The care of all dying patients must improve to the level of the best

End of Life Care Programme

Points of interest:

- Progress Report and Summary available to download from EoLC website
- Next Facilitator/Manager Workshop - 11 October 2006

Issue 3: May 2006

Inside This Issue:

NHS End of Life Care Programme

News Update...

"Our health, our care, our say,"

Department of Health, February 2006

In the last edition of the News Update we commented on the growing awareness of end of life care as shown in the consultations around, 'Your health, your care, your say,' with many professionals, public and other interested parties submitting views. The White Paper, "Our health, our care, our say has now been published and the concerns expressed around end of life care have been recognised. This is good news for patients and carers and also for the Programme.

The goals of the White Paper are:

- better prevention and earlier intervention
- more choice, control and a stronger voice
- improve access to community services and tackle inequalities
- better support for people with longer term needs
- better support for end of life care

Alan Doran DH at Network Development Programme, March 2006

During the consultation many people expressed the wish to die at home, the Government recognises that this can only be possible with extra investment and that the views of family and friends must also be taken into consideration. The main points affecting the NHS EoLC Programme are:

- end of life care networks are to be established which will help bring together primary care, social services, hospices, third sector and community based and acute services
- a commitment to train staff who work with the dying by extending roll out of end of life care tools
- build on co-ordinated multi agency assessments, ensuring health and social care services are organised around the dying person
- investment will be put into hospice at home services
- support for carers of the dying will be taken into account
- the increasing ageing population will have ongoing needs which must be addressed to avoid poorly coordinated care that is unnecessarily expensive

The full document is available from www.dh.gov.uk

Following the successful facilitator/manager training days last year interested facilitators attended a Spread and Sustainability workshop in January 2006 building on these, two further days are planned. The first is on May 11th and the agenda has been drawn up from feedback and requests from facilitators/managers. It will include items on ethical issues, care homes, project manager skills, commissioning, user involvement and the EoLC tools. The second day is planned for 11th October.

The care homes work continues and the first of a series of publications, 'An introductory guide to end of life care in care homes,' is shortly to be published. The National Council has supported this for Palliative Care and Help the Aged. This will be available for care homes and will be disseminated via a number of different organisations which will include English Community Care Association, Registered Nursing homes Association National Care Forum and published on the EoLC website.

Links with statutory, voluntary and private sector organisations continue to be made and strengthened. Although the Programme is just over one year old, evaluation is already planned. This is to be carried out by the University of Nottingham and Sue Ryder Care at the new Sue Ryder Care Centre for Palliative and End of Life studies.

We know that there is much going on however it is important that you share your successes, quality improvements and case studies. Some of these have been put into the care homes guide and other planned publications. They can also be a great help to others who may be working on a similar project. You can do this by using the members' section of the website or by emailing information@eolc.nhs.uk

Claire Henry
National Programme Director

Preferred Place of Care

Les Storey, National Lead • lstorey@uclan.ac.uk • www.cancerlancashire.org.uk

The number of organisations utilising PPC as part of the End of Life Care programme continues to increase and local evaluations of implementation are very positive. However at present there has been no co-ordinated approach to establishing an evidence base for the PPC process this omission is now being addressed,

As many of you know PPC originated in the Lancashire and South Cumbria Cancer Network and since its promotion in the NHS End of Life initiative, the roll out of PPC has gathered momentum - to the extent that it is now in use in a variety of settings and with several different care groups.

Over a period, myself Les Storey (University of Central Lancashire) and David Clark (Lancaster University) have had various discussions about how to take forward an agenda for the evaluation of PPC and to this end some initial work has been done by Justin Wood on the first 100 cases to make use of the instrument. Aware that others are interested in the same issues, we have organised a meeting in Lancaster for interested parties to share information and ideas. The goals of the meeting are:

1) To hear updates from those involved in pilot projects involving PPC, especially where there is some evaluation component.
2) To present results from the analysis of the first 100 cases
3) To consider how we can collaborate to develop a co-ordinated approach to the development of evaluation studies involving PPC.
4) To identify opportunities to develop an evidence base for PPC

It is hoped that following this meeting we will have a number of proposed projects to evaluate the utilisation and impact of PPC on the patient at the end of life and their families.

