

Trust Board Report

Meeting Date:	23 rd September 2013
Title:	Liverpool Care Pathway (LCP)
Executive Summary:	<p>In July 2013 the Health Minister wrote to Trusts making recommendations for action with regard to patients on the Liverpool Care Pathway, following the publication of the Neuberger report 'More Care, Less Pathway: A review of the Liverpool Care Pathway'.</p> <p>This paper details the action taken by the Trust and an update on the current national developments around the LCP.</p>
Action Requested:	To note: Information provided
Report of:	Chief Operating Officer
Author: Contact Details:	Chief Operating Officer: Gwen Nuttall 01902 695958 Gwen.Nuttall@nhs.net
Resource Implications:	None
Public or Private: (with reasons if private)	Public Session
References: (e.g. from/to other committees)	
Appendices/ References/ Background Reading	<p>More Care, Less Pathway: A review of the Liverpool Care pathway</p> <p>Letter from Health Minister Norman Lamb – 15th July</p> <p>Appendix 1 National update from NHS England</p>
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Liverpool Care Pathway

Background

This paper outlines the Trust response to the Minister of Health's letter to Trusts following the publication of More Care, Less Pathway: A Review of the Liverpool Care Pathway, led by Baroness Neuberger. The review made 44 recommendations in the report, most of which relate to the need to change national policy.

The Health Minister Norman Lamb wrote to Trusts on 15th July recognising that the principles of care underpinning the LCP are sound and, when used appropriately, the LCP supports good care for the dying. He also recognised the report identified instances of poor practice with families and carers not being properly supported and involved.

It is the intention of the Department of Health to phase out the LCP over the next 3-9 months (it was 12 months from July) and instead introduce an individual approach to the end of life care with a personalised care plan and named senior clinical lead for every patient at end of life.

Recommendations by the Minister of Health

The Minister asked that Trust Boards should put into effect the following actions:

1. Undertake a clinical review of each patient (currently) being cared for using the LCP to ensure appropriate care is being provided.
2. Assure themselves that a senior clinician is assigned to and accountable for the care of every patient in the dying phase, now and in the future
3. Give patients, their families and carers the option of an independent clinical assessment if they wish to complain about their care
4. Consider reviewing past complaints to the LCP
5. Appoint a Board Member with responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided (the Neuberger report Rec 28 recommended that the appointment should preferably be a lay member)

The Trust's Response

The lead Clinician for Palliative Care, Dr Clare Marlow undertook a review of all inpatients on the LCP at the time. Only one patient was found to be on the LCP and a review of that patient care showed it was being used appropriately

The Medical Director sent out an email to all consultants to remind all teams of the importance of following the guidance on use of the LCP (copy of this e-mail is attached for reference)

Every patient already has a named consultant, whether in the therapeutic or dying phase of care. More work needs to be undertaken to ensure clarity of management when more than one speciality are involved in an individual patients care.

Under the NHS complaints Regulations 2009, independent clinical assessments can be sought in any case. The Trust considers it best practice in the first instance to ensure it carries out an open and honest investigation into any complaint, but it will offer or itself seen an independent clinical assessment, should there be continuation dissatisfaction or lack of clarity. In addition the Ombudsman provides an independent clinical assessment as part of the second stage of the complaints process.

In the last 6 months there have been no complaints to the Trust specifically about the LCP, although there has been complaint about the management of a patient and the Pathway from the Trust to the Hospice

Requires Action by the Board, to appoint a Board Member to have responsibility for reviewing end of life care and any complaints made in that regard. (The Executive Lead for the end of Life Pathway is the Chief Operating Officer)

Latest Update

Attached, as Appendix 1 is the latest position from NHS England on the LCP from Dr Bee Wee, the National Clinical Director for End of Life Care.

Recommendation

The Board is asked to:

- Note the actions taken by the Trust.
- Confirm the Chief Operating Officer as the Board member, with responsibility for leading on the End of Life Pathway, in conjunction with Clinical leads as appropriate.

E-mail From Medical Director to All Consultants on the Liverpool Care Pathway

Dear Colleague

Following the recent national review of the Liverpool Care Pathway (LCP), discussions have taken place with the Palliative Care Team as to how end of life patients should be cared for in the Trust and whether the LCP should be used or whether the principles of the LCP should be used. The e-mail below is a summary of those discussions.

As the LCP is phased out nationally the position will change but we will keep you updated to any change in the Trust's position on EOL care.

Please feel free to make comments, but if you do please could I ask that you copy in Clare Marlow and Gwen Nuttall.

Regards

Jonathan Odum MD FRCP
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Dear Colleague

As you will already be aware, a recommendation from the recent Independent Review of the Liverpool Care Pathway (LCP) for the dying is that the use of the LCP should be phased out within the next six to twelve months and replaced with an end of life care plan. The following guidance for health care professionals across the Trust has been adapted from the early guidance document produced by NHS England (16 July 2013).

