

Review of palliative care services in Scotland

Summary impact report (3 month)

The report findings and recommendations

1. The Auditor General's report *Review of palliative care services in Scotland* was published on 21 August 2008.
2. This is the first overview of activity, costs and quality of specialist and general palliative care across Scotland. The report found 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 in the report

4. Media coverage in the three months after publication was:

Coverage (3 months post publication)	Number of references
Local press	18
National press	19
Local radio	19
National radio	13
Specialist press	5
TV	5
Web	3
Total	82

5. Web downloads from the Audit Scotland website in the three months following publication were:

	Downloads August – Oct 2008
Main report	2440
Key messages	537
District nurse survey	325
Patient views	253
Survey of bereaved families	182
Podcast	184

Parliamentary scrutiny

Scottish Parliament Audit Committee

6. The Deputy Auditor General gave a briefing to the Scottish Parliament Audit Committee on 10 September¹. The Committee agreed to receive a further briefing from Audit Scotland following the publication of the Scottish Government's national action plan before deciding on their approach to the report.
7. 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.
8. NHS boards are required to produce local delivery plans detailing local priorities and actions against the national action plan and submit these to the Scottish Government by 31 March 2009. The Audit Committee has asked for a further briefing from Audit Scotland after that time, to update them on progress towards meeting the actions. It will write a short report outlining its concerns about specific gaps in the action plan and its wish for a further briefing to allow it to consider progress at NHS board level.

Significant developments

9. The Scottish Government publishing *Living and Dying Well: a national action plan for palliative and end of life care in Scotland* on 2 October. The action plan refers to the Audit Scotland report. It was launched by the Cabinet Secretary for

¹ This is now called the Public Audit Committee.

Health and Wellbeing who also made reference to the report. The launch event included a presentation on how the action plan is addressing Audit Scotland's recommendations.

10. The action plan was issued to NHS board Chief Executives with a Chief Executive Letter. The Chief Executive Letter states that,

“NHS Boards should ensure that sufficient priority is given to implementing the recommendations made in the Audit Scotland report; and the requirements set out in Living and Dying Well.”

11. The overall aim of the action plan is to ensure that “good palliative and end of life care is available for all patients and families who need it in a consistent, comprehensive, appropriate and equitable manner across all care settings in Scotland”. This is in line with key recommendations in the Audit Scotland report. The action plan and associated developments and work streams address most of the recommendations in the report. NHS boards are due to submit local delivery plans to the Scottish Government by March 2009 detailing their plans to address the action plan and the recommendations in the Audit Scotland report. A number of the Audit Scotland recommendations are being taken forward by short-life working groups and these are due to report by March 2010. We will keep a watching brief on these developments and report to the Parliamentary Public Audit Committee.

Reviewing the longer-term impact

12. We will assess the longer-term impact of the report by reviewing the NHS boards' delivery plans against the actions in *Living and Dying Well* and the recommendations in the Audit Scotland report, and by reviewing the outputs from the short-life work groups.

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

HOLDING TO ACCOUNT AND HELPING TO IMPROVE				
Recommendations	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Considerable media interest generated by the report’s publication	●			
Action taken by the Scottish Parliament Audit Committee	●			
Audit Scotland 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.		●		

HOLDING TO ACCOUNT AND HELPING TO IMPROVE

Recommendations	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
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 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		●		

HOLDING TO ACCOUNT AND HELPING TO IMPROVE

Recommendations	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
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				●

HOLDING TO ACCOUNT AND HELPING TO IMPROVE

Recommendations	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
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.				●
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.		●		●

HOLDING TO ACCOUNT AND HELPING TO IMPROVE

Recommendations	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
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.				●