

## 8.8 End of life care

Walsall's vision and approach mirrors that of the national strategy for End of Life Care aiming to transform care for people approaching end of life, whatever their diagnosis and wherever they are, including enabling more people to be cared for and to die at home should this be their wish. In achieving this vision, the aim is to treat people with the utmost dignity, care and compassion whilst respecting their wishes and supporting carers.

Palliative care tends to be offered chiefly to patients with incurable cancer, though it has been estimated that two thirds of non-cancer deaths will be preceded by a period of chronic illness that may benefit from palliative care interventions (National Council for Palliative Care). However, potentially a third of deaths that take place in hospital might have been more appropriately managed elsewhere.

The [Cancer Patient Experience Survey 2012/13 \(CPES\)](#) provides information that can be used to drive local quality improvements by Trusts and commissioners. 53% of responses were from women cancer patients of whom 62% were aged between 51 and 75 years of age. This is reflective in the responses for Walsall with breast cancer as the most prominent (28%) type, followed by haematological and urological (13% each). Males according to the patients surveyed contracted cancer later on in life with 55% aged between 51 and 75 and 36% aged over 76 (compared to 18% women).

Generally, responses are on a par to 2010/11 figures, with 88% of patients rating care as excellent or very good (on a par nationally). However, one example area where improvement is needed - 41% of patients (compared to 53%) feel they were definitely given enough care from health or social services – this figure is within the lowest 20% of trusts and is considerably lower than the national figure of 60%.

Findings of both National and Regional audits relating to End of Life care reveal that there is still a large gap between where people say they would prefer to die and where they actually die. There is also a broad acknowledgement that the ability to 'track' and appropriately share preferences for end of life care together with the actual experiences of patients is an ambition rather than a reality.

The figures shown below of actual place of death for patients are relatively unchanged, with the exception of a rise in hospice deaths. This rise is a direct result of the impact of the in-patient unit within the Walsall Palliative Care Centre in Goscote. The number of deaths in Hospital has fallen by 114 deaths during the two periods.

	2008-10 Percentage	2008-10 Number	2010-12 Percentage	2010-12 Number
Home	21.8%	540	22.42%	544
Care Home	12.8%	317	13.34%	324
Hospice	1.9%	46	3.54%	86
Hospital	61.9%	1,534	58.54%	1,420
Other Places	1.6%	40	1.37%	33

Figure 1 Actual Place of Death for Patients, 2008-10 and 2010-12 (Source = End of Life Profiles)

The Centre provides care and support services for a wide range of patients and carers from across the community and its facilities provided by the NHS include:

- *A Specialist Day Hospice Facility*
- *Community Oncology and Chemotherapy Service*
- *Specialist Community Palliative Care Service*
- *Complementary Therapy Service*
- *Specialist Therapies Teams*
- *Cancer and Palliative Information and Support Services*
- *Specialist Lymphoedema Services*
- *Voluntary Services*
- *Psychology*
- *An Outpatients Department offering a range of consultation facilities*

*Priorities for action:*

- *Patients who are at the end of life or who have advanced and incurable disease should be able to access palliative care to manage their symptoms and improve quality of life*
- *Both patients and their carers should have an appropriate level of involvement in decisions about their preferred place of death*
- *Palliative care services should consider how to increase the proportion of patients who die in their preferred place of death. This may be particularly pertinent for elderly people living alone where additional support may be needed to help them to die at home*
- *Palliative care services should be integrated between home, hospital and hospice and improve the experience of dying from incurable disease in Walsall*
- *More support should be offered to help residents of care homes achieve death in their preferred place of care and death*
- *Health and Social care professionals should have more training and education in end of life care and bereavement*
- *Patients and carers to receive co-ordinated care between health professionals, social care professionals and third sector agencies*
- *To assess carer working days lost and to establish what is offered to our employees who are committed to providing carer support*
- *Utilise the findings from the National Cancer Patient Experience Programme 2012/13 where responses are less favourable for Walsall to improve experiences for cancer patients in Walsall in the future*