Palliative and End of Life Care for Adults in Leeds

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National Context



Around half of all deaths occur in hospital (the least preferred place)

Uncontrolled symptoms result in hospital admission 1 in 3 emergency admissions are for people in the last year of life



30% of hospital in-patients are in the last year of life

20% of NHS costs are spent in the last year of life



Palliative care can save cost overall especially if provided early

Death and Dying in Leeds



6,850 deaths per year



5,000 deaths per year across Leeds would benefit from palliative care approach





Death and Dying in Leeds

Disease	%
Cancer	27.1%
Circulatory	26.7%
Respiratory	12.4%

Dementia mentioned in 15%

Rising multimorbidity

Age	%
0-64	17
65-74	16
75-84	29
85+	38

Where people die	Hospital	Home	Care Home	Hospice
Present	45.4%	23.8%	18.8%	10%
Trend last 10 years	10.6% reduction	4.7% increase	4.1% increase	2.3% increase







Future trends: by 2040

- Annual deaths projected to rise 25%
- Greatest rise in the aged 85+ group
- In Leeds, up to 1,700 additional patients dying per year







Palliative care need may rise as high as 40 per centDuration and complexity



Multimorbidity

Recognition and Planning Ahead

- Electronic Palliative Care Coordination System (EPaCCS)
- Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

EPaCCS in Leeds 2018/19

- 45% of people who died in Leeds has EPaCCS
- 73% achieved preferred place of death
- EPaCCS increases quality of care and likelihood of preferred place of death
- Aspiration for 2019/20 is 60% uptake











Established 2015

Multi-agency partnership

- Leeds City Council
- NHS
- University of Leeds
- Voluntary Sector
- Private Sector

Stakeholder and community engagement

Annual city centre event Death Cafes

Building capacity

Community grant scheme Training

Communications and marketing

Website
Clear consistent key messages:

- Write a will
- Record their funeral wishes
- Plan their future care and support
- Consider registering as an organ donor
- Tell their loved ones their wishes

#dyingmattersLDS











Leeds Palliative Care Network ...what is it?





Collaborative partnership of all palliative and end of life care providers



Whole system issues and approach



Delivering improved outcomes

- Service improvement
- Medicines management
- Education and research
- Information and technology



Systems transformation









Core Group

Members













Wider Partners

























Forum











LPCN...highlights this last year

- New website
- Planning Ahead: EPaCCs and ReSPECT
- Bereaved Carers Survey
- Palliative Care Ambulance
- Medicines Management
- Tele-education (ECHO)
- Dementia and EOL
- Working on Population Outcomes and PHM

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DRAFT PEOLC Outcomes for Leeds

Each person is seen as an individual who is able to influence their care in a way that matters to them

People in Leeds with palliative and end of life needs are recognised and have fair access to services

People in leeds are supported to live well as long as possible, maximising comfort and wellbeing

Palliative and end of life care in Leeds is well coordinated

People providing palliative and end of life care are equipped to do so

Communities are ready, willing and able to support people with palliative and end of life care needs

Family carers, relatives and others close to dying people are well supported during and after their care







Draft Leeds Palliative and End of Life Care Framework for Adults

ACCESS	COMMUNICATION	CARE MODELS	VULNERABLE	KIND & CARING
ACCESS		CAILE MODELS		
	AND		GROUPS	COMMUNITIES
	CO-ORDINATION	COMMUNITY		
Equity of Access	Advance Care Planning	New Models of Care	Learning Disability	Public Awareness and Conversations
		Hospital Avoidance		
Earlier Integration	EPaCCS and ReSPECT	LCPs/ Primary Care Networks	Prisons	Carer Support
		Hospices		
Recognition	Point of Care Information		Homeless	Bereavement Services
		CARE HOMES		
Vulnerable Groups	Single Point of Access	Enhanced Health in	Gypsies & Travellers	Neighbourhood Networks
		Care Homes Model		
			Black Asian &	
	Shared Decision Making		Minority Ethnic	Social Prescribing
		HOSPITAL	1607	Well-out-sour
		Specialist Palliative Care	LGBT	Volunteers
		TRANSFER OF CARE	Dementia	Leeds Directory
		PERSONALISATION	Children to Adults Transition	Dying Matters
			Children to Adults Transition	
		MEDICINES MANAGEMENT		
		DIGITAL ENHANCEMENT		
Clinical Data Sharing		Remote Monitoring		Telehealth and Education
		WORKFORCE		
Recruitment		Retention capacity , capability, culture		Training & development
		UNDERSTANDING POPULATION NEEDS		
Research		Clinical Audit		Data Analysis
	SYSTEM II	NTEGRATION AND WIDER DETERMINANTS (OF HEALTH	

Priorities for the Future

- Culture Shift: open and prepared to talk about death and dying
- Access to care and services
 - Consistent recognition of need
 - Equity of access
 - Earlier integration
 - Single point of access
- Communication and coordination:
 - increased use of Advance Care Planning
 - Interoperability
- Out of Hospital care
 - Increased funding
 - Care Homes
 - New Models of care
- **Digital enhancement**: clinical, workforce and data
- Workforce: new roles, training and development







What are we Asking from You?

- Recognise people receiving palliative care and those at end of life as a key priority population for the partnership and in city plans
- Provide feedback on the draft population level outcomes for people at end of life, and on further engagement
- Provide feedback on the draft Leeds Palliative and End of Life Framework
- To initiate, address and measurably improve the EOL experience for people of Leeds



THANK YOU











Leeds Palliative Care Network