Scaling up palliative care for an ageing population: proposals from the IMPACT project

The IMPACT team
The IMPACT team

- **Nijmegen, Holland:** Yvonne Engels, Myrra Vernooij-Dassen, Annick Stijns, Jasper van Riet Paap
- **Bonn, Germany:** Lukas Radbruch, Birgit Jaspers
- **Trondheim, Norway:** Ragni Sommerbakk, Marianne Hjermstad, Stein Kassa
- **Bologna, Italy:** Elena Mariani, Rabih Chattat
- **London & Sheffield, England:** Steve Iliffe, Nathan Davies, Laura Maio, Mareeni Raymond, Jill Manthorpe, Peter Crome, Alex Warner, Sam Ahmedzai.
- **Plus participants from Spain, Belgium, France and Poland**
Background 1: Scale

Causes of death

- "progressive dwindling"
- Long term conditions
- Sudden death
- Cancer

Survival time with dementia

Median 7.1 years with Alzheimer’s dementia, 3.9 years with vascular dementia.

4.5 years from symptom onset

Xie J et al Survival times in people with dementia: analysis from population based cohort study with 14 year follow-up. BMJ 2008; 336: 258-262

3.5 years from diagnosis

Background 3: History

- Different ways to develop palliative care
- Hospice-based or hospital-based?
- Public-private funding mixes
- All IMPACT nation palliative care services are embedded in & integrated with national health care systems

Centeno C, et al  EAPC Atlas of Palliative Care in Europe 2013  European Association for Palliative Care with The Universities of Navarra and Glasgow, 2013
Background 4: Problems

- Transfer of skills into community settings
- Expansion of specialist care to include 80% of deaths unlikely (and inappropriate)
- Specialisation in palliative care leads to great gains but may also deskill generalists.
- Specialist skills can be undermined by non-specialist tasks
- Potentially highly politicised clinical service

Quill TE, Abernethy AP. Generalist plus specialist palliative care – creating a more sustainable model. NEJM 2013; DOI:10.1056/NEJM1215620
Methods 1: Overview

Using quality indicators to improve the organization of palliative cancer and dementia care in Europe

- **Literature reviews** and **interviews with subject matter experts**
- **Modelling** palliative care for people with dementia or with cancer
- Developing quality indicator sets (**technology development, co-design**)
- Field testing quality indicators in primary care, care homes, hospitals & hospices (**before and after study**)

EAPC Conference, Copenhagen, May 2015
Methods 2: Synthesis

Thematic analyses of interviews
Literature reviews
Consensus conference using modified nominal group techniques
Followed by a modified Delphi process

Iliffe S et al Modelling the landscape of palliative care for people with dementia: a European mixed methods study BMC Palliative Care 2013 Aug 12;12(1):30
Findings 1: Key themes

- Division of labour makes skill transfer difficult
- Staff & family engagement in care planning is important (the Liverpool Care Pathway)
- Management of uncertainty & complexity/assessment skills are key professional tasks
- Boundaries exist, manage transitions & prognostication
- Bereavement & dying well
Findings 2: Skill sharing

Easier for some countries than others?

• Extensive French community services allow outreach by palliative care (also Norway)

• Primary care gatekeepers (UK, Netherlands) have special obstacles to skill sharing

• Hospital-based specialist palliative care has disadvantages (Germany)
Policy options

• Focus resources first on nursing homes & home care services
• Reduce isolation from mainstream palliative care
• Embedded support or episodic in-reach?
• Adult learning, not training
• ‘Communities of practice’ emerge before formal systems

WHO (Europe) Palliative Care – the solid facts  WHO European Office, Denmark 2004
Thank you for listening!

http://www.impactpalliativecare.eu/