

Reshaping care improvement network: End of life Care

Scottish Government healthcare work streams such as the Long Term Conditions Collaborative, Scotland's National Dementia Strategy and Reshaping Care for Older People are underpinned by the recommendations from Living and Dying Well: A national action plan for palliative and end of life care in Scotland. Living and Dying Well aims to ensure the delivery of high quality palliative care to everyone in Scotland on the basis of clinical need not diagnosis.

The 2009 data for hospital admissions and bed days during the last five years of life demonstrate the reality of a population living longer with multiple long term and life threatening conditions. The data shows that, in the five years before death, people are admitted to hospital more and more frequently, often on an emergency basis, and remain there for increasing lengths of time. Figures produced by Information Services Division (ISD) for the Scottish Government show that those in the final year of life accounted for around 30% of all bed days¹.

The delivery of high quality palliative care in the community enables carers and patients to be better supported, reducing the number of avoidable emergency admissions, improving support for discharge and reducing the number of occupied bed days in the acute setting.

This document provides an opportunity to learn from best practice approaches to developing services that introduce interventions impacting on the patient pathway for end of life patients. For example there is evidence² to show development of the palliative care skills, knowledge and confidence of care home staff results in: a reduction in inappropriate admissions to acute hospitals, better quality of care for residents, and an increase in the percentage of care home residents able to die in the setting of their choice.

Hospices are successful and innovative in their mobilisation of volunteers into a variety of roles including many aspects of service delivery, especially informal and carer support. The voluntary sector has a unique ability to create innovative, tailored and partnership service models. There are 13 adult voluntary hospices in Scotland, 2 of which are Marie Curie hospices, all strongly rooted in their local communities and fundraising over half their running costs.

The Scottish Partnership for Palliative Care is an umbrella and representative organisation which, through a collaborative approach, supports and contributes to the development and strategic direction of palliative care in Scotland.



Marie Curie Cancer Care is a leading provider of palliative care with more than 2,700 nurses, doctors and other healthcare professionals providing care for end of life patients, irrespective of diagnosis, in the community and hospice settings.

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<http://www.palliativecarescotland.org.uk/palliative-care/services-in-scotland/hospices-and-specialist-units>

¹ Source: The Scottish Government, publications, Living and Dying Well: Building on Progress, Part 2.

² Study on care tools in nursing care homes, Hockley J, Watson J, Oxenham D, Murray SA. Palliative Medicine 2010;24(8):828-838