It is imperative that people who are dying continue to receive good end of life care. As was recognised in the review, 'in the right hands and when operated by well-trained, well-resourced and sensitive clinical teams the LCP does help patients have a dignified and pain-free death'.

The principles of good palliative care, on which the LCP is based, must continue to be upheld:

- Regular assessment and management of symptom control and comfort measures (including offering oral fluids and good mouth care)
- Effective communication with patients and their families
- Provision of psychological, social and spiritual support

These principles hold true, whether or not the LCP paperwork is used.

In keeping with standard good practice, a named senior clinician should be accountable for the care of the individual patient.

In hospital: Ensure that any decision to put any patient on the LCP, or follow the principles of the LCP, is made only by a consultant who best knows the patient following a face to face

assessment, in consultation with the patient (wherever possible) and family/carers, and other members of the multi-professional team.

In the community: The patient must be assessed and the decision to put a patient on the LCP, or follow the principles of the LCP, should be reviewed by the responsible GP, in consultation with the patient (wherever possible), family and specialist palliative care / community nursing team.

NB: Because of heightened awareness about the LCP at the moment, there may be increased anxiety. Professionals should go out of their way to check if patients and their families have any concern about their end of life care, whether or not the Liverpool Care Pathway is being used.

In order to monitor delivery of care in the last days of life, please could ward staff ensure that when a hospital in-patient has either been initiated on the LCP or a decision is made to utilise the principles of the LCP, the hospital palliative care team are notified via extension 5212 (answerphone message can be left if the office is unattended at time of call).

The Trust needs to ensure that clear alternative end of life care plans are in place to guide / support delivery of good care in the last days of a patient's life before LCP use is phased out altogether. Please see the attached update for information about the national position.

If you have any queries regarding the above, please contact the hospital specialist palliative care team (extension 5212) or community specialist palliative care team (via Compton Hospice; 0845 2255497).

Regards

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29 August 2013

Publications Gateway Reference 00370

Dear colleague

Liverpool Care Pathway update – response to independent review report

This message is to update you on work that has started following the report by the Independent Review of the Liverpool Care Pathway (LCP). A Leadership Alliance for the Care of Dying People (LACDP) is being set up under the chairmanship of Dr Bee Wee, National Clinical Director for End of Life Care at NHS England, to respond at a strategic and system-wide level to the report.

The findings of the review challenge us all, irrespective of whether we currently use the LCP. Anyone who is dying, irrespective of whether or not their care is supported by the LCP or any other integrated care pathway, should receive high quality, compassionate care in the last days and hours of life, and their families should be supported. But this is not always the case and we must address that inconsistency. The review panel's recommendations chart a range of key areas - such as training, guidance, decision-making and evidence - in which the sector as a whole can act. We must seize this opportunity to impact positively on the care given to people who are dying, including where that care is already of a high standard.

The review panel called for a coalition of regulatory and professional bodies to lead the way in creating and delivering the knowledge base, the education, training and skills and the long-term commitment needed to make high quality care for dying patients a reality, not just an ambition. That is what the Leadership Alliance for the Care of Dying People intends to do.

So far, NHS England, the Care Quality Commission, the Department of Health, the General Medical Council, Health Education England, NHS Improving Quality, the Nursing and Midwifery Council, and the National Institute for Health and Care Excellence (NICE) have agreed to be members of the alliance and we have approached a number of other organisations. Our immediate objectives include:

High quality care for all, now and for future generations

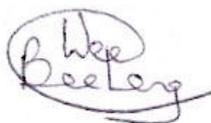
- supporting everyone who is involved in the care of people who are dying to respond to the findings of the review; and
- being the focal point for the system's response to the findings and recommendations of the LCP review.

Amongst other things, we are planning work to:

- provide guidance on what needs to occur in place of the Liverpool Care Pathway;
- consider how health and social care can best address the recommendations in the review about the accountability and responsibility of individual clinicians, out-of-hours decisions, nutrition and hydration and communication with the patient and their relatives or carers; and
- “map” existing guidance, training and development, as a prelude to considering how these impact on the care of dying people and the circumstantial factors that might affect the adoption of good practice.

We want to engage extensively with all professionals involved in caring for dying people, as well as individuals themselves and their families and other carers. Hence, we are planning workshops to help gather views and ideas from service users, clinicians and carers across the country, about good practice in caring for someone in the last days and hours of life, and how this can be achieved. We will keep you informed as we take the work forward, including how you can take part and contribute towards a considered response.

We look forward to working with you over the coming weeks and months, to help ensure high quality, compassionate care and support for all those who are dying, as well as their families and friends.

A handwritten signature in blue ink that reads "Bee Wee". The signature is written in a cursive style and is enclosed within a hand-drawn oval.

Dr Bee Wee
National Clinical Director
End of Life Care