**Board Meeting**
**Tuesday 22nd June** **Board Paper No 10/26**

# PALLIATIVE CARE NEEDS ASSESSMENT

**Director of Rehabilitation and Assessment**

## Recommendation

The Board note progress on assessing the need for palliative care and the process to plan service responses.

## 1. Background and purpose

At its meeting in February 2009 the Board noted that the Managed Clinical Network ( MCN ) for Palliative Care had commissioned a Health Needs Assessment ( HNA ) for Palliative care. The Board agreed to consider the outcome of the needs assessment when it was concluded. This report outlines the outcome and sets out further work which is planned.

Palliative care is defined by World Health Organisation (WHO, 2002) as the 'active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families'. Palliative care can start from the point of diagnosis of a life-limiting condition and may continue through to bereavement support offered to families after someone has died.

## 2. Health Needs Assessment (HNA)

This section outlines the background to the assessment and the key findings.

This significant piece of work was carried out to provide a comprehensive foundation for population planning for palliative care through a health needs assessment within NHS Greater Glasgow and Clyde ( NHSGGC ) . This work will allow NHSGGC to address strategic planning for the range of national and local issues arising from the Audit Scotland Review of Palliative Care Services in Scotland and also Living and Dying Well, a national action plan for palliative and end of life care in Scotland, both published in 2008.

The HNA took account of previous work from the former Clyde and Greater Glasgow areas in terms of needs assessment and Palliative Care but applied a more developed approach that takes account of the need to address not only the needs of people with cancer but also to include the needs of people dying from non malignant diseases. Additionally this approach takes account of deprivation alongside the traditional demographics and needs based approaches. The approach reviewed current specialist palliative care provision across the Board area and was also able to reflect health and social care practitioner, service user and carer views.

This population based approach was also supplemented by a comparative dimension which provides information as to the relative needs of the population in NHS Greater Glasgow and Clyde.

## 3. Key findings

- In NHS Greater Glasgow and Clyde there are likely to be annually around 3,774 people dying from cancer and 6,768 dying from other causes who will need access to palliative care services in the last year of life, generalist and/or specialist.
- The palliative care needs per head of population in NHS Greater Glasgow and Clyde are approximately 60% above that of the average NHS Board area
- The need for palliative care resources may vary from CH(C)P to CH(C)P by as much as +196%.
- People in South West CHCP, South East CHCP, East Renfrewshire, Camglen and West Dunbartonshire more likely to die in hospital and are less likely to die in a hospice than people in other areas.
- 1% of people with non-malignant conditions in NHS Greater Glasgow and Clyde die in a hospice as compared to 21% of people with cancer
- Deprivation and high cancer and non cancer death rates have an impact on relative need for palliative care services – most intense resource need in East CHCP, North CHCP, South West CHCP and Renfrewshire
- The HNA identified a number of areas where there is potential for expansion to services including
    - specialist palliative care in the acute sector
    - specialist palliative care beds;
    - Clinical Nurse Specialist posts in palliative care
    - specialist palliative care consultants
- There is also an inequitable geographical distribution of current specialist palliative care resources

## 4. Action Required

We now need a programme of further planning work to consider the outcome of the HNA and make detailed proposals about the future shape of specialist palliative care. That planning needs to include a realistic appraisal of the likely financial position which will mean that substantial expansion of funding for these services is unlikely and , therefore, the ranges of findings outlined above will not be able to be fully addressed with additional funding.

The HNA has been considered by the Corporate Planning Group (CPG) and the MCN and the priorities for that detailed planning have been identified as:-

- To address the provision of specialist palliative care provision in the acute sector where most people die;
- To consider how the relative lack of access to specialist palliative care beds in South Glasgow and West Dunbartonshire NHS GG and C might be addressed;

- To ensure that any decisions about palliative care service provision do not exacerbate but reduce the relative inequity within NHSGGC;
- To ensure that services providing general palliative care in the community and in hospital address the differential demand linked to deprivation, age and other key factors
- To provide specialist education and support to those providing general palliative care
- To better support patients' and carers' preferences e.g. in relation to access to locally based services and dying at home

## 5. Conclusion

This represents an extensive programme of work to be taken forward over the next twelve months to enable the CPG and MCN to reach final decisions on implementation of change and to reach a final appraisal of any proposals for the development of services.

It is important to note that people in the last years of their lives are already in contact with a wide range of health and social care professionals and we need to develop proposals, based on the HNA on how those mainstream services can respond better to the needs of people who need end of life care.

Author: Anne Harkness, Director of Rehabilitation and Assessment

0141 201 1150