

Developing Wigan Borough's End of Life Strategy – 'Dying Happens Let's Talk about It'

You Said, We Listened

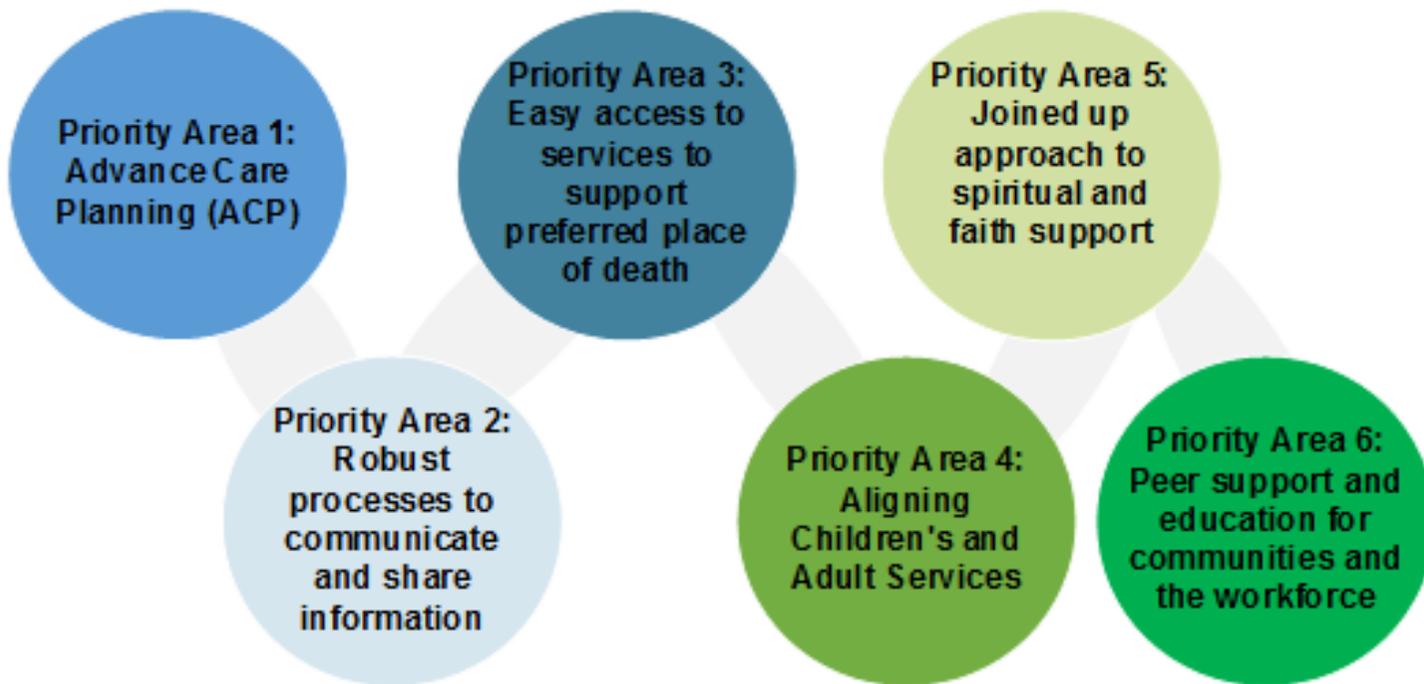
At the end of 2017 and the beginning of 2018, Wigan Borough Clinical Commissioning Group spoke to local patients, residents and staff to help develop an End of Life Strategy for the Borough. As part of the work, Healthwatch Wigan and Leigh were also commissioned to speak to local community groups.

This document describes the feedback from patients, residents and staff, and how it helped to shape the Strategy.

Initial reflections:

- Surveys were developed aimed at patients, residents and staff. In order to reach hard to reach groups we commissioned Healthwatch Wigan and Leigh to undertake a number of conversations with community groups.
- The engagement work informed and refocused the 6 priority areas for the strategy (as indicated below).
- The engagement work gave a breadth of information to inform the strategy. Themes such as funding for funerals, assisted death and bereavement in the community were areas highlighted that were initially not considered.
- The engagement work generated a significant number of responses. This may have been influenced by the interaction with the CCG Patient Forum and Healthwatch. Members of the public helped to shape the questions to make them relevant and easy to read and answer.
- To ensure information and stories were interpreted correctly members of the CCG Patient Forum were asked to sense check the draft strategy and confirm context of the strategy was maintained.
- The strategy belongs to the people of Wigan Borough and was launched at the Engagement Conference on 10th July 2018.

