

Marie Curie  
Cancer Care



Delivering Choice Programme™

Working together to provide  
patient choice at the end of life

Programme overview

# End of life care



Better patient outcomes  
Genuine patient choice

[www.deliveringchoiceprogramme.org.uk](http://www.deliveringchoiceprogramme.org.uk)

“If I could wave a magic wand, I would just go home.”

Patient in Lincolnshire

## The majority of people with a terminal illness wish to die at home. Only one in five do so.

Research in recent years shows that most people in the UK would choose to die at home if they had a terminal illness. In reality, only one in five people are able to do so.

The **Marie Curie Delivering Choice Programme**, backed by the charity's Supporting the Choice to Die at Home campaign, aims to double the number of people with a terminal illness who are cared for and spend their final days at home.

**Our vision is to help local providers and commissioners of care to develop the best possible local services for palliative care patients, regardless of diagnosis, so that they are cared for in the place of their choice.**

### Our objectives

Working with the NHS and social services, as well as the voluntary and independent sectors, the Marie Curie Delivering Choice Programme aims to:

**Develop patient-centred, 24-hour service models** that serve local needs and ensure:

- the best possible care for palliative care patients
- equity of access to services
- appropriate support services for patients and their carers
- choice of place of care and death is available to all
- improvements in coordination of care among stakeholders

**Evaluate the economic impact on healthcare services** of more patients receiving palliative care at home compared with hospitals.

**Share findings with other health and social care providers** so that more patients can benefit from better end of life care across the UK.

### Our programme has full government support.

Since its inception, the Delivering Choice Programme has helped push palliative care up the political agenda. Our charity has fed into the government's End of Life Care Strategy for England and Lord Darzi's NHS Next Stage Review.

The End of Life Care Strategy, published on July 16, 2008, highlights better coordination across organisational boundaries as one of its key recommendations for improved care.

The strategy commends Marie Curie Cancer Care's model of delivery:

“By using a whole systems approach and introducing interventions which impact on the whole patient pathway, the programme has increased the number of patients supported to die at home and has decreased the number of emergency admissions to hospital in the areas where the interventions are in place.”

### Working in partnership using a whole systems approach achieves better end of life care.

Palliative care is typically provided by a range of organisations and professional groups. Traditionally, improvements in care focus on the individual service, often without reference to the complex relationships between services.

### The Delivering Choice Programme's service redesign methodology is based on systems thinking.

Using this holistic approach, the programme helps care providers and commissioners to examine the whole structure of palliative care delivery, with an emphasis on the interactions between services and understanding their complexity.

Through the programme, care providers and commissioners work in close partnership with a broad range of local services to develop effective models of service delivery and improve the whole palliative care system for patients.

**Each project is undertaken in three phases.**

<b>Phase I</b> Four–five months	Examine the whole system of palliative care service delivery in the area to identify barriers and understand local needs.
<b>Phase II</b> Four–five months	Work with local partners to design new service models to address these barriers.
<b>Phase III</b> Two years	Pilot and evaluate the service models for two years before commissioning these services to be sustained in the longer term.

**Across the UK, our seven projects are already improving patient choice.**

To demonstrate how our programme can help support patient choice and improve care, we established our first project in Lincolnshire in October 2004. We now have six other projects in Tayside (Scotland), Leeds, Barnet (north London), south-east London, Somerset and Northumberland, Tyne and Wear.

Our seven projects are chosen to provide a variety of geographic, political and demographic conditions. As all sites are different, this diverse mix provides us valuable insights and experience into how we can improve care services in a variety of environments.

**Our programme's seven projects in the UK**

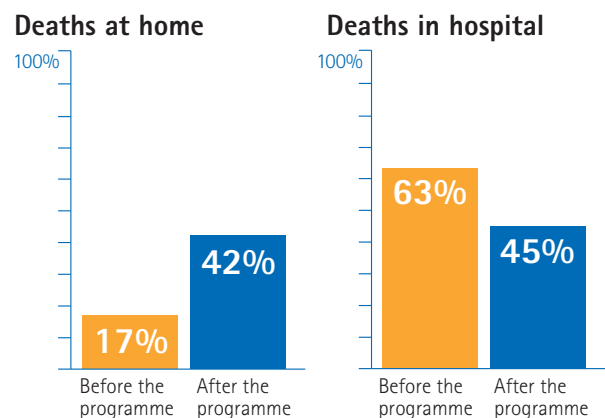


**And our programme really works. Better patient outcomes, at no extra cost.**

To understand the social and economic impact of more patients receiving care at home rather than in hospitals, our programme's first three projects are being independently evaluated by the King's Fund and Lancaster University.

Results from the Lincolnshire project – the most advanced of the seven projects – are very promising. An evaluation published by the King's Fund in 2008 showed that, by improving community care, not only can better patient outcomes be achieved, but the cost can be the same. **Most importantly, the evaluation also showed that deaths at home for patients have more than doubled.**

For patients benefiting from the Delivering Choice Programme services in Lincolnshire:



Source: King's Fund

*“I’m not going to live very long, all I want to do is be able to lie in bed and have a cuddle with my wife.”*

Patient with heart failure in Lincolnshire

## Sustainable solutions for every locality

Service models and interventions to improve care will differ depending on local needs. Here are some examples of service interventions in our various projects:

- **Rapid response in the community for symptom management, psychological and social support – Rapid Response Team (Lincolnshire project)**  
Access to round the clock crisis care is vital to avoid escalation of symptoms that might otherwise lead to emergency admission. This service also provides the much-needed reassurance to patients and carers.
- **Arranging packages of care – Palliative Care Coordination Centre (Lincolnshire project)**  
Putting in place packages of care for hospital discharge and patients at home is a laborious task. The coordination centre acts as an administrative centre that organises these services for healthcare professionals in the hospital and community.
- **Improved discharge – Discharge Community Link Nurses (Lincolnshire project)**  
Nurses with specific responsibility for palliative care patients can ensure that their wishes and those of their families are met, wherever possible. Our discharge nurses have the time and experience to have these difficult conversations and to put in place complex packages of care.
- **Dedicated transport – Palliative Care Ambulance (Leeds and Tayside projects)**  
These vehicles ensure that palliative care patients can get discharged quickly, safely and in comfort – without facing long delays and missing their last window of opportunity to leave hospital.
- **Integrated health and social care service – Health and Personal Care Assistants (Leeds project)**  
As patients at home often require both health and social care, combining both types of care into a single service can significantly improve the quality of care. A new category of professionals known as health and personal care assistants, works closely with district nursing teams to deliver a wide range of care.

Marie Curie Cancer Care is committed to helping more care providers and commissioners across the UK to achieve higher standards of care and better patient outcomes.

## We want to share what we've learned from our projects so that more patients can benefit from better end of life care.

For us to share our experience and knowledge to help each area deliver a local project independently, we are offering:

- **Access to an electronic toolkit with step-by-step guidance on setting up and implementing a project.**  
This comprehensive e-toolkit has all the information you need to help you get a project off the ground. Our e-toolkit includes complete service redesign methodology – from analysing the whole system to designing and implementing new service models.
- **An expert adviser who will advise and guide your team every step of the way to ensure the delivery of a successful project.**  
All our advisers have previous experience in managing their own Delivering Choice project. With their expertise, they will take your team through each phase of work.

This new way of implementing a Delivering Choice Programme has been adopted by Tower Hamlets Primary Care Trust, Norfolk Primary Care Trust, Great Yarmouth and Waveney Primary Care Trust, Worcestershire Primary Care Trust and Heart of Birmingham Teaching Primary Care Trust.

Ask us how we can help you deliver more choices to your patients. For more details, please visit our website or contact:

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Delivering Choice Programme partnerships enable palliative care and end of life patients to be cared for and die in the place of their choice.