

Useful Telephone Number and Addresses

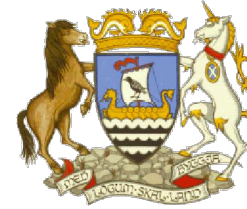
Duty Social Worker
Education and Social Care Department
Shetland Islands Council
92 St Olaf Street
Lerwick
Shetland
ZE1 0ES Tel: 01595 744400

Head of Community Care
Shetland Islands Council
Education and Social Care Department
Quendale House
31 Commercial Street
Lerwick
Shetland
ZE1 0AN Tel: 01595 743819

Out of Hours Emergency
Tel: 01595 695611

Advocacy Shetland
Market House
14 Market Street
Lerwick
Shetland Tel: 01595 743929/743940

Care Commission
Rooms 205 & 222
Charlotte House
Commercial Road
Lerwick
Shetland Tel: 01595 696661



Palliative Care

August 2008

Action	Timing	Cost	Responsibility
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
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

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 (Note that a National Strategy is to be published during 2008/09)	September 2008 (dependent on national work)	WER	NHS Shetland/ Social Care
Review the education provision for keeping knowledge base with staff to provide appropriate service	December 2008	WER	NHS Shetland
Develop Shetland version of the Liverpool Care Pathway (ICP) for end of life care both in primary and secondary care	Review progress by July 2008	WER	NHS Shetland
Review current position against the report and recommendations of Scottish Partnership for palliative care to Scottish Executive (now Government) for end of life care in Shetland	July 2008	WER	NHS Shetland
Work with GP Practices to implement the principles and approach of Palliative Care Gold Standards Framework for Scotland	Involve all Practices by October 2008		NHS Shetland

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.

Needs

There are on average between 200 and 230 deaths each year in Shetland. Of these it is estimated that between 55 and 60 people will require palliative care. This will include people with cancer related illness, heart or respiratory disease, multiple sclerosis and motor neurone disease.

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.

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.

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.
- ◇ 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 a planned national Palliative Care Strategy (due out in the coming year) and the other actions outlined below will aim to address these unmet needs.