Palliative Care
Health and Care Bill
2022

Prof. Ilora Baroness Finlay of Llandaff
Background

**FOI to 209 CCGs 2016**

- 29 – needs assessment
- £51.83 - £2329.19 / annum / patient
- 78% (163) – 7 day admission
- 83% - 7 day @home
- 45% - no plans to update

2015
2017
2020
2021 (prepared)
Mental Capacity Act 2005 – 5 principles

1. A presumption of capacity
2. Individuals supported to make their own decision
3. Unwise decisions
4. Best interests
5. Less restrictive option

After Shropshire Council
Awareness of bad deaths – too little too late

- Failure to respond to distress
- Not listened to / failure to get consent
- No continuity of care
- Cruel / rigid attitudes
- Blaming relatives / labelling as ‘difficult’
- Refusal to give analgesia
- **OUT OF HOURS AND WEEKENDS = 75% of the week**
Clause 16

• Integrated care boards: functions
Stages of a Bill
Duties of integrated care boards as to commissioning certain health services

(1) An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—

(a) hospital accommodation,
(b) other accommodation for the purpose of any service provided under this Act,
(c) medical services other than primary medical services (Part 4),
(d) dental services other than primary dental services (Part 5),
(e) ophthalmic services other than primary ophthalmic services (Part 6),
(f) nursing and ambulance services,
(g) such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as the board considers are appropriate as part of the health service,
(h) such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the board considers are appropriate as part of the health service, and
(i) such other services or facilities as are required for the diagnosis and treatment of illness.
Health and Care Bill – my amendment

• insert— “(da) specialist multi-professional palliative care services,”
My amendment proposed

(a) hospital accommodation,
(b) other accommodation for the purpose of any service provided under this Act,
(c) medical services other than primary medical services
(d) dental services other than primary dental services
“(da) specialist multi-professional palliative care services,”
(e) ophthalmic services other than primary ophthalmic services
(f) nursing and ambulance services,
(g) such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as the board considers are appropriate as part of the health service,
(h) such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the board considers are appropriate as part of the health service, and
(i) such other services or facilities as are required for the diagnosis and treatment of illness.
Clause 16 – Government amendment

• insert—“(ga) such other services or facilities for palliative care as the board considers are appropriate as part of the health service,”

• Member’s explanatory statement

This amendment would specifically require integrated care boards to commission such services or facilities for palliative care (including specialist palliative care) as they consider appropriate for meeting the reasonable requirements of the people for whom they have responsibility.
NOW: An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—

(a) hospital accommodation,
(b) other accommodation for the purpose of any service provided under this Act,
(c) medical services other than primary medical services,
(d) dental services other than primary dental services,
(e) ophthalmic services other than primary ophthalmic services,
(f) nursing and ambulance services,
(g) such other services or facilities for the care of pregnant women, women who are breastfeeding and young children as the board considers are appropriate as part of the health service,
“(ga) such other services or facilities for palliative care as the board considers are appropriate as part of the health service,”
(h) such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the board considers are appropriate as part of the health service, and
(i) such other services or facilities as are required for the diagnosis and treatment of illness.
Disease does not respect the clock or the calendar

**Palliative care / end-of-life care / supportive care**

Cardiology / care of the heart
Dermatology / care of the skin
Gastroenterology / gut disorders
Clause 16 - continued

LORD KAMALL

Page 13, line 42, at end insert—
"(ga) such other services or facilities for palliative care as the board
considers are appropriate as part of the health service,"

Member’s explanatory statement
This amendment would specifically require integrated care boards to commission such services
or facilities for palliative care (including specialist palliative care) as they consider appropriate
for meeting the reasonable requirements of the people for whom they have responsibility.

BARONESS FINLAY OF LLANDAFF
BARONESS FRASER OF CRAIGMADDIE
THE LORD BISHOP OF CARLISLE
BARONESS BRINTON

Page 14, line 23, at end insert—
"(5) For the purposes of this section “specialist multi-professional palliative
care services” must include the provision of—
(a) specialist support in every setting, including private homes, care
homes, hospitals, hospices and other community settings,
working with local clinical teams,
(b) specialist level in-patient palliative care beds when required,
including admission on an urgent basis,
(c) specialist palliative care advice, available at all times of day
every day, to support health and social care professionals who
are providing care to the person and their family,
(d) support to ensure the right, skilled workforce, equipment and
medication is available to deliver this care,
(e) a point of contact, available for people with palliative care needs
if their usual source of support is not accessible,
(f) appropriate systems to share information about the person’s
needs with all professionals involved in their care, provided they
give consent for this,
(g) support to ensure patients and their families are able to have
open conversations about what matters to them,
(h) support for the education and training of the health and social
care workforce, and
(i) support to enable staff to participate in relevant research and
disseminate evidence-based innovations in palliative care."
“specialist multi-professional palliative care services” must include the provision of support in every setting - private homes, care homes, hospitals, hospices, community settings (w. local clinical teams)
in-patient palliative care beds when required, including urgent admission advice at all times of day every day, skilled workforce, equipment and medication available, a point of contact, for people with palliative care needs if their usual source of support is not accessible, systems to share information about the person’s needs, patients and their families can have open conversations about what matters to them, education and training of workforce, participate in relevant research and disseminate evidence-based innovations.”
“specialist multi-professional palliative care services” must include the following levels of support in every setting - private homes, care homes and community settings (w. local clinical teams)
in-patient pall. care beds when required, advice at all times of the day and night, skilled workforce available, a point of contact, if usual source of support is not accessible, systems to share information about the person’s needs, patients and their families can have open conversations about what matters to them, education and training of workforce, participate in relevant research and disseminate evidence-based innovations.”
‘Special Rules’ changes in Universal Credit; Employment and Support Allowance

• **12-month end of life** approach
• 4 April 2022

Later – legislation: Personal Independence Payment, Disability Living Allowance, Attendance Allowance

Palliative care includes end of life care
Third reading 23/03/22
Next steps

- Demonstrate outcomes – improved symptom / distress scores
- Shorter and avoided in patient stays
- Outreach better including into care homes
- Decreased end of life complaints across all services
- 7 day services everywhere
- Integration with NHS in ALL disciplines (learn wider management)
- NHS contracts for staff?
- More trainees?
- Open to MRCGP again?