

Strategic Review of Palliative care

Frequently Asked Questions

Central London, West London and Hammersmith & Fulham Clinical Commissioning Groups (CCGs) have launched a strategic review of palliative care in Westminster, Kensington and Chelsea and Hammersmith & Fulham. The review will look to recommend a new commissioning model that delivers high quality care and services locally for patients, their families and carers.

Frequently Asked Questions

- a) What has prompted this review?

The palliative care services in the areas of Hammersmith & Fulham, Kensington & Chelsea and Westminster are complex and are facing new demands, particularly in terms of specialist staffing. The three respective CCGs have commissioned an Independent Chair to review the current service provision, measure against national best practice and provide recommendations for improvement.

- b) Why do we need a new model of care?

It is the responsibility of the CCGs to ensure any commissioned service meets the needs of patients and best practice. Compared to the national average in England, patients in and Hammersmith & Fulham, Kensington & Chelsea and Westminster are less likely to die in their usual place of residence, with patients more likely to die in hospital than their preferred place of death.

- c) A 'review' sounds like you are planning on closing services?

There is no intention to reduce the capacity of our palliative care services, however we must continue to review our services to ensure they are most effectively delivering in terms of quality, an appropriate clinical model and value for money. The review will help commissioners determine how best the services should be provided in the future to meet the needs of our patients.

- d) What's included in the review?

This review will consider issues around the end of life for all people, but is primarily focussed on the delivery of palliative care. Incorporating community palliative care, day care and care provided by inpatient hospice units.

- e) Who sits on the Clinical steering group, are patients represented?

The Clinical Steering Group is being chaired by the Independent Chair, Penny Hansford. Representatives from Healthwatch, to ensure patient voices are heard throughout the review, will sit alongside acute, community and hospice provider representatives.

The Independent Chair, Penny Hansford, has had an extensive career in palliative care and has spent the last eighteen years as Director of Nursing at St Christopher's Hospice in South London. During this time she led or co-led many new innovations and changes in service models to fit with the changing demography of dying.

This included setting up a personal care service, a co-ordination centre for the frail elderly and those with multiple co-morbidities, an integrated service for people coming to the end of their lives with heart failure and extensive programmes working with local care homes. She was also on the board spearheaded by HospiceUK on the future of hospice care and was engaged locally with multiple providers and commissioners.

She recognises that to improve palliative and end of life care there needs to be a far greater level of integration and working together between health, social care, the voluntary and acute sectors and mental health services. Empowering informal carers and developing communities to care for people at the end of life must be an important strand in our thinking.

f) Pembridge hospice in patient unit is currently closed, what is the plan for this?

The in-patient unit at Pembridge hospice is temporarily closed due to difficulty recruiting a replacement specialist palliative care consultant. Without this role in post the unit cannot operate safely.

The process of recruitment to the current vacancy at Pembridge hospital is still on-going. Central London Community Healthcare Trust (CLCH) and the CCGs are committed to ensuring our services continue to meet the needs of the community.

During the regrettable period of closure we have been providing extra capacity for patients at St John's & Elizabeth's, Royal Trinity, St Luke's and Marie Curie Hospices to ensure patient care is unaffected. We have also made efforts not to disrupt other services such as the day centre and community services offered, which continue to run as normal.

g) What will happen with the results from the review?

After gathering information on a national and local level, the Clinical Steering Group will use this evidence to develop a final report, which will include suggestions for a future model of care which ensures the delivery of sustainable, clinically and cost effective bed-based and community specialist palliative care.

The Strategic Review Report will include options to be considered by the CCG's Governing bodies. The final report will be published alongside CCG commissioning intentions in the spring of 2019.