The south east London palliative and end of life care education and training strategy

October 2009

This document is the abridged version of the strategy. It consists of the executive summary, quick-reference recommendations and implementation plan.
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This strategy was written, and the information for it collated by, Kath McDonnell, South East London Palliative and End of Life Care Programme Manager at the South East London Cancer Network Palliative and End of Life Care Programme.

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INTRODUCTION

Palliative and end of life care involves care to all those with any advanced, progressive, incurable illness, enabling each individual to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes the management of pain and other symptoms and the provision of psychological, social, spiritual and practical support.

A workforce that is skilled and confident in the provision of palliative and end of life care underpins the development of reliable, responsible and sustainable services for those patients with a life-limiting disease. The development of robust and appropriate education provision for palliative and end of life care is therefore vital to ensure high quality care for these patients.

This strategy has been created in recognition of this need through collaboration between the Marie Curie Delivering Choice Programme and the South East London Cancer Network’s Palliative and End of Life Care Programme.

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FOREWORD

The end of life is something all of us will encounter in the departure of loved ones and friends, and ultimately it will be a journey that each and every one of us will experience. How that experience impacts on us is therefore of significant importance. A distressing experience impedes the grieving and acceptance process and can contribute to the longer-term health problems faced by family and friends. As professional health and social care providers, we have a duty to try and get the end of life experience right for all those involved: patients, family and friends, and also the attending staff. In order to do this we have to optimise the use of all available and relevant resources so that we are offering timely and appropriate interventions and care. Supportive mechanisms need to be in place to help ensure that we achieve this laudable aim. Effective education and training in the various aspects of end of life care is essential to ensuring we have knowledgeable and skilled staff who are able to assess and meet the needs of individual patients.

It is recognised that there is a lot of very good and ongoing end of life care work, and that high quality care is being delivered, but following the publication of the national End of Life Care Strategy (July 2008), it became apparent that further attention to workforce development was required. The purpose of this education and training strategy is to highlight the various types and levels of education and training required by members of the health and social care multidisciplinary team in order to build on and enhance the existing good end of life care work. This will then ensure a consistent and comprehensive approach to care delivery so that patients receive a high quality seamless service.

This strategy is relevant to all those involved in or who have an interest in end of life care. In particular, the national End of Life Care Strategy states that action responses will be sought from:

- Professional regulating bodies such as the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC), etc.
- Universities providing education and training to medical, dental, nursing and allied health professionals
- Strategic health authorities in ensuring that resources are directed toward the acquisition of priority skills by the workforce
- Local service commissioners
- Local service providers. Both commissioners and providers need to ensure a workforce that is competent to deliver EOLC
- Individual practitioners and members of the multidisciplinary health and social care team
Everyone involved in education and training delivery, and also those directly associated in a supporting role, for example through commissioning education, providing clinical placements, and by conducting staff appraisals etc., share the responsibility of achieving real progress in achieving the aims of the strategy.

- Individual staff has a responsibility for continuing professional development (CPD) in reviewing, renewing and enhancing the competences, knowledge and skill deployed in the required job role.
- Employers need to commission effective education and training programmes to ensure value-for-money return in that staff are helped to acquire the necessary competences required for the job role(s).
- Employers need to maintain a strong commitment to investing in the recruitment and future development of staff.
- Education and training providers must be responsive to the changing needs of society, the requirements of professional registrant bodies, and the imperatives of government policies.

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EXECUTIVE SUMMARY

Aims

1. The aims of this strategy are
   • To ensure that a full range of education and training related to the adult end of life care pathway is available across south east London to meet the needs of our health and social care workforce.
   • To enable those responsible for end of life care education and training commissioning to procure comprehensively from a full range of education providers in a systematic and strategic manner.

Background

2. The work that underpins this strategy was started initially by the South East London Cancer Network via its Palliative and End of Life Care Coordinating Group and then developed further by the Marie Curie Delivering Choice Programme’s education and training work stream.

Context and drivers of change

The national context – a motivation for change

3. The development of the end of life care workforce and its education and training is a major aspect of the national End of Life Care Strategy (DoH, 2008), with a focus on:
   • A cultural shift in workforce attitude and behaviour that entails a movement away from the belief that death is a failure of care
   • Training that resolves all major deficiencies in the skills and knowledge of the health and social care workforce having contact with end of life care patients
   • Programmes to enhance pre- and post-registration professional training, rather than focusing on an expansion of the workforce
   • Staff taking personal responsibility for the reduction in gaps in their skills and competencies for delivering end of life care

4. Quality Markers and Measures for End of Life Care (DoH, 2009) seeks to provide a national approach to improving the quality of end of life care by providing guidance to commissioners, performance managers and service providers. This quality framework includes quality markers and measures relating to training and these are aimed at strategic health authorities, primary care trusts and care providers including acute
providers, community nursing and medical services, out of hours providers and community specialist palliative care teams.

5. **Common core competences and principles for health and social care workers working with adults at the end of life** (DoH, Skills for Health, and Skills for Care, 2009) describes the competencies needed to ensure that all health and social care professionals are confident and able to work with patients who are at the end of life. The document is broken into four broad areas:

- Communication skills
- Assessment and care planning
- Symptom management
- Advanced care planning

The national End of Life Care Strategy (DoH, 2008) suggests that consideration should be given as to how these four core competency areas are broken down to reflect the knowledge, skills and attitudes required to undertake each of the roles within the end of life care pathway.

6. From January 2010, the Department of Health’s e-learning for End of Life Care project (ELCA) will deliver accessible, easily digestible e-learning materials for the four core competency areas identified in the national End of Life Care Strategy (DoH, 2008). These are intended to complement and support a variety of learning experiences including experiential and face-to-face learning.

7. In early 2009 the National Council for Palliative Care (NCPC) launched a major new training initiative: **Care to Learn - the NCPC End of Life Care Training Programme**. It is available for purchase as a training pack and is designed to be delivered in the workplace in a flexible and practical format that fits staff and organisational needs.

8. Macmillan Cancer Support provides a number of free web-based education resources on their Learning Zone website.

9. Through funding from Connected and the National End of Life Care Programme and in collaboration with the North East London Cancer Network, south east London has been chosen to deliver a one-year project to develop all levels of communication skills training for the end of life care health and social care workforce. This project will complete in autumn 2010.
10. The work of Omega, the National Association of End of Life Care, will seek to promote excellence in end of life care through a number of areas, including the delivery of education and training to generalists in end of life care.

