

Date: 22/09/2017

FREEDOM OF INFORMATION REQUEST FOI/013650 – End of Life Care

Question 1:

How do you ensure that the doctors and nurses you employ are aware of the Fast Track Pathway Continuing Healthcare eligibility criteria and of how to process an application?

Response:

In DGNHSFT , we employ a team of dedicated staff to manage the complex discharge planning of hospital in patients. The Discharge Facilitators have allocated wards and attend every Visualisation Board Round held on wards, which is where every patients discharge plan is discussed. Their role includes advising and supporting all the MDT, including Doctors, in aspects of discharge planning and access criteria to pathways, including Fast Track criteria. As well as this, appropriately selected senior nursing staff have undergone training on how to complete CHC and CHC Fast Track referrals. Most will have attended training sessions run by Dudley CCG CHC Nurse Assessors and their Senior Manager. All staff who has attended training are included on a register.

Question 2:

How do you ensure that you comply with paragraph 107 of the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (see below)?

¶ 107. NHS continuing healthcare assessments, care planning and commissioning for those with end of life needs should be carried out in an integrated manner, as part of the individual's overall end of life care pathway, and should reflect the approaches set out in the national End of Life Care Strategy, with full account being taken of patient preferences, including those set out in advance care plans.

Response:

Wherever possible we aim to include the patient and their family in discussions when planning for leaving hospital. We support the use of the Amber Care bundle here. Clinicians are adhering to this when they are presented with a patient whose recovery is uncertain and there are concerns there are only a few months left to live. We also support Rapid Discharge Home to Die. This pathway is for patients whose preferred place of care is home and have a very short time to live. We have a checklist and 'clock' on a database to audit the time it takes from starting the discharge process to the patient leaving. If the preferred place of care is home or a care home, we remain in close consultation with CCG as they become the Lead Agency responsible for discharge planning once the patient has been assessed for Fast Track CHC Funding.