

**HERTS VALLEYS CCG**  
**PALLIATIVE AND END OF LIFE**  
**CARE STRATEGY FOR ADULTS**  
**AND CHILDREN**  
**2016-2021**

## **1. Introduction**

Herts Valleys Palliative and End of Life Care Strategy is guided by the End of Life Care Strategic Objectives 2014-16. This strategy focusses on the care of adults and children and supports key strategies such as Health and Wellbeing Strategy, Herts Valleys CCG Clinical Strategy and Hertfordshire Carer strategies. Improving the quality of palliative and end of life care and personal experience for people approaching the end of life and their carers and families is a National and local priority, regardless of their diagnosis, care setting, or social and personal circumstances.

- **Definition of palliative care:**

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual (World Health Organisation.)

- **Definition of end of life care:**

End of life care is care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patients and families to be identified and met throughout the last phase of life and into bereavement (The national Council for Palliative Care.)

## **2. Progress to date**

Herts Valleys CCG has made significant improvements over the last 18 months to enhance palliative and end of life care services to patients and carers in West Hertfordshire. Some of these developments are highlighted below:

- The extension of the Marie Curie Discharge Liaison Nurse post at Watford General Hospital, this service identifies hospital patients at end of life and facilitates discharge to their preferred place of care
- Continued engagement and education with primary care on end of life care strategy
- Implementation of an Electronic Palliative Care Coordination System (EPaCCS)
- Reduced the number of deaths in hospital by 3%
- Achieved a 10% reduction in non-elective hospital admissions for patients in the last 12 months of life
- Implementation of an updated enhanced Locally Commissioned Service within primary care to support GPs to identify and care for patients at the end of life

## **3. Current provision**

Herts Valleys Clinical Commissioning Group (CCG) commissions a wide range of specialist palliative and end of life care services from providers across West Hertfordshire. These providers are commissioned to deliver community services, bereavement support, outpatient services and inpatient bed based care to patients.

The hospice at home service supported by the Integrated Community Team within Hertfordshire Community Trust provides the same intensity of support that is provided within the inpatient units based in West Hertfordshire. This is a valuable service for patients whose preference is to be cared for at home.

In addition to the above services Herts Valleys CCG also commission a Primary Care Plus (PCP) Local Commissioned Service. GP practices are commissioned to deliver this service which aims to increase the number of people dying in their usual place of residence where possible and improving peoples experience at the end of their life through, monitoring people approaching their end of life and with palliative care needs, to ensure that patients are being proactively identified and advance care planning (ACP) is initiated and care preferences are shared with other healthcare professionals.

#### **4. Vision**

The improvement of palliative and end of life care services for adults and children has been identified as a key local priority for Herts Valley CCG. We are working in partnership with East and North Hertfordshire and West Essex CCG to achieve better outcomes for patients at the end of life. This strategy sets out the vision and ambitions for palliative and end of life Care in Herts Valleys CCG. It is informed by the Ambitions for Palliative and End of Life Care National framework<sup>1</sup>. The six national ambitions of this framework are:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help.

Our vision in Herts Valleys CCG is for all patients and carers to have equitable access to high quality, palliative and end of life care, with accurate and timely identification and proactive management of all of their palliative care needs including: physical, social, psychological, spiritual and cultural needs. We want to ensure that our services meet the needs across all age ranges and are well planned and coordinated to support the transition of young people from children's to adult specialist palliative care services.

This vision is shared with the palliative and end of life care services that are commissioned by Herts Valleys CCG including Hertfordshire Community Trust, Hospices, West Hertfordshire Hospital Trust, East and North Herts Trust and Marie Curie services. Herts Valleys CCG will deliver this vision as described below and outlined in Appendix 1.

We will work closely with Hertfordshire County Council (HCC) to support an integrated approach to palliative and end of life care services in west Hertfordshire. Herts Valleys CCG fully supports the vision of the Health and Wellbeing Strategy which highlights the need for partners to work collaboratively to reduce health inequalities and improve the health and

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<sup>1</sup> Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020  
<http://endoflifecareambitions.org.uk/>

wellbeing of the people in Hertfordshire. This strategy is also aligned to the key principles of Herts Valleys CCG Clinical Strategy which are:

- Local people are supported to stay well, preventing ill health
- Patients and carers of all ages are empowered to take an active part in their own care
- Patients will receive their care and treatment in the right place – at home or as close to home as possible
- Patients will experience services that are joined-up

The CCG wants to ensure that carers and families of patients receive the right help and support at end of life and during bereavement. This strategy supports the Herts Valleys CCG Carers Strategy<sup>2</sup> and Carer's Strategy for Hertfordshire<sup>3</sup>. The key principles of the Hertfordshire Carer's Strategy are that carers should be able to:

- Carry on caring if they want to
- Get good quality information and advice when they need it
- Be recognised, feel respected and heard as carers and partners in care
- Have a life outside of and after caring
- Work if they want to
- Be able to fully access their local community and local services
- Stay fit and healthy and be safe
- Access full benefits entitlements.
- Young carers should be able to achieve their full potential in education and have a positive childhood
- Young carers should enjoy the same

## **5. Making it happen – our approach**

### **Electronic Palliative Care Coordination System (EPaCCS)**

EPaCCS captures clinical information about patients who have been identified as having palliative care needs (typically within the last year of life). Having recognised a patient might be within their last year of life, communication and coordination between health and social care professionals is essential in order to provide high quality care to patients with life limiting and long term conditions.

EPaCCS will support people being cared for in the place of their choice and will reduce the likelihood of unnecessary interventions and hospital admissions. It puts patient's wishes at the centre of care and helps to create an environment where all healthcare professionals can work together easily. Information is recorded and shared in an electronic record which can be viewed by health care professionals, therefore providing co-ordinated joined up care for patients.

Herts Valleys CCG aims to implement and embed EPaCCS across all palliative and end of life care providers within West Hertfordshire to ensure that people approaching the end of

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<sup>2</sup><http://hertsvalleysccg.nhs.uk/component/search/?searchword=carers%20strategy&ordering=newest&searchphrase=all&limit=20>

<sup>3</sup><http://www.hertfordshire.gov.uk/docs/pdf/c/carstrat2015.pdf>

life are identified at an early stage and given the opportunity to discuss their care preferences through Advance Care Planning. EPaCCS supports the ambitions of Herts Valleys CCG to reduce the number of hospital admissions during the last 90 days of life and increase the number of people dying in their preferred place of choice. National research shows that without proper planning hospital admissions increase at this time without improving outcomes<sup>4</sup>.

### **Primary Care Plus - Local Commissioned Service for End of Life**

Herts Valleys CCG will work with Primary Care to deliver the locally commissioned service which promotes GP practices to support the delivery of national priorities and the outcomes of the Herts Valleys CCG Palliative and End of Life Care Strategy for Adults and Children 2016-21.

Part of this service requires GP practices to complete a post death audit tool for all patients who have died. This tool helps primary care to proactively identify and manage people at the end of life, including developing ACP and enables Herts Valleys CCG to monitor whether patients are dying in their preferred place of choice. The post death audit encourages GP practices to review the care provided and reflect on how palliative and end of life processes can be improved in the future.

### **Remodelling of palliative and end of life care workforce**

Community specialist palliative care teams in Herts Valleys are working together to improve the quality and equity of services in order to reduce duplication and provide a more robust and consistent service for patients and carers.

This will be achieved through the reconfiguration of the community specialist palliative care teams to reflect the demographic needs of the localities and ensure there is equity of access to specialist palliative care nurses. Remodelling of the specialist palliative care workforce will contribute to the following outcomes:

- Improved capacity within the specialist palliative care community teams
- Reduce unnecessary hospital admissions
- Seamless transition of care
- Improved partnership working across specialist palliative care workforce
- Single plan of care in place
- Increase rate of those that die in place of choice with an appropriate clinical package in place
- Good patient and carer experience

### **Palliative and end of life care coordination centre**

Herts Valleys CCG will work with our end of life care providers to implement a West Hertfordshire palliative and end of life care co-ordination centre. This coordination centre will provide the following:

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<sup>4</sup> [http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/end\\_of\\_life\\_care.pdf](http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/end_of_life_care.pdf)

- A single point of referral for all palliative and end of life referrals
- Provide advice to clinicians, patients and carers
- Manage EPaCCS

This model will coordinate and streamline the referral process for health care professionals. Implementation of the care coordination centre and remodelling of the palliative and end of life care workforce will ensure equitable access for patients and carers in West Hertfordshire and will ensure that providers are working towards the same model of care and delivering joint pathways and outcomes.

## **Education, training and engagement**

Herts Valleys CCG recognises the importance of regular education, training and engagement with health care professionals in order to support them to identify and care for patients at the End of Life and provide support to families caring for patients during their illness and after their death.

## **6. Key stakeholders**

In order to deliver the Herts Valleys CCG strategy for palliative and end of life care we will work with the following key stakeholders:

- Hospices
- GPs
- Hertfordshire Community Trust (HCT)
- West Hertfordshire Hospitals Trust (WHHT)
- Hertfordshire County Council (HCC)
- Voluntary sector
- East of England Ambulance Service
- East and North Herts Clinical Commissioning Group (CCG)
- Tertiary Care Centres
- Patients
- Carers
- Out of Hours Service
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- Community Pharmacists

The CCG will regularly engage with the above stakeholders through the End of Life Care Forum, WHHT End of Life Care Panel, GP Locality meetings, Patient and Public Involvement Group and the Public and Patient Network.

