Strategic Framework for Action on Palliative and End of Life Care - Executive Summary

Vision
By 2021, everyone in Scotland who needs palliative care will have access to it.

Palliative and End of Life Care Aims
- Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.
- People, their families and carers have timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life, and to ensure this accords with their needs and preferences.
- Communities, groups and organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.

Palliative and End of Life Care Outcomes
- People receive health and social care that supports their wellbeing, irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death.
- People have opportunities to discuss and plan for future possible decline in health, preferably before a crisis occurs, and are supported to retain independence for as long as possible.
- People know how to help and support each other at times of increased health need and in bereavement, recognising the importance of families and communities working alongside formal services.
- People access cultures, resources, systems and processes within health and social care services that empower staff to exercise their skills and provide high quality person-centred care.

Palliative and End of Life Care Objectives
We will achieve this by:
- Improved identification of people who may benefit from palliative and end of life care.
- An enhanced contribution of a wider range of health and care staff in providing palliative care.
- A sense among staff of feeling adequately trained and supported to provide the palliative and end of life care that is needed, including a better understanding of how people’s health literacy needs can be addressed.
- A greater openness about death, dying and bereavement in Scotland
- Recognition of the wider sources of support within communities that enable people to live and die well.
- Greater emphasis in strategic plans, research activities and improvement support programmes on enhanced access to and quality of palliative and end of life care.
**Commitments**

The Scottish Government commits to working with stakeholders to:

1. Support Healthcare Improvement Scotland in providing Health and Social Care Partnerships with expertise on testing and implementing improvements in the identification and care co-ordination of those who can benefit from palliative and end of life care.
2. Provide strategic commissioning guidance on palliative and end of life care to Health and Social Care Partnerships.
4. Support and promote the further development of holistic palliative care for the 0-25 years age group.
5. Support the establishment of the Scottish Research Forum for Palliative and End of Life Care.
6. Support greater public and personal discussion of bereavement, death, dying and care at the end of life, partly through commissioning work to facilitate this.
7. Seek to ensure that future requirements of e-Health systems support the effective sharing of individual end of life/Anticipatory Care Planning conversations.
8. Support clinical and health economic evaluations of palliative and end of life care models.
9. Support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.
10. Establish a new National Implementation Support Group to support the implementation of improvement actions.

**Implementation Support**

By April 2016 these commitments will have informed and be reflected in implementation and improvement plans that will be supported by a national implementation support group which will:

- Oversee the enhancements in improvement support capacity.
- Oversee the development of a new educational framework.
- Establish mechanisms to share learning and improvements across the country.
- Support the development of locally owned improvement and implementation plans that will outline the actions being taken and improvements being made.
- Provide an annual learning and improvement report that will outline the ways in which improved care and outcomes have been delivered.

**Who Will Support Implementation**

The Strategic Framework now requires support and action from a wide range of statutory, independent and third sector organisations nationally and locally.

The development of the framework has been greatly assisted by the membership of the Palliative and End of Life Care National Advisory Group and Stakeholder Group. We are committed to ensuring that the membership of these groups, as well as the public at large, will be able to contribute to future implementation actions.