

# Bury Palliative End of Life Care Update

## Health Scrutiny Committee – November 2025

# Introduction

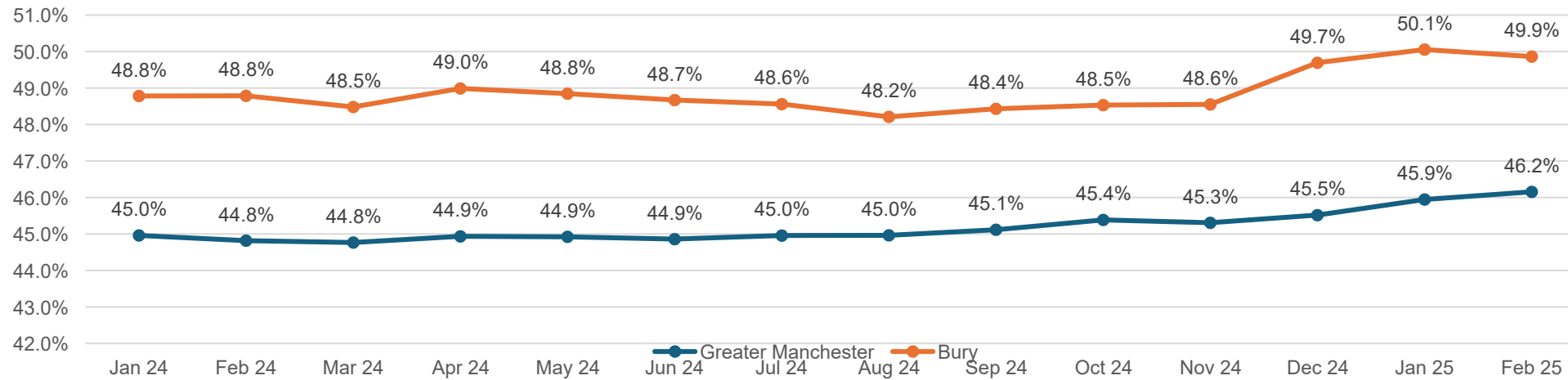
- Two new SRO's/Chairs – Stuart Richardson (CEO Bury Hospice) and Richard Bulman (NCA Director of Nursing). Deputy Karen Richardson (Assistant Director Transformation /Delivery)
- Palliative and End of Life (PEoLC) 2024-28 Strategy & Delivery Plan is in place.
- PEoLC Programme Board has been revised, new ToR, membership & meeting schedule.
- A multi – organisational Clinical and Professional PEoLC Working Group (Feb 2025 ) – chaired Dr Caradoc Morris (Bury Consultant in Palliative Medicine)
- The Hospice multi agency Bury PEoLC Education and Training Working Group defined priorities

# Bury's Palliative and End of Life Vision

*'Bury patients, their families and carers receive high quality, timely, effective services that meets needs and preferences as far as possible, ensuring that respect and dignity is preserved both during and after the patient's life.'*

