Clinicians are continuing to use the controversial Liverpool Care Pathway for end of life, despite a major review concluding it should be scrapped last year, Nursing Times has been told.

The review, led by Baroness Neuberger, was sparked by a series of national media stories that strongly criticised the care framework and led to it being dubbed a "death pathway". The review recommended it should be phased out in favour of individual care plans.

“I am aware that certain institutions have gone back to relying on it”
In June, a coalition of leading nursing and palliative care organisations – the Leadership Alliance for Care of the Dying – launched a new approach to end of life care centred on five priorities. The new framework, called One Chance to Get it Right, avoided the term pathway and was a lot less prescriptive in its content than the LCP.

However, an expert in the field has claimed nurses and doctors are continuing to rely on the LCP, because they now have “nowhere to turn” for specific guidance on how to treat people in the last weeks, days and hours of life.

Anthony Wrigley, a senior lecturer at Keele University who specialises in medical ethics and palliative care, argued that the LCP was “probably the best guidance in the world”, having been developed over many years.

“I am aware that certain institutions have gone back to relying on it,” he told Nursing Times. He said health professionals using the LCP would be “understandably reluctant” to say so, due to its tarnished reputation.

The alliance’s new priorities highlighted the importance of communication and tailoring care around an individual’s needs, but Mr Wrigley feared the replacement framework was not detailed enough.

In an opinion article published in this week’s Nursing Times, he suggested it was possible to include the LCP within the new priorities if it was used properly. “The guidance the LCP gave us shouldn’t be ignored because it is very good and entirely within the alliance’s principles and individualised care plans,” he said.

He also warned it was possible end of life care could get worse because of confusion about the best approach. “Practitioners have indicated you do need some kind of hook upon which to hang your approach to end of life care, and the LCP did give you that,” he said.

“Outside specialist settings like hospice care, people really don’t have the expertise and experience to fill in the gaps for themselves,” he told Nursing Times. “What’s your alternative – to make it up?”

“We recognise that it is a real challenge, particularly in busy hospital settings to embed a new approach to care”

Ros Taylor

The Neuberger review identified a mixed picture of the pathway’s use, which included some excellent examples of end of life care where the LCP had been implemented correctly.
But Helen Brewerton, a former hospital palliative care clinical nurse specialist who is now community team leader at Trinity Hospice in London, said in her personal view there was “no way of rescuing” the pathway after its “assassination” by the media.

“The problem was never with the document itself but the poor application of it by clinicians who were poorly equipped in its use by their basic training,” she said. “Many of our local hospital trusts have produced their own documents, which act as guides for writing an individualised care plans.”

“Practitioners should be focusing on good personalised plans that meet the five priorities”

Sue Hogston

Representatives from organisations in the alliance spoke out strongly against the use of the LCP and maintained that their new guidelines were clear.

Sue Hogston, chief nurse at Sue Ryder, said: “If people are still using the LCP it shows a lack of awareness of what is required. Practitioners should be focusing on good personalised plans that meet the five priorities.”

She argued that the priorities and accompanying guidance were “fantastic”, but admitted training was also vital for general nursing staff. She said: “The key for me is the training and education of staff, including communication, which came out time and time again from patient and family feedback on the LCP.”

Dr Ros Taylor, national director for hospice care at Hospice UK, agreed education and support for staff was crucial to the success of the new priorities. “We recognise that it is a real challenge, particularly in busy hospital settings to embed a new approach to care, and that success will rely heavily on education and support of those involved in the care of dying people.”

She said hospices were well-placed to provide that support and many were actively working with hospitals and care home staff to boost their confidence and knowledge.

NHS England confirmed it stood by the recommendations of the Neuberger review to scrap the LCP. “We would not support the use of it but it is for the regulators and for professional bodies to look into this,” said a spokeswoman.

Professor Sir Mike Richards, the Care Quality Commission’s chief inspector of hospitals, said: “End of life care is one of the eight core services we are looking at during each hospital inspection.”

A Nursing and Midwifery Council spokeswomen said: “All people, including those who are dying, their families and their carers, must be treated with dignity, respect and compassion.”