Service design for end of life care

Designing and delivering integrated quality end of life care, *efficiently*
Overview

Increasing demand
People are living longer and accumulating multiple conditions as they age. Because of this, palliative and end of life care services must adapt to cope with growing demand and increasingly complex needs.¹ Many people with multiple conditions currently die in hospital – the place they least want to be.² We need to find better ways to ensure more people at the end of life, even with the most complex of conditions, can receive appropriate community care.³

Quality and efficiency
The National Institute for Health and Clinical Excellence has developed a quality standard and guidelines to help commissioners deliver improved outcomes at the end of life.⁴ The national Quality, Innovation Productivity and Prevention (QIPP) key performance indicator to increase deaths in people’s usual place of residence is another lever for change. Reducing hospital admissions that exceed eight days and end in death, and unplanned admissions in the last year of life, are further achievable outcomes.⁵

No place like home
With nearly two-thirds of people in England expressing a preference to die at home, providing services outside the hospital setting greatly enables patient choice. According to QIPP estimates, reducing hospital admissions could also save £180m a year.⁶

Expert partners
Many solutions to the common challenges in end of life care are already available, but negotiating the wide range of tools and resources can be time consuming. With limited resources and competing priorities, commissioners are now looking to providers to help them to meet their targets and deliver best practice. Marie Curie can offer that support. We can help you navigate the many competing priorities in a turbulent and stressful environment.

Pioneering design
Since 2004, our service design team has been bringing together providers and commissioners from the public, independent and voluntary sectors to pioneer new ways of working through the Marie Curie Delivering Choice Programme (DCP). This initiative has changed the way end of life care is delivered in 18 sites across the UK.

The whole systems approach accounts for the excellent track record in delivering transformational change. Independent evaluation by the King’s Fund and other bodies shows demonstrable benefits.

Delivering outcomes
Our project in Lincolnshire improved the process around patient discharge, care coordination and the delivery of urgent out-of-hours care in a complex and rural setting. An independent evaluation by The King’s Fund found that home deaths for patients using our services in Boston were 42 per cent compared to non-users at 19 per cent – achieved at no additional cost. There was also an overall increase in home deaths in the area from 19 per cent to 23 per cent.

With a higher than average number of over 65 year olds and a rural setting, Somerset provided a variety of challenges. The project introduced a number of initiatives, including a coordination centre to arrange home care packages, an out-of-hours

¹ Barnet et al: Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study, 2012
² Prisma Survey, 2010 cited in What do we know now that we didn’t know a year ago? National End of Life Care Intelligence Network, 2012
³ Nuffield Trust: Social care and hospital use at the end of life, 2010
⁵ QIPP end of Life Care Event Report February, 2012
⁶ What do we know now that we didn’t know a year ago? National End of Life Care Intelligence Network, 2012
response line and discharge nurses. Home deaths for DCP users were markedly higher than for non-users.

Deaths in Somerset | Sept 11 to Feb 12  DCP service users vs non-users

Emergency admissions in the last month of life in Somerset were 39 per cent lower for DCP users than for non-users. In addition A&E attendances were 34 per cent lower for DCP users in the last month of life. Families, carers and professionals consistently reported excellent quality and coordinated care. One family member said: "The care package was almost as if you could see a clock mechanism and everything was moving just smoothly."8

Greenwich introduced an integrated end of life care model as part of the South-east London DCP project which covered 1.5 million people across six London boroughs. A successful partnership arrangement between end of life providers in Greenwich was a vital element in improving care in the area. Kate Heaps, chief executive of Greenwich and Bexley Community Hospice said: "Patients referred to Greenwich Care Partnership are more likely able to be cared for in their place of choice. As many as 58 per cent of these patients were able to die at home, an increase of 28 per cent from the baseline figure and the preferred option for the majority of people."

Supporting you

With over 60 years’ experience in delivering end of life care, Marie Curie has the expertise commissioners can rely on. Our service design teams, located across the UK, have access to a wealth of national and local knowledge and networks, to support the design and development of innovative approaches to care.

Drawing on our extensive experience from the DCP and our design work across the UK we can help you design fully integrated services that impact on the entire end of life care pathway. In light of the achievements we have seen so far we are confident we can help you deliver better patient outcomes, genuine patient choice and greater equity to care for your population at the end of life.

Our service design support can help you solve specific local challenges such as timely and coordinated discharge for people nearing the end of their lives. Alternatively, we can work with you more broadly to design a fully integrated system through our DCP

44% of DCP service users died at home compared to 15% for non users

These analyses include statistical adjustments made for differences between the groups, for example their differing age and diagnosis profiles.

University of Bristol independent evaluation of Somerset Delivering Choice Programme, 2012

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7 University of Bristol independent evaluation of DCP
8 University of Bristol independent evaluation of Somerset Delivering Choice Programme, 2012
Local service. We can work to your timescales to enable rapid tangible change using a collaborative approach involving all local partners.

**Service design support**

Marie Curie can support your individual requirements. We cater for individual needs and commissioning budgets, from offering you advice to a complete package to help address your specific challenges. For example, we can work with you to:

- Design or implement a local service improvement to improve coordination of services or reduce inappropriate hospital admissions
- Review an existing service, share insights and recommend improvements, based on our experience from our projects across the UK
- Design a performance management framework to demonstrate successful outcomes

**DCP Local**

Marie Curie’s new DCP Local service builds on the insights from the Delivering Choice Programme. By combining tried and tested tools and methodologies with a local approach to needs analysis and prioritisation, DCP Local delivers an integrated and comprehensive system for end of life care.

Depending on the existing groundwork in place locally, we can negotiate realistic timescales with you for a pragmatic and tailored approach. We also have tools to instantly source end of life data in your area. This will help you to estimate local service need, plan capacity and improve accessibility of services.

Marie Curie’s Service design support service and DCP Local are non-profit making enterprises.

**Our team**

With specialist clinical, health management and consultancy backgrounds, our skilled team of service design experts can draw on their collective sector experience to resolve your local challenges. Locally based, our team works across the UK with partners in the NHS, social care, independent and voluntary sectors to improve end of life care. All bring the creativity, ideas and commitment to help you to deliver good outcomes for your patients.

**Other resources**

**Round tables**

Join us for a small, focused round-table event to share perspectives on national developments and good practice. These events provide a forum for joint discussion of local issues and opportunities. If you are interested in joining please contact us: servicedevelopment@mariecurie.org.uk

**Publications**

Download briefings on the cost of end of life care in different settings, a summary of the NICE Quality Standard and DCP evaluations: www.mariecurie.org.uk/commissioningpublications