CENTRE FOR PALLIATIVE CARE

Enhancing care through excellence in education and research



Search

Melbourne, Victoria, Australia

Subscribe to our Newsletter

Support us

by Donating

Centre for Palliative Care

Home » Education » Here

About Us

Education

Professional Development

Victorian Palliative Care Nurse Practitioner Collaborative (VPCNPC)

Victorian Palliative Medicine Training Program (VPMTP)

Victorian End-of-Life Care Coordinating Program (VEC)

- About VEC
- VEC Update
- VEC eNews
- VEC Special Interest Group
- Registration Portal
- What's involved in setting up the LCP at our place?
- Victorian I CP
- Information for Relatives and Carers
- VEC Resources
- Useful Links
- Journal Articles
- Contact VEC

Victorian Aboriginal Palliative Care Collaborative (VAPCC)

Online Learning -Palliative Care: Getting

Research

Foundation

Events

Resources

Information for Consumers

Contact Us

Victorian End-of-Life Care Coordinating Program (VEC)

Information Sheet

Findings of the UK Review of the Liverpool Care Pathway and Victoria's approach to implementing end of life care pathways.

In Victoria the use of End of Life Care Pathways (EoLCPs) to support clinical decision-making and communication for imminently dying patients is part of delivering good quality end-of-life care.

On 17 July 2013 the independent Review of the Liverpool Care Pathway was released in the United Kingdom. Concerns have been raised among clinicians in Victoria about what this means in relation to the use of the Liverpool Care Pathway (LCP) or other EoLCPs as a part of their practice.

If your health service uses an EoLCP to support your provision of good quality end-of-life care you should feel confident to continue to use it as part of your practice.

The United Kingdom review

The UK government commissioned a review of the Liverpool Care Pathway (LCP) in response to intense media focus. The review considered many aspects of care of the dying in English health services and made 44 recommendations not all related to the LCP. The key recommendations about the LCP are that:

- The LCP provides a model of good practice for the last hours and days of life, and
- · The lack of a coordinated approach to implementing the LCP across National Health Service

England has contributed to poor quality care for some patients.

The UK government's initial response to the review is to implement the report's recommendations, including:

- · Phasing out the LCP over the next six to twelve months, to be replaced with an end-of-life care plan for each patient backed up by condition-specific guidance
- · Reviewing the care of dying patients in all NHS England hospitals and ensure that these patients have a named senior clinician responsible for their care
- Stopping the financial incentives to NHS hospitals to register patients on the LCP.

Current approach in Victoria to the implementation of EoLCPs

The use of EoLCPs in Victoria is premised on existing research that suggests they assist clinical decision-making. The use of EoLCPs supports clinicians to make better decisions. Generalists do not become specialists by following a pathway.

The Victorian government funds palliative care services to provide generalist health professionals with specialist advice and support in the care of dying patients. This is not systematically available in England where palliative care services are not funded to provide specialist advice in hospitals.

In Victoria each metropolitan acute health service and all rural regions have a palliative care consultancy service that provides expert advice on the care of dying people. This increases the likelihood of specialist palliative care input to patient care and staff education.

The Victorian End-of-Life Care Pathways Coordinating Program (VEC) has been established to support the implementation of EoLCPs in Victoria through the provision of resources, advice and direction. The program lessens the possibility of poor practice by promoting review of implementation through medical record audits and surveys of staff practice, competence and confidence. Victoria has received no complaints about the use of the LCP from patients, carers or clinicians. The investment in the VEC and the attention to implementation is a key difference in Victoria to the UK.

There are no financial incentives for Victorian health services to use EoLCPs.

Our next steps in Victoria

The UK review and its recommendations will be considered by the Department of Health in partnership with the Palliative Care Clinical Network and VEC to ensure that the practices in Victoria protect patients from the negative outcomes identified in the UK. In particular the implementation approach for EOLCP and the monitoring framework for Victoria will be reassessed as well as a review to update the evidence on the impact of the EOLCP on patient outcomes.

If you wish to discuss this further, please contact the VEC Project Officer: Donna.Cowan@svhm.org.au or (03) 9854 1660

This response has been prepared by the Victorian End-of-Life-Care Pathways Coordinating Program, the Victorian Palliative Care Clinical Network & the Victorian Department of Health Friday, 19 July 2013



Disclaimer, privacy and accessibility

Copyright © 2010 - 2015 Centre for Palliative Care