

5.11 Deputy J.A. Hilton of the Minister for Health and Social Services regarding discussions with clinicians from the hospital and medical community on the continuing use of the Liverpool Care Pathway:

Can the Minister inform Members whether any discussions have taken place with clinicians from the hospital and medical community on the continuing use of the Liverpool Care Pathway, and, if so, could she advise Members of the outcome of those discussions?

The Deputy of Trinity (The Minister for Health and Social Services):

Following publication of the Liverpool Care Pathway review at the end of July a meeting is scheduled for later this month when a group of clinicians, together with G.P.s and hospice staff, will be discussing the best way to support end-of-life care for Islanders, be it in the hospital, hospice or in their own home. The meeting will look at our processes for individual care plans and how we can ensure that the best and most appropriate care is delivered to patients based on their individual needs and wishes in their last days and hours of life. It will consider the advice and support we can give to their families through this difficult time. Also, much work has been undertaken on the end-of-life care in Jersey as part of the white paper, *Workstreams*. The outcome of this month's meeting will further help to focus our efforts when refining our end-of-life strategy.

5.11.1 Deputy J.A. Hilton:

I would like to thank the Minister for her answer. I would just like to ask about who makes the decision to place a person on the Liverpool Care Pathway and who advocates for the elderly and vulnerable who have no immediate family to assist them while they are in hospital?

The Deputy of Trinity:

To make it clear, nobody is put on a Liverpool Care Pathway. The principles behind this are sound and well thought through. It is the individual care pathway, be it nutrition, hydration, pain control, family support or whatever, are fully discussed and it is a multi-disciplinary team as well as the family. If the family have not got any next-of-kin or whatever, there is always someone who supports the family through because you would need to have a next-of-kin allocated anyhow.

5.11.2 Senator S.C. Ferguson:

The Minister has been very supportive of this procedure but the anecdotal evidence - there is some locally as well as in the U.K. (United Kingdom) - is that application of the Liverpool Care Pathway is unsatisfactory. Will she reassure this Assembly that this procedure will cease to be recommended at this point in time, given also that the U.K. has stopped it entirely?

The Deputy of Trinity:

If I answer the last question first, the review that I referred to, reported at the end of this July 2013 under Baroness Julia Neuberger. She said that the principles behind the Liverpool Care Pathway are sound. It is how it was put into place. Liverpool Care Pathway is a tool. It is how it is placed and who places it and the communication which is important. It is general good principles and good practice to care for somebody during the last days and hours of their life. I know Senator Ferguson and the rest of the Members are very concerned about it and I can quite understand that. At the next quarterly meeting for States Members, which is in 2 weeks' time, I am happy that the Liverpool Care Pathway or end-of-life care is discussed then.

Deputy J.A. Hilton:

Thank you, Sir.

5.11.3 Connétable D.W. Mezbourian of St. Lawrence:

Excuse me, Sir. I thought you had acknowledged...

The Bailiff:

I do beg your pardon. Yes, you are absolutely right, Connétable. Must still be in holiday mode.

The Connétable of St. Lawrence:

I understand that a Liverpool Care Pathway nurse has been employed and certainly funding for one year was made available. Will the Minister advise whether that nurse is in place, whether they work for the hospital or Jersey Hospice? The other question is has the end-of-life register yet been implemented?

The Deputy of Trinity:

As regarding the specialist nurse, the specialist nurse is a palliative care nurse. The Liverpool Care Pathway is a tool. It is a mechanism to ensure that it is the best practices underlying that. I must admit the best practice and care for patients is very high here. It is on top of the nurses' agenda when somebody comes to their last hours and perhaps days of their life. Communication is important. It is not only communication with the patient but also with the family. As regarding an end-of-life register, I understand that is probably in the end-of-life strategy which is going to be finished formulating fairly soon once the outcome of this meeting is known.

5.11.4 Deputy J.A. Hilton:

Can the Minister explain what training is available to doctors if it is doctors who are approaching patients to discuss their end-of-life care? Also whether the decision about somebody being placed on the Liverpool Care Pathway, although I know the Minister did say in a previous answer that they are not placed on the Liverpool Care Pathway, I believe. But I would like to know how those decisions are independently monitored?

The Deputy of Trinity:

For end-of-life care it is important to have an individual care pathway so everybody's particular needs are individual to that patient. The communication with that patient and with their family is so important. As regarding the doctors' training is given but I understand one of the 44 recommendations that does come out, it came out by the Baroness' work was that the G.M.C. (General Medical Council) should look at ways of improving doctors' training. As with that, we will look at how that can be done locally. It is important because it is vital that the correct care and time is given at this very difficult stage of one's life.