

ACTIVITY CARDS



JOINT COMMISSIONING MANAGER FOR LEARNING DISABILITIES

(YOU WILL BE CHAIRING THE MEETING – It is your role to ensure that the group come to some kind of consensus or agreement by the end of the meeting).

You are aware that end of life care has a raft of policy initiatives to support its implementation centred on the Department of Health End of Life Care Strategy and the National Institute for Clinical Excellence end of life quality standard which was published in November 2011. You and the Local Authority Commissioner are jointly responsible for the report back to the Health and Wellbeing Board, so need to identify the highest priorities that will affordably support best practice both in community and residential settings.

You are already involved in planning to deliver this year's NHS Operating Framework directives for Primary Care Trusts to deliver improved services for End of Life which stress:

- Promoting high quality care for all adults at the end of life
- Working to offer patients the choice of where to be cared for as they approach the end of life, and where to die, regardless of their condition
- Ensuring that staff are trained for this
- Commissioning the care people want
- Coordinating care across sectors
- Ensuring that adequate 24/7 community services are available in their locality.

Current performance is below average and you will be looking for realistic and affordable priority actions to start the change process. You need the Clinical Commissioning Group representative to be on your side, and he has no experience of commissioning large scale change.

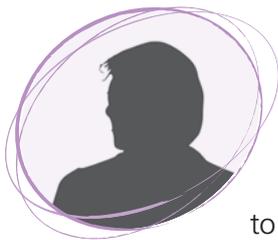


RESIDENTIAL CARE PROVIDER

You took part in the research work and saw the positive results for residents and their families, and also the positive impact on staff of being able to plan with residents and feel confident about their wishes.

You are keen to see the approach further developed, but it does take time and you and your fellow providers are under significant cost pressures now and in the future. You support the general aims of the proposed strategy but will want to be sure the resources are there to support it.

You will also want to know that all agencies will be involved in delivering it as you have had difficulties getting adequate GP support at times.



PEOPLE USING RESIDENTIAL SERVICES AND FAMILY MEMBERS

You took part in the research work and are keen to ensure that the opportunities you had through that work to consider all the options open to you and confirm your preferred arrangements for the end of your or your family member's life are available to all residents of care and nursing homes.

You had experience of the deaths of a spouse or friend not being well handled and your anxieties have been relieved by the implementation of best practice in your / your relative's care home.

You will be stressing the need for GPs and the Ambulance Service to be involved in future implementation so that they understand the importance of the new arrangements to their patients. You are also aware that some older people die in care homes who might prefer to die at home.





SPECIALIST PALLIATIVE CARE PROVIDER

In the county there is a specialist community palliative care service provided by MacMillan Nurses and Marie Curie, although referring patients like Gillian into community beds is often subject to a bed being available. There is one hospice in the neighbouring city so accessing beds and day services are subject to availability. Macmillan work in partnership with local consultants from each of the two hospitals. You want to see the provision of end of life care services much more evenly spread across the county and challenge the lack of information about investment on these services and therefore their vulnerability to “invisible” cuts. You welcome the residential care project and want to see much more consistent standards of training and awareness of end of life care in the sector.

As well as your own professional knowledge and promotion of effective community support to people with terminal illness, your organisation has had contact with Gillian, so know she wants to influence the provision of the right range of services in the community. As well as the points in the newspaper article, she had experience of joining a local cancer support group thinking it would be a good forum to think about her choices regarding her place of death. She discovered that many others in the group did not have the same supportive network of friends as she had and were quite isolated. They used the group for more social purposes and current concerns and talking about death itself seemed to be too scary.



COMMISSIONER 2 – LOCAL AUTHORITY

You are aware that end of life care has a raft of policy initiatives to support its implementation centred on the Department of Health End of Life Care Strategy and the National Institute for Clinical Excellence end of life quality standard which was published in November 2011. You and the NHS Commissioner are jointly responsible for the report back to the Health and Wellbeing Board, so need to identify the highest priorities that will affordably support best practice both in community and residential settings.

You are pleased that the issue of end of life care has been raised by providers and people who use services, as you are aware of variable standards across the sector. However, you are concerned that at the moment it tends to be the more expensive providers that are offering the excellence aspired to and you need to find a way for that practice to become more generally applied without additional costs.





HEALTH AND WELLBEING BOARD MEMBER – A GP REPRESENTING THE EMERGING CLINICAL COMMISSIONING GROUP (CCG)

You are present to have some oversight of the strategy work. You are an enthusiastic participant in the development of the CCG and are enjoying your new role in it and on the Health and Wellbeing Board. You are not an expert in palliative care, but have plenty of practical experience of managing end of life care in a range of circumstances. You have no experience of commissioning large scale change and some aspects of this discussion will feel very unfamiliar to you.