Communication Plan



Financial Plan



Ref	You Said	We Listened
1.	We need to listen to the people of Wigan to understand their priorities in relation to End of Life care.	<p>A number of engagement events were held using a variety of methods to gather the thoughts of;</p> <ul style="list-style-type: none"> • Patients • Carers / Family / Friends • Staff • Public • Hard to reach groups in the community <p>The feedback received helped to develop the 6 priority areas shown on the diagram above.</p>
2.	We need to learn from patient and carers stories and experiences.	We worked with people in the local community to gather their personal experiences. As part of the engagement work we gathered 3 patient stories which were included in the strategy document. These stories have had a powerful influence on identifying priority areas for the borough.
3.	We need to ensure that suggested improvements are included and embedded in the strategy	The feedback from all engagement work has been gathered and sorted into themes important to the people of Wigan. These themes have been used to identify 6 key priority areas that will be developed into work plans.
4.	<p>Communication:</p> <ul style="list-style-type: none"> - People said that we need to try and change the culture in society to get more people talking about end of life and their wishes - People listed a whole range of places they would go if they wanted information about end of life and this possibly could be made easier 	<p>All this feedback had been incorporated into <i>Priority Area 6 – Peer support and education for communities and the workforce.</i></p> <p>We agree we need to get more people in the community talking about end of life and wishes and this is one of the actions within that area of the strategy. When we launched the strategy on the 10th July 2018 it was great to get the opportunity to speak to people about the work and to raise the profile of end of life care.</p>

	<ul style="list-style-type: none"> - People don't understand terms like Palliative Care or Advance Care Planning- we need to make sure this is explained to people - People need to be spoken to about Advance Care Planning and Do Not Resuscitate Orders earlier - There was an experience fed back around poor communication and information when being asked to find a care home for a loved one. - The community needs help to understand what services and support is available around end of life services. 	<p>It also became apparent when working with different services that whilst there is a plethora of patient information within different services, there might be something around making sure it is accessible and consistent.</p> <p>Helping people to understand what Palliative Care is and Advance Care Planning will also be an important part of implementing the strategy and getting people talking about the subject.</p> <p>To help with the implementation of the strategy a communication plan will also be produced.</p> <p>Some of this is also incorporated into <i>Priority Area 2 – Robust processes to communicate and share information</i>. Good communication underpins every aspect of health and social care. This may relate to communication between patients, families and professionals, or between professionals or organisations. Timely information sharing is key and this strategy will look to build on existing local developments in this area, such as share to care records and other digital developments.</p> <p>The specific issue raised about communication with patients and families when they need to find a care home has been raised with the local hospital and picked up in discussions about what is in the strategy.</p>
5.	<p>Respecting things that are important to people:</p> <ul style="list-style-type: none"> - One of the biggest concerns for people would be to have their wishes over ruled or to be in pain - Lots of people told us that dying in their preferred place is important and this would be a concern to them. 	<p>This feedback has been incorporated into <i>Priority Area 1 - Advance Care Planning</i>.</p> <p>Advance Care Planning is a key part of End of Life Care and documentation and we know there is a need to identify and raise the profile of it, along with staff education/training.</p> <p>Some of this is also incorporated into <i>Priority Area 3 – Easy access to services to support preferred place of death</i>.</p>

		<p>The current Marie Curie contract does not include night sitting service required by Wigan End of Life patients who want to die at home. Wigan and Leigh Hospice provide Hospice in your Home services to support patients who wish to remain at home and those being discharged from Hospitals. This service allows patients to return home with support for their carers. Without this service many people would have to die in a hospice or hospital in order to ensure care during the days of their lives.</p> <p>We also need to look at the current services available for Children and this is an area that requires further work.</p>
6.	Being able to access faith and spirituality support was something important to people.	<p>This has been picked up in <i>Priority Area 5 – Joined up approach to spiritual and faith support</i>.</p> <p>To ensure that clinical staff, GPs, nurses and attending carers across all communities know in good time the wishes of the person at the end of their life and are able to sign post where people can receive appropriate support for their spiritual and faith needs. A collaborative approach to support patients and bereaved people throughout Wigan borough when and following death in the community is not robust. Ensuring the people of Wigan have access to information related to the process of registering a death, choices of funeral arrangements, financial and bereavement at a difficult time is essential but currently is not assessable in a central location.</p>
7.	<p>There was really positive feedback for the Registrar services in Wigan Borough.</p> <p>One person mentioned that they had not been made aware they would start</p>	<p>The Registrar is involved and engaged with the strategy. They will be given the feedback from the individual around informing people they will start to receive post.</p>

	receiving lots of post after registering a person's death.	
8.	Staff felt there could be better end of life training and education – needed for all staff at different levels	<p>This is picked up in <i>Priority Area 6 – Peer support and education for communities and the workforce.</i></p> <p>Staff education and training is essential. In developing the strategy we identified that staff training isn't consistent across all providers and services and this might be something we can improve.</p>
9.	Staff fed back that they felt there could be better communication and coordination between services.	<p>This is picked up in <i>Priority Area 2 - Robust processes to communicate and share information.</i></p> <p>Within this area improvements will be made to the collection of data and improved reports on the care of end of life patients to help identify more specific areas.</p> <p>The strategy also covers the need to continue building a system approach to electronic records for End of Life Care which enables caring organisations to understand where the dying person is on the journey. This enables the best care and provides support for the families and carers.</p> <p>Good communication underpins every aspect of health and social care. This may relate to communication between patients, families and professionals, or between professionals or organisations. Timely information sharing is key and this strategy will look to build on existing local developments in this area, such as share to care records and other digital developments.</p>
10.	The people of Wigan want to be part of improvements to End of Life services	A public representative will be invited to join each working group to ensure any changes will have a positive impact for patients and their families who require

which support patient choices and prevent admission to hospital	End of Life care and support.
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“Dying happens ... let’s talk about it”
(Wigan Borough Mortality Summit, 2018)

If you have any questions please get in touch:

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