

Past, Present and Future: Caring for those approaching the end of life in Scottish Hospitals

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The challenge of palliative care in hospital settings

- In 2017/18, 26,917 people in Scotland died in a hospital (47% of all people).
- At any one time in Scottish hospitals, one third of patients will be in their last year of life and one tenth will go on to die on that admission. For those aged over 85 nearly half of them were found to be in the last year of life (1).

Project Aims:

- To identify the challenges facing palliative care provision in hospitals and how they can be overcome.
- To inform current and future national and local policy in palliative care.
- To support key commitments for change.

Method:

- Review palliative care in Scottish acute hospitals through three seminars with over 30 experts across multiple disciplines.



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"People can have a good death in hospitals. Needs much more work on identifying patients in the last year of life and having palliative or patient wishes discussed earlier."
Seminar Attendee

"There's lots of really good stuff being led on at a local level, but the bit we lack is that wider systematic context and a profile and people in really senior leadership positions to talk about this stuff."
Seminar Attendee

"We need an action plan for collecting data."
Seminar Attendee

"Essential for many people and their families. It is necessary we continue to strive to make this a good place to die, as in the near future there is unlikely to be a major shift in the numbers dying in hospital."
Seminar Attendee

Key challenges identified:

- **Policy:** no national or local policy commitment for palliative care in acute settings.
- **Identifying patients:** palliative patients not identified in acute settings.
- **IT:** lack of information sharing and electronic anticipatory care plans.
- **Staffing:** failing to meet recommended levels for specialist palliative care (Association of Palliative Medicine).
- **Training and education** (including communication skills): needed for hospital staff to support people with palliative care needs.
- **Environment:** often not suitable for people coming to the end of life.
- **Evidence base:** to show the true value of palliative care in acute settings needs to be strengthened.
- **Culture of 'treat and cure':** which can mean patients with palliative care needs do not always get the right care and support they need.

Key Recommendations

- **Policy:** Scottish policy must actively support palliative care in acute settings and Scottish Government should appoint a national clinical lead for palliative and end of life care covering all settings.
- **Leadership:** Hospitals are supported to provide consistently high-quality care through the appointment of clinical and executive leads in each NHS Board for palliative and end of life care.
- **Identification:** Everyone with a palliative care need in contact with a hospital setting should be identified.
- **Collaboration:** Hospitals should ensure they have joined-up working across multi-disciplinary teams and specialities to provide palliative and end of life care.
- **IT:** Must support patient centred care and enable information about that care to be shared.
- **Staffing:** Increase the number of specialist palliative care consultants, doctors and nurses.
- **Volunteers:** Empower volunteers to support those with palliative needs and at end of life in acute settings.
- **Training:** All acute staff must have access to training to support those with palliative care needs including communication skills.
- **Resource:** Review the number of available specialist palliative care beds.
- **Environment:** Review the physical environment to ensure it is appropriate for dying people.
- **Evidence:** There needs to be robust data on patient and carer experience to allow greater scrutiny of standards.

Source: (1) Clark, D., et al. Imminence of death among hospital inpatients: Prevalent cohort study. *Palliative Medicine*, 28(6), 474–479. (2014)



Care and support
through terminal illness



* This work was carried out pre-COVID-19*