



North West London Clinical Commissioning Groups  
15 Marylebone Road  
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NW1 5JD

17 January 2020

Dear colleague,

Following our communication earlier in January, we are writing to update you on the progress and next steps of the review of palliative care services taking place across Brent, Kensington and Chelsea, Hammersmith and Fulham and Westminster.

### **Public engagement - what we have done so far**

Since December 2018 we have engaged; local patients, families, carers, residents, the voluntary and community sector, and patient representative groups across the four boroughs.

Initially we launched a [‘Call for evidence’](#) to hear from local people and professionals their views on services and how they are working. This information formed the basis of an [Independent review](#) which was led by Penny Hansford, who previously worked as Director of Nursing at St Christopher’s Hospice in South London.

The review findings were published and a series of recommendations were outlined. Three very well attended [public workshops](#) were then held to look at people’s experience of palliative care services from end to end; focussing on access, care and the transfer of care and bereavement.

In [summary](#), across the three workshops we found:

- Care works well once a service or pathway has been accessed, with inpatient hospice services offering peace of mind for family, friends and carers. However, many people aren’t in contact with any services at all.
- Care is not standardised across different areas in the four boroughs.
- There is inequitable access to information and support to access and navigate available services.
- Care planning should be transparent with family, friends and carers and start at an earlier stage.
- More could be done to ensure that minority groups are aware of palliative care services and ensuring that these services are personalised for a diverse range of communities.
- Travel times to hospice services have a significant impact on carers and families and should be a focus for any future model of care.
- More could be done to improve integration and coordination between services.
- Bereavement services need to be planned earlier in the patient journey and be promoted better for friends, family and carers.

## **Plans for a future model of care for palliative care services**

Listening to patients so far and working with our providers, we are now thinking about how we meet the challenges identified in the independent review and the feedback we have gathered from the public, palliative care clinicians and staff to date, which identified:

- inequity of access to the services, with only 48% of people who have an expected death having any contact with community palliative care services; and
- inequity of funding arrangements for the services from the CCGs
- inequity of specialist palliative care services in the three boroughs.

We know that contact with specialist palliative care services results in an improved patient and family experience for people with an incurable condition or in their last phase of life.

We are in agreement that reaching only 48% of patients who may have a palliative care need is not good enough. It is paramount that we increase the reach of specialist palliative care services to all patients who need it, regardless of their disease type.

The four CCGs involved in this review along with our providers, are committed to increasing the 'reach' of these services, with the aim of 75% of patients with an expected death, their families and their carers, supported either by services, case management and/or advice, when they most need it.

### **What next?**

At the beginning of February 2020 we will be publishing some potential solutions which seek to address the current challenges services face in terms of access, service provision and workforce shortages in this specialism, for further discussion and engagement.

We will engage with the public and key stakeholders on these proposed scenarios to gather people's views, as we continue to develop the future model of care. The results will be presented to CCG governing bodies for consideration of the next steps and also to overview and scrutiny committees in due course.

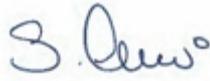
Should we take the view that a significant change from the current service provided is required, then we would move to a public consultation which would ensure further engagement opportunities for local people to be involved in developing the future model of care.

### **The Pembridge palliative care centre**

We know people will want to know what this means for the in-patient unit at the Pembridge palliative care centre. Commissioners and providers share the view that it is not advisable to recruit to the vacant palliative care consultant position during this period of review and transformation.

The in-patient unit will therefore remain suspended at this time, with the community and day care services continuing to operate as normal. Alternative provision will remain in place during this period. We are keen to progress this to a successful resolution as soon as possible and look forward to engaging with you in support of this.

Yours sincerely,



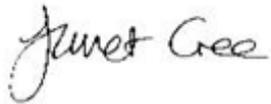
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