

Summary Report for SNEE End of Life Domain 23/24

The SNEE End of Life Joint Forward Plan has three key priorities for end of life care. This report summarises the achievements against these priorities:

Priority One

The timely identification of the people who are approaching the end of their lives, communicating this with them and those who are important to them with sensitivity and honesty.

The number of people identified as being in the last phase of life via recording their choices on the My Care Choices register in North East Essex has increased and is now over 4000.

The percentage identified as being end of life in Suffolk via Primary Care coding has remained stable.

We are in the process of designing a business case for Macmillan social finance investment to support wider identification of people in Suffolk in 24/25.

Compassionate conversation training has been delivered in each of the three Alliances. Patient feedback data in North East Essex demonstrates 100% achievement of sensitive conversations all or most of the time. The Compassionate conversation training in Ipswich and East has received excellent feedback regarding improved confidence after training.

Priority Two

The eliciting, recording and supporting of people's preferences for care in the last phase of life, ensuring these are accessible to all parts of the health and social care system.

There has been a system wide roll out of the ReSPECT process with an embedded programme of education.

Over 2000 local people now have a ReSPECT recommendation coded on their Primary Care record with 40% of people coded as being at the end of life and 48% of nursing home residents having a ReSPECT recommendation on their record.

My Care Wishes folders are actively used in Suffolk with a current review in progress.

There has been a programme of care home training with end-of-life champions introduced in care homes in I&E and an expansion of the Compassionate Companion team.

My Care Choices now holds the advance care plans for over 1000 people with dementia and 1000 people with frailty in North East Essex. People with a new diagnosis of dementia are now being offered advance care planning discussions in North East Essex.

The ROSI platform was not commissioned for ongoing use after the pilot so the digital team and the End of Life group are liaising to consider how a digital advance care planning platform can be delivered in Suffolk in the future.

3. People at the end of life are treated equitably as individuals, with dignity, compassion, and empathy, controlling symptoms 24 hours a day.

The butterfly centres at ESNEFT have been launched and support people approaching the end of life with information and support. More butterfly volunteers have been trained to increase the dignity for people who die within ESNEFT.

The butterfly garden at West Suffolk hospital also provides a dedicated space for privacy and time for patients in the last days of life.

The dignity scores for people in the last phase of life in North East Essex remain good with 100% of respondents reporting that they are treated with dignity all or most of the time.

Verification of death training has been delivered supporting relatives and carers after a person dies.

A programme of training on symptom control and care at the end of life has been delivered by the Hospice Education teams.

The two Hospice single points of access based at St Helena and St Elizabeth continue to support people at the end of life with advice and rapid response visits for symptom control. Ongoing funding for St Elizabeth's One Call service has been agreed for the future.

In West Suffolk 24/7 nursing staff are available in the community for symptom control and clinicians can access specialist palliative care support via the St Nicolas support line and investment has been secured to a 4 day overnight specialist support service for End of Life embedded in the IET team.

The care home hospice accreditation programme continues across I&E and North East Essex enabling care home teams to care for their residents at the end of life.

On call Specialist Palliative Care consultants are on call across the whole system 24/7.