Liverpool Care Pathway (LCP)

Professor John Ellershaw, National Clinical Lead
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Update

The Marie Curie Palliative care Institute Liverpool continues to support the LCP Central Team in the continued dissemination of the LCP Framework.

Communication

Version 11 of the LCP is now in place and has been widely disseminated

Contact to the LCP Central Team by phone and E mail has doubled but the support of two LCP Facilitators funded by the Institute enables a response rate to any query guaranteed within 48 hours.

Web site hits run at an average of 60,000 per month

A new updated Web site should be live in the near future and incorporate all LCP work.

With the support of the Institute resource ordering has been outsourced to a document management print firm

Mapping of registered activity against the 28 Strategic Health authorities demonstrates 60% of Acute Trusts are registered and implementing the LCP across the organisation

Education

All LCP Foundation and Advanced Days have been extremely well evaluated and more that 1,500 personnel have attended events over the past 3 months

The programme for 2006 is established across our 4 Centres Liverpool, London, Newcastle and Glasgow

The LCP Central Team continues to support the activity of the End of Life National Team

The Visiting International Educational Fellow with the Institute is working with the 2 Clinical Teams across the Institute at The Marie Curie Hospice Liverpool and The Specialist Palliative Care Team at The Royal Liverpool University Hospitals to develop an educational toolkit to be published in 2006 for use locally, nationally and with our English and non English speaking international colleagues.

Non cancer/care homes

Nine Acute Trusts are involved in the National Cardiac Pilot

Phase 1 Registration of the Renal Pilot is in progress

Phase 2 meetings continue to look to implement a paediatric LCP in a Children's Hospice and with a Community Outreach Team in 2006 based on an Action Research methodology

The ITU National Pilot continues as planned

103 Care Homes across the UK are registered with a level of dissemination activity with the LCP Central Team these facilities have joined the generic educational and dissemination framework

The LCP Central Team is working towards a model for Care Homes which takes account of their specific needs as highlighted by the four work streams linked with the End of Life Care National Care Home Steering Group Programme.

International

We have developed a new five-phased approach to international dissemination with the support of our Visiting International Education Fellow with the Institute

National audit - continuous quality improvement programme

A National audit of Hospital Care of the Dying - using the LCP will be undertaken in 2006 with the support of the Institute, Marie Curie Cancer Care, The End of Life Care National Programme and The Royal College of Physicians (RCP) Outcomes Unit. The draft protocols based on our two previous Pilot Benchmarking projects across two large Cancer Networks and milestones for this Benchmarking model have been agreed.

The inaugurals Steering Group Meeting will be held on 16th March 2006 at The RCP in London

The LCP Framework has the potential to promote care of the dying as a quality indicator in hospitals. This would promote the dissemination of best practice for care of the dying as developed in hospices to be delivered by health care professionals in hospitals in order to achieve a good death for all.

OUR AIM: To improve the quality of care at the end of life for all patients and enable more patients to live and die in the place of their choice

GSF Update

Dr Keri Thomas, National Clinical Lead

the gold standards framework

GSF News:

Good News! GSF and Quality and Outcomes Framework (QOF). The new GMS GP Contract QOF points have now been announced and there are six new points for palliative care (three for having a supportive/palliative care register and three for MDT meetings). In effect this is GSF level 1 (C1 and C2). A GSF QOF Guidance paper is being developed. This is an important development which will help all facilitators in mainstreaming GSF into everyday practice-

Prognostic triggers - We are in the process of refining the triggers for inclusion on the supportive care register - ie the use of prognostic indicators to help support the identiftion of patients in the 'advanced' stage of any illness and in need of supportive care

There are three triggers for inclusion:-

- patient's choice for comfort non-curative care
- the 'surprise' question (would you be surprised if this patient were to die in the next year)
- clinical criteria both general and disease specific

Advanced Care Plan - The GSF team are piloting an advanced care planning template with the GSFCH pilot, and a modification to be used with primary care for patients in the above categories ie with approximately one year to live.

GSF Care Homes (GSFCH) Programme

Phase 2 of the GSFCH programme continues.

