

# A vision for integrated palliative care pathways

**“ Historically, palliative care has been driven by the goodwill of champions and communities and funded by charities. Healthcare services around the world are beginning to recognise that a significant percentage of an individual's healthcare budget is consumed in their last year of life. Good will and charitable donations are no longer a sustainable resource for end-of-life care.**

The most costly way to provide this care is by crisis management. Each crisis results in escalated care with increased numbers of unnecessary admissions to hospital and costly investigations; costly in terms of finances to health services and costly to the patient in terms of distress.

In planning healthcare services for the next five to ten years, end-of-life care must surely be a priority. It is thus imperative, as palliative care professionals, that we take time and contribute to its commissioning and delivery.

The King's Fund is a UK-based charity dedicated to understanding how the management and delivery of health systems can be improved. It is sufficiently influential that it can shape policy, transform services and bring about behaviour change.

The King's Fund has recently published a generic paper that is pertinent to palliative care, and I urge you all to read it. Called *Integrated care for patients and populations: Improving outcomes by working together*,<sup>1</sup> it proposes a compelling model of provider integration that will increase the quality and efficiency of care delivery.

The time has come for us to see end-of-life care not in isolated pockets of care, but as a continuum of integrated care pathways that include both healthcare and social care, and that are truly co-ordinated.

The King's Fund *Integrated care* report points out that without integration, all aspects of care can suffer. Patients can get lost in the system; necessary services are not delivered, or are

delayed or duplicated; the quality of the care experience declines, and the potential for cost-effectiveness diminishes, as discussed by Kodner and Spreeuwenberg.<sup>2</sup> With integration, many benefits accrue.

Integrated care requires a culture change. Changing cultures requires many barriers to be overcome. In order to overcome these barriers, we need to have a clear vision that can be readily articulated by every practitioner involved in the pathway. The vision for integrated services needs to show benefits to patients and their carers in terms of high-quality and efficient services, and the benefits to commissioners of end-of-life care services in terms of cost-effectiveness. It is achievable. The time has come to think ahead and plan.

Shared electronic patient records that are accessible to all those involved in providing care to people with complex conditions are a significant component of these new services, and a major way of supporting more appropriate and integrated responses to patients.

Palliative care patients have complex needs, in terms of both healthcare and social care. As a palliative care community, our goal over the next five years should be to develop fully integrated, patient-centred pathways of care that reach out and provide proactive care that supports the needs of individual patients.

Our mantra should be 'An Integrated Pathway'. It is clear that a fully integrated pathway for end-of-life care must start with planning, and patients' choices should be at the heart of the plan.

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## References

1. [http://www.kingsfund.org.uk/publications/future\\_forum\\_report.html](http://www.kingsfund.org.uk/publications/future_forum_report.html) (last accessed 06/03/2011)
2. Kodner DL, Spreeuwenberg C. Integrated care: meaning, logic, applications, and implications—a discussion paper. *Int J Integr Care* 2002; 2: e12.