

Palliative Care Stakeholder Forum
Broadway House Conference Centre, London
15th December 2016

Information captured on flipcharts

Table 1

What would be the core or essential components of end of life care provision in the community?

What does “good” look like?

Core/Essential Elements	Good
<ul style="list-style-type: none"> • Access to Specialist Palliative Care 7 days a week • Access to Specialist Palliative Care 24/7 telephone advice • Access to generic nursing service 24/7 • Highly responsive access to professionals • Access to medications: local Pharmacies/administration of medicines • Effective, anticipatory planning • Patients see a nurse every day in the last days of life • Ease of access to equipment • Utilise NHS England Specialist Level Palliative Care: Information for Commissioners as this lays out the core service specification elements • District Nurse 24/7 access • System connectivity • End of Life Care planning system linked to other systems • 100% NHS funded • Single Point of Access • Rapid Response • Sitting Service: Marie Curie • Trained HCA personal care/sitting service • Engagement of social services • 24/7 advice and visiting by providers, backed up by specialist palliative care • Right skill and training as appropriate • Relational care between Health Care Professionals-good communication • Commissioning skilled/informed staff • Medicines access around the clock • Central point to accessing /ordering/returning equipment 	<ul style="list-style-type: none"> • Carer and relative education • IT systems=real time • Admin support • Single point of access • Linked boundaries • Joined up IT systems • Good DN skilled staff • Respite for family/carers • Good Nursing homes • Greater access to services at weekend for those in last phase of life • Interoperability of IT systems • Joined up Community nursing, community Healthcare Professionals and specialist palliative care • Join up continuing healthcare with community and hospice providers • Single Point of Access/care navigation

Table 2**How do we make this happen: what would help, what would hinder?**

Help	Hinder
<ul style="list-style-type: none"> • Funding (fair allocation) • Skilled Resource • Digital Solutions/technology-skype-echo-interpreter • True partnership working • Integrated IT • Quality improvement methodology • Charitable sector • Good links already between services • Co-terminus services • Use existing services e.g. hospices • Meaningful data • Collaboration • Single Point of Access where possible • Shared accountability • Examples of good practice • Structure for making improvements (small steps locally directed) • IT systems unified • Rolling training programmes for generic staff 	<ul style="list-style-type: none"> • CCGs- lack of skills to negotiate through difficult politics and make strides rather than small steps • Small businesses (hospices) compete for funding on ground • Lack of staffing (shortages of nurses and medics) • IT systems not integrated • Lack of definition of what good looks like • District Nursing referral for everything • Postcode boundaries • London Geography e.g. number of similar programmes e.g. Vanguard • Money • Risk to hospice • Lack of basic services • District Nurse recruitment • Competition • Reinventing the wheel (mapping/Scoping) • Services being commissioned • Resources=staffing • Capacity to attend training