PCRS-UK EQUIP

Equipping you to improve respiratory care

Module 5

End of life care

- ✓ Improved experience for patients with COPD
- ✓ Reduce unscheduled attendances and A&E visits for advanced COPD
- ✓ Facilitate improved care planning for COPD

Predicting the progression of long-term conditions such as COPD is difficult. Nonetheless, trigger points on the journey can help us identify those who may be approaching more terminal stages of disease where holistic assessment and intervention can help reduce symptoms and improve quality of life. Conversely, asthma deaths are rare events that can usually be prevented through better management and patient education that is covered in modules 1-4 of EQUIP.

This module will help you identify key trigger points and provide tools and resources to support appropriate assessment and intervention for patients approaching end of life.

Supporting people to have the best quality of life to the end of their life is a key aim of care. Yet few people with COPD (and their carers) have the opportunity to discuss their care preferences. Too many continue to die in hospital having experienced multiple prior admissions without benefit or improvement, distressing chronic symptoms and unmet physical, psychological and social needs. Whilst recognising and addressing such needs may be difficult, it is possible to make significant improvement.

Involve patients in their care planning

Discuss how advanced COPD will be managed – *Click **HERE***
Gold Standards Framework advanced care planning – *Click **HERE***

How are you doing?

Firstly, find out how many of your COPD patients are identified on your palliative care register. Run a monthly or quarterly search so you can track your progress over time. Identify your high-risk COPD patients using our worksheet and use the holistic assessment and management of high-risk COPD worksheets to improve your interventions. Exacerbations leading to admissions usually generate a discharge letter. Think about what happens when that letter arrives in the practice. Does it just get filed away? Or do you use it as an opportunity to reassess the patient? Consider using DOSE or BODE index to help you calculate the risk of further admission and death.

At your practice palliative care meetings, monitor how many patients have an advance care plan and how many patients achieve their preferred place of death.

How does your practice palliative care register compare with your neighbouring practices?

Suggested search criteria
All COPD patients on the palliative care register

Prepare for advanced COPD

- Practice improvement worksheet for assessing patients with advanced COPD – *Click **HERE***
- Practice improvement worksheet for management of advanced COPD – *Click **HERE***
- Practice improvement worksheet – Identifying high impact COPD – *Click **HERE***

Responsible prescribing

There is good evidence to support the use of

Responsible prescribing
- Quick guide to the diagnosis and management of COPD – *Click* ***HERE***
- Palliative care for COPD opinion sheet – *Click* ***HERE***
- *PCRJ* - End of Life Care for COPD Patients by Mervyn Dean – *Click* ***HERE***

Oxygen
Routine use of oxygen in primary care – *Click* ***HERE***

Evidence-based guidance:
BTS guidance for emergency use oxygen – *Click* ***HERE***
IMPRESS - Rationalising oxygen use to improve – *Click* ***HERE***

Skills development
Practice training plan – *Click* ***HERE***
Skills document – *Click* ***HERE***

Evidence-based guidance:
Dying Matters – *Click* ***HERE***
Gold Standards Framework – *Click* ***HERE***
SPARC assessment tool – *Click* ***HERE***

pharmacotherapy to reduce breathlessness that is unresponsive to standard respiratory treatment. Our quick guide to COPD and opinion sheets on end of life and breathlessness provide information on appropriate and evidence-based prescribing. Look at your prescribing of opiates and anxiolytics to people with distressing breathlessness in the high-risk group. Are you prescribing appropriate pharmacotherapy that can reduce distressing symptoms?

Oxygen

Oxygen is a treatment for hypoxaemia only, not for breathlessness, so should only be prescribed after proper assessment by specialist teams except in emergencies, even in palliative patients (followed up by referral to Home oxygen team). Patients on long-term oxygen therapy (LTOT) have a higher risk of admission and death. They are therefore an important group who should have the opportunity to discuss holistic treatment and advance care planning. Do you record your patient use of oxygen on your practice registers using searchable codes?

Referral

Look at referral rates to district nurses and palliative care services. Could more be done to support these patients through social and community care? Have the needs of carers been considered and addressed?

Workforce skills and competence

Is there a whole system approach to helping people identify and manage end of life care in COPD and other long-term conditions? Look at your practice development and training programme. Are all your key health professionals trained in communication skills?

Look at your COPD population in more detail and look at what you achieve after one year of care. Evidence suggests that 70% of people would prefer to die at home if appropriate support was available. Are you providing the sort of evidence-based interventions that are recommended?

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This series of modules are prepared in DRAFT format, for commissioning groups and members to use as part of a PILOT test.

Feedback is sought from users of these modules based on effectiveness, accuracy, completeness, usefulness and outcomes.

Please submit your feedback direct to tricia@pcrs-uk.org or submit online HERE