CO-ORDINATING CARE AT THE END OF LIFE

WE ARE MACMILLAN. CANCER SUPPORT

ackground and scope

Evidence about the impact of well o-ordinated care on patients and amilies

Two year project for Central Cheshire, unded by Macmillan

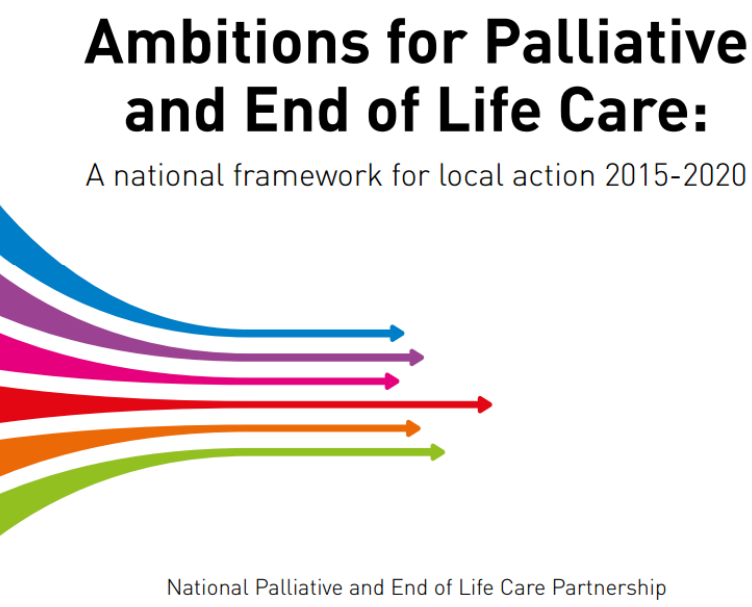
Project Aim: to improve the experience of people receiving support at the end of heir life

