Executive Summary

Introduction
Adopting a multi-dimensional approach this Palliative Care Health Needs Assessment examines the cancer related and non cancer related palliative care needs of the 1,192,256 people receiving palliative care services from NHS Greater Glasgow and Clyde, the largest NHS Board in Scotland.

A multi dimensional approach - Population based, comparative and stakeholders perspectives
The impact that high cancer and non cancer death rates and deprivation have on the demand for palliative care services is estimated using a population based approach developed by Tebbit and utilised in England that examines epidemiological, demographic and socio-economic factors. Considerable diversity is seen in the Community Health (and Care) Partnerships that are responsible for meeting the health needs of the community and managing community based services. There are areas where the population experiences relative affluence and longevity, with growing numbers of older people who live alone. However a striking feature of many communities is the widespread and intense deprivation and the high cancer and non cancer death rates that are experienced at a relatively young age by the people who live in NHS Greater Glasgow and Clyde's area.

This population based approach was supplemented by a comparative dimension which provides information as to the relative needs of the population in NHS Greater Glasgow and Clyde, identifying that this need is greater than the average need in Scotland. In addition differential needs within NHS Greater Glasgow and Clyde are identified suggesting that the need for palliative care resources may vary from CH(C)P to CH(C)P by as much as +196%. Variation as to where people die was found; people in South West CHCP, South East CHCP, East Renfrewshire, Camglen and West Dunbartonshire are more likely to die in hospital and are less likely to die in a hospice than people in other areas.

The stakeholder dimension of this needs assessment also provided invaluable information, from the perspectives of health and social care professionals, patient, carers and members of the general public. Respondents to a questionnaire survey (n = 212) and participants in a series of 26 focus groups (n =177) identified a number of issues and priorities. These issues include: meeting the needs of people with non-malignant conditions, inequalities and gaps in current services, continuity, coordination and communication, the need for education and training and the need to provide person-centred holistic services for patients and families.

Key issues: A number of issues are therefore highlighted for further investigation/development.
The findings from this health needs assessment offer some insights into the needs of the population of NHS Greater Glasgow and Clyde and also highlight a number of issues. Consequently the following issues are highlighted as being areas that require further investigation and/or development

- The use of the palliative care register for people with cancer and non malignant conditions is beneficial - the use of a similar approach in care homes and other long term care settings would be beneficial to the frail elderly
- The implementation of the Liverpool Care Pathway is seen to be beneficial in all care settings only if supported by the appropriate education and practice development
- The exploration of different models for the provision of palliative care for people with non malignant conditions ensuring that a local whole system approach is taken that reflects patients' and families' experiences of care and is integrated with other developments e.g. long term conditions management, initiatives in acute care, development in specialist palliative care. Mortality data suggest that priority areas should include
    - chronic lung disease
    - dementia
    - cardiovascular disease – including stroke
    - heart failure
    - frail elderly people with multiple co morbidity
- Gaps, inequalities and mismatches of service provision have been highlighted
    - Inequitable provision of a specialist palliative medicine service to West Glasgow, West Dunbartonshire, part of East Dunbartonshire with limited specialist support for Clinical Nurse Specialists. There will be some change to this in April 2010.
    - A lack of a specialist palliative care service at Vale of Leven hospital

- Informal palliative medicine provision only is available to Inverclyde Royal and the Western Infirmary / Gartnavel General
    - There is a relative lack of access to hospice beds, this is significantly experienced in part of West Dunbartonshire, South West Glasgow, South East Glasgow, East Renfrewshire and Camglen particularly when compared to the identified need. Model(s) for provision of specialist palliative care for people with non malignant conditions is the key issue and will require consideration within the range of specialist disease specific care. Potential models for delivering specialist palliative care input to acute beds should particularly explore opportunities to maximize the benefits to be gained from shared care.
    - Unequal access to specialist palliative care nursing advice for care homes – a dedicated clinical service is only available in North East Glasgow while an education practice development service is available in Renfrewshire and Inverclyde
    - The Care Homes Medical Practice and Care Homes Nurse Liaison team only support care homes in the former Greater Glasgow Health Board area
    - The size and composition of specialist hospital palliative care teams requires review as their current establishment does not take account of number of beds, number of cancer and non cancer deaths, deprivation and current best guidance
    - Deprivation and both high cancer and non cancer death rates have an impact on relative need for palliative care services – most intense resource need is therefore identified in East CHCP, North CHCP, South West CHCP and Renfrewshire. Current mismatches between the identified need and the size, composition and geographical location of specialist palliative care provision requires further examination.
    - Inverclyde CHP and part of West Dunbartonshire CHP do not have access to a GP Palliative Care Facilitator
- The impact of an increasing number of deaths at home on community resources requires to be determined
- The need for integration of social care, home care, and community nursing services and integration of the relevant funding streams to ensure that these work collaboratively with other services to ensure optimum and person centred care for those with palliative care needs who are at home
- The need for a range of approaches to support people who wish to be cared for and die at home, where this is possible, for example reviewing and optimising access to
    - respite services
    - day services
    - physiotherapy and occupational therapy
    - chaplaincy
    - psychological services
    - carer support
    - rapid supported discharge from hospital
    - carer support services
- In areas where a rise in the elderly populations, dementia and lone pensioner households is forecast alternative models of care might be explored e.g. alternative care at home packages and alternative models of nursing home provision might be considered
- Symptom management issues have been highlighted in relation to specific groups of patients
    - pain in people with dementia
    - pain in people with multiple sclerosis
    - breathlessness and fatigue in people with cancer, heart failure and respiratory disease
- The need for a comprehensive plan for education and training for health and social care professionals in the
    - Acute setting
    - Care Homes
    - Community
    - Out Of Hours
    - Specialists in non malignant conditions
    - Specialist palliative care
- The need to develop palliative care for those with special needs e.g. surviving children/young adults with life limiting conditions, people with learning disabilities etc
- Boundary anomalies / differences in the management of different members of the primary care team and out of hours services in the community have been identified in relation to Camglen, the Stepps/ Muirhead area and the Helensburgh area.