



end of life care

our vision



The public will become more open about death and dying and people will find it easier to talk about.

All NHS staff will be better trained in recognising and responding to signs that patients are entering the terminal phase of an illness.

Patients will be allocated a key worker who will be their advocate, who will co-ordinate care and assess, support and review their needs and those of carers in the last months of life.

Patients will be given more choice in decisions about care and their preferred place of death. Their choices will be recorded in an advanced care plan that is available to all involved in their care and will take away the guess work for future caregivers.

Services will be in place, available 24/7, to respond to the changing needs of patients and carers, including rapid response services, hospice at home and hospices.

Carers will have their own needs assessed and will be supported if they become unable to continue caring. Bereavement support will also be available to them.



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the evidence for change

- In 2005, 43,722 people died in the region. When asked, more than 50% of people express a wish to die at home although currently only about 20% are actually supported to do this.

our priorities for change

- Increase public knowledge and discussion of death and bereavement by encouraging funeral directors, crematoria and hospices to hold open days and making information more readily available in healthcare settings
- Establish end of life care registers where people's wishes around 'Do Not Resuscitate' and 'Advanced Decisions to Refuse Treatment' can be recorded so that clinical staff are made aware of them
- Agree a standard 'Do Not Resuscitate' policy for the whole of the East Midlands
- Speed up discharge from hospital by ensuring there is access to vital equipment, seven days a week
- Ensure there is a named key worker for all patients in community and hospital settings
- Fully implement the Gold Standards Framework and Liverpool Care Pathway.

the ideal model of care

Public awareness — open discussions about death and dying

Assessment and care planning — patients are given the opportunity to consider the care they wish to receive and agree a care plan



Co-ordination — single point of access is established; end of life care registers established; adequate number of generalist and specialist end of life care beds in a variety of settings; seven day support services in secondary care; co-ordinated services across boundaries

High quality — identification and assessment of those who need end of life care is routine in all GP surgeries; rapid response and 'hospice at home' services in place; care home residents reassured they can remain at home until they die if they wish; hospices are centres of excellence, providing direct care for people on basis of need rather than diagnosis; ambulance services follow national guidelines on resuscitation and terminal illness; spiritual care is provided and is co-ordinated; respite and day case services are increased to meet demand

Last days of life — care plan is put in place that supports the patient and family; health and social care staff are trained and supported to undertake this process; 24/7 hospice at home type services and rapid discharge teams are fully implemented

Care after death — handling the body in a culturally sensitive way and accommodating the needs and wishes of carers and family

Support for carer — carers have their own needs assessed and met; bereavement care and support is made available; respite services are increased in a variety of care settings.

Towards Excellence is the East Midlands Next Stage Review implementation programme. For more information visit our website www.excellence.eastmidlands.nhs.uk