

END OF LIFE CARE FOR PEOPLE WITH DEMENTIA

A PCT OVERVIEW

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RAISING THE PROFILE - 2008

- NATIONAL END OF LIFE CARE STRATEGY
- NATIONAL DEMENTIA STRATEGY
- PCTS' OPERATING PLANS:
end of life care & dementia care

NATIONAL SERVICE DEVELOPMENTS – EOL CARE:

Implementation of good practice tools:

- Gold Standard Framework
last year of life
- Liverpool Care Pathway
last days of life
- + Quality Outcomes Framework (QOF) points
for GPs for EOL registers

GREENWICH PALLIATIVE CARE STRATEGY 2006

- End of life care is for all diagnoses
- Improved community services – to enable people to die at home if they so choose
- Greater co-ordination of services
- Improved support to carers, including after bereavement
- Improved quality of care – GSF, LCP
- Improved quality of communications

GREENWICH SERVICE DEVELOPMENTS - EOL

- Greenwich Macmillan Palliative Care Support Service
 - flexible, intensive support at home at end of life
 - funding to be picked up by GTPCT
- Transfer of hospital and community specialist palliative care services from QEH to GBCH

GREENWICH SERVICE DEVELOPMENTS - EOL

- Introduction of Liverpool Care Pathway in QEH and Greenwich & Bexley Cottage Hospice (GBCH)
- Roll out of Gold Standard Framework in primary care and in care homes
 - Macmillan Primary Care Facilitator Project : nurse and GP
- GSF care homes worker - GBCH - 2008

MARIE CURIE DELIVERING CHOICE

- Across all of South East London – all 6 PCTs
- Delivering Choices “sites” across all of UK

Programme aim:

to develop 24 hour service models offering:

best possible quality of care
choice in place of care
co-ordination of care
equity of access

Meanwhile....

“Greenwich Strategy for Older People’s
Mental Health 2008-2011”

WHY A STRATEGY FOR OLDER PEOPLE'S MENTAL HEALTH

- Increase in need:
Growth in number of older people,
especially the very old
Increase in incidence of dementia and
other mental illnesses
- Greenwich Epidemiological Needs
Analysis 2007

WHY A STRATEGY FOR OLDER PEOPLE'S MENTAL HEALTH

- Evidence that needs are not being met -
- Depression in older people not always diagnosed or treated
- Dementia diagnosed late:
Dementia treatments *are* now available
Memory services

STRATEGIC AIMS - OLDER PEOPLE'S MENTAL HEALTH

- maintain older people's mental health and wellbeing for as long as possible
- maximise independence and choice for service users and carers
- offer care in the community and close to home whenever this care can be delivered safely

GREENWICH SERVICE DEVELOPMENT AIMS

- Increase capacity of Memory Service + work with GPs
- Develop Older People's Mental Health Liaison Service in QEH
- Develop specialist mental health support to community services
- Develop end of life care at home

NEXT STEPS....

- How do we want to see services developing?

for Greenwich people

today (and tomorrow)

BUILDING BRIDGES

- Do we want more specialist services?
or
- Do we want more support to generalist services?
(or both?)

What about when you have two specialisms?

How is end of life care different for people with dementia?

How do we best construct services which take account of those differences?