

Shaping the future of end of life care services

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Vale of York
Clinical Commissioning Group

Introduction

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Who have we spoken to?

Surveys

- Patient & carers groups
- Stakeholder & internal e-newsletters
- Hospital e-newsletters
- Professionals such as solicitors and funeral directors



Focus groups and engagement sessions

- Clinicians – hospital, hospice, community services, GPs
- Care homes
- Carers groups
- St Leonard's hospice

Common feedback themes

- **Choice:** More support to facilitate their choice of where they wanted to die or where the person they cared for wanted to die.
- **Coordinated approach** to care, a single point of contact
- **Support people to have a good death:** Have conversations at an early stage, advanced care planning
- **Support after death:** Provision of care and support for the friends, family and carers of those who have died. Bereavement support, companionship, networks.
- **Workforce:** Not enough staff to deliver care.
- **Long waits for care packages.**
- **IT integration**

Common feedback themes

- **Availability and quality of carers**
- **Seven day working not fully supported**
- **Out of hours support** for carers and care home managers
- **Respite care:** more needed for carers - especially when there can be long waits for care packages
- **Mental Health support needed**
- **Increase capacity for community support:** Joined up health & social care approach, Death Cafes, Dead Good Festival
- **Improve communication with clinicians:** needs to be easy to understand and respectful
- **Treated as an individual,** respect and dignity

We should be helped more to remain at home with care

There needs to be a single number or person to contact

Conversations need to be had with frail/elderly/those with chronic, life limiting conditions early - to make sure their wishes are taken into account and recorded before they reach that stage.

The palliative care and district nurses have been amazing however we can not get care support even though the nurses have asked. We only need a little extra help but nothing has been able to be found.

More timely care.

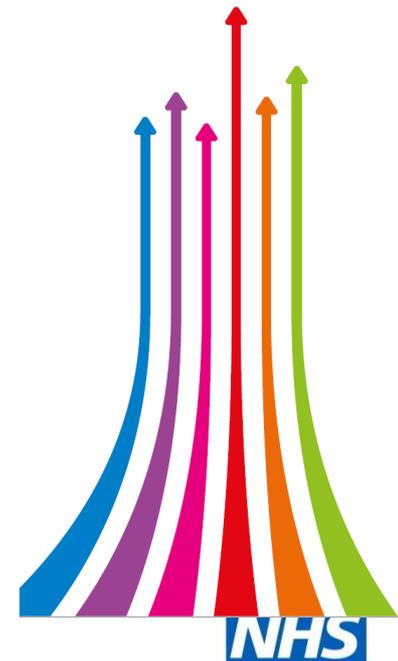
The kindness and caring nature of staff is fantastic. I couldn't have got through this without the support of the hospice.



Experience of end of life care

There are six ambitions for palliative and end of life care. How are we doing?

- **Each person is seen as an individual**
- **Each person gets fair access to care**
- **Maximising comfort and wellbeing**
- **Care is coordinated**
- **All staff are prepared to care**
- **Each community is prepared to care**



What next?

- Identify and address any further gaps from the feedback
- Develop a Patient Charter through engagement sessions
- Determine our local 'ambitions'
- Draft strategy and action plan....

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