# Response from the Gold Standards Framework Centre to the Report from the Independent Review of the Liverpool Care Pathway —July 15th 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf

**LCP Review Findings** The Independent Review Panel Report on use of the Liverpool Care Pathway (LCP) led by Baroness Neuberger, focussed mainly on use of LCP in care in the final days of life in acute hospitals. It recommends the phasing out of the LCP , replacing it with '*an end of life care plan for each patient, backed by condition specific good practice guidance*' (rec 38) plus other notable measures as a means of further improving care for people towards the end of life.The report affirms that delivering high quality compassionate care for people nearing the end of life personalised to their individual needs and preferences must be a priority for NHS England. Use of Gold Standards Framework (GSF) Training Programmes is cited in the report as a best practice example and will continue to be part of the solution. There was no backlash against GSF, it continues to be recognised as effective when well implemented and the quality assurance provided by GSF Accreditation was valued.

**Our experience of use of LCP within GSF Programmes.** Since 2001, we have recommended using a plan of care for the final days and hours of life, such as the LCP or its equivalent, and it is one of the areas we assess at GSF Accreditation. Overall in our experience, use of a care plan for the final days such as LCP works well when properly implemented. As part of the comprehensive GSF Programmes, many thousands of GP practices, care homes and hospitals have successfully used LCP, (or sometimes the GSF Minimum Protocol in the final days), with few problems or examples of poor care towards the end, as confirmed by our survey of GSF Accredited care homes cited in the report. However we acknowledge that there have been issues when LCP was poorly implemented, as the Report affirms, and will do all we can to ensure top quality care continues to be delivered in any GSF programmes.

We believe that effective use of GSF can help to proactively anticipate and avert problems by identifying patients earlier (years, months and weeks rather than just the final days), clarify their particular needs at each stage (needs-based coding and needs-support matrices), help assess their condition-specific clinical needs (clinical assessment tools) and personal wishes and preferences, (advance care planning discussions) and enables clinical teams in different sectors to plan and provide care in line with their wishes, avert crises and ensure 'a gold standard' of care. This will enable them *'to live well and die well in the place and the manner of their choosing'*.

**What to do next .** NHS England have given guidance (see attached) , recommending continued good clinical care for dying patients particularly in hospitals. We await a response from the Government to the Report and further recommendations from NHS England, which will then be used as guidance within GSF programmes, so will inform you further when these are agreed. There are many additional recommendations in the Report that are relevant to us at The GSF Centre and our programmes (see Box 1 ) and we will update you on any recommended changes once confirmed. We will also continue to provide rigorous Accreditation processes for care homes, GP Practices and hospitals, leading to quality assurance for all GSF trained organisations, and care in the dying phase continues to be a key part of this.

**The GSF Centre** will continue to recommend top quality care both at the earlier stage of decline to enable people to live well as they approach their last years of life and to die well at the final stage, and to support many thousands of providers to deliver high quality care at this most important time of life. We uphold the principles of supporting people to live well and die well that we have always espoused, and are sure that the high standards of quality care that all GSF trained and accredited organisations have demonstrated will continue . We will discuss this further at our Sept 27th Annual GSF Conference in London, when a member of the LCP Review panel will be speaking. Meanwhile, we recommend that you continue to provide a high standard of clinical care for the dying using best practice guidelines recommended, seek help on local developments from your local specialist palliative care teams or hospices where appropriate , build on your experience ,compassion and communication skills and contact us if you have any further queries.

**Box 1. Key areas from the Review affecting GSF Programmes in End of Life care include–**

- Education- GMC and NMC regular competency training for all staff involved , and related to personal registration
- Prognostication , communicating uncertainty , diagnosing dying +predicting needs guidance
- Senior clinician responsible for recording face to face meeting with family, discussion of decisions, inclusion on an EOLC Plan and out of hours plan.
- The name 'LCP' replaced by EOLC care plan + condition specific guidance
- Guidance on oral nutrition ,hydration and syringe driver usage
- Named allocated doctors and registered nurse for dying patient at all times
- Responsible Lay person on Hospital Board -EOLC part of inspection process.
- Shared care folder , better integration in community plus access to palliative care specialists and IMCA advocates
- An EOLC Coalition of regulatory and professional bodies . CQC regulation on outcomes and experience of EOL care
- Improvement in EOLC in next Mandate