Phase 2 involves up to 100 care homes with 35 PCT GSFCH Facilitators in 18 SHAs. A Good Practice Guide will be produced in March/April 06 and findings shared and discussed with the NHS End of Life Care Programme Care Homes Subgroup

Birmingham University are evaluating the GSFCH Phase 2 programme as an Action Research study

Phase 3 GSFCH Programme involving four workshops in a phased '4 gear' programme of sharing, development and supported improvements - criteria for acceptance supplied - April to Dec 2006. For more information please contact the GSF office - NOTE- deadline to register Phase 3 GSFCH is March 31st

GSF Evaluation:

Phase 1, 2 - independent University studies - (NB recently published article on phase 2 GSF King.) N Thomas. K et al 'Now nobody falls through the net': Practitioners perspectives in the Gold Standards Framework for community palliative care. Palliative Medicine 2005;19:619-627

Phases 3-6 2003/4, led by Warwick University- see website for findings

Phase 7-11, 2005-7 led by Birmingham University -

- baseline and follow up questionnaires
- A new self-check tool, an After Death Analysis tool (ADA) for those already using GSF, to support practices / PCTs with ongoing audit.

GSF Programme update GSF spread:

There are almost a third of practices using GSF in England that we know of. A third of practices in Scotland and Northern Ireland also use GSF and a growing number in Wales.

The GSF Support Programme runs two phases/year. Phase 9 (Jan-Dec 06) registrations are currently being accepted.

GSF Facilitator support:

Please do inform us when new facilitators are appointed.

Email and phone helpline is available from Judy as GSF admin support, with referrals on to relevant team member as needed. The team sends a monthly newsletter to all PCT GSF facilitators plus conference calls, mentoring, website protected facilitator support section (under development), workshops

GSF resources:

Requests can be made for copies of the GSF flyer (also available on the website) up to 200 copies at no charge for each PCT, via Judy in the GSF central team. Orders of over 200 copies will be charged at 10p per extra flyer plus P&P. Facilitator Starter Packs and templates for Practice Toolkits are available on the GSF website. Alternatively, assembled toolkits including the GSF textbook are also available at £30 each.

Forthcoming events

1 day event Annual GSF conference on Thurs June 22nd - Birmingham - Keynote speaker Professor Joanne Lynn from the USA on Improving End of life care - please submit your posters/abstracts ASAP - see website for details

GSF website averaging 300 visits/day, currently 20 countries have accessed information. All GSF templates are available on the website. New sections include password protected facilitator support, non cancer, education, Out of Hours, user involvement, Advanced Care Planning.

For further information

t: 0121 465 2029
e: info@goldstandardsframework.co.uk
w: www.goldstandardsframework.nhs.uk

E-News

E-news is the National Council for Palliative Care's free monthly email briefing, updating you on the latest work and activity from NCPC and the world of palliative care.

It provides information on areas including local and national events, latest publications, and government initiatives that affect palliative and end of life care.

To subscribe, please email news@ncpc.org.uk with the word 'subscribe' in the subject field.

THE NATIONAL COUNCIL FOR PALLIATIVE CARE

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NSF For Long-Term Conditions

The National Service Framework for Long-term Conditions (NSF) was launched in March 2005. It sets out 11 quality requirements from diagnosis to the end of life to transform the way health, social care and other services support people with neurological conditions.

Quality Requirement 9 recommends the need for high-quality generalised and specialised palliative care services for people with neurological conditions to help control symptoms, offer pain relief and provide support to promote well-being and quality of life.

NICE guidance on supportive and palliative care for adults with cancer sets the benchmark for services and much of it applies to other conditions. Similarly, innovations in generalised palliative care being introduced by the NHS End of Life Care Programme will benefit people with neurological conditions. However, there are still some specific neurological issues, which need appropriate management. For example:

a. pain arising from spasticity or neuropathic pain needs a different approach to cancer pain;

b. non-invasive ventilation may be needed to aid and improve breathing;

c. cognitive and communication problems can limit a person's ability to describe their experience, express choices and take part in counselling or other support so staff need training to communicate effectively with them;

d. lack of mental capacity and ability to consent may mean a need for advance directives.

