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A case study of a primary-care led service for those who wish to die at home

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Given the choice, people want to die in their own homes, supported by their family and friends, be in their own community and have access to effective services. However, it is acknowledged that a great deal more can be done. People are unable to access the care they need in the community setting of choice and family as the carers are being left with the burden of the care. 70% of people express a desire to die in their own home yet less than 20% achieve this. This is a case study from a vision for a model of service for end of life care, identifies the key issues and gaps in service delivery and articulates how services will commit to achieve this vision over the next four years. The model being developed in the UK involves working with key providers to realign and better integrate services that are provided to support people towards the end of their life including terminal care. It maximizes the dignity of the person at end of life as well as relieve as much as is possible the stress for them and their carer's and/or family. It is co-produced with patients and carers. The project uses an equality impact assessment tool to better understand how to carry out targeted engagement and ensure that a representative sample of patients and carers are given the opportunity to inform service design. Central to this, is the ability to monitor via provider contracts patient and carers experiences of services and use data from experiences of services. Engagement and involvement is an on-going process and include but not be limited to patient/resident groups. This strategy has been produced and refined by harnessing patient and carer views both nationally and locally.

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