

Improving palliative and end of life care in Argyll and Bute



Argyll and Bute, like the rest of Scotland and the UK, is expected to face increasing pressures on its health and social care services over the next few years as a result of various demographic and socioeconomic factors.

Argyll and Bute also has its own set of challenges. For example, around 83% of its population live in remote rural areas, and its over-65 population is higher than the Scottish national average.^{i,ii}

Argyll and Bute Delivering Choice Programme



Marie Curie
Cancer Care





Argyll and Bute Delivering Choice Programme

The Argyll and Bute Delivering Choice Programme was commissioned by Argyll and Bute's Reshaping Care for Older People programme board to review current palliative care services in the area, and to support the design and improvement of local services.

The Argyll and Bute programme, which has been underway since August 2012, supports the delivery of the Scottish Government's *Living and Dying Well* and *Reshaping Care for Older People* initiatives.

The programme's aim is to increase patient and carer wellbeing by enabling patients to spend more time being cared for in community settings.

Using Marie Curie's Delivering Choice Programme service design methodology, which looks at the whole structure of how services are delivered, the Argyll and Bute programme team is working with local partners from the public, independent and voluntary sectors to examine and address challenges in end of life care delivery.

Argyll and Bute in numbers

77%

of total deaths, or around 800 people, require palliative and end of life care each year based on mortality data from 2012.¹

65%

of patients who died of cancer, or 100 out of 153 patients, were placed on the palliative care register in 2012-13.²

20%

of patients who died with one or more long-term conditions, or 40 out of 201 patients, were placed on the palliative care register in 2012-13.²

69%

of palliative care patients included in a 2012 audit in Argyll and Bute expressed their preference to die at home. Seventy-seven per cent of them died in their preferred place, although this figure varied according to sub-locality.³

23%

of patients in Argyll and Bute died at home in 2012.ⁱⁱⁱ

49%

of patients, or around 500 people, were admitted to hospital prior to their death.^{iv}

Programme progress to date

“With so many communities based in remote rural areas, it is vital that the end of life care needs for Argyll and Bute are developed and delivered to meet the specific needs of those communities. This programme will make a huge difference to those patients and families with a palliative care need. It's an excellent example of local care providers working together to create local sustainable solutions to address challenging problems in the design and delivery of effective healthcare.”

Michael Russell,
MSP, Argyll and Bute

Phase 1 (August 2012 – May 2013)

The programme team mapped existing palliative and end of life care services in the area as part of the phase 1 review.

The phase 1 report highlighted perceived gaps in the provision of palliative and end of life care in Argyll and Bute, and the following themes were identified as key areas for improvement:

- improving the culture of death, dying and bereavement through health-promoting palliative care
- improving support for carers
- improving access to transportation for patients and their carers
- improving access to out-of-hours support and services
- reassessing the role of care homes in palliative and end of life care provision

Phase 2 (June – October 2013)

Four stakeholder workshops were held to discuss the key findings from phase 1, as well as local solutions to address the identified areas for improvement.

Following these workshops, options for specific service design solutions were generated, and a number of these options were developed into business cases.

Phase 3 (from October 2013)

On 28 October 2013, the programme board approved the following initiatives and services for Argyll and Bute:

- a new flexible model for the delivery of the Marie Curie Nursing Service in the area
- development of a hospice-type ethos for care homes and other care settings
- training on palliative and end of life care for carers
- health-promoting palliative care to change the culture around the topics of death, dying and bereavement
- a palliative and end of life care information resource for patients and carers, to be used by service partners such as carer organisations
- best practice guidance on remote rural transportation for palliative and end of life care patients
- improving networks for those delivering generalist and specialist palliative care services
- identifying and supporting NHS 24 in end of life care provision
- improving aspects of anticipatory care planning, focusing on patient transportation and support for carers



For more information

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References

¹ This is based on Argyll and Bute's mortality data from 2012 and the following calculation: All cancer deaths + 67 per cent of all other deaths = Number of people requiring palliative and end of life care.

² Information taken from the palliative care DES reports 2012/13. 11 out of 33 GP practices returned their DES reports.

³ Preferred place of death audit, Argyll and Bute, March-May 2012.

⁴ Scottish Government Urban Rural Classification 2011-2012. www.scotland.gov.uk/Topics/Statistics/About/Methodology/UrbanRuralClassification/Urban-Rural-Classification-2011-12

⁵ Scotland's Census 2011. Table A1: Census Day usually resident population by age and council area, 2011. www.scotlandscensus.gov.uk/documents/censusresults/release1b/re11bsbtablea1.xls

⁶ Data supplied by General Registers Office for Scotland. Percentage of deaths at home 2012. Data received July 2013.

⁷ Data retrieved from information request for Argyll and Bute.

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