The protracted nature of some neurological conditions means that some people will need a long, though initially less intensive, engagement with the full range of palliative care services, including hospices, specialist hospital teams, day hospitals offering mainstream and complementary treatment and respite beds in hospice settings.

Professionals working in neurology, rehabilitation and palliative care need to work closely together and with primary care staff and care providers, including non-NHS care staff (social care, domiciliary and home care staff), to provide co-ordinated planning between all agencies and continuity of appropriate care. This will allow palliative care to be provided effectively in a home environment. According to recent studies most people would prefer to die at home and it is important that people with neurological conditions can exercise choice on this issue.

Beverley Hopcutt

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w: www.dh.gov.uk/longtermnsf.

NHS Live & the Benefits of Registering the End of Life Care Project

NHS Live aims to accelerate improvements and innovations in the patient experience of health and social care. It does this by supporting leaders of frontline projects around the country, bringing them together in local, regional and national networks to learn from each other (ie Virtual Networks). The emphasis is on local projects that involve staff, patients, the public and a wide range of local stakeholders in improving quality of health and social care.

NHS Live also gives the opportunity to link into live learning, skills information, workshops, for example, effectively engaging patients' 'buy in'. It is also a 'show case' and as described by Sir Nigel Crisp, "it is a bottom up innovation."

By registering with NHS Live it allows for some NHS Live Project Teams to be matched with selected corporate partners who offer their private sector expertise and project management support. NHS live have a large amount of expertise, thus giving it the ability to spread ideas quickly across NHS and Social Care Organisations.

The values of being a participant for the End of Life Care Project are as follows:

- Gives us the opportunity to share good practice around the benefits to the patient, family/carers and staff we are working with as part of the Project
- It also allows shared learning, thus avoiding some of the 'pitfalls' others may have had, again of benefit to the patient/client groups we are working with
- A raising of local and national awareness
- It is a forum of support, reflective practice, sharing of innovative ideas, a point of reference/research and an opportunity to link/communicate with other professionals

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Greater Manchester SHA

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RCN Palliative Nursing Forum

The forum is the voice of palliative nursing in the UK. It has been established for over 20 years and has a membership of over 8000.

An integral part of the RCN's professional activity, the forum provides opportunities for nurses engaged in palliative care to improve services by addressing issues related to palliative nursing practice, education, research and management. Membership is open to RCN members working in palliative care and caring for people in any diagnostic group requiring palliative care. The forum publishes a newsletter twice a year and holds an annual conference.

Currently the forum is concerned with providing further evidence to support the RCN position on care of the dying and also with further supporting the expansion of palliative care so that it is available to all patients who require it.

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For more information or to join

t: RCN Direct 0845 772 6100
w: www.rcn.org.uk.

BRITISH LUNG FOUNDATION

The British Lung Foundation (BLF) is just appointing to an exciting new programme, the BLF Nurse. The nurse role will be across a spectrum from early supported discharge, helping people to avoid hospital admission, through to Palliative care. We are starting modestly with five nurses in England as we need to raise the funds. They will be in Bristol, Calderdale, Chorley & South Ribble, Oldham and South Sefton.

We also are working towards a team of 16 British Lung Foundation Nurses in the Greater Glasgow Health Board, where we are funding the extension of their existing scheme. This will give full coverage of their Early Supported Discharge scheme across the city.

The British lung Foundation wants to not only provide a better service for people living with lung disease and their carers, but will assist with professional sharing of practice, and foster partnership, such as working with other charities where appropriate, along care pathways, especially around palliative care.

These first British Lung Foundation nurses are just the start of our programme. We had 96 expressions of interest from primary care organisations across the UK to work in partnership with us, so there is no shortage of demand. We are limited only by the need to raise funds from charitable sources. Lung disease has had very little priority in service provision and we hope that alongside other initiatives that the nurse will raise the profile of the disease and be a champion. We would like t think that everyone who needed a British Lung foundation Nurse in the future has one available Our aim is that everyone with a respiratory disease who has the need for palliative care receives it, regardless of diagnosis and we would like to work towards having British Lung Foundation Nurses widely available across the UK.

