

## Lancashire & South Cumbria

### Palliative & End of Life Care Clinical Network

*Empowering people to live well and die with peace and dignity in the place of their choice*

#### Why it is important to identify people who are in the last year of their life

The NHS long term plan commits to identifying and supporting relevant patients as being in the last year of their life to introduce proactive and personalised care planning.

People who are recognised as being in the last year of life and have the opportunity to participate in advance care planning, are more likely to have care which is coordinated, achieve their preferences and wishes and die in the place of their choice

#### How is care co-ordinated?

All health and social care professionals have the responsibility of identifying patients who are within the last year of life and who would benefit from advance care planning. There are a number of guidance documents to support decision making and including patients on a supportive care register within general practice enables care planning, regular review and individualise support

The GP Quality & Outcomes framework aims to improve:

- **Early identification and support for people** with advanced progressive illness who might die within the next 12 months
- **Well-planned and coordinated care** that is responsive to the person’s changing needs with the aim of improving the experience of care
- **Identification and support for family/informal caregivers**, both as part of the core care team around the patient and as individuals facing impending bereavement

#### What is the “EARLY” tool?

The EARLY tool has been developed in Lancashire & South Cumbria under the leadership of Dr Andrew Fletcher

It is a clinical search tool used in general practice which enables GPs and Practice Nurses to ensure that patients with appropriate medical conditions can be included, with their consent, on the supportive care register. The EARLY tool includes guidance on how to support patients and their families, share information to enable co-ordinated care, reflect and learn from practice to improve quality of care

<b>E</b>	<b>Early identification</b>	EMIS Early Identification Tool, best practice, MDT identification
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<b>A</b>	<b>Advance care planning</b>	Facilitate discussion and communication with patients and family
<b>R</b>	<b>Record</b>	And share information
<b>L</b>	<b>Look again</b>	Review and update preferences
<b>Y</b>	<b>You can continually improve</b>	Through mortality reviews/reflection/ change in practice

## How will “EARLY” be used across Lancashire & South Cumbria?

The tool has been developed and tested across Lancashire & South Cumbria over the last 9 months. It is going through further testing and refinement with colleagues in Greater Manchester, Merseyside and North East London. The tool will be in its final format by June 2019

There will be awareness raising sessions with GPs, Practice Managers and Practice Nurses to consider the use of the tool to support the Quality Improvement module for end of life as part of the Quality Outcomes Framework.

There will be an invitation to practices to submit an expression of interest to be part of a project supporting implementation of the EARLY tool with facilitation.

To find out more, please contact Dr Andrew Fletcher at [Andrew.fletcher@stcatherines.co.uk](mailto:Andrew.fletcher@stcatherines.co.uk)