

THE LIVERPOOL CARE PATHWAY SHOULD BE REPLACED

The Liverpool Care Pathway should be phased out and replaced by an individual end of life care plan, an independent review led by Baroness Julia Neuberger recommended today.

The review was commissioned by Care and Support Minister Norman Lamb in January 2013, because of serious concerns arising from reports that patients were wrongly being denied nutrition and hydration whilst being placed on the Pathway.

Senior Rabbi at the West London Synagogue and crossbench peer, Baroness Neuberger and her panel now recommend that use of the Liverpool Care Pathway should be phased out over the next six to 12 months, and be replaced by a personalised end of life care plan, backed up by good practice guidance specific to disease groups.

The Review panel recognised that, when applied correctly, the Liverpool Care Pathway does help patients have a dignified and pain-free death. And they support the principles underpinning it. However, they heard of too many cases where the LCP was simply being used as a 'tick box' exercise, its users failing to take account of a patient's individual needs.

Today the report makes 44 recommendations. In addition to replacing the Liverpool Care Pathway, others include:

- A general principle that a patient should only be placed on the Liverpool Care Pathway or a similar approach by a senior responsible clinician in consultation with the healthcare team.
- Unless there is a very good reason, a decision to withdraw or not to start a life-prolonging treatment should not be taken during any 'out of hours' period.
- An urgent call for the Nursing and Midwifery Council to issue guidance on end of life care.
- An end to incentive payments for use of the Liverpool Care Pathway and similar approaches
- A new system-wide approach to improving the quality of care for the dying.

Speaking today, Baroness Neuberger said:

"There is no doubt that, in the right hands, the Liverpool Care Pathway supports people to experience high quality and compassionate care in the last hours and days of their life.

"But evidence given to the review has revealed too many serious cases of unacceptable care where the LCP has been incorrectly implemented. Examples include leaving patients without adequate nutrition, hydration and inappropriately sedated. This is not only awful for the patients, but it is deeply distressing to their relatives and carers.

“Caring for the dying must never again be practised as a tick box exercise, and each patient must be cared for according to their individual needs and preferences, with those of their relatives or carers being considered too. Ultimately it is the way the LCP has been misused and misunderstood that has led to such great problems, along with it being simply too generic in its approach for the needs of some people. Sadly it is just too late to reverse this and turn the clock back to get it used properly by everybody. That is why we have recommended phasing out the LCP and replacing it with a more personalised and clinically sensitive approach.”

“What we have also exposed in this Review is a range of far wider, fundamental problems with care for the dying – a lack of care and compassion, unavailability of suitably trained staff, no access to proper palliative care advice outside of 9-5 Monday to Friday.

“All the major players in the health and care system, including the Government, need to do their part in reforming care for the dying, so that people everywhere can be sure they will be treated with respect and compassion, supported to die a peaceful, dignified death.”

The LCP was recommended as a model of good care by the Department of Health’s End of Life Care Strategy in 2008, by the General Medical Council in 2010, and the National Institute for Health and Care Excellence in 2011.

It was designed to be used as a means to manage a patient’s pain and distress when clinicians considered that they were in their last hours or days of life, and there was no appropriate reversible treatment for their condition.

The Review panel held four sessions around the country and heard evidence from relatives and carers and clinicians with experience of the LCP, along with a number of organisations.

More than 650 submissions were received and carefully reviewed by the Panel members, who undertook this work without payment because of their deep concerns.

The Panel has decided to meet again during the winter to monitor progress made on the recommendations.

Background

1. For further information, please contact 020 7210 5435
2. A full copy of the report and recommendations can be found here: www.gov.uk/dh
3. In addition to Baroness Neuberger, the Review panel’s members were:
 - David Aaronovitch — columnist for The Times
 - Tony Bonser - fund-raiser for Macmillan Cancer Support; North Western Champion for the Dying Matters Coalition
 - Denise Charlesworth-Smith — national campaigner on the use of the Liverpool Care Pathway after her father’s death in January 2012

- Dr Dennis Cox — Royal College of General Practitioners
- Lord Charles Guthrie - Chancellor of Liverpool Hope University; Chairman of both the Hospital of St John and St Elizabeth and St Johns Hospice.
- Lord Khalid Hameed — Chairman of the Alpha Hospital Group; Chairman & CEO of the London International Hospital,
- The Rt Revd Richard Harries — Former Bishop of Oxford
- Prof Emily Jackson — Professor of Law at the London School of Economics
- Sarah Waller CBE — A former trust chief nurse and director of human resources: currently leads The King's Fund's Enhancing the Healing Environment Programme.