For more information

t: 0207 688 5555
e: fran.mccabe@blf-uk.org
w: www.rcn.org.uk.

Enhancing the Healing Environment

King's Fund

The King's Fund is delighted to be working in partnership with six NHS Trusts and Marie Curie Cancer Care to extend the Enhancing the Healing Environment (EHE) programme to a pilot group of hospitals and hospices who will focus on enhancing Environments for Care at End of Life (ECEL). This pilot programme follows the success of the EHE programme in London and its national extension in England.

The aim of the programme is to encourage and enable Trust teams to work in partnership with service users to improve the environment in which they deliver care. It consists of two main elements: a development programme for a multidisciplinary team which has been designed to foster cooperation and engagement with patients and the public, and a grant for a project to improve the patient environment

Environments for Care at End of Life

The experience we have gained both in London and nationally from the EHE programme coupled with the report from NHS Estates 'A Place to Die with Dignity: Creating a Supportive Environment' suggests a real and pressing need for work to improve the environment in areas for grieving relatives and friends. These include dedicated areas for bereavement counselling; quiet and multi faith rooms and mortuary viewing areas.

Sarah Waller

Programme Director
Enhancing the Healing Environment
King's Fund

For more information

w: www.enhancingthehealingenvironment.org.uk

The following Trusts and Marie Curie Hospices have joined the pilot programme which is being funded by the King's Fund and the NHS Trusts and Charities who are participating in the pilot.

Birmingham Children's Hospital NHS Trust

Christie Hospital NHS Trust

Guy's and St. Thomas' Hospital NHS Foundation Trust

King's College Hospital NHS Trust

Royal Brompton and Harefield NHS Trust

United Bristol Healthcare NHS Trust

Marie Curie Hospice - Glasgow

Marie Curie Hospice - London

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Macmillan Support and Advocacy Programme:
Supporting User Involvement in the NHS

'The Support and Advocacy Programme' (S&A Programme) is a direct continuation of the 'Partnership project', which was a joint project between the Department of Health and Macmillan (2002 - 04).

It sought to provide User Involvement with a firm base in which to develop, embed and become sustained.

At the beginning of the project there were 16 'Partnership groups', by 2004 there were 31.

The support and Advocacy Programme has continued to provide support for User Involvement within the NHS by:

1. making grants available for each Cancer Network Partnership group,
2. connecting with and providing support events for the User Involvement Facilitators,
3. attending local User Involvement events,
4. supporting the development of Partnership Working at the Network Development Programmes
5. working with other NHS programmes and joint NHS /Macmillan programmes to encourage local and national links to share knowledge and experience.
6. Providing funding for the User Involvement Facilitator role

Initial collaboration has begun with The End of Life Care Programme and S& A Programme. The aim of this collaboration is to help identify the parallel issues between health care professionals tasked with implementing EoLC aims and people affected by cancer.

In November 2005, Macmillan held three regional conferences which had in excess of 500 delegates in total. Workshops were a key feature of these events and at each conference; a workshop was run on the subject of EoLC Programme and the NICE guidelines for Supportive and Palliative Care.

The specific aims of these workshops were to raise awareness of the EoLC Programme and the NICE guidelines for Supportive and Palliative and provide a platform for Health care Professionals and people affected by cancer to discuss parallel issues together.

Key to the discussion was the potential benefit of partnership working to agree priorities to both satisfy strategic needs, people affected by cancer and national Guidance.

The workshops were a mixture of explanation and exploration conducted in an interactive style. Delegates received packs containing, pamphlets on EoLC Programme, GSF, PPC and LCP and NICE guidelines and copies of Power Point presentations on EoLC Programme and NICE supportive and Palliative care guidelines. Both these power point presentations were produced collaboratively between Macmillan and the NHS.

A similar workshop also formed part of the User Involvement Facilitators national even in September 05. Facilitators were encouraged to discuss these two national agenda items with their Partnership groups and together with all the relevant pamphlets they also received copies of the presentations on CD.

The Support and Advocacy Programme is looking for opportunities to develop this initial piece of work 'encouraging the links' and would welcome any ideas you may have.

