

Coordinated end of life care



BIRMINGHAM
ST MARY'S
HOSPICE

In September 2017, individuals from across the City currently delivering or receiving end of life care (EOLC) services met to discuss how services could be improved. All agreed to collaborate and develop a more coordinated approach.

Vision

To create a better experience at the end of life (EOL) for everyone in Birmingham and Solihull.

Mission statements

- Create a central coordination system for all EOL services that will ensure:
Early identification of those in need of EOLC | **Improved patient centered care**, designed according to individuals' priorities, including promoting choice of place of care and reducing inappropriate hospital admissions;
Equitable access to services | **Fewer gaps** in care provision | **Increased information** sharing to enhance patient safety
- Promote a compassionate community ethos, working with the diverse communities in Birmingham and Solihull (BSOL) to design and deliver EOLC
- Ensure EOL education is delivered in a coordinated way, to best enable everyone to care
- Collaborate to design services that are delivered efficiently and are sustainable by sharing intelligence, eliminating duplication of provision and holding each other to account
- Evaluate evidence concerning new models of care critically to inform the activities of the Working Group
- Undertake evaluation research to determine the impact of the new BSOL EOLC system/model

Achievements

There has been enthusiastic engagement from all stakeholders, who recognise the need for system wide change.

The Vision and mission statements have been written into a re-draft of the Birmingham and Solihull Sustainability and Transformation Partnership (STP) Strategy, as new priorities for EOLC.

Dr Talbot's role as Chair of the Working Party has been endorsed and the group will now report up to a newly formed STP EOLC oversight group. Ms Swani has accepted the invitation to Chair the end of life oversight group, which will drive the implementation of the EOLC priorities and will be directly accountable to the STP portfolio board.

Conclusion

Birmingham St Mary's Hospice took a system leadership role and encouraged, over a twelve month period, the development of a combined stakeholder vision and mission for improving EOLC. This has been taken up by the STP and embedded in their priorities, which shows a commitment to empowerment and collaboration.

This work will hopefully stimulate co-design of a truly integrated model of end of life care for Birmingham and Solihull and improve outcomes for patients and families.

Authors

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