Improving palliative care

“In March 2004, the National Institute for Clinical Excellence for England and Wales (NICE) published the much-anticipated guidance on *Improving Supportive and Palliative Care for Adults with Cancer*.† The publication of the guidance will provide no surprises for those involved in cancer care. The optimum service configurations and processes underpinning high-quality care will also come as little or no surprise as the recommendations are entirely practical and sensible.

Thought will be required to organise the implementation of the guidance and meet the recommendations within it. Roles, remits and relationships may have to be rethought, both by those providing practical clinical care and those working strategically to assess, plan, deliver and commission care. The guidance provides numerous opportunities for collaborative working, and draws together a number of cancer policy initiatives and workstreams. The guidance is also entirely, and rightly, patient- and carer-focused. Alongside the publication of the guidance for professionals will be the publication of a version for the public, which, if readily accessible, could have considerable impact on service delivery.

The guidance covers the patient and carer pathway from diagnosis to treatment, recovery, death and bereavement. It includes aspects of care and services such as social care, psychological care, communication, information services, complementary therapy and rehabilitation, as well as specialist and general palliative care, and as such the guidance extends beyond palliative care in its narrowest definition. The recommendations impact on all cancer tumour sites, providers and commissioners of primary and secondary care, voluntary and statutory services, and health and social services.

The common denominator for the delivery of the guidance is the cancer network – the 37 ‘virtual’ organisations established in England and Wales in 1995.[1] The majority of networks are likely to have structures in place, bringing together members of multidisciplinary teams for site-specific cancers and for palliative care. Networks can also bring together specific groups of people and professionals – lead cancer nurses, lead clinicians, information providers, and those working with service users.

The challenge and the excitement of implementing the guidance will be in looking at how to bring these groups together, sharing the responsibility for parts of the guidance without losing the impact of it in its entirety. The establishment of a core team to oversee implementation will be of paramount importance. Specific aspects of implementation may need to be devolved to nominated groups who must then link into this overarching group: for example, the assessment of need for, and the delivery of: spiritual care, rehabilitation, and psychological and social care. This work must be used to raise the profile of these services, the importance of which has always been known by those providing high-quality palliative care, but which will now take on a far greater prominence at all stages in the pathway.

Asking for, and then listening to, the views of patients and their carers is not limited to assessing their needs, but should also be used to shape and reshape services

Much of the guidance focuses on assessment, highlighting the need to produce assessment tools to be used consistently and regularly, based on information gained from the patient and carer, and shared with relevant professionals to ensure access to the right care at the right time and from the right people.

Asking for, and then listening to, the views of patients and their carers is not limited to assessing their needs, but should also be used to shape and reshape services. This guidance provides an opportunity to work in genuine partnership with users to consider all aspects of cancer care at all stages, and deliver care and services that are based on their needs. Experience gained in other areas of service improvement suggests that when this approach is taken, the targets, recommendations and standards that may seem to dominate our healthcare system can be met almost effortlessly.”

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† It should be noted that the guidance only covers services for adults with cancer. Children with cancer are not included, except those who have a family member with cancer.

Reference
1. Department of Health. *A Policy Framework for the Commissioning of Cancer Services*. London: DoH, 1995.