

Update on the Implications of Approved Recommendations Arising from the End of Life Care Review – ‘The Use and Effectiveness of DNACPR Forms’-Annex A

Approved Scrutiny Recommendations	Update on Implementation as of September 2013
<p>i) Key health partners, namely York Teaching Hospital NHS Foundation Trust, Yorkshire Ambulance Service, Independent Care Group and York GPs, led and co-ordinated by the Vale of York Clinical Commissioning Group to look at ways of better publicising the existence of DNACPR forms and in doing this they make use of the wealth of experience and knowledge that already exists within voluntary organisations such as the Carer’s Forum and LINKs (soon to be HealthWatch) to assist them with holding public events.</p>	<p>Vale of York CCG is committed to reviewing and improving the clinical pathway, particularly around communication with patients and carers. A new Joint Commissioning Manager post to support planning across end of life care in health and social care has now been established. Through this post, links are also being made within the wider integration agenda. The next steps are to plan a “Let’s Talk about End of Life Care” event and training package, in collaboration with HealthWatch and the End of Life Care Programme Board to improve public and staff awareness about advanced care planning and DNACPR processes. This will incorporate further discussion of the end of life pathway in response to the recent Liverpool Care Pathway review.</p>
<p>ii) Key health partners namely York Teaching Hospital NHS Foundation Trust, Yorkshire Ambulance Service, Independent Care Group, York GPs and the Out of Hours (OOH) Service led and co-ordinated by the Vale of York Clinical Commissioning Group review whether the redesigned handover forms for the OOH Service GPs have improved the sharing of information around end of life care wishes (including DNACPR</p>	<p>A formal review of the redesigned handover forms for the OOH Service GPs has not taken place. The main change included the requirement for GPs to review and update DNACPR forms which has raised some issues, but is considered to be a key part of the process.</p>

<p>forms) and explore whether there are further improvements that can be made in relation to information sharing</p>	
<p>iii) Key health partners ensure that there are appropriate co-ordination arrangements in place to ensure that patients can discuss their end of life care wishes and those wishes are enacted. The Neighbourhood Care Teams should play a pivotal role in responding to this recommendation, in particular in terms of identifying patients most at risk of health problems and looking at ways of talking to patients about their End of Life Care needs, including DNACPR orders.</p>	<p>The development of the Neighbourhood Care Teams has begun to take shape and from July 2013 has begun focusing on early implementation in specific GP practices. These teams are identifying patients that are most at risk of multiple health problems. DNACPR training will be available for practitioners involved. Further work to improve multi-agency communication around end of life care is also being developed through the Care Homes Working Group led by Dr Andrew Phillips. Based on the available national evidence of what works for patients, it is recommended that this forms the first phase of a multi-agency roll-out of shared documentation around the palliative care pathway.</p>
<p>iv). The Multi-Agency Workforce Development Group within the city to be asked to consider how they can support all care homes within the city to achieve this.</p>	<p>The regional Skills for Care programme of training has been rolled out to care homes in City of York. A nursing home forum has been established by York Foundation Trust, and Emergency Care Planning has been established for end of life care in all nursing homes. The emergency plans enable out of hours and other key partners to make decisions on the best course of action. The Multi-Agency Workforce Development Group is now considering the wider planning of workforce development for end of life care and care homes in managing frail elderly residents.</p>

<p>v. Once a DNACPR form is in place:</p> <ul style="list-style-type: none">a. there is a known protocol setting out who will undertake the review of the form and whenb. the review date should be clearly stated on the front of the formc. there are processes in place within key health partners' internal policies to identify which forms are due for review and how these will be undertakend. it is ensured that the completion of planned reviews is monitored.	<p>Standard care planning processes are in place across community NHS services, further work to improve shared care across community, primary care, social care and hospital settings is now required. Coordination of DNACPR Status continues to be an issue for GP practices due to issues with data management; however the documentation and procedures outlined above are now in place across the Vale of York. City of York Council are developing a strategy for the in-house care homes, and as outlined above community nursing services are working with nursing homes to implement agreed protocols.</p>
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