This engagement will support Herts Valleys CCG in the design, development and delivery of the palliative and end of life care pathway and will provide expertise on palliative and end of life care issues to ensure patients and carers get the best possible outcomes from the Health and Social Care System.

## **7. Key outcomes**

The key outcomes of Herts Valleys CCG palliative and end of life care strategy are:

- People are offered the opportunity to discuss their end of life preferences
- Positive experience of palliative and end of life care
- People die in their preferred place of choice
- Reduction of deaths in hospital
- Reduction in emergency admissions to hospital during the last 12 months of life

Data from the National End of Life Care profile for Herts Valleys, based on ONS data<sup>5</sup>, showed the following breakdown for place of death in Herts Valleys and England averages for the period April 2015 – March 2016:

<b>Place of death</b>	<b>Herts Valleys CCG</b>	<b>England</b>
Percentage of deaths in own home	18.9%	23.1%
Percentage of deaths in hospital	45.4%	47%
Percentage of deaths in care home	24.6%	22%
Percentage of deaths hospice	9.1%	5.7%
Percentage of deaths elsewhere	2%	2.2%

The above table demonstrates that for the period April 2015 – March 2016 that 45.4% of deaths in Herts Valleys CCG were in a hospital compared to a national average of 47%. Conversely 54.6% of deaths in Herts Valleys CCG were out of hospital compared to a national average of 53%.

In order to deliver the key outcomes of this strategy Herts Valley CCG aims to reduce the percentage of deaths in hospital to 35% over the next 5 years, which is reduction of 10%. In order to measure this we will monitor the Herts Valleys ONS data against the baseline data above going forward.

EPaCCS and the post death audit tool will be used to measure that people are offered the opportunity to discuss their end of life preferences and that people die in their preferred place of choice.

The CCG will work with providers, patients and carers to continually monitor people's experience of palliative and end of life care.

Hospital data will be used to monitor the number of emergency admissions to hospital during the last 12 months of life. Hospital data shows that of the patients that died in hospital during

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<sup>5</sup> [http://www.endoflifecare-intelligence.org.uk/data\\_sources/place\\_of\\_death](http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death)

quarter one of 2016-17 there were 240 NEL (Non Elective Admissions) in the last 12 months of their life. The CCG will continue to monitor and review this data on a quarterly basis.

## **8. Conclusion**

Herts Valleys CCG is committed to delivering this palliative and end of life care strategy. We believe that this framework will help us to deliver this vision so that people at end of life in West Hertfordshire are identified at an early stage, patients and carers are given equitable access to palliative and end of life care services and patients are supported to die in their preferred place of choice.

This strategy is a working document which will be reviewed and updated as part of the annual commissioning cycle.

## Appendix 1 - Herts Valleys CCG Integrated Palliative and End of Life Care Strategy 2016 – 2021

### OUR AMBITION

To develop an integrated model that:

- Identifies people approaching the end of life at an early stage
- Initiates discussions about care preferences through Advance Care Planning
- Reduces the number of hospital admissions during the end of life
- Increases the number of people dying in their preferred place of choice
- Provides coordinated equitable specialist palliative care provision to patients and their carer's in west Hertfordshire
- Provide provision of immediate and on-going bereavement services to families and carer's

### KEY OUTCOMES

- People are offered the opportunity to discuss their end of life preferences
- Positive experience of palliative and end of life care for patients and carer's
- People die in their preferred place of choice
- Reduction of deaths in hospital during the last 12 months of life
- Patients are enabled and empowered to self-manage their condition

### MAKING IT HAPPEN – OUR APPROACH

- Implementation of the Electronic Palliative Care Coordination System (EPaCCS) to enable data to be shared on patients care preferences
- Regular monitoring of post death audits to measure care preferences and develop learning
- Implementation of palliative and end of life care co-ordination Centre
- Remodelling of palliative and end of life care workforce to ensure equitable access to specialist palliative care
- Education, training and engagement with health care professionals to support them to identify and care for patients at the end of life

### KEY STAKEHOLDERS

- Hospices
- GPs
- Hertfordshire Community Trust (HCT)
- West Hertfordshire Hospitals Trust (WHHT)
- Hertfordshire County Council (HCC)
- Voluntary sector
- East of England Ambulance Service
- East and North Herts Clinical Commissioning Group
- Patients and Carer's
- Out of Hours Service
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- Community Pharmacists

