

Dear Colleague

PALLIATIVE AND END OF LIFE CARE IN SCOTLAND

1. [Living and Dying Well](#)¹ Scotland's first national action plan for palliative and end of life care was published in October 2008. Since then considerable progress has been made in implementing the key actions identified and in undertaking the further development on a collaborative basis. In just over two years, there is widespread evidence of a cohesive national approach which will ensure the provision of consistent and equitable palliative and end of life care across Scotland.

2. [Living and Dying Well: Building on Progress](#)² records the progress which has been made towards achieving the aims of *Living and Dying Well*, and sets out the next phase of actions required by NHS Boards working with stakeholders. The outputs and recommendations reflect the level of engagement and commitment which has characterised the contributions of individuals and organisations across all sectors of health and social care.

3. Key to the progress of *Living and Dying Well* is its emphasis on a person centred approach to care and care planning and on the importance of communication, collaboration and continuity of care across all sectors and at all stages of the patient journey. In order to fully realise the necessary improvements in palliative and end of life care NHS Boards should review their progress against the *Living and Dying Well* actions and the actions set out in *Living and Dying Well: Building on Progress* – with particular priority on the following areas:

- early identification of patients who may need palliative care
- advance/anticipatory care planning (ACP)
- palliative and end of life care in acute hospitals
- electronic palliative care summary (ePCS)
- do not attempt cardiopulmonary resuscitation (DNACPR)

4. The [Scottish Government's Healthcare Quality Strategy for NHSScotland](#)³, launched in May 2010 recognises the importance of anticipatory approaches and advance care planning, based on mutually empathic dialogue between patients, families and all of the individual professionals involved, as a key component of person-centred care. Indicators and appropriate targets aligned with the potential quality outcome measures identified in the *Healthcare Quality Strategy* are currently being developed and

CEL 2 (2011)

27 January 2011

Addresses

For action
Chief Executives NHS
Boards

For information
Medical Directors
Finance Directors
Nurse Directors
Board Chairs
HR Directors
Long Term Conditions
Collaborative
NHS Board Executive
Leads for Palliative Care
Scottish Partnership for
Palliative Care
Area Clinical Forum Chairs

Enquiries to:

Richard Dimelow
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 0131-244 5184
Fax: 0131-244 2989

Point of contact
Richard.Dimelow@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>

further information will follow. NHS Boards should take this opportunity, when reviewing and updating palliative and end of life care delivery plans, to ensure alignment and integration with other workstreams such as Long Term Condition Action Plans.

5. The Scottish Government will continue to support the implementation, governance and leadership of *Living and Dying Well* and *Living and Dying Well: Building on Progress* through the National Advisory Group and through the commitment of NHS Quality Improvement Scotland, NHS Education for Scotland and the Scottish Partnership for Palliative Care (SPPC) to drive improvement.

6. The SPPC will continue to have a central role in supporting improvements in palliative and end of life care in Scotland through their involvement in specific actions as well as providing a direct function to the Living and Dying Well National Advisory Group. We recognise the support which NHS Boards provide to SPPC and we would wish to encourage ongoing engagement through this stakeholder body.

Action

7. NHS Boards should:

- review and update palliative care delivery plans in line with the actions set out in *Living and Dying Well* and *Living and Dying Well: Building on Progress*
- ensure delivery in the priority areas highlighted in paragraph 3 of this CEL
- provide update reports and further information to the National Advisory Group (further information to follow)

8. We see this as a natural point at which to move the emphasis from policy development to service delivery. Accordingly, while this will be the responsibility of NHS Boards working with key stakeholders, the Scottish Government will maintain policy oversight. The continuing support for implementation in achieving the Quality Ambitions of the *Healthcare Quality Strategy* will maintain the momentum and focus for palliative and end of life care in Scotland.

Yours sincerely



Jill Vickerman

Acting Director
Directorate for Health and Healthcare Improvement

1 Living and Dying Well a national action plan for palliative and end of life care in Scotland. The Scottish Government. Edinburgh 2008
<http://www.scotland.gov.uk/Publications/2008/10/01091608/0>

2 Living and Dying Well: Building on Progress. The Scottish Government. Edinburgh 2011
www.scotland.gov.uk/livinganddyingwell

3 Scottish Government's Healthcare Quality Strategy for NHSScotland. The Scottish Government, Edinburgh 2010 www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf