The Liverpool Care Pathway: what went wrong and the implications for end of life care

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Overview

• The LCP: what went wrong?
• Why in some cases did the LCP become an excuse for poor care
• Why was it not implemented properly in these cases?
• The importance of education and training in high quality end of life care
• What are the implications for care at the end of life
The Liverpool Care Pathway

- Has made a valuable contribution & supported by many clinicians BUT...
- “Reports of poor treatment in acute hospitals at night and weekends – uncaring, rushed, and ignorant – abound”
- “Numerous accounts of no access to the palliative care teams outside office hours and at weekends”
- “Poor levels of care and communication”
What went wrong?

- Mainly acute hospitals
- People with conditions other than cancer
- Training & education
- Poor communication
- Language
- Poor care
- Governance
The LCP itself?

• It was intended as a prompt, but became a crutch
• “We don’t know what we are doing without the LCP”
• “Did you know what you were doing with the LCP?”
• **But** was the clinical audit format a problem?
The Francis Report

"Fundamental rights denied..."

"Appalling and unnecessary suffering..."

"Lack of care, compassion, humanity and leadership..."
VOICES key findings
quality of care

Excellent/good:

• Hospices 92%
• District/community nurses 82%
• Care homes 81%
• Hospital doctors 74%
• GPs 72%
• Hospital nurses 68%
• “Out of hours” 65%
VOICES key findings
dignity & respect

All of the time:

- Hospice doctors 87%
- Hospice nurses 80%
- District/community nurses 79%
- GPs 72%
- Care homes 61%
- Hospital doctors 57%
- Hospital nurses 48%
“Many consider death to be the last great taboo in our society and ….most of us find it hard to engage in advance with the way in which we would like to be cared for at the end of life.”

End of Life Care Strategy, Department of Health, 2008
A new way forward

- Leadership Alliance will identify priorities for care
- Individual members, including regulators, Health Education England & others will be making individual commitments
- Commissioners need to prioritise end of life care & training
Hospitals

- Need to appoint a board member with responsibility for end of life care
- Involve people at the end of life and those close to them as participants
- Training and education AND
- Review of practice & policies
- To develop compassion
“We believe there needs to be a proper National Conversation about dying. Otherwise doctors and nurses are likely to become the whipping-boys for an inadequate understanding of how we face our final days.”

Foreword to “More Care, Less Pathway”