11. Other national drivers include:

- The National Audit Office’s report on the national End of Life Care survey (2008) highlighted a lack of training in end of life care, for doctors and nurses in particular during pre-registration courses. Other professional groups that were identified as needing a particular focus for educational support included GPs and care home staff.

- Modernising the Social Care Workforce (2000) concluded that the domiciliary care workforce received little attention regarding education and training, despite the fact that the majority of front line care is provided by this group.

- The General Social Care Council (GSCC) has made significant progress in setting clear professional standards for social workers. In 2007, the government announced that home care workers would be the next group of social care workers to be registered. This should occur from early 2010 and will begin to allow for the development of standards for the work of this staff group.


- Modernising Nursing Career: Setting the Direction, Department of Health, 2006

The pan-London context – creating opportunities for change

12. For London, the delivery of Darzi’s end of life care recommendations is being driven by Healthcare for London in partnership with primary care trusts and NHS London. The Healthcare for London End of Life Care Project is likely to include the development of educational packages related to end of life care. Part of the intention of its overall work is to create a shift in attitudes and practice in the acute sector to support the identification of patients who are dying.

13. In September 2008 NHS London launched ‘Workforce for London - a Strategic Framework’, London’s first ten-year vision for the development of its healthcare workforce. Within this framework and through diagnostic work undertaken in 2007, NHS London identified the current system for planning, educating, developing and deploying staff as unfit for purpose. The proposed solution is to develop a new approach to workforce planning and education commissioning via the principles advocated in world-class commissioning. Work is underway to transform existing processes and structures.
The south east London context

Relevant demographics in south east London

14. Between 2004 and 2006 there were 16,805 deaths in males and 17,693 deaths in females of all ages across south east London. Although an undefined number of these will be deaths in childhood, it is expected that the majority will reflect deaths in adulthood. The largest causes of deaths were cancer, respiratory diseases and circulatory diseases particularly coronary heart disease and stroke for both males and females.

15. The distribution of place of death per setting in south east London is similar to the average figures for the United Kingdom. These statistics illustrate that care in the last days and weeks of life can occur in any health and social care setting; meaning that a diverse range of workforce are exposed to the provision of end of life care and should therefore have access to appropriate end of life care education and training.

The south east London workforce – beginning to establish numbers and needs

16. The workforce involved in end of life care is very large, consisting of health and social care staff working in a variety of settings. They are employed by many different types of employers and cover diverse roles including doctors, nurses, social care staff and a wide range of allied health professionals. Of these, the specialist palliative care workforce is relatively small compared to the total number of health and social care professionals who deliver end of life care. Support staff can also frequently be exposed to work that involves meeting people with life-limiting illnesses. Investigative work has enabled an estimate of numbers of the whole end of life care workforce for south east London, which can be found in full in section 3.2 of the complete strategy.

17. As recommended in the national End of Life Care Strategy (DoH, 2008) and for the purposes of implementing this education strategy, the workforce should be broken into three groups: A, B and C:
<table>
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<tr>
<th>Description of work</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
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<tr>
<td>Description of work</td>
<td>Staff work in specialist palliative care / hospice and essentially spend their working lives dealing with end of life care</td>
<td>Frequently deal with end of life care as part of their role</td>
<td>Staff work as specialists or generalists within other services who deal with end of life care infrequently</td>
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| Example roles | Palliative care nurses and physicians; specialist and allied health professionals; hospice staff | A&E secondary care staff; acute medicine; care of the elderly; cardiology; oncology; renal medicine (see section 3.2.2, main strategy, for full list) | Professionals working in secondary or community care including day care and social care (see section 3.2.2, main strategy, for full list) |

| Minimum levels of knowledge and skill | All should have the highest level of knowledge, skills and understanding through specialist training as part of specialist registration or CPD, including all competencies listed in number 5 of this executive summary | Need to be supported to enable them to develop or apply existing skills and knowledge through CPD or training. This group has the greatest potential training need. Should attain all competencies listed in number 5 of this executive summary | Must have a good basic grounding in the principles and practice of end of life care and be enabled to know when and to whom to refer for expert advice |

18. It is difficult to establish the headcounts for staff groups B and C and absolute numbers can only be determined at an organisational level. In line with the information above, relevant minimum levels of training regarding end of life care should be incorporated into the knowledge and skills frameworks for individual posts and then access by the worker to relevant courses enabled.

19. With over two-thirds of the social care workforce working in the private and third sectors, 60% of their 35,000 (estimated) employers nationally are classified as micro (having fewer than 10 employees) and a further 30% small (fewer than 50). Any strategy that seeks to make a significant impact on the quality of care provided by this workforce must therefore recognise the challenge of ensuring these small-scale employers appropriately train their employees in end of life care.

20. The current movement towards the introduction of personal budgets for care provision means that more people using services may chose to employ professional care directly. While it is hoped that NHS and local authority professionals will be able to guide patients and carers to employ care staff / teams with the correct skills to meet their needs, this
‘open-market’ will create additional challenges in ensuring all social care staff dealing with end of life patients are supported and developed to do their job well.

The south east London workforce – training needs assessment

21. A scoping exercise undertaken by the Marie Curie Delivering Choice Programme revealed the following general themes relating to the needs of staff for end of life care knowledge and skills:
   • The need to know how to recognise that the patient is entering the end of life phase
   • The need to recognise that the patient is now actively dying (diagnosing dying)
   • The need to understand the relevance and applicability of palliative and end of life care skills to patients with non-cancer
   • The need for palliative care training and support for frontline generalist staff across all settings
   • The need to understand collaborative working between generalist and specialist palliative care services
   • The need to know how and when to have a discussion with a patient about their needs and preferences for their end of life care, and how to record it (e.g. Advance Care Planning, Preferred Priorities for Care)
   • The need for staff to be released for education and training in end of life care as a priority
   • The need to understand how funding mechanisms work to enable patients to be transferred to / remain in their place of choice (e.g. NHS continuing care funding).