If you would like any more information on any of the items mentioned in this article or would like to talk through ideas for developing links of partnership working with the EoLC Programme please contact:

Beverley Roberts

User Involvement Coordinator - NHS Macmillan Cancer Relief

For more information

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NHS Networks

NHS Networks is a means of promoting and connecting the many networks which exist throughout the NHS - and encouraging the formation of new ones. There are literally hundreds of networks in the NHS of all sizes, shapes and specialisations: clinical networks and administrative networks; local, regional and national networks; formally constituted, well-funded networks and loose networks which are simply people with shared interests sharing ideas.

In an organisation of this size, networking is essential - but many of these networks exist in isolation, unconnected with other bodies. NHS Networks' mission is to identify all the networks which exist and encourage the sharing of ideas between, as well as within, networks. We are very keen to hear from any networks working in the area of end of life care, or anyone who would like to establish a network in this field.

Our steadily expanding Register of Networks provides not only a convenient overview of currently existing networks; it is also an on-line home for many of the smaller networks which do not have the resources to create and manage their own website. Within our Register, each network has its own webpage (or, in some cases, a multi-page 'micro site') through which they can promote themselves to their members and to the wider NHS. We also offer the facility to upload and make available useful documents such as newsletters or agendas.

In addition, NHS Networks carries a wide range of useful information, links and downloads, organised thematically and fully searchable. We also have a popular news page, which is updated several times a day, and a range of busy discussion forums.

For more information

e: enquiries@networks.nhs.uk
w: www.networks.nhs.uk

Palliative Care Services launched in Lincolnshire

As part of the Marie Curie Cancer Care's Delivering Choice Programme three new palliative care services have been launched in Lincolnshire. These are the Palliative Care Co-ordination Centre, the Discharge Community Link Nurse Service, and the Community Palliative Rapid Response Team. Services commenced on January 16th, 23rd and 24th respectively. They are part of the programme's goal of providing best-possible palliative care, ensuring end of life patients have choice in place of care and death.

"There has been a lot of hard work carried out by the programme and its partners in Lincolnshire and it is exciting that services are underway," said Bob Neilans, County Palliative Care Lead for Lincolnshire. "We can see the project reaching a helping hand out to patients and carers and making a difference to their quality of life at a time when they need it most."

The rapid response team is based at Pilgrim Hospital, Boston and will provide nursing support in patients' homes to avoid unnecessary and stressful hospital admissions. The co-ordination centre in Lincoln will reduce time spent by healthcare professionals arranging home care services, freeing them up to focus on caring for patients. The Discharge Community Link Nurse initiative (Boston Pilgrim and Lincoln County Hospitals) accelerates hospital discharge and escorts patients home, improving the handover between primary and secondary palliative care.

Marie Curie Cancer Care initiated the Marie Curie Delivering Choice Programme in 2004 and it was launched in Lincolnshire in October of that year. The programme has progressed through three separate phases. Firstly, an intensive analysis of existing services was carried out; a comprehensive service improvement plan was then compiled; and now the programme is putting its service models into action across the county.

These initiatives have received strong support from the NHS, voluntary sector, Lincolnshire Ambulance Service and Social Services. Lincolnshire is the first of several programme project sites across the UK. Others include Tayside and Leeds.

For more information

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w: www.DeliveringChoiceProgramme.org.uk

NHS Direct

NHS Direct provides an accessible, responsive service offering 24-hour health information and advice across a wide range of health concerns and enquiries. Having become an integral component of the NHS the service is highly valued by our users. NHS Direct has sought to ensure that we respond sensitively and appropriately, to callers who may be living with, or dying from progressive or chronic life threatening conditions, and in times of need, we are able to ensure swift onward referral to our health and social care partners.

More than one individual or discipline is usually involved in the delivery of care and treatment to our patients and callers. In order to ensure that they receive the most appropriate advice/information, NHS Direct and other health and social care service providers may sometimes need to share key information. This is always done with the patient's consent and knowledge except where there are overriding circumstances.

In some cases, it is necessary to share some key information about specific treatment in advance. Again, this is only done with the patient's knowledge except in overriding circumstances. This information is then referred to as 'Special Notes'. Special Notes are only used to assist in the management of patient care where information is required that may not necessarily arise through NHS Direct processes and where the availability of information in advance may positively affect the subsequent care process for certain patients.

