The system is also instrumental in the identification of non-cancer patients nearing the end of their lives, an area of care that Ms Cheesley says requires improvement.

The London mapping report found that, in 2013/14, the proportion of non-malignant referrals had increased on average from that during a similar 2012 exercise. The report added, however: 'Given that non-cancer deaths accounted for 71% of all deaths in 2014, this report indicates that London still has an unmet need concerning non-cancer patients accessing SPC services.'

Misconception
Ms Cheesley says: ‘There is still a misconception that people die only of cancer and unless older people have cancer diagnoses they may not be identified as end of life. They do not get talked to about their end of life care wishes and they do not always receive input from palliative care teams, as they would do if they had cancer.

‘The new NICE guidelines under consultation state that end of life care is not only for cancer patients and that there is an expectation that all patients who need it will receive SPC. The EPACCS system provides a mechanism for identifying these people.’

The report may be focused on London, but Ms Cheesley believes the same mapping approach could be conducted elsewhere. ‘I think you would find the same levels of service variation. This is why this is a useful report. It should not be seen as a big stick, but as a refreshing document that helps us improve access to SPC services.’

In a statement, NHS England (London) said it is ‘working hard to address any variations in care experienced by patients, their families and carers. We are also working with the 32 CCGs, London councils and the mayor through the Healthy London Partnership on ways to further improve services for cancer patients’.

Louise Hunt is a freelance writer

Reference

Tackling problems on the home front

London home care worker Miranda Okon, who was part of the NICE committee that drew up the recommendations, explains: ‘We are not always good at working together. For example, if people we care for end up in hospital, our contact ends. When they are discharged, they get another carer and their relationships have to be developed again. This makes no sense.’

Integrated teams
NICE deputy chief executive Gillian Leng agrees. ‘We have to see the two sectors as part of the same teams. Home care workers are increasingly getting involved in care, for example by dealing with pressure ulcers and medication, which was unheard of 20 years ago. They need the support of health staff to do that properly.’

To help achieve these ambitions, the guidance recommends that local authorities and clinical commissioning groups consider providing services through integrated teams of care workers and health staff.

RCN professional lead older people and dementia care Dawne Garrett says these could include intermediate care teams, district nurses and palliative care services.

She adds that many of the recommendations are already being put into practice in the ‘most forward-thinking and innovative places’.

‘We just need to make sure they become more common,’ she adds. ‘This guidance should help with that. Sometimes, there are governance problems – on care records nurses can feel uncomfortable about recording sensitive information without knowing who will see it, for example – so we need to make sure there is integration in the way services are planned and run.’

Ms Garrett is concerned, however, about the financial situation. ‘Some of the disjointed working is a symptom of two systems that are being incredibly stretched. This is especially the case for social care, and this needs to be addressed.’

Nick Triggle is a freelance writer

Reference

New social and health care guidance sets out standards for service delivery in people’s homes. Nick Triggle reports

THE NHS in England has been urged to do more to support home care services for older people in guidance published by the National Institute for Health and Care Excellence (NICE).

The guidance – the first NICE has produced for social care – sets out new standards, including a requirement that no visit is shorter than 30 minutes unless it is linked to a longer appointment, such as a follow-up check, on the same day.

It also recommends ways to promote continuity of care, including asking providers to try to ensure the same carers are used, that new carers are introduced to clients ahead of visits and that plans are put in place if carers are late or cannot turn up.

The guidance also includes measures for the health service, including:
- A home care diary, which care and health staff should keep up to date.
- Regular liaison between care and health staff about medication.
- The NHS to provide support and training to care staff so they are able to recognise and respond to conditions such as dementia, diabetes and sensory loss.
- Better co-ordination at managerial level to ensure services are better integrated.

Nicholas Triggle is a freelance writer

Reference