

## Integrated Care

### Trust Members' Health Seminar 26/11/19

## Palliative Care and End of Life Care

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Guy's and St Thomas' NHS  
NHS Foundation Trust

### WHO 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. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

## Some definitions

- **Palliative Care**  
= care for people with life-limiting or life-threatening illness
- **End of Life Care (EoLC)**  
= care for people who are likely to die within the next 12 months, or whose death is imminent (expected within the next few hours or days)
- **Overlap**
- **Interventions based on need, not just (estimated) prognosis**

## Palliative Care and End of Life Care

- **Symptom control**
- **Advance care planning**
- **Complex decision making**
- **Social support**
- **Psychological support**
- **Spiritual Care**
- **Care of the dying person**
- **Bereavement support**

Relieving suffering and dealing with uncertainty

42 and going strong!



## Benefits of palliative care

- Improves symptom control
- Improves patient satisfaction
- Improves carer satisfaction
- Increases life expectancy
- Improves quality of life
- Improves quality of death
- Provides peer support for colleagues
- Reduces potentially avoidable hospital admissions
- Reduces length of stay
- Facilitates care in the most appropriate location
- Reduces healthcare expenditure

## Local Palliative Care and End of Life Care services

- **Essential:** Ward team, GPs, DNs, AHPs, care agencies, SELDOC, 111, LAS, others
- **In-patient services (24/7):**
  - Hospitals: GSTT, KCH, St George's
  - Hospices: St Christopher's Hospice, Royal Trinity Hospice
- **Community:**
  - Specialist community palliative care teams (24/7):**
    - GSTT Community Palliative Care team (includes Pal@Home overnight) (north)
    - St Christopher's Community Palliative Care team (includes overnight) (south)
  - GSTT Community EoLC nursing team (Monday to Friday 8:30am to 5pm)
  - GSTT Pal@Home overnight rapid response nursing service (7 nights a week 8pm-8am)
- **Out-patient clinics:**
  - GSTT
  - Hospices

## Some recent achievements

- **"Building on the Best" vanguard programme**
- **AMBER Care Bundle – international profile**
- **London Opioid Safety and Improvement Group**
- **Staff, public, and patient engagement**
  - Dying Matters / Let's talk
  - EoLC champions network
  - EoLC committee
- **The Second Conversation Project**
- **Service developments**
  - 7 day working
  - Integrated Care
  - Progressing joint working with all other clinical services
- **Clinical Academic Group formation**

## Resources include:

- **Clinical services (case-based learning)**
- **Clinical guidelines**
- **Education matrix for all staff**
- **Cicely Saunders Institute**
- **Online learning – eLFH**
- **Trust EoLC committee**

||| KING'S HEALTH PARTNERS

## Our Clinical Academic Group (CAG)

- CAG approved Nov 2017; outcomes book published May 2018
- CAG Executive team (monthly):
  - Diversity and Inclusion
  - Clinical
  - Research
  - Education
  - Mind and Body
  - Reach and Impact
  - Patient and public involvement
  - Global
  - Estates
- Workstreams include:
  - Vital 5
  - Mind and Body (IMPARTS)
  - Scorecard in development



||| KING'S HEALTH PARTNERS

## Palliative Care CAG - integrating care

- With colleagues at KCH, KCL and SLAM we aim to deliver the tripartite agenda in a truly integrated manner
- Strong platform within the GSTT Integrated Care Strategic Business Unit
- Specialist inpatient services serving all areas of the Trust
- Integrated community offering across Lambeth&Southwark, working closely with hospices and others
- Linking within Partnership Southwark and Lambeth Together
- Public engagement work "Let's Talk", links with Public Health, and Healthwatch Lambeth
- Data science initiatives to support advance care planning for frail elderly patients
- Engagement from community teams with our Knowledge Exchange events
- Generating research evidence for the benefits of integrating care e.g. breathlessness support service
- Developing and evaluating new models/interventions of integrated palliative care for older people, neurological conditions, ICU, care homes



KHP Palliative Care CAG Knowledge Exchange:

### Palliative care for people with dementia

08.30 – 13.00 Thursday 5<sup>th</sup> March 2020  
Cicely Saunders Institute, Bessemer Road,  
King's College London, SE5 8PJ

# Innovations in Palliative Care at Guy's & St Thomas'

Kimberley St John, Transforming end of life care lead  
Kat Hall, Coordinate My Care clinical champion

## Major themes identified in our work

1. People find it difficult to talk about death and dying, which makes discussions about treatment at the end of life difficult
2. General public have a poor understanding of clinical decisions such as do not attempt cardiopulmonary resuscitation
3. Information captured in hospital or community setting does not accurately and consistently travel between locations



## Overview of work streams at Guy's and St Thomas' relating to treatment escalation planning



## 1. Busting the death taboo through enjoyable engagement activities

- VAULT festival
- Bubble theatre
- Yoga (for bereavement midwives & collaboration with More Yoga)
- Public DNACPR lecture with Healthwatch Lambeth
- Lambeth Country Show with Healthwatch Lambeth and Compassion in Dying
- Film screenings with Q&A
- Dying Matters events at Guy's and St Thomas' including VAULT theatre
- Griefcast live at Guy's September 2019



## Handouts



## VAULT festival 2019

- 76 events between January – March 2019
- Q&A with general public, sold out and featured in Time out magazine top 10 things to do in London

"I met my friend before coming to a show and they said, "why are you going to a show about death? That's really weird!", then a few moments later we were talking about what was important to us at the end of our lives. We knew who wanted to donate their organs, who wanted to be buried. What music they wanted at their funeral. That's the power of things like this. It's a ripple effect." VAULT Festival attendee



### Griefcast Live at Guy's hospital

- Podcast of the year 2018
- Guy's and St Thomas' were the first NHS Trust to host a live episode
- *What would you like to come back as in another life?*



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### 2. Patient information

- Four videos that cover CPR, uncertain recovery, decision making and different places of care
- Leaflet
- Let's talk media pads

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### How we are using digital information

- Pads available in each ward area
- Programmed to community pads
- Offered to patients and carers to support understanding

Information can be used

- Before making decisions
- Support after making decisions (including explanation to family members)
- Education resource for healthcare professionals

  
 Talking about cardiopulmonary resuscitation (CPR)

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### 3.



- A secure electronic tool used across London where urgent care plans, created with patients, help care be delivered appropriately and timely in the right place for the patient in emergency situations.



Overall 80% died in a place outside the acute sector. Where patients have a CMC care plan 20% die in hospital, nationally 47% die in hospital\*

\*National End of Life Care Intelligence Network, NEDCIN, 2019-16

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*You matter because you are you. You matter in all the moments of your life, and we will do all we can to help you not only to die peacefully, but also to live until you die.*

Dame Cicely Saunders

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