The National Picture
Reimagining Palliative Care – the new essentials

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Ecomap of network and relationships

Network organiser

Inner network

Patient

Carer

Outer Network

Frequency of visits F
Relationship type eg son/daughter  R
Strong relationship
Weak/ vulnerable relationship
Stressful/ adverse relationship

Practical support = P
Emotional support = E

Why do we need to do something different?

Hospital deaths (%), Persons, All Ages. – Cornwall

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England
Home death rates England and Cornwall

Home deaths (%), Persons, All Ages. – Cornwall

![Graph showing home death rates for England and Cornwall from 2004 to 2014. The graph indicates an increasing trend in home death rates over the years. The data for Cornwall is represented by a blue line, while the data for England is represented by a black line. The graph highlights the difference in home death rates between the two regions.]
Interest in the public health approach

The impact of a new public health approach to end-of-life care: A systematic review

Libby Sallnow¹,², Heather Richardson³, Scott A Murray³ and Allan Kellehear⁴

Abstract

Palliative care, since its inception over 40 years ago, has set the standard of how to care for people who are dying. Key features among these standards have been the professional development of clinical practitioners such as palliative medicine and palliative nursing; the essential addition of the multidisciplinary team to these new specialties that included social, spiritual and allied health workers—an outgrowth of the recognition that nurses work with the dying, their families, and the bereaved required more than only clinical skills; and the unique partnership with communities that yielded the volunteer movement within palliative care. Professional, evidence-based symptom management and the importance of supportive care and the unique partnership with communities that yielded the volunteer movement within palliative care. Professional, evidence-based symptom management and the importance of supportive care and the unique partnership with communities that yielded the volunteer movement within palliative care. Professional, evidence-based symptom management and the importance of supportive care.

11th – 16th May 2015
Bristol Marriott Hotel
City Centre
BRISTOL, ENGLAND

4TH International
PUBLIC HEALTH & PALLIATIVE CARE
CONFERENCE 2015

Compassionate Cities
Public health and end-of-life care

Palliative care reimagined: a needed shift

Julian Abel,¹ Allan Kellehear²

ABSTRACT

Palliative care, since its inception over 40 years ago, has set the standard of how to care for people who are dying. Key features among these standards have been the professional development of clinical practitioners such as palliative medicine and palliative nursing; the essential addition of the multidisciplinary team to these new specialties that included social, spiritual and allied health workers—an outgrowth of the recognition that nurses work with the dying, their families, and the bereaved required more than only clinical skills; and the unique partnership with communities that yielded the volunteer movement within palliative care. Professional, evidence-based symptom management and the importance of supportive care and the unique partnership with communities that yielded the volunteer movement within palliative care. Professional, evidence-based symptom management and the importance of supportive care and the unique partnership with communities that yielded the volunteer movement within palliative care. Professional, evidence-based symptom management and the importance of supportive care.

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Six ambitions to bring that vision about

01 Each person is seen as an individual
02 Each person gets fair access to care
03 Maximising comfort and wellbeing
04 Care is coordinated
05 All staff are prepared to care
06 Each community is prepared to help

“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk
Each community is prepared to help

The building blocks for achieving our ambition

<table>
<thead>
<tr>
<th>Compassionate and resilient communities</th>
<th>Public awareness</th>
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</thead>
<tbody>
<tr>
<td>Public health approaches to palliative and end of life care need to be accelerated and support given to people and communities who can provide practical help and compassion.</td>
<td>Those who share our ambition should work to improve public awareness of the difficulties people face and create a better understanding of the help that is available.</td>
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<thead>
<tr>
<th>Practical support</th>
<th>Volunteers</th>
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<tbody>
<tr>
<td>Local health, care and voluntary organisations should find new ways to give the practical support, information and training that enables families, neighbours and community organisations to help.</td>
<td>To achieve our ambition more should be done locally and nationally to recruit, train, value and connect volunteers into a more integrated effort to help support people, their families and communities.</td>
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</tbody>
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Palliative Care – The New Essentials

1. Specialist Palliative Care
2. Generalist Palliative Care
3. Compassionate Communities
4. Civic Programme for Compassionate City Charter
Hierarchy of Well Being

NEGATIVE CONSEQUENCES

Poor work experience, increased social isolation, stress, civic societal impacts

Carer exhaustion, morbidity and mortality, emergency admissions, long term psychological trauma, long term ill health

Poor care planning, poor coordination, emergency admission to hospital, poor symptom control

Poor symptom control, lack of equity, poor death outcomes, increased institution usage

POSITIVE OUTCOMES

Bedrock of support, engagement post bereavement, increased social contact, social cohesion & inclusion

Resilient supportive networks, strengthened relationships into bereavement, increased home deaths

Every death captured, good symptom control, good bereavement care, coordinated care

Good symptom control, integrated with primary care, good coordination

Compassionate city charter

Compassionate communities

Generalist palliative care

Specialist palliative care
Specialist Palliative Care

• Ease of contact with palliative care services – Skype, Facetime, video link.
• Immediacy of advice and visits
• Specialist beds open to all
• Training of carers in the community – network development, manual handling, injections
• Participation in implementation of compassionate city charter
Generalist palliative care/primary care

- Proactive identification of people in need of support
- Care planning and patient centred goal setting
- Linkage and coordination with community resource at point of contact
- Systematic after death audits for continuous improvement (QI methodology)
- Community development workers are part of the clinical team
Compassionate Communities

• Building of resilient networks of support around families of care
• Skilling up of caring networks
• Increasing neighbourhood capacity to care for those who experience death, dying and loss
• Integration and building of trusting relationships with health and social care teams
• Community development worker as professional role
Compassionate City Charter
an opportunity to reimagine palliative care

Compassionate Cities are communities that recognize that all natural cycles of sickness and health, birth and death, and love and loss occur everyday within the orbits of its institutions and regular activities. A compassionate city is a community that recognizes that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone’s responsibility.
Compassionate City Charter

- Systematic way of ensuring we build compassionate communities in all sectors
- Educational institutions, workplaces, trade unions, health and social care institutions, religious institutions, neighbourhoods, homeless and vulnerable amongst others
- Incentive schemes and awards at civic level
- Policy change to support compassionate communities
Our aims

• Palliative and end of life care for all, irrespective of diagnosis and age
• Includes all forms of death – sudden, suicide, accidents, pet loss
• Integrates chronic illness with death and bereavement
• Transforms communities – inclusive of neighbourhoods through to institutions and workplaces
• Palliative Care – The New Essentials.
http://apm.amegroups.com/article/view/19026

Annals of Palliative Medicine special issue
http://apm.amegroups.com/issue/view/693
Thank you