

## End of Life Care Service Model

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The Central and Eastern Cheshire End of Life Care Service Model (EOLSM), is a dynamic collaborative approach integrating clinical, educational and service user expertise to lead and facilitate best practice in end of life care (**EOLC**).

The model facilitates a seamless, co-ordinated approach across both professional and organisational boundaries including:

- two district general hospitals
- 51 GP practices
- community business unit
- 100+ care homes
- two hospices
- voluntary sector organisations
- two local authorities
- extra care housing
- public health in collaboration with the Cheshire Living Well Dying Well Partnership
- North west ambulance service
- women's prison

The EOLCSM, working in conjunction with Cheshire Hospices Education (CHE), has played a key role in the delivery of quality end of life care services to the local population regardless of the care setting in which the person finds themselves. Through close engagement and collaboration with clinical champions and with key stakeholders the EOLSM team work tirelessly to ensure priorities are aligned to local health and social care needs assessments and to regional & national policy and agendas.

### Effects

Utilising their skills of leadership and facilitation, collaboration, effective communication and education, the team have inspired those around them to engage in both the development and re-design of patient pathways for the last year of life. This has involved supporting greater uptake of the national end of life care tools to

underpin care thereby ensuring the proactive identification and management of patients, to support them to die in a place of their choice.

Local innovation led by the EOLSM has seen the implementation of many new initiatives including the integrated rapid discharge pathway, community DNA- CPR policy, a bespoke electronic prognostic assessment & information guide for end of life (e-Paige), locality wide bereavement resources, E-learning, communication skills training, end of life competency frameworks.

The initiatives resulting from this whole systems approach have seen far-reaching effects and the EOLSM is now the major vehicle for the progression of all key end of life care strategic plans and priorities within the local health and social care economy. Local audit and evaluation has for example demonstrated increased and sustained uptake of the end of life care tools, enhanced staff confidence, and fewer people dying in hospital which in turn has led local stakeholders and commissioners to proactively seek continuation of this approach through a dedicated sustainability group.

### **Lessons Learned**

Lessons learned include that large amounts of work may be (unexpectedly) generated from small projects, it is important to demonstrate the achievement of measurable outcomes to ensure continued funding. Having a written work plan that represents key stakeholder priorities demonstrates collaboration and maintains team focus, and facilitators need to be prepared to explore new, creative, and diverse ways to educate, facilitate and sustain change amid a workforce saturated by change.

If you have any questions about this team's case study please email Macmillan development manager Julie Atkin-Ward [JAtkin@macmillan.org.uk](mailto:JAtkin@macmillan.org.uk).