

Transforming End of Life Care in Acute Hospitals

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Friday 20 January 2017 De Vere W1 Conference Centre, London



Chair & Speakers Include:

Anita Hayes

Quality Improvement Lead

The National Council for Palliative Care

Tony Bonser

Chair People in Partnership The National

Council for Palliative Care and Dying

Matters & Member Baroness Neuberger's

*Independent Review Panel on the Liverpool
Care Pathway*

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“Currently almost half of all deaths (47%) take place in hospital (National End of Life Care Intelligence Network, 2015). Nearly 30% of all hospital beds are occupied by someone in their last year of life...The majority of deaths occur following a period of chronic illness such as respiratory disease, heart disease or cancer. Almost 500,000 people die each year in England, two thirds of whom are 75 years or older. With an ageing population, the number of deaths is set to increase by 17% between 2012 and 2030.” NHS England

“We all need to rise to the challenge of achieving personalised care, treatment and support for the individual within a fast-paced busy acute environment. We must make the experience of care in hospitals as good as it can possibly be for all those who need to be there, especially for those in the last years, months, weeks and days of their life, and those important to them, as well as the staff who work and provide care and support for people in these environments.” Professor Bee Wee National Clinical Director for End of Life Care, NHS England

This conference focuses on improving end of life care for people in hospital. Through national updates and learning from the NHS Transform Programme, and case studies demonstrating improvement in practice the conference will support you to meet the six national ambitions for end of life care within hospital, and improve care and outcomes for patients and their families.

“Our first national strategy for end of life care in England, published in 2008, has succeeded in reversing the trend of increasing the proportion of deaths taking place in hospital. Although that significant achievement must be appreciated, the reality is that many people will continue to die in hospitals, sometimes by their own choice, sometimes by necessity of the circumstances leading up to their death. As importantly, many people will need to spend a proportion of their last years, months and weeks of life in hospital because of care and treatment that they need, and wish, to receive. We owe it to them, and those important to them, to make that experience as good as we possibly can whilst they are there.” Transforming End of Life Care in Acute Hospitals, NHS England

Follow this conference on Twitter #EndofLifeHospitals

10.00 Chairman's Introduction

Anita Hayes *Quality Improvement Lead* The National Council for Palliative Care

10.15 Putting personal experience first

Tony Bonser

Chair People in Partnership

The National Council for Palliative Care and Dying Matters
& Member

Baroness Neuberger's Independent Review Panel
on the Liverpool Care Pathway

- end of life care in hospital: a personal journey
- ensuring engaged, informed individuals and carers
- improving information about what to expect at the end of life

10.40 Learning from the Transform Programme: Supporting frontline clinicians and leaders for the work required to transform end of life care in acute hospitals

Jacqueline McKenna MBE

Director of Nursing - Professional Leadership
NHS Improvement

- what does good look like?
- meeting the six ambitions for end of life care within acute hospitals
- learning from the Transform Programme: case studies

11.10 *Question and answers, followed by tea & coffee at 11.20*

11.40 EXTENDED SESSION: Predicting the end of life and managing uncertainty

Professor Adrian Blundell

Member, Guideline Development Group, Clinical Guideline on Care of the Dying Adult, NICE
Honorary Associate Professor Nottingham University Hospital

- what can multi professional teams do to reduce the impact of uncertainty of recognising when a person is entering the last days of life?
- managing patients whose recovery is uncertain
- identifying how the uncertainty of recognising when a person is entering the last days of life influences information sharing, advanced care planning and the behaviour of healthcare professionals
- ensuring all staff can recognise signs and symptoms that indicate that adults are likely to be entering their final days of life; or that they may be recovering?
- managing and communicating uncertainties

12.25 Managing uncertainty through the AMBER Care Bundle

Lyn Waldron

Macmillan End of Life and Cancer Lead
Amber Care Workstream Lead
The Dudley Group NHS Foundation Trust

- managing patients whose recovery is uncertain: the AMBER care bundle and treatment escalation plans
- our experience in Dudley

12.50 Informing and engaging with individuals and their loved ones to plan for end of life: Starting the conversation

Helen Meehan

Lead Nurse Palliative and End of Life Care

Rachel Davis

Senior Clinical Nurse Specialist Palliative Care
Royal United Hospital Bath NHS Trust

- developing understanding about benefits of effective narrative with individuals and their loved ones
- training, educating and supporting frontline staff to start the conversation
- the 'lets get the conversation started' programme at Bath

13.15 *Question and answers, followed by lunch at 13.20*

14.00 EXTENDED SESSION: Are we making progress with the NICE Clinical Guideline on Care of the Dying Adult?

Professor Sam H Ahmedzai

Chair Guideline Development Group for the Clinical Guideline NG31 on Care of the Dying Adult NICE
Emeritus Professor The University of Sheffield
End of Life Care Audit Lead Royal College of Physicians & NIHR National Specialty Lead for Cancer Research Outside the Acute Hospital

- priorities and challenges in implementing NICE Clinical Guideline on Care of the Dying Adult
- case studies - implementation in practice
- the role of audit and research in improving end of life care

14.45 EXTENDED SESSION: Developing individual care plans and goals for every end of life care patient in line with the new Clinical Guideline

Speaker to be announced

- how individualised care plans differ from the LCP's
- developing and monitoring care plans for every patient and communicating with family and carers
- ensuring the care plans reflect the five priority areas
- ensuring the individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, coordinated and delivered with compassion
- setting individual goals with patients
- our experience: a whole system approach to improving end of life care

15.30 *Question and answers, followed by tea & coffee at 15.40*

16.00 Implementing the recommendations on medication management and symptom control

Dr Dee Traue

Consultant in Palliative Medicine
East and North Hertfordshire NHS Trust

- delivering effective medication review at the end of life
- symptom control in the last day of life
- implementing the clinical guideline recommendations

16.30 Enabling Rapid Discharge Home

Carolyn Haydon

Associate Clinical Nurse Specialist in palliative Care
Blackpool Teaching Hospital NHS Foundation Trust

- enabling rapid discharge home
- critical elements of the rapid discharge pathway
- identifying barriers to discharge
- measuring and monitoring end of life care outcomes and experience

17.00 *Question and answers, followed by close at 17.10*

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For more information contact Healthcare Conferences UK on **01932 429933** or email jayne@hc-uk.org.uk

Venue

De Vere West One, 9-10 Portland Place, London, W1B 1PR.
A map of the venue will be sent with confirmation of your booking.

Date Friday 20 January 2017

Conference Fee

- ☐ £365 + VAT (£438.00) for NHS, Social care, private healthcare organisations and universities.
☐ £300 + VAT (£360.00) for voluntary sector / charities.
☐ £495 + VAT (£594.00) for commercial organisations.

The fee includes lunch, refreshments and a copy of the conference handbook. VAT at 20%.

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