses are less likely to receive excellent or outstanding care at the end of life

Boland 2013; Dixon 2015



Are we getting the right care to the right people?

Marie Curie “Time to Care” report 2024

Half were unhappy with some aspect of care

Poor coordination of care

Almost half had to go to ED in last three months

A third died in hospital

No discussion that death might be imminent in a third

About half had support from SPC



Are we getting the right care to the right people?

“You are guaranteed a better death if you die between 9am and 5pm Monday to Friday, so I’ve asked my mum if this would be possible.... just because you would have access to the people you need”

Marie Curie “Better EOL Care” report 2022

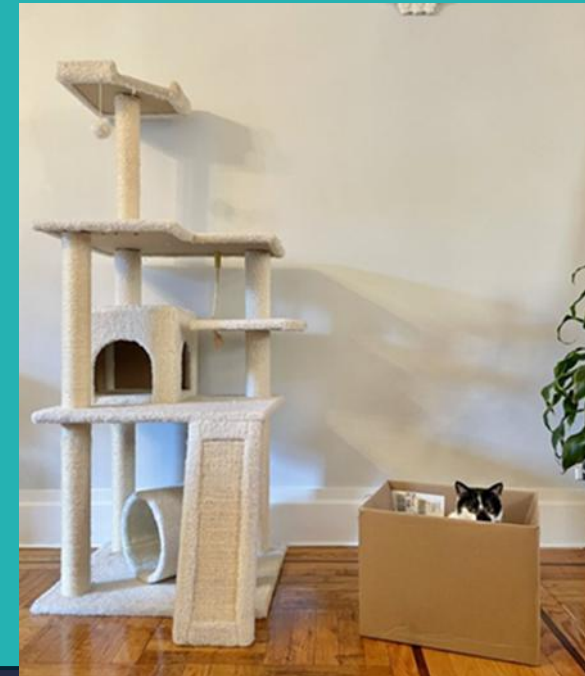
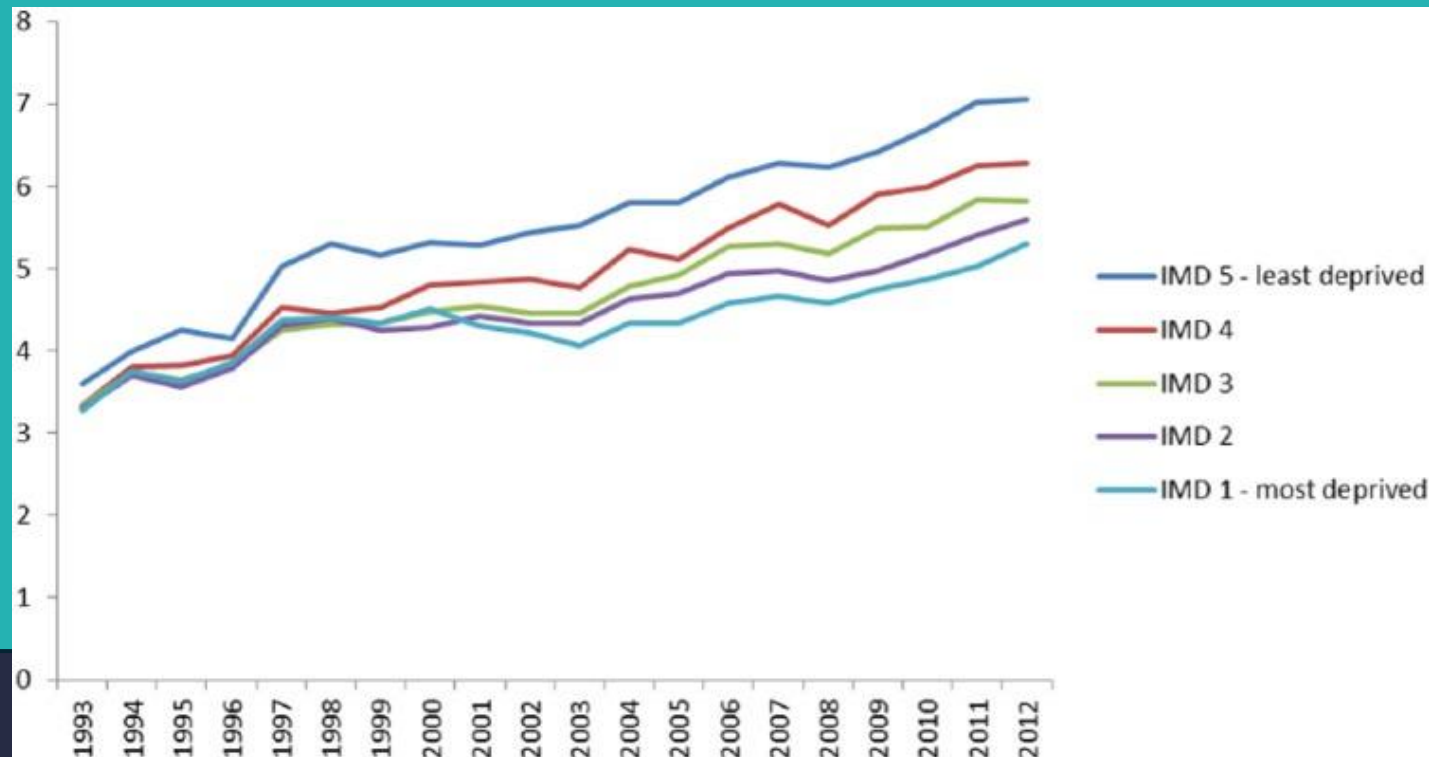