22. Additional themes identified through this scoping by GPs and District Nurses included the need for training in:
   • symptom management
   • medicines management
   • syringe driver initiation and management
   • cultural, social and spiritual care
   • working with families in distress
   • Advance Decisions to Refuse Treatment (ADRT)

Care home managers raised similar issues for their staff but also expressed the need for their staff to know how to:
   • implement and explain the Gold Standards Framework
   • approach relatives of patients when an ADRT is to be implemented
Palliative and end of life care education and training provision

Introduction: Preferred education delivery and methods of learning

23. Whilst there are increased opportunities for and access to e-learning, it is also evidenced that e-learning is more effective when combined with classroom-based learning. It has been noted that, in order to provide high-quality end of life care, professionals themselves must be comfortable with death and dying, and that facing situations without adequate training may lead to anxiety about death and negative attitudes towards caring for the dying. This clearly demonstrates that end of life care education and training must involve not only the supply of appropriate knowledge but opportunities to change the attitudes, beliefs and behaviours of care workers with regard to death, dying and end of life care.

24. The provision of good education and training in palliative and end of life care will need to involve blended learning through a mixture of:
   - e-learning opportunities, particularly to support pre-course preparatory learning
   - face-to-face education delivery using didactic learning methods for instilling evidence-based knowledge regarding factual palliative care information, for example the use of drugs in the control of symptoms
   - face-to-face transformative learning methods for changing attitudes and behaviours about end of life care, and so improving the quality of patient-centred care

25. Practice education is the term used to describe the part of a professional educational programme in which students gain ‘hands-on’ experience of working with patients under the supervision of a qualified practitioner. Research evidence suggests that practice education allows students to practise problem-solving skills, to observe and question the application of practice, and to gain insight into the reality of work and the pressures of the work environment. In addition, it has been found that there are opportunities provided by practice education for students to develop ‘attitudes and interpersonal skills essential for professional practice’. Such learning methods would clearly be valuable in palliative and end of life care education for the changing of attitudes and behaviours relating to death, dying and end of life care.

26. Working in teams has been an integral part of the philosophy of palliative care since its early beginnings, enshrined in its standards and embedded in its practice. Providers of end of life care education and training should ensure that their education programmes include opportunities for interdisciplinary learning and that these courses include opportunities for team-based clinical case analysis and learning.
27. Although it is recognised that, in health and social care, there are already a significant number of topics required for coverage in mandatory training and induction programmes, the information provided in this strategy demonstrates the importance of inclusion of end of life care education in compulsory training programmes.

Mapping and analysis of current palliative and end of life care courses for south east London

28. A mapping exercise of palliative and end of life care training courses which were offered in 2007/08 revealed a large number of courses delivered across south east London. The mapping template enabled the disclosure of the following information relating to these courses:

- Title of courses and course outline
- For each education and training course:
  - Which professional groups the course is aimed at
  - The geographical and/or organisational catchment area for potential students
  - Which professionals deliver the course
  - Whether the course is validated
  - The length of the course
  - Number of places available
  - Frequency of delivery
  - Cost per student or course
- Issues and obstacles to education provision

29. Mapping revealed that, for 2007/08, there was delivery of a significant number of education and training opportunities, with a total of at least 164 available to staff in south east London, ranging from short sessions within inductions to fully accredited academic modules and courses. However, these were not coordinated across the sector. Of these education and training opportunities, 21 were described as accredited courses. In addition, four hospital-based specialist palliative care teams and four voluntary sector hospices provided the opportunity for learning through clinical placements or visits, demonstrating that practice learning is available within the sector.

30. Mapping suggests that education and training opportunities already exist for south east London that are generally in line with the end of life care pathway. That said, future planning of the delivery of education and training will require considerable coordination to ensure equitable access across the whole sector and sufficient coverage of all topics relating to the care pathway.
31. The mapping reveals that specialist palliative care professionals deliver a large proportion of end of life care education and are therefore an essential resource due to their expertise. It is therefore vital that their release from practice is facilitated so that they can teach on both non-accredited and accredited courses.

32. Although this mapping omitted requests for information regarding the source of funding for the delivery courses, intelligence outside of this exercise confirms that opportunities for meeting the costs for delivery of end of life care training are variable between education providers. In particular, hospices rely on unpredictable multiple sources of funding.

33. A number of barriers to education and training delivery were identified via this mapping including:

- Uncertainty around funding and decreases in funding
- Lack of protected time for delivering or attending training, including lack of administrative support
- Poor attendance, lack of prioritisation for training, poor attitude to training
- Lack of understanding between providers of each others organisational function and need

Other future and current opportunities for end of life care workforce development in south east London

34. From March 2009, King’s Health Partners have been formally accredited as one of the United Kingdom’s first Academic Health Science Centre. It will be the challenge of this new body to make full use of its potential to revolutionise the way that health care is designed and delivered, both for the local population and beyond.

35. In south east London, through the Marie Curie Delivering Choice Programme and in conjunction with St Christopher’s Hospice, a work stream has focused on the development of a proposal for the improvement of end of life care in care homes, primarily through the implementation of the Gold Standards Framework in Care Homes. Success of this proposal, and therefore the improvement of the skills and knowledge of care home staff, depends on individual primary care trusts extending funding for Care Home Facilitator posts within their localities beyond March 2010.
Current arrangements for education commissioning and funding

36. Nationally there is no one single process for the funding of the education and training of all health and social care professionals and care givers. It is indeed perhaps inevitable that this should be the case for a workforce that is employed by different types of organisations – statutory, private and voluntary, and who come from many different professional groupings, with some qualified and others not. In essence, the funding of education and training is generally separate for healthcare staff and social care staff. Details relating to these funding streams are described in section 4 of the complete strategy.

37. In relation to NHS London, their Workforce for London Strategy has led to a review of existing education commissioning processes for the capital. This will lead to new opportunities for funding, in particular in relation to investment for Continuing Personal and Professional Development. In addition, NHS London plans to set up an Education Commissioning Hub for the capital. They have presented four possible models for managing education commissioning across London and are currently consulting with stakeholders for their views on these options. The final decision will influence how this South East London End of Life Care Education Strategy and its recommendations might be implemented.

38. It is recommended that the commissioning of palliative and end of life training and education be overseen at sector level rather than being devolved wholly to individual primary care trusts and other local organisations.

39. Many of the palliative and end of life courses are delivered by providers other than the higher education institutions, such as the voluntary sector hospice and other palliative care teams. It is important for education commissioners to ensure they engage with all education providers across south east London.

