

Useful Telephone Number and Addresses

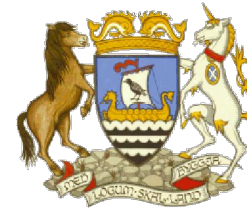
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Kantersted Office
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Tel: 01595 695611

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Palliative Care

Palliative Care

Palliative care is the active total care of an individual whose disease is not responsive to curative treatment and who is in the end stage of life. Control of pain, of other symptoms and of psychological, social and spiritual problems is paramount. The goal of palliative care is the achievement of the best possible quality of life for individuals, their families and carers.

Palliative Care services will:

- ◇ focus on the quality of life;
- ◇ respect autonomy and choice;
- ◇ provide good pain control;
- ◇ respond to psychological, social and spiritual needs;
- ◇ communicate openly among individuals, families, carers and staff;
- ◇ support individuals to help them have a full and active life for as long as possible;
- ◇ support families and carers to help them cope during an individual's illness and in their own bereavement.

Aims

- To provide appropriate, high quality palliative care in all care settings.
- To provide a comprehensive rapid response service for palliative care.

Action	Timing	Cost	Responsibility
Implement revised SSA including fast track processes	On-going	WER	SSA and Care Management Team
Provide a comprehensive information and advice service for service users and carers	On-going	WER	Social Care and NHS Shetland

Reference:

Scottish Government. *Living and Dying Well. A national action plan for palliative and end of life care in Scotland.* 2008

Available at: <http://www.scotland.gov.uk/Resource/Doc/239823/0066155.pdf>

The overarching objective (from 'Better Health, Better Care') is:

To extend the use of high quality generalist palliative care standards in all settings

Action	Timing	Cost	Responsibility
Develop Palliative Care Strategy - based on 'Living and Dying Well'	September 2009	WER	NHS Shetland/ Social Care
Review the education provision for keeping knowledge base with staff to provide appropriate service	December 2009	WER	NHS Shetland
Develop Shetland version of the Liverpool Care Pathway (LCP) for end of life care	November 2009	WER	NHS Shetland
Pilot Care Pathway in one clinical area	January 2010	WER	NHS Shetland/ Social Care
Provide inter-agency training on palliative care including <ul style="list-style-type: none"> ◇ Care management ◇ Specialist care and support 	On-going	WER	NHS Shetland and Social Care Training Managers

Needs

There are on average between 200 and 230 deaths each year in Shetland. We now know that only a quarter of people die a sudden death and three quarters die from conditions such as organ failure (such as respiratory or heart disease), frailty, dementia and cancer. This means that up to 170 people in Shetland each year may need access to some type of palliative or supportive care at the end of their life appropriate to their needs. Previously palliative care had focused on the needs of people with cancer, but we now need to ensure the needs of all patients requiring palliative care are addressed.

Current Services

People living at home or in residential care will be supported by their GP, community nursing service, primary care counsellor and social care services.

Specialist support is available from the Macmillan Nurse nursing team. In 2007/08 NHS Shetland completed a review of the cancer nursing team and a new Macmillan palliative care nurse was appointed with the aim of providing an integrated palliative care service team across hospital and community, to include both cancer and non-cancer patients.

Tele-conferencing facilities are used to help with the management of health care needs.

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Current Services (cont)

All agencies work together to provide a flexible, rapid response for palliative care cases where patients have reached the end stage of life. This includes a fast track Single Shared Assessment for both the patient and any unpaid carers. Community care services available include residential care, day care, personal care at home, help with domestic tasks, occupational therapy, specialist aids, adaptations and community alarm. Respite care in the person's own home is purchased from the Crossroads Care Attendant Scheme.

Respite in hospital may be provided particularly where specialist health assessments are needed.

A national palliative care action plan 'Living and Dying Well' was published in October 2008 and work is underway to produce a local strategy and action plan in response to this.

Expenditure

Most of the expenditure on palliative care is included in budgets for services provided to other care groups and cannot be identified separately.

Unmet Needs

- There is a need for an updated local palliative care strategy – this work is now underway following publication of a national action plan.
- ◇ There is a need to introduce the care of the dying pathway to ensure that end of life care is delivered at consistently high standards.
- ◇ A sustainable and affordable education programme that meets the needs of the multi-disciplinary team is required
- ◇ Increasing pressure on all community based resources due to an ageing population is making it difficult to continue to respond effectively to provide intensive home based care 24/7.
- ◇ The issues around supporting people at home who meet continuing health care criteria should be examined.
- ◇ Better information materials are needed to support carers and the people for whom they provide care.
- ◇ There are difficulties in providing some specialist equipment and adaptations timeously due to delivery times from the mainland and limited capacity in the construction industry.

The development of a local response to 'Living and Dying Well' and the other actions outlined below will aim to address these unmet needs.