Are we getting the right care to the right people?

Calanzani 2013; Johnson 2013; Sleeman 2016; Bajwah 2021

No barriers here: Identity, culture, ethnicity and race

<https://youtu.be/G-ToRCT3UiU>



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Do we have the right resource?

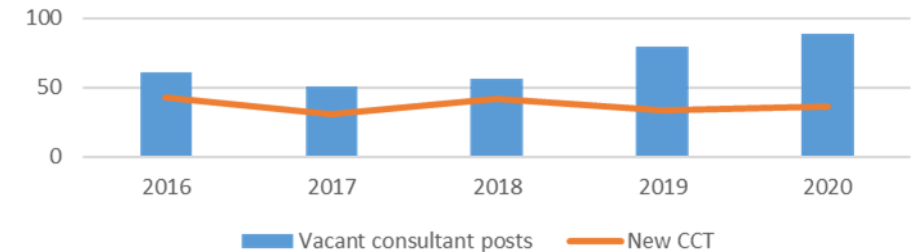
- NHS services
 - Funded within financial envelope for Acute Trusts
- Third sector services – many hospices and community teams
 - Statutory funding 37% on average
- Amendment to Health and Care Bill



Challenges with the Palliative Care Workforce

- Retirement bubble (all disciplines)
- Vacant posts (all disciplines)
- Not enough doctors training to fill posts
- Most SPC consultants work LTFT (59-70%) so need to train two doctors to fill one consultant post
- Impact of Dual Accreditation
- Increased need year on year.....

Figure 1: Trends in Consultant Posts vs. New CCTs



Future opportunities for workforce

- Think creatively about how we work

Virtual working

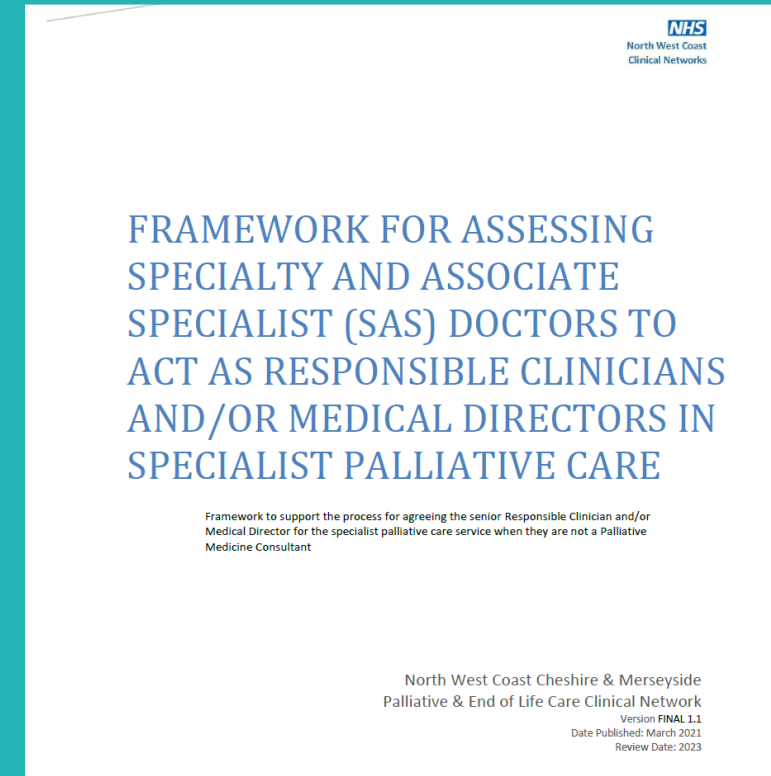
Working through others

- Maximising workforce

SAS doctors

ACPs

GPwER



Future opportunities

Wes Streeting to vote against assisted dying over end of life care concerns



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Future opportunities

- Review equitable provision of PEoL Care
- Improve coordination of care
- Support the movement of care into the community...
- But also resource enhanced supportive care



Questions?



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