40. Whilst funding streams tend to be available for the education and training of NHS and local authority social care staff, domiciliary care and care home staff working for private organisations tend to be fully reliant on their employer to cover the cost of training. Commissioners should therefore ensure that contracts with independent social care organisations contain funding and provision for providing education and training in end of life care.

41. Some funding attached to the publication of the national End of Life Care Strategy has been allocated to strategic health authorities for the development of end of life care education and training. For NHS London, this funding will be devolved in two stages within MPET funding allocations to primary care trusts, with a first sum during the third quarter of
2009 and then the second sum in 2010/11. Although the amounts allocated to each primary care trust have not yet been clarified, it will be on a per capita basis and it can therefore be assumed that the total amount for 2009/10 and 2010/11 for south east London should be as follows:

- Lambeth £92,767
- Southwark £78,808
- Lewisham £77,560
- Greenwich £67,839
- Bexley £51,396
- Bromley £74,573
RECOMMENDATIONS FOR CATEGORIES OF ORGANISATION

Recommendations have been broken down by types of organisation. Please note that some organisations may have more than one category that is relevant to them.

Overarching recommendations

1. There should be widespread acknowledgment that all Specialist Palliative Care Teams are, and should be, an educational resource for generalist end of life health and social care providers (Recommendation 1).

2. If options 3 or 4 adopted (Complete strategy, Fig. 11):
   Although the alliances or individual PCTs may play some part in decision-making regarding the commissioning of palliative and end of life care education and training, it remains more logical to focus this work at sector level and this should be the approach (Recommendation 45).

3. If options 3 or 4 adopted (Complete strategy, Fig. 11):
   If palliative and end of life care education and training commissioning for south east London became the responsibility of SELACU, a reference group made up of clinicians and educationalists would be required to inform their decision making. The existing South East London Palliative and End of Life Care Coordinating Group, which is managed currently by the South East London Cancer Network, could provide this expertise (Recommendation 46).

4. If options 3 or 4 adopted (Complete strategy, Fig 11):
   The maintenance of an End of Life Care Clinical Network for south east London is strongly recommended since, as well as other components of commissioning such as workforce development and service quality measurement, palliative and end of life care education and training commissioning would be best approached at a sector level (Recommendation 47).

5. Employers of staff not discussed in this strategy (including prison staff, staff working in housing departments, and other support staff outside of the NHS) should ensure they have access to funding for education and training to obtain this knowledge. Where appropriate, this education could be provided by other more senior staff within their organisation who had attended more advanced training (Recommendation 51).
Recommendations for healthcare commissioners, e.g. PCTs

1. Primary care trusts and care providers in south east London should implement the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 3).

2. Primary care trusts and other relevant bodies should encourage NHS London to adopt the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 4).

3. Primary care trusts and local authorities should ensure that, when commissioning care packages for people in need of end of life care, the care agency guarantees its workers have the necessary knowledge, skills and attitudes to do the job. This requirement should be made explicit within contracts (Recommendation 10).

4. Where care packages are sub-contracted to independent provider organisations, their workers should also have accessed relevant end of life care training packages from local expert education and training providers (Recommendation 11).

5. Smaller domiciliary care employers should receive support in understanding the educational needs of their staff and how they can find appropriate end of life care development and training. This might be achieved through dialogues between service commissioners and the service agency in their contracting process (Recommendation 13).

6. Organisations in south east London, such as primary care trusts, who commission care from private care agencies and care homes for adult patients who may develop a need for end of life care, should require from them a workforce that is appropriately trained in end of life care (Recommendation 17).

7. The education needs of and training resources for informal carers in end of life care should be considered in a separate piece of work in close consultation with existing relevant User Partnership Groups within south east London and with links to the work of Omega / Caring with Confidence (Recommendation 23).

8. As recommended in the national End of Life Care Strategy, primary care trusts should develop local strategies for promoting public awareness with regard to issues around death, dying and end of life care (Recommendation 24).

9. Given the importance of raising standards in the quality of end of life care, commissioning plans should enable health and social care workers to receive core end of life care education and training without having to self-fund (Recommendation 37).

10. Given the unfavourable findings relating to care home staff skills in end of life care provision as described by the National Audit Office’s Report on End of Life Care (2008), primary care trusts should support with funding the care home proposals set out by the Marie Curie
Delivering Choice Programme in conjunction with St Christopher’s Hospice (Recommendation 40).

11. Primary care trusts in south east London should ensure that the funding for education provided in relation to the national End of Life Care Strategy (Executive summary number 41) is fully spent on optimising access for both health AND social care staff to palliative and end of life care education and training (Recommendation 48).

12. Commissioners of care provision from independent sector social care agencies should include the cost of education in end of life care within procurement contracts (Recommendation 50).
Recommendations for NHS healthcare providers - including the London Ambulance Service, and Out of Hours GP services

1. Primary care trusts and care providers in south east London should implement the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 3).

2. All individual health and social care workers in south east London should be supported to determine their education and training needs in end of life care by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 5).

3. All relevant health and social service managers in south east London should determine the education and training needs in end of life care of their staff by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 6).

4. Employers should refer to this Workforce Group framework (Complete strategy, Fig. 7 or End of Life Care Strategy, DOH, 2009) in determining which level of skill and knowledge a particular employee should attain (Recommendation 15).

5. Whether NHS staff are to receive Group B or Group C level training must be determined at an organisational level. Relevant minimal levels of training regarding end of life care should then be incorporated into the knowledge and skills frameworks for individual posts and access by the worker to relevant courses enabled (Recommendation 16).

6. Employers of and individuals in support roles (including such roles as caterers, porters, mortuary staff, housekeepers, drivers, grounds men, administrators and fundraising staff) will need to consider which end of life care competencies relate to the individual post holder and determine educational needs accordingly (Recommendation 21).

7. Organisations that employ and / or commission education for the end of life care workforce should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of education. This may form an annual review of end of life care training needs identified within staff appraisal systems (Recommendation 26).

8. Health and social care service managers in south east London should enable relevant members of their workforce to access learning opportunities via the Department of Health’s e-learning for End of Life Care project but should also ensure they access other classroom-based education in end of life care. Group A and Group B staff in particular should have access to end of life care education that includes transformative learning methods (Recommendation 27).

