# Journey of EOL Care in Devon





Devon Macmillan GP Facilitators

Dr Susanna Hill

Dr Jemma Cooper

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Dr Emily Clapham

NHS and CARE working with communities and local organisations to improve people's lives







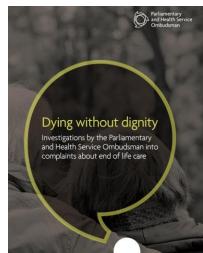


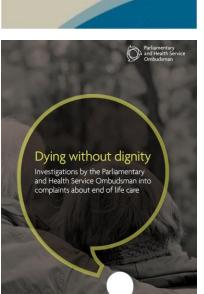








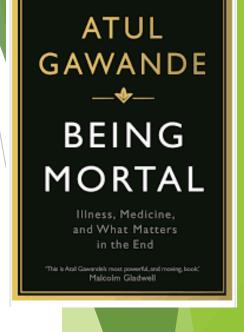












INTERNATIONAL BESTSELLER



The dying person, and those identified as important to them, are analysed in decisions about treatment and care to the extent that the dying person wants.



# Ambitions for Palliative and End of Life Care:

A national framework for local action 2021-2026

## Each person is seen as an individual

I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what's possible.

# Each person gets fair access to care

I live in a society where I get good end of life care regardless of who I am, where I live or the circumstances of my life.

# Maximising comfort and wellbeing

My care is regularly reviewed and every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible.

### Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

# All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

# Each community is prepared

I live in a community where everyb to play in supporting each other in ready, willing and confident to hav well and to support each other in e NICE National Institute for Health and Care Excellence

Search NICE...

Guidance v

Standards and indicators

Life sciences

How to Live and Die Well

Kathryn Mannix

British National Formulary (BNF)

British National Forr for Children (BNFC)

<u>Home</u> > <u>NICE Guidance</u> > <u>Health and social care delivery</u> > <u>Adult's social care</u>

# End of life care for adults: service delivery

NICE guideline [NG142] Published: 16 October 2019



National Palliative and End of Life Care Partnership May 2021



# **Planning Ahead** What matters most to you? Provided by hospice w































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If someone is otherwise well, has relatively healthy organs and their heart stops suddenly and unexpectedly, then CPR may save their life. The healthiest people have around a 10% chance of surviving (slightly higher if they are already in hospital), although many won't ever be well again.

# When CPR is undesirable

For someone who is already clearly dying, CPR will not help.

If someone is so sick that they are close to death, then a series of things will happen.

In this situation, we are talking about dying. The heart stops last. Everything else has stopped. The heart can't be re-started. CPR will not change anything. It will not rescue someone from anticipated dying. CPR is not a treatment for them now.

# What matters conversations

# Connect with us



## Planning for the Future

Asking ourselves 'What matters to me?' helps us to

Our answers could be about family, lobs, holidays, education, where we live, what we eat, what we love to do, what we don't want.

at the end of our lives has many benefits. The following resources will help you talk about it, plan for it, and record your wishes.

compassion in Dying: Advance Decision Pack

Compassion in Dying: Advance Statement

My Decisions: Planning Ahead For Your Future & Treatment Care















# John's story

# Past, present and future of End of Life Care