

Review of palliative care services in Scotland

Summary impact report (12 month)

The report findings and recommendations

1. The Auditor General for Scotland (AGS) performance audit study, *Review of palliative care services in Scotland*, published on 21 August 2008.
2. The review concluded that good quality palliative care is not available to everyone who needs it. Access to good palliative care in Scotland needs to improve and it must be more consistently provided for the thousands of people who need it each year.
3. The report includes 26 recommendations for the Scottish Government, NHS boards, Community Health Partnerships (CHPs), councils, palliative care networks, the voluntary sector, primary care staff, NHS Education for Scotland (NES) and NHS Quality Improvement Scotland (NHS QIS). The recommendations cover four categories: planning palliative care; providing specialist palliative care; providing general palliative care; and improving service delivery. Appendix 1 shows how the recommendations relate to the areas of impact.

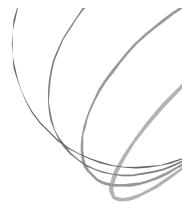
Media interest and report downloads

4. On publication, the report generated 82 media items in local radio and in local, national and specialist press, above average for Audit Scotland reports. Three months after publication there had been 3,161 downloads of the products (full report, key messages and podcast). A year after publication the number of downloads had increased to 6,954, more than double the average downloads of national reports.

Parliamentary scrutiny

Scottish Parliament committees

5. The report was presented to the Scottish Parliament Audit Committee on 10 September 2008. The Committee agreed to receive a further briefing from Audit Scotland following the publication of the Scottish Government's national palliative care action plan before deciding on their approach to the report. The Scottish Government published its national action plan, *Living and Dying Well*, on 2 October 2008. The Assistant Director (Health) gave the Committee a briefing on the national plan on 12 November.
6. On 14 January 2009, the Committee published its own report. The Committee welcomed *Living and Dying Well* but noted that it did not fully address all the recommendations in Audit Scotland's report.

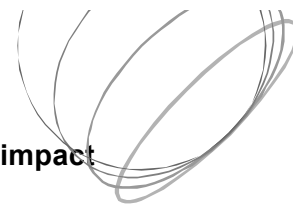


The Committee made recommendations to the Scottish Government in these areas, which related to data collection, a national Do Not Attempt Resuscitation (DNAR) policy and guidance to boards on voluntary sector funding.

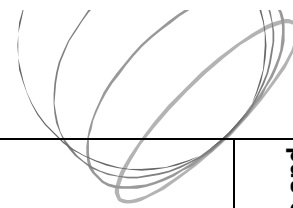
Significant developments

7. After the report was published, the Scottish Government published *Living and Dying Well: a national action plan for palliative and end of life care in Scotland* on 2 October 2008. This addressed most of the recommendations in Audit Scotland's report. The Chief Executive of the NHS in Scotland wrote to all boards asking them to produce local delivery plans stating how they will address the national action plan and the recommendations in the Audit Scotland report. A number of short-life working groups have been established to take forward actions.
8. The Committee asked the Auditor General for Scotland to examine boards' local delivery plans for palliative care to ensure that they capture all of the action points contained in *Living and Dying Well* and address the recommendations in Audit Scotland's report. The NHS boards have now submitted their final plans, which are available to view on the Scottish Government's website, and Audit Scotland updated the Public Audit Committee on these plans in November 2009.
9. The work being done on standards for palliative and end of life care is being taken forward through the continuous improvement programme which the Scottish Government is developing with NHS QIS. NHS QIS will formally begin to develop the palliative care continuous improvement plan in 2010/2011. The intention is that the programme will go beyond developing standards to include support for boards in implementing the standards.
10. As well as developing the continuous improvement plan for palliative care in 2010/11, the NHS QIS *Standards for Integrated Care Pathways for Dementia*, completed in February 2009, include end-of-life care.
11. Audit Scotland's report recommended that NHS boards should work with the voluntary sector to put in place commissioning and monitoring arrangements to ensure value for money is achieved. The chair of the *Living and Dying Well* National Advisory Group is currently consulting with the hospices and the NHS boards. The Advisory Group will report on this consultation to the Scottish Government in December 2009.

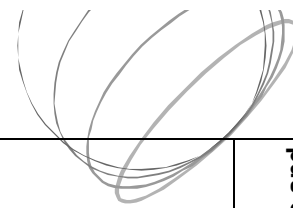
Appendix 1 – Summary of report impact by Audit Scotland’s framework for measuring impact



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Media interest generated by the report’s publication	●			
The Scottish Parliament Public Audit Committee produced its own report following its consideration of the report.	●			
Impact of report’s recommendations				
The Scottish Government should ensure that the palliative care action plan, due for publication in October 2008, addresses access issues; the balance between specialist and general palliative care; ways of joining up services for people with palliative care needs and their families; and the sustainability of services for the future.	●	●		●
The Scottish Government should work with NHS boards, councils, voluntary hospices and ISD to ensure information is collected consistently across all services and used to improve planning. This would also help provide joined-up care for individual patients.		●		●
NHS boards should ensure they have an up-to-date strategy for delivering palliative care based on an assessment of the current and future needs of their local populations.		●		
NHS boards should develop methods to ensure that service improvements take full account of the views of patients and their families.				●
CHPs, including council partners, should work with palliative care networks to ensure that there are clear management arrangements for palliative care across each CHP.	●	●		
CHPs, including council partners, should work with palliative care networks to develop a palliative care action plan to coordinate the involvement of NHS, voluntary sector and council partners in planning and delivering palliative care.	●	●		
NHS boards should work with the voluntary sector to develop and agree protocols for primary care staff and non-specialist hospital staff to refer patients to specialist palliative care services.				●
NHS boards should work with the voluntary sector to provide services that ensure equity of access for palliative care services in remote and rural communities.		●		●
NHS boards should work with the voluntary sector to record ethnicity, social demography, age and religion of all		●		



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palliative care patients and monitor these to ensure equity of access. NHS boards should review provision and develop a range of strategies to promote equity of access to appropriate care				
NHS boards should work with the voluntary sector to put in place commissioning and monitoring arrangements to ensure value for money is achieved.			●	
The Scottish Government should work with NHS boards, primary care staff and the voluntary sector to develop consistent and evidence based assessment criteria for all patients with life-limiting conditions. These are needed to support decisions on who goes onto a palliative care register. This should apply equally to patients with cancer and with other conditions.				●
NHS boards should work with CHPs, including their primary care, council and voluntary sector partners, to ensure that all patients on a palliative care register are offered an individual needs assessment and care plan which is coordinated across providers and communicated to patients and their families.				●
NHS Education for Scotland (NES) should work with NHS boards, CHPs and their council partners to ensure there is appropriate training in place for general staff to identify patients with palliative care needs and improve the quality of care provided.				●
NHS boards, CHPs and council partners should work together to ensure that the local palliative care action plan includes health and social care provision and that community care assessments are offered to people with palliative care needs.		●		●
NHS boards, CHPs and council partners should work together to ensure that all staff providing general palliative care receive relevant training to identify and care for patients with palliative care needs. This includes staff working in primary and community care, hospitals and care homes.				●
The Scottish Government should work with NHS boards, NHS 24, primary care and the voluntary sector to ensure that all IT systems in primary care include a palliative care page that automatically links directly to the Emergency Care Summary.		●		
The Scottish Government should promote the use of the Gold Standards Framework Scotland (GSFS) within primary care and care homes and review the potential to link this with the palliative care element in the Quality and Outcomes Framework (QOF).				●
The Scottish Government should promote the use of the Liverpool Care Pathway (LCP) in all care settings.				●
The Scottish Government should establish a consistent national Do Not Attempt Resuscitation (DNAR) policy.				●



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NHS boards and CHPs should work with councils and the voluntary sector to improve systems for transferring information across settings and between in-hours and out-of-hours services to provide better coordinated patient care.		●		●
NHS boards and CHPs should work with councils and the voluntary sector to ensure that family and friends who help provide palliative care at home receive a carer's assessment and have any additional support needs addressed.				●
NHS boards and CHPs should work with councils and the voluntary sector to review the provision of respite care and ensure it is available and appropriate to meet current and future needs.		●		●
NHS boards and CHPs should work with councils and the voluntary sector to review the provision of psychological, social, spiritual and bereavement care to ensure it is available and appropriate to meet current and future needs.		●		●
NHS boards and CHPs should work with councils and the voluntary sector to apply service improvement initiatives such as the GSFS, LCP and DNAR in all care settings and ensure these are applied appropriately.				●
NHS QIS should work with NHS boards and the voluntary sector to develop standards for generalist palliative care in acute settings.				●
NHS QIS should review its standards for specialist palliative care.				●