These are patients who for example:

- Are terminally ill in receipt of palliative care
- Suffer from unusual dangerous illnesses eg hereditary angioedema
- Are severely mentally ill, or subject to enhanced level of care.
- Are frequent callers with an NHS Direct action/management plan?
- Are abusive to healthcare staff
- May be subject to child protection legislation
- Are on the violent patient register

For the purpose of clarity 'Advance Directives' and 'Not for Resuscitation Orders' are not currently recorded under NHS Direct Special Notes in view of such complexities/legalities and the responsibilities around the 'verification' of any such directives etc. However, patients who are terminally ill or in receipt of palliative care can be Policy Direct Transferred to their GP/Healthcare or OOH provider (where the advance directive living will may be being held) without nurse triage, and this has worked well to date. Having the Special Note limits the possibility of patients being transferred across to the ambulance service after being prioritised, for example, and when it is clearly against their expressed wish to do so thus supporting the End of Life Care Programme.

Jacqui Jedrzejewski
National Lead for Mental Health and Child Protection

For more information

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The care of all dying patients must improve to the level of the best

World Hospice and Palliative Care Day
7th October 2006

help the hospices

Events planned in over 70 countries around the world

Thousands of people around the world will be staging events to raise awareness and fundraise for hospice and palliative care services locally, nationally and internationally to mark this annual global event. The theme this year is Access to Care for All, highlighting that millions of people who desperately need care at the end of life, aren't getting it.

Activities this year will include events around the themes of walking and poetry. Many different types of events are anticipated, including walks, poetry readings, exhibitions, competitions, rallies, conferences and street parties. In the UK the day will also be marked by the publication of an in-depth report about access to hospice and palliative care services.

The first ever World Hospice and Palliative Care Day took place in October 2005 with more than 1100 events taking place in 74 countries. It was launched by HRH Princess Anne in London, and supported by Archbishop Desmond Tutu who described it as "an important global event"

For further information

e: worldday@helpthehospices.org.uk
w: www.worldday.org

GSF Implementation and Audit Tools

PCTs and Practices within Thames Valley initiated the implementation of GSF in 2003, starting in Oxfordshire and then spreading to Berkshire, Buckinghamshire and Milton Keynes. The pooling of experience of the authors (Oxfordshire GSF facilitator, Cancer Network Services Improvement Facilitator and an Oxfordshire Practice Co-ordinator) has given a tripartite view of the way in which implementation can lead to spread and sustainability. Our experience highlighted the need for PCTs, PHCTs and Health Authorities to measure implementation according to their clinical and organisational viewpoints.

To allow measurement of the progress and identify service gaps across a locality we have devised a tool to assist facilitators in supporting practice GSF co-ordinators. The GSF 7C's are a recurring theme throughout the tool. This acknowledges that implementing parts of each the 7 Cs tends to occur concurrently rather than sequentially to reflect individual practice and needs. Our tool provides an outline of the processes and tasks that may be used to record progress and audit implementation. It is for guidance only.

The tool identifies five major standards which encompass the 7 Cs. Each standard has three levels of implementation. The aim is achieve level three across all standards. It is acknowledged that to achieve this will probably involve not only PHCTs but also PCT and Health Authority.

The tool is divided into three major sections:

- Outline of helpful steps for practices
- Support for project management of the initiative
- Clarification of standards for each implementation level.

In addition the appendix outlines national standards and targets which are addressed through the implementation of each level.

For further information

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Practice Development Unit Oxfordshire PCTs

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11th European Forum for Quality Improvement in Health Care Prague May 2006

The End of Life Care Programme Director Claire Henry presented a poster at the BMJ Quality Improvement in Health Care conference this month in beautiful Prague. It showed the aims, objectives of the programme and progress so far. The standard of oral and poster presentation was very high with some very interesting topics and projects from all over the world including many on patient safety and minimising risk. The poster did not win the competition for the best poster, however less than half of the abstracts submitted were accepted for presentation by the reviewers. The poster provoked a lot of interest from delegates, new contacts have been made and links strengthened.