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MPs call for better training to improve nurses’ end of life care skills

16 March, 2015 | By Nicola Merrifield

Nurses and other clinicians must receive tailored training to address the lack of confidence and skills they have in raising end of life issues with patients, a report by the Commons’ health select committee has said.

The MPs’ inquiry into end of life care found variation in the quality and practice of care given to people approaching the end of life – defined by the committee as those who appear likely to die within the next 12 months – within both hospital and community settings.

End of life care is unlikely to improve unless staff feel able to identify people who are close to dying and start conversations with them about where and how they would like to be cared for, said the MPs in their report.

“[Patient and family experience will be made worse if they encounter poor communication and planning or inadequate professional expertise”

Sarah Wollaston

Evidence submitted to the committee by the Parliamentary and Health Service Ombudsman stated that half of all its complaints around this type of care featured poor communication – including between clinicians and patients or the family, within clinical teams and between hospitals and community services.

“Our case work has highlighted instances where people have only learned of their diagnosis through reading discharge summary information, and... In other cases, relatives have learned of bad news over the telephone from GP practice managers,” stated the Ombudsman.

The select committee has called for NHS England to work with care providers to roll out tailored training for all health and social care staff – including those in generalist, qualified or unqualified roles – who are likely to provide end of life care, which should include communication skills.

Meanwhile, clinicians must also receive training in advance care planning, especially around patients’ legal rights when making decisions about care, said the committee.

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Health Select Committee

Evidence submitted to the inquiry suggests the Mental Capacity Act 2005 – the legislation which allows people to express their preferences for care and treatment in case they lack the capacity to do so in the future – is “not well understood”.
It also noted that a shortfall in community nurses and specialist outreach palliative care was providing a barrier to more people being able to die at home, which was often their preference.

“We recommend [national workforce planning body] Health Education England and NHS England set out how they plan to address the shortfalls in the staffing of community care services...This should involve their plans for the recruitment and training of district nurses,” the committee’s report stated.

As part of its 25 recommendations, the MPs also stressed that every provider should have a model in place based on the Five Priorities for Care – the guidance for workers when it is thought a patient will die in the next few days or hours.

Last year, the Five Priorities for Care replaced the controversial Liverpool Care Pathway, which had attracted negative media attention following reports that people were placed on the pathway without consent or the knowledge of friends and family.

Committee chair Dr Sarah Wollaston said: “The care that people receive at the end of their lives has a profound impact not only upon them but also upon their families and carers. At the most difficult of times, their experience will be made worse if they encounter poor communication and planning or inadequate professional expertise.”

Charity Marie Curie welcomed the report, adding the future government must make a “dramatic improvement” in access to high quality care in the community.

“[This should be] available for people early on in their illnesses so that they can live well and stay out of hospital for as long as possible,” said its chief executive Dr Jane Collins.