All diagnoses and all care settings

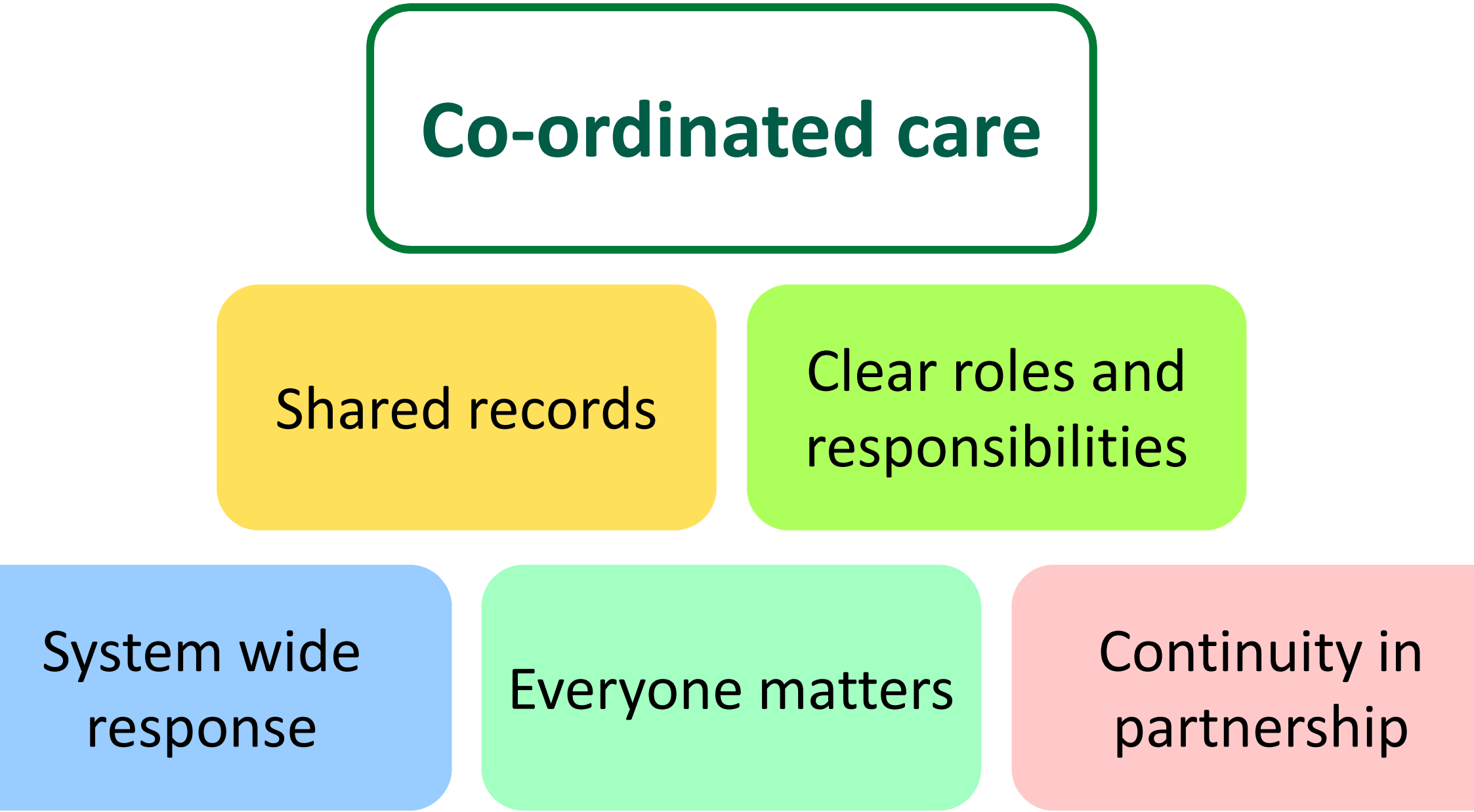
WE ARE MACMILLAN CANCER SUPPORT

St Luke's CHESHIRE HOSPICE

What is well co-ordinated care?



"I get the right help at the right time from the right people.
I have a team around me who know my needs and my plans and work together to help me achieve them.
I can always reach someone who will listen and respond at any time of the day or night."


Co-ordinated care
Shared records
Clear roles and responsibilities
System wide response
Everyone matters
Continuity in partnership

Must dos

- Improve the experience of people receiving support at the end of life
- Agreed point of contact to palliative care support
- Co-ordinated, holistic support
- Improved access outside of “office hours”
- Compatible with other services including primary care and communit services through the emerging care communities
- No additional resources

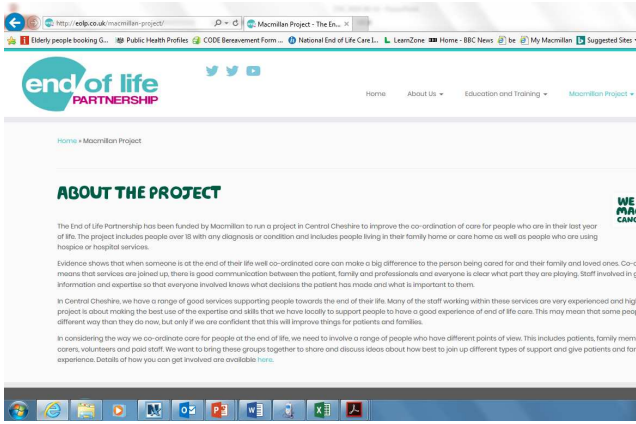
Work to date

Mapping

Engagement Workshops

Building Partnerships

Project web page



Work Streams

- District Nursing
- Specialist Nursing
- Nursing Homes
- Role of Specialist Palliative Care
- Access to domiciliary care
- Community Co-ordinators
- Agreed point of access
- Commissioning Model

Cross cutting themes:

Communications/Engageme

Data and Evaluation

Governance

ork Streams

“Building Blocks”

ls of District Nursing	Shared Records	Clear Roles and Responsibilities	Everyone matte
ls of Specialist Nursing	Shared Records	Clear Roles and Responsibilities	Everyone matte
ing Homes	Shared Records	Clear Roles and Responsibilities	Everyone matte
of Specialist Palliative Care	Shared Records	Clear Roles and Responsibilities	System Wide Respo
ss to domiciliary care	Clear Roles and Responsibilities	Everyone Matters	System Wide Respo
munity Co-ordinators	System Wide Response	Continuity in Partnership	
ed point of access	Shared Records	System Wide Response	
missioning Model	System Wide Response	Continuity in Partnership	

utcomes

ject outcomes are consistent with shared outcomes for End of Life Care oss Central and Eastern Cheshire:

- Increase the identification of people in their last year of life to support Advance Care Planning (from
- Increase % of people whose preferences for end of life care are discussed, recorded and acted upon (subject to patient consent)
- Increase % of people who die in their usual place of residence
- Reduce the % of people who are admitted to hospital in their last 90 da of life

ontact details

atherine Mills, Macmillan Project Manager

ndrea Graham, Macmillan Project Medical Lead

ue Cooke, Macmillan Project Nurse Lead

ison Davies, Head of Operations & Organisational Development

mail: macmillan.project@eolp.org.uk

elephone: 01270 758 120

ww.eolp.org.uk/macmillan-project