

From: Norman Lamb MP, Minister of State for Care and Support

To: All Chairs and Chief Executives of NHS Trusts and NHS Foundation Trusts

Independent Review of the Liverpool Care Pathway

As you may be aware, in January 2013, I commissioned an Independent Review of the Liverpool Care Pathway (LCP) in response to concerns raised about poor care experienced by patients who were put on the LCP. The Review has today published its findings and there are a number of recommendations that have a bearing on NHS and other health and care sector organisations. I would therefore urge you to read the report closely and consider its recommendations and its implications. It is available at: https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients

The report recognises that the principles of care underpinning the LCP are sound and, when used appropriately, the LCP supports good care for the dying. However, it also identifies specific instances of poor practice and poor quality care, with families and carers not being properly involved and supported.

I would like to reassure all trusts and clinicians working with dying patients that the Government continues to recognise and value the high quality of much of end of life care across the country. I would also like to convey my continued support and appreciation for the work that so many doctors, nurses and others do on a daily basis to care for people at the end of life.

The Government will be working with partner organisations, stakeholders and charities across health and care to inform a full system-wide response to the Review's recommendations in the autumn.

Our intention is for the Liverpool Care Pathway to be phased out over the next 6-12 months. Instead, an individual approach to end of life care for each patient will be introduced, with a personalised care plan backed up by condition-specific good practice guidance and a named senior clinician responsible for its implementation.

In addition, the Care Quality Commission will be undertaking thematic work on end of life care, and the three new Chief Inspectors – of Hospitals, Social Care and General Practice – will consider end of life care issues as they develop their new approach to inspections. To support these improvements to end of life care, I am also writing to the General Medial Council and the Nursing and Midwifery Council to highlight both the need for effective guidance on supporting nutrition, hydration and sedation for the dying, but also to stress the important of the professional regulation issues raised by the Review.

The report raises serious concerns on potential implications for the current quality of patient care. I am therefore asking that the boards of all acute NHS Trusts put into effect the following actions immediately:

- undertake a clinical review, led by a senior clinician, of each patient who is currently being cared for using the LCP or a similar pathway for the final days and hours of life, to ensure that the care they are receiving is appropriate and that the patient, where possible, and their family is involved in decisions about end of life care; and
- assure themselves that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient in the dying phase, now and in the future.

These immediate measures are to ensure that all patients are receiving the care that is appropriate to their individual circumstances and to reassure patients, relatives and carers that good principles of end of life care are being followed in all cases.

It is equally important that people who have a complaint about the care given to a dying patient on the LCP or a similar pathway have their concerns investigated properly. Under the existing NHS complaints procedure, it is open to patients, their families and carers to ask the Trust to appoint an independent assessor who is agreed by them and the trust. I am asking all trusts to provide this option for complaints about the LCP or similar pathways. To support this

option, the Department of Health will shortly publish a list of independent experts who will be available to patients, their families and carers, and trusts. In the light of today's report, you should also consider whether new evidence exists that would warrant a re-examination by the trust of past complaints about the LCP or similar pathway. The principle must be that families feel that they can have their concerns considered afresh in the light of today's report.

To provide assurance on the standard of end of life care, I am also asking that you appoint a Board member with the responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided.

I am sure you will agree that ensuring that people are treated with dignity, compassion and respect at the end of life is of paramount importance for patients themselves, families, carers and us all.

Yours faithfully,

NORMAN LAMB

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