9. Given the prevalence of end of life patient contact within the health and social care workforce and the importance of education in the provision of high quality end of life care, it is strongly recommended that:
• For all staff employed by caring organisations there should be a mandatory session on end of life care during employment induction
• Groups A and B staff groups have access to and complete mandatory training in end of life care relevant to their role and exposure to this work. For some Group A staff this is already established through requirements for academic qualifications in palliative care when following particular career pathways
• For Groups A and B staff members, and as recommended in the national End of Life Care Strategy, this training should cover as a minimum the following subjects: communication skills, assessment and care planning, advance care planning and symptom management, as they relate to end of life care
• Group C staff members should at least have access to induction programmes that include training regarding the principles of end of life care (Recommendation 30)

10. For staff that have significant or sole responsibility for end of life care as part of their role, provision of adequate training, development and mentorship for them by appropriate specialist practitioners should form an explicit part of the professional accountability of these posts, as part of their job description and contract (Recommendation 32).

11. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).

12. Health and social care service managers should encourage relevant members of their workforce to attend courses that have an interdisciplinary approach. This may involve allowing the release of complete teams from clinical work to attend such training (Recommendation 35).

13. Social and health care provider organisations in both the statutory, voluntary and independent sectors should campaign for primary care trusts to fully spend funding for education provided in relation to the national End of Life Care Strategy (Executive summary number 41) on the provision of end of life care education and training for their staff (Recommendation 49).
Recommendations for specialist palliative care including hospices

1. Primary care trusts and care providers in south east London should implement the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 3).

2. All individual health and social care workers in south east London should be supported to determine their education and training needs in end of life care by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 5).

3. All relevant health and social service managers in south east London should determine the education and training needs in end of life care of their staff by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 6).

4. Employers should refer to the Workforce Group framework (Complete strategy, Fig 7 or End of Life Care Strategy, DOH, 2009) in determining which level of skill and knowledge a particular employee should attain (Recommendation 15).

5. Employers of and individuals in support roles (including such roles as caterers, porters, mortuary staff, housekeepers, drivers, grounds men, administrators and fundraising staff) will need to consider which end of life care competencies relate to the individual post holder and determine educational needs accordingly (Recommendation 21).

6. Organisations that employ and/or commission education for the end of life care workforce should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of education. This may form an annual review of end of life care training needs identified within staff appraisal systems (Recommendation 26).

7. Health and social care service managers in south east London should enable relevant members of their workforce to access learning opportunities via the Department of Health’s e-learning for End of Life Care project but should also ensure they access other classroom-based education in end of life care. Group A and Group B staff in particular should have access to end of life care education that includes transformative learning methods (Recommendation 27).

8. Given the prevalence of end of life patient contact within the health and social care workforce and the importance of education in the provision of high quality end of life care, it is strongly recommended that:

   - For all staff employed by caring organisations, there should be a mandatory session on end of life care during employment induction
   - Groups A and B staff groups have access to and complete mandatory training in end of life care relevant to their role and exposure to this work. For some Group A
staff this is already established through requirements for academic qualifications in palliative care when following particular career pathways

- For Groups A and B staff members, and as recommended in the national End of Life Care Strategy, this training should cover as a minimum the following subjects: communication skills, assessment and care planning, advance care planning and symptom management, as they relate to end of life care
- Group C staff members should at least have access to induction programmes that include training regarding the principles of end of life care (Recommendation 30)

9. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).

10. Health and social care service managers should encourage relevant members of their workforce to attend courses that have an interdisciplinary approach. This may involve allowing the release of complete teams from clinical work to attend such training (Recommendation 35).

11. Specialist palliative care professionals should acknowledge their expertise and importance in the delivery of palliative and End of Life Care education to the generalist workforce, ensuring that this role is prioritised in their work planning (Recommendation 39).

12. Social and health care provider organisations in both the statutory, voluntary and independent sectors should campaign for primary care trusts to fully spend funding for education provided in relation to the national End of Life Care Strategy (Executive summary number 41) on the provision of end of life care education and training for their staff (Recommendation 49).
Recommendations for local authority commissioners

1. Primary care trusts and local authorities should ensure that, when commissioning care packages for people in need of end of life care, the care agency guarantees its workers have the necessary knowledge, skills and attitudes to do the job. This requirement should be made explicit within contracts (Recommendation 10).

2. Where care packages are sub-contracted to independent provider organisations their workers should also have accessed relevant end of life care training packages from local expert education and training providers (Recommendation 11).

3. Smaller domiciliary care employers should receive support in understanding the educational needs of their staff and how they can find appropriate end of life care development and training. This might be achieved through dialogues between service commissioners and the service agency in their contracting process (Recommendation 13).

4. Organisations in south east London, such as primary care trusts, which commission care from private care agencies and care homes for adult patients who may develop a need for end of life care, should require from them a workforce that is appropriately trained in end of life care (Recommendation 17).

5. Given the importance of raising standards in the quality of end of life care, commissioning plans should enable health and social care workers to receive core end of life care education and training without having to self-fund (Recommendation 37).

6. Commissioners of care provision from independent sector social care agencies should include the cost of education in end of life care within procurement contracts (Recommendation 50).
Recommendations for local authority providers

1. Primary care trusts and care providers in south east London should implement the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 3).

2. All individual health and social care workers in south east London should be supported to determine their education and training needs in end of life care by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 5).

3. All relevant health and social service managers in south east London should determine the education and training needs in end of life care of their staff by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 6).

4. Local authority and independent domiciliary care agencies should ensure their staff have received appropriate training in end of life care (Recommendation 12).

5. Employers should refer to the Workforce Group framework (Complete strategy, Fig. 7 or End of Life Care Strategy, DOH, 2009) in determining which level of skill and knowledge a particular employee should attain (Recommendation 15).

6. Whether local authority staff are to receive Group B or Group C level training must be determined at an organisational level. Relevant minimal levels of training regarding end of life care should then be incorporated into the knowledge and skills frameworks for individual posts and access by the worker to relevant courses enabled (Recommendation 19).

7. Employers of and individuals in support roles (including such roles as caterers, porters, mortuary staff, housekeepers, drivers, grounds men, administrators and fundraising staff) will need to consider which end of life care competencies relate to the individual post holder and determine educational needs accordingly (Recommendation 21).

8. Organisations that employ and / or commission education for the end of life care workforce should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of education. This may form an annual review of end of life care training needs identified within staff appraisal systems (Recommendation 26).

9. Health and social care service managers in south east London should enable relevant members of their workforce to access learning opportunities via the Department of Health’s e-learning for End of Life Care project but should also ensure they access other classroom-based education in end of life care. Group A and Group B staff in particular should have access to end of life care education that includes transformative learning methods (Recommendation 27).
10. Given the prevalence of end of life patient contact within the health and social care workforce and the importance of education in the provision of high quality end of life care, it is strongly recommended that:

- For all staff employed by caring organisations there should be a mandatory session on end of life care during employment induction
- Groups A and B staff groups have access to and complete mandatory training in end of life care relevant to their role and exposure to this work. For some Group A staff this is already established through requirements for academic qualifications in palliative care when following particular career pathways
- For Groups A and B staff members, and as recommended in the national End of Life Care Strategy, this training should cover as a minimum the following subjects: communication skills, assessment and care planning, advance care planning and symptom management, as they relate to end of life care
- Group C staff members should at least have access to induction programmes that include training regarding the principles of end of life care (Recommendation 30)

11. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).

12. Health and social care service managers should encourage relevant members of their workforce to attend courses that have an interdisciplinary approach. This may involve allowing the release of complete teams from clinical work to attend such training (Recommendation 35).

13. Social and health care provider organisations in both the statutory, voluntary and independent sectors should campaign for primary care trusts to fully spend funding for education provided in relation to the national End of Life Care Strategy (Executive Summary number 41) on the provision of end of life care education and training for their staff (Recommendation 49).
Recommendations for the independent sector: Voluntary providers (excluding hospices)

1. Primary care trusts and care providers in south east London should implement the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 3).

2. All individual health and social care workers in south east London should be supported to determine their education and training needs in end of life care by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 5).

3. All relevant health and social service managers in south east London should determine the education and training needs in end of life care of their staff by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 6).

4. Local authority and independent domiciliary care agencies should ensure their staff have received appropriate training in end of life care (Recommendation 12).

5. Employers should refer to the Workforce Group framework (Complete strategy, Fig. 7 or End of Life Care Strategy, DOH, 2009) in determining which level of skill and knowledge a particular employee should attain (Recommendation 15).

6. Independent sector organisations and teams providing care to end of life care patients in south east London should ensure their staff have access to and undertake appropriate training and providing them with the minimum level of knowledge and skills for their role (Recommendation 18).

7. Employers of and individuals in support roles (including such roles as caterers, porters, mortuary staff, housekeepers, drivers, grounds men, administrators and fundraising staff) will need to consider which end of life care competencies relate to the individual post holder and determine educational needs accordingly (Recommendation 21).

8. Organisations that employ and / or commission education for the end of life care workforce should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of education. This may form an annual review of end of life care training needs identified within staff appraisal systems (Recommendation 26).

9. Health and social care service managers in south east London should enable relevant members of their workforce to access learning opportunities via the Department of Health’s e-learning for End of Life Care project but should also ensure they access other classroom-based education in end of life care. Group A and Group B staff in particular should have access to end of life care education that includes transformative learning methods (Recommendation 27).
10. Given the prevalence of end of life patient contact within the health and social care workforce and the importance of education in the provision of high quality end of life care, it is strongly recommended that:

- For all staff employed by caring organisations there should be a mandatory session on end of life care during employment induction
- Groups A and B staff groups have access to and complete mandatory training in end of life care relevant to their role and exposure to this work. For some Group A staff this is already established through requirements for academic qualifications in palliative care when following particular career pathways
- For Groups A and B staff members, and as recommended in the national End of Life Care Strategy, this training should cover as a minimum the following subjects: communication skills, assessment and care planning, advance care planning and symptom management, as they relate to end of life care
- Group C staff members should at least have access to induction programmes that include training regarding the principles of end of life care (Recommendation 30)

11. For staff that have significant or sole responsibility for end of life care as part of their role, provision of adequate training, development and mentorship for them by appropriate specialist practitioners should form an explicit part of the professional accountability of these posts, as part of their job description and contract (Recommendation 32).

12. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).

13. Health and social care service managers should encourage relevant members of their workforce to attend courses that have an interdisciplinary approach. This may involve allowing the release of complete teams from clinical work to attend such training (Recommendation 35).

14. Social and health care provider organisations in both the statutory, voluntary and independent sectors should campaign for primary care trusts to fully spend funding for education provided in relation to the national End of Life Care Strategy (Executive Summary number 41) on the provision of end of life care education and training for their staff (Recommendation 49).
Recommendations for the independent sector: Care homes and domiciliary care home providers

1. Primary care trusts and care providers in south east London should implement the national End of Life Care Quality Markers and Measures (2009) that are relevant to them (Recommendation 3).

2. All individual health and social care workers in south east London should be supported to determine their education and training needs in end of life care by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 5).

3. All relevant health and social service managers in south east London should determine the education and training needs in end of life care of their staff by referring to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) (Recommendation 6).

4. Local authority and independent domiciliary care agencies should ensure their staff have received appropriate training in end of life care (Recommendation 12).

5. Smaller domiciliary care employers should receive support in understanding the educational needs of their staff and how they can find appropriate end of life care development and training. This might be achieved through dialogues between service commissioners and the service agency in their contracting process (Recommendation 13).

6. Employers should refer to the Workforce Group framework (Complete strategy, Fig. 7 or End of Life Care Strategy, DOH, 2009) in determining which level of skill and knowledge a particular employee should attain (Recommendation 15).

7. Independent sector organisations and teams providing care to end of life care patients in south east London should ensure their staff have access to and undertake appropriate training and providing them with the minimum level of knowledge and skills for their role (Recommendation 18).

8. Whether social care staff are to receive Group B or Group C level training must be determined at an organisational, local authority or primary care trust level. Relevant minimal levels of training regarding end of life care should then be incorporated into the knowledge and skills frameworks for individual posts and access for the worker to relevant courses enabled (Recommendation 20).

9. Employers of and individuals in support roles (including such roles as caterers, porters, mortuary staff, housekeepers, drivers, grounds men, administrators and fundraising staff) will need to consider which end of life care competencies relate to the individual post holder and determine educational needs accordingly (Recommendation 21).
10. Organisations that employ and/or commission education for the end of life care workforce should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of education. This may form an annual review of end of life care training needs identified within staff appraisal systems (Recommendation 26).

11. Health and social care service managers in south east London should enable relevant members of their workforce to access learning opportunities via the Department of Health’s e-learning for End of Life Care project but should also ensure they access other classroom-based education in end of life care. Group A and Group B staff in particular should have access to end of life care education that includes transformative learning methods (Recommendation 27).

12. Given the prevalence of end of life patient contact within the health and social care workforce and the importance of education in the provision of high quality end of life care, it is strongly recommended that:

- For all staff employed by caring organisations there should be a mandatory session on end of life care during employment induction
- Groups A and B staff groups have access to and complete mandatory training in end of life care relevant to their role and exposure to this work. For some Group A staff this is already established through requirements for academic qualifications in palliative care when following particular career pathways
- For Groups A and B staff members, and as recommended in the national End of Life Care Strategy, this training should cover as a minimum the following subjects: communication skills, assessment and care planning, advance care planning and symptom management, as they relate to end of life care
- Group C staff members should at least have access to induction programmes that include training regarding the principles of end of life care (Recommendation 30)

13. For staff that have significant or sole responsibility for end of life care as part of their role, provision of adequate training, development and mentorship for them by appropriate specialist practitioners should form an explicit part of the professional accountability of these posts, as part of their job description and contract (Recommendation 32).

14. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).

15. Health and social care service managers should encourage relevant members of their workforce to attend courses that have an interdisciplinary approach. This may involve allowing the release of complete teams from clinical work to attend such training (Recommendation 35).
16. Social and health care provider organisations in both the statutory, voluntary and independent sectors should campaign for primary care trusts to fully spend funding for education provided in relation to the national End of Life Care Strategy (Executive Summary number 41) on the provision of end of life care education and training for their staff (Recommendation 49).
Recommendations for education commissioners, including within PCTs, local authorities and other organisations

1. Education commissioners and providers should aim to create and deliver education and training packages which allow staff from different settings to learn together (Recommendation 2).

2. Education commissioners in south east London should ensure that there is access to a full range of end of life care education and training courses, in line with the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009). and the knowledge and skills needed to deliver the end of life care pathway (National End of Life Care Strategy, 2008) (Recommendation 8).

3. Education commissioners and providers should ensure education and training in palliative and end of life care is available to domiciliary care workers as a priority (Recommendation 9).

4. To ensure that local health and social care services are delivering culturally sensitive end of life care relevant to local populations, the emphasis in education programmes should be for practitioners to ask end of life care patients their preferences, regarding their cultural and other needs (Recommendation 14).

5. Commissioners and providers of education and training should agree to the design and delivery of multi-professional, multi-agency training programmes based not only on the national competencies and end of life care pathway, but with particular consideration of the findings of the Marie Curie Delivering Choice Programme Training Needs Assessment for South East London (Recommendation 25).

6. Organisations that employ and/or commission education for the end of life care workforce should ensure that training needs assessments are performed on a regular basis to inform the commissioning of programmes of education. This may form an annual review of end of life care training needs identified within staff appraisal systems (Recommendation 26).

7. Education commissioners in south east London should ensure that end of life care courses for at least staff Groups A and B include transformative learning methods (Recommendation 29).

8. Given the prevalence of end of life patient contact within the health and social care workforce and the importance of education in the provision of high quality end of life care, it is strongly recommended that:

   • For all staff employed by caring organisations there should be a mandatory session on end of life care during employment induction
   • Groups A and B staff groups have access to and complete mandatory training in end of life care relevant to their role and exposure to this work. For some Group A
staff this is already established through requirements for academic qualifications in palliative care when following particular career pathways

- For Groups A and B staff members, and as recommended within the national End of Life Care Strategy, this training should cover as a minimum the following subjects: communication skills, assessment and care planning, advance care planning and symptom management, as they relate to end of life care
- Group C staff members should at least have access to induction programmes that include training regarding the principles of end of life care (Recommendation 30)

9. Education commissioners and providers should consider options for the creation of ‘train the trainer’ programmes to provide delivery of basic palliative and end of life care education through cascade principles of training (Recommendation 31).

10. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).

11. Education commissioners in south east London should ensure that palliative and end of life care courses include opportunities for interdisciplinary learning (Recommendation 36)

12. Given the importance of raising standards in the quality of end of life care, commissioning plans should enable health and social care workers to receive core end of life care education and training without having to self-fund (Recommendation 37).

13. When negotiating the commissioning of palliative and end of life care education programmes, commissioners and education providers should include the cost of backfill for clinicians acting as educators (Recommendation 38).

14. Education leads, commissioners and providers should ensure that opportunities to submit bids for additional CPPD funding are undertaken to enable an increase in access of their staff and staff from related services to end of life care education and training (Recommendation 41).

15. If options 1 or 2 adopted (Fig. 11):
   
   Education leads and commissioners within NHS organisations as well as education providers should ensure that the newly formed Education Commissioning Hub, if procuring palliative and end of life care education, engages with the full range of relevant education providers in south east London as indicated via the 2007-08 course mapping in section 3.4.2 (Recommendation 43).

16. If options 1 or 2 adopted (Fig. 11):
   
   If procuring palliative and end of life care education and training themselves, education leads and commissioners within NHS organisations should engage with the full range of relevant education providers in south east London (as indicated via the 2007-08 course mapping in section 3.4.2) (Recommendation 44).
Recommendations for palliative and end of life care education providers

1. Education commissioners and providers should aim to create and deliver education and training packages which allow staff from different settings to learn together (Recommendation 2).

2. All south east London organisations that deliver end of life care education and training should refer to the ‘core competencies and principles for health and social care workers working with adults at end of life’ (DOH, 2009) when determining educational programmes, course curricula, outcomes and in designing course material. They should ensure that their courses cover the knowledge, skills and attitudes required for health and social care staff to deliver all aspects of the end of life pathway of care (national End of Life Care Strategy, 2008) (Recommendation 7).

3. Education commissioners and providers should ensure education and training in palliative and end of life care is available to domiciliary care workers as a priority (Recommendation 9).

4. To ensure that local health and social care services are delivering culturally sensitive end of life care relevant to local populations, the emphasis in education programmes should be for practitioners to ask end of life care patients their preferences, regarding their cultural and other needs (Recommendation 14).

5. Palliative and end of life care education providers should consider developing their education programmes to include the needs of support workers that come into contact with end of life care patients (Recommendation 22).

6. Commissioners and providers of education and training should agree to the design and delivery of multi-professional, multi-agency training programmes based not only on the national competencies and end of life care pathway, but with particular consideration of the findings of the Marie Curie Delivering Choice Programme Training Needs Assessment for South East London (Recommendation 25).

7. Providers of end of life care education in south east London should ensure that their courses include both didactic and transformative learning methods (Recommendation 28).

8. Education commissioners and providers should consider options for the creation of ‘train the trainer’ programmes to provide delivery of basic palliative and end of life care education through cascade principles of training (Recommendation 31).

9. Providers of end of life care education, health and social care service managers, and education commissioners should work together to develop programmes that include practice education. Such opportunities should in particular be made available for Group B categories of staff (Recommendation 33).
10. Providers of end of life care education should ensure that their education programmes include opportunities for interdisciplinary learning and that these courses include opportunities for team-based clinical case analysis and learning (Recommendation 34).

11. When negotiating the commissioning of palliative and end of life care education programmes, commissioners and education providers should include the cost of backfill for clinicians acting as educators (Recommendation 38).

12. Education leads, commissioners and providers should ensure that opportunities to submit bids for additional CPPD funding are undertaken to enable an increase in access of their staff and staff from related services to end of life care education and training (Recommendation 41).

13. Education providers should have available fully costed education programmes, so that incidental funding opportunities can be actioned promptly (Recommendation 42).

14. If options 1 or 2 adopted (Fig. 11)
   Education leads and commissioners in NHS organisations as well as education providers should ensure that the newly formed Education Commissioning Hub, if procuring palliative and end of life care education, engages with the full range of relevant education providers in south east London as indicated via the 2007-08 course mapping in section 3.4.2 (Recommendation 43).
IMPLEMENTATION OF THE STRATEGY

In order to support the delivery of this strategy and to realise the benefits for the south east London health and social care end of life care workforce, responsibility for its implementation will be needed at a number of levels - within individual provider and commissioning organisations, at locality level, at sector level, and at the level of NHS London.

The implementation of recommendations made in this strategy is primarily the responsibility of individual organisations. However, it is recognised that some of the recommendations in the strategy will be most effectively managed at a sector level and that implementation of the strategy at a local level will be served by the development of tools and guidelines that, were they to be developed locally, would result in the duplication of work across the sector.

To this end, it has been agreed that the Marie Curie Delivering Choice Programme will host an Education and Training Strategy Implementation Board that will operate for the first year of implementation. The role of the Implementation Board will be:

- To champion the South East London Palliative and End of Life Care Education and Training Strategy, its content and its implementation within the sector, in London and nationally, where appropriate
- To lead the implementation of the South East London Palliative and End of Life Care Education and Training Strategy at a sector level
- To support and influence the implementation of the South East London Palliative and End of Life Care Education and Training Strategy at a local level
- To consult with and incorporate the views of the Implementation Group and other stakeholders
- To review and update the strategy in the light of decisions made by NHS London on the commissioning of education and training and other sector-wide developments
- To ensure that implementation is sufficiently developed to allow hand over to local EoLC Strategy Groups and the Palliative and End of Life Care Coordinating Group (PCCG) at the end of Year 1

Given the number of organisations involved in the implementation of this education and training strategy, the Implementation Board will be formed as a small working group comprising single representation from the relevant sectors.

The Implementation Board will be supported and endorsed by an Implementation Group comprising a representative from all above listed sectors in each of the six localities and will number in the region of 60 members. As an alternative to this, and depending on the future of
the group, the Palliative and End of Life Care Coordinating Group (PCCG) could also fulfil the remit of the Implementation Group. This will be decided by the Implementation Board in conjunction with the PCCG and local stakeholders.

The Implementation Group will engage with the proposals of the Implementation Board and input comments and suggestions to help direct the work of the board and the implementation of the strategy from a local perspective. Given the size of the group, consultation will take place electronically.

It will be the role of the Marie Curie Delivering Choice Programme’s Project Team to work alongside the Implementation Board to support the development of the strategy at a local level, providing an interface between the Implementation Board and groups working locally to promote end of life care.

This will include, but not be limited to, reporting on the progress of the board and the implementation of the strategy at local End of Life Care Strategy Groups, engaging with key stakeholders at a local level and working with End of Life Care Strategy Groups, health and social care commissioners, and workforce and education leads to develop local implementation plans. It is anticipated that the Project Team will support the implementation of the strategy for the first year, before handing implementation over to the localities.

The strategy will be reviewed twelve months after the date of its first circulation.

It is anticipated that, subject to local sector development, the Implementation Board will disband at the end of the first year of strategy implementation and transfer responsibility of implementation in years two and three to localities in conjunction with a suitable sector-level group.
Implementation impact review

Success in implementation of the South East London Palliative and End of Life Care Education and Training Strategy could be monitored in a number of ways including through:

- A repeat of the training needs analysis undertaken by the Marie Curie Delivering Choice Programme prior to the creation of this strategy; with comparison of new information with the initial findings
- Comparison of pre- and post- implementation measurement of levels of end of life care client satisfaction
- Comparison of pre- and post implementation figures for inappropriate hospital transfers in end of life care
- Comparison of pre- and post implementation achievement of end of life care patients’ preferences for care
- Comparison of pre- and post- implementation complaints audits for primary care, that reveal and quantify complaints relating to end of life care
- A repeat of the complaints audit for south east London acute trusts that was conducted by the sector’s Palliative and End of Life Care Coordinating Group in January 2009.

Deciding on the methods and scope of the impact review, to be held at the end of the first year of implementation, will be the responsibility of the Implementation Board.
The South East London Palliative and End of Life Care Education and Training Strategy was developed as part of the Marie Curie Delivering Choice Programme in collaboration with the South East London Cancer Network, the South East London Palliative and End of Life Care Coordinating Group and Marie Curie Cancer Care.

Other local partners have also been involved in the consultation and development of the strategy.

This document is the abridged version of the strategy. It consists of the executive summary, quick-reference recommendations and implementation plan.

For a copy of the full 174-page strategy, email selondon.project@mariecurie.org.uk or download from www.mariecurie.org.uk/deliveringchoice