WA Palliative Care Network

Statement in response to the findings of the England Independent Review of the Liverpool Care Pathway

The Palliative Care Network has implemented the Liverpool Care Pathway (LCP), modified for use in Western Australia (WA lcp), as a quality improvement approach to care of the dying. The pathway has been used in WA since 2009 and is an important platform for change, assisting 48 metropolitan and regional health services to review their culture of end of life care and plan service improvement.

The Independent Review of the Liverpool Care Pathway (England)

On 15 July 2013 the Independent Review of the Liverpool Care Pathway (LCP) was released in England. The Review, commissioned following adverse media reports, considered many aspects of care of the dying in English health settings and made 44 recommendations relating to global reform.

The Review examined complaints in end of life care in 16 Hospital Trusts (11% of English Acute Hospital Trusts). In a one year period, 255 complaints were related to end of life care; in only 16 of these complaints was the LCP identified as a contributing factor.

The Review demonstrated that when the LCP is used properly, patients die a peaceful and dignified death and that the LCP has made a valuable contribution to improving the timeliness and quality of clinical decisions in the care of dying patients.

The Review Panel however found too many examples of poor care when the LCP was not implemented and used properly. The name ‘Liverpool Care Pathway’, especially the word ‘pathway’, was found by the Review to have become problematic and it recommended it should be abandoned. The Review also recommends that the LCP should be replaced within the next six to twelve months by an end of life care plan for each patient.

Since the release of the Review, the NHS England has issued guidance to support doctors and nurses in England and reiterates that many people experience good end of life care using the LCP and that it should not be removed from practice abruptly. The NHS states that the ‘principles of good palliative care, on which the LCP is based, must continue to be upheld: regular assessment and management of symptom control and comfort measures, effective communication with patients and their families, and provision of psychological, social and spiritual support. These principles hold true, whether or not the LCP or any integrated care pathway or plan for the dying is used. In keeping with standard good practice a named senior clinician should be accountable for the care of the individual patient’.

The WA Palliative Care Network Response

The Palliative Care Network has in the past week reflected on the findings of the Review and has communicated with other jurisdictions nationally and internationally with the Marie Curie Palliative Care Institute Liverpool to consider our response.


2 Neuberger, J. (2013). Snapshot Review of Complaints in End of Life Care Key findings. Commissioned by the National Independent Review Panel of the Liverpool Care Pathway for the Dying Patient (LCP) for delivery by the former National End of Life Care Programme (now under the auspices of NHS Improving Quality).

The responsibility for the use of the WA lcp sits within the governance of individual health services and must be underpinned by a robust education and training program. The WA training/mentoring implementation model differs from that used in the United Kingdom and to date there has been no formal complaints or adverse media regarding use of the WA lcp.

The Palliative Care Network has a dedicated training/mentoring team that has strategically led health services through:

- engagement at Executive level in each service to support clinical governance of the pathway using a quality improvement approach to care of the dying
- a Link Nurse training program and the provision of ongoing training for all clinicians including medical staff
- facilitating, mentoring and use of reflective practice in clinical decision making, using the WA lcp and in general principles of best care of the dying
- involving specialist palliative care services in training and ongoing support
- developing a suite of evidence based clinical resources as support documents.

**Current Action**

The Palliative Care Network has identified the need for a review of end of life care, including care of the dying, and is currently developing a *Continuum for End of Life Framework (CELF)* policy to address quality improvement in care including:

- earlier palliative care planning during advancing illness and increasing decline
- communication with patients and families, which involves them in the plan of care
- assessment and recognition of deteriorating patients in the last weeks and days of life
- timely commencement of treatment for holistic comfort care.

In parallel, the Palliative Care Network was invited by the Australian Commission on Safety and Quality in Health Care to participate in an expert round table focusing on end of life care to support National Standard 9 (*Recognising and Responding to Clinical Deterioration in Acute Health Care*). The Commission has identified the need for better care of patients whose death would not be unexpected and is drafting a national consensus statement. Feedback will be sought from relevant specialist groups and Commission committees throughout the remainder of 2013.

The Palliative Care Network advises health services to continue to use the WA lcp in its current format until the review process is completed.

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Date: 26 July 2013