

Regulation as a catalyst for EOLC



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The landscape of care

Care homes

- **460,000** beds
- **223,000** Nursing home beds
- **237,000** Residential home beds

GP practices

- **58.9 m** registered with a GP
- **7,700** GP practices

NHS hospitals

- **93.9 million** outpatient appointments / year
- **12.6 million** inpatient episodes / year
- **23.7 million** A&E attendances / year
- **636,000** baby deliveries / year

Dentists

- **22 million** adults seen by NHS every 2 years
- **6.8 million** children per year

England

55.3 m
(**45.2m** adults)

Private hospitals

Over 1,200 private hospitals and clinics

Home-care

500,000 + people receiving home-care support at any one time

Health & social care staff

- **1.2m** NHS staff
- **1.58m** in adult social care

Ambulances

- **6.9m** calls receiving a face to face response
- **10** NHS trusts
- **251** independent ambulance providers

What do we know already?



Words can be confusing !



Care based on a person's needs given by skilled staff with good communication

‘A person’s diagnosis, age, ethnic background or social circumstances should not affect the quality of care they receive at any point, but certainly not at the end of their lives. What is important is that everyone receives care based on their individual needs, delivered with compassion and sensitivity by staff with the right skills, and that there is regular and effective communication between staff and the dying person and their family.’

Professor Steve Field

‘A different ending’: our review of end of life care.

May 2016

A different ending. Findings 1

- **There are still some inequalities**
- People from certain groups in society are experiencing poorer quality care at the end of their lives than others because providers and commissioners do not always understand or fully consider their specific needs.
- Some commissioners and providers might not be fulfilling their duties under the Equality Act 2010 as all public bodies have a legal duty to consider the needs of a range of equality groups when carrying out their day-to-day work.

A different ending: Findings 3

- **The importance of having advance care planning conversations**
- Health and care staff are not always having conversations with people early enough about their end of life care. This means they don't have the opportunity to make plans and choices with their loved-ones about how and where they would prefer to die.

A different ending: Findings 4

- **We need to spread these examples of good practice everywhere**
- We identified examples of good practice, but found that action is needed to make sure everyone has the same access to high quality, personalised care at the end of their lives, regardless of their diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances.
- Hospice care across England has the highest percentage of services rated 'Outstanding'

+ Death was "the elephant in the room" during the 20th century



"Whenever I walk in a room, everyone ignores me."

End of Life care throughout CQC

Reflect the importance of good quality, personalised end of life care for everyone in the development of our future regulatory approach, and encourage improvement in the quality of end of life care for all.

The importance of good EOLC in CQC Inspections

In services that receive a rating for end of life care, including hospitals, community health services, and hospices, we will reflect the importance of end of life care meeting the needs of people from different groups, and strengthen our assessment of whether end of life care services are meeting the needs of these groups.

The importance of good EOLC in CQC Inspections

In services that provide end of life care but do not currently receive a specific rating, including adult social care services and GPs, we will include an assessment of the quality of end of life care and whether it is meeting the needs of different groups.

In GP assessments, we will assess whether the service is ensuring early conversations and coordinated end of life care for people from different groups.

The importance of good EOLC in CQC Inspections

In services that provide health or social care to people who are vulnerable because of their circumstances, we will consider how the service identifies and communicates with people and, if relevant, delivers end of life care.

CQC encouraging improvement and sharing good examples of good practice

We use our independent voice to share our findings and insight about the quality of end of life care to encourage improvement at local and national level.



Priorities for engaging the public



- Raise public awareness and understanding of CQC's role and purpose
- Listen to and act on people's views and experiences of care
- Engage the public in how we do our job
- High quality information to support choice



- Inspectors talk with the public before and during inspections
- Regular contact with those who represent the public eg. Overview and Scrutiny Committees, local HealthWatch
- Direct CQC channels including online 'share your experience form', email, phone, and letters
- c75% of information received is a concern about care, 25% are positive comments
- Analyse comments about services posted on websites eg. NHS Choices, Patient Opinion, IWantGreatCare
- Regular national surveys

Thank you



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