**Notes from LAS End of Life Steering Group - 22 November 2018 – 9.30-11.00 am**

1. The new clinical and evaluation team for End of Life Care (EoLC) is now complete and all are in post. The team is funded by Macmillan for two years as part of its thrust to enable more and better end of life care.
2. The LAS has recognised the historic deficit in education and training of paramedics in end of life care and a thorough programme is being put in place for all paramedics and other staff appropriately under the CSR (Core Skills Refresher) heading. As it is under core skills it will be mandatory for all staff, contextualised where necessary. The programme is being reviewed and adapted to meet varying needs, e.g. for existing experienced paramedics, for those who are new, from other backgrounds/fields and joining the profession, and for those from other countries whose practices and training might be a bit different, etc. When advertised internally as usual, the team was inundated with requests for early participation and there is a flurry of preparations to meet the variety of needs. This began with piloting CPD events to address the demands. Work is also under way to embed the training and expertise, (also train the trainer) in order for the work, ethics and understanding to be sustained after the Macmillan funding ends in two years’ time.
3. Clinical updates ought to be completed by the end of the month, and has included updating clinical skills and prescribing. A Question and Answer ready guidance pamphlet to help paramedics is also being devised in collaboration with Fenella Rigley which includes EoLC/palliative care.
4. End of Life Care is one of the LAS’s five strategic Pioneer Services that form priorities for at least this year. The aim is to have a more specialist response by staff with better expertise, so that better care can be provided. The other four are Mental Health, Falls, Maternity, and Urgent and Emergency Advanced Paramedics. For EoLC, it includes enhancing the skills and knowledge of staff and improved pathways to improve care of patients in the last phase of life; and to support patients with a plan to receive their care at home or in the community setting where possible by avoiding unnecessary conveyance to hospital, by improving access to ‘at home’ medications and specialist teams and helping to support symptom management. This is being developed alongside a Single Point of Information Access which will include, for example which local hospices or nursing homes can take patients at end of life rather than taking patients to A&E.
5. Schwartz rounds are continuing and the LAS is the only ambulance service running these and by all accounts are welcomed by staff. The LAS is mounting an EoLC Schwartz round.
6. The LAS will hold its conference on EoLC to share best practice on 19 March 2019. The programme has not yet been finalised and the venue is under discussion. More information at next meeting.
7. The National Ambulances EoLC Group has grown, is fully attended by services from all parts of the UK. Guidance on EoLC for ambulance services is being updated centrally by the group and will include examples of best practice gleaned by members. A new development also is to see how services other than the LAS code calls in order to identify EoLC that has been included, which will enable better interrogation of callouts, evaluation, and identifying lessons.
8. The LAS is engaged in the Enhanced Care in Care Homes Programme (mainly nursing homes) with a focus on helping staff to recognise deteriorating patients, and whether e.g. to use 111 or 999. There is also work on care home leadership skills, for clinical and non-clinical staff. The programme also looks at conveyance data and is concentrating on the top 50 homes calling for ambulances, what the main reasons/causes are for calling ambulances, and the times of day during which most calls occur. So far, interrogation of the data shows that most falls occur between 9am and 5pm. It is also the case that the majority of calls are often from GPs who tend to opt for hospitalisation.
Angela Cross-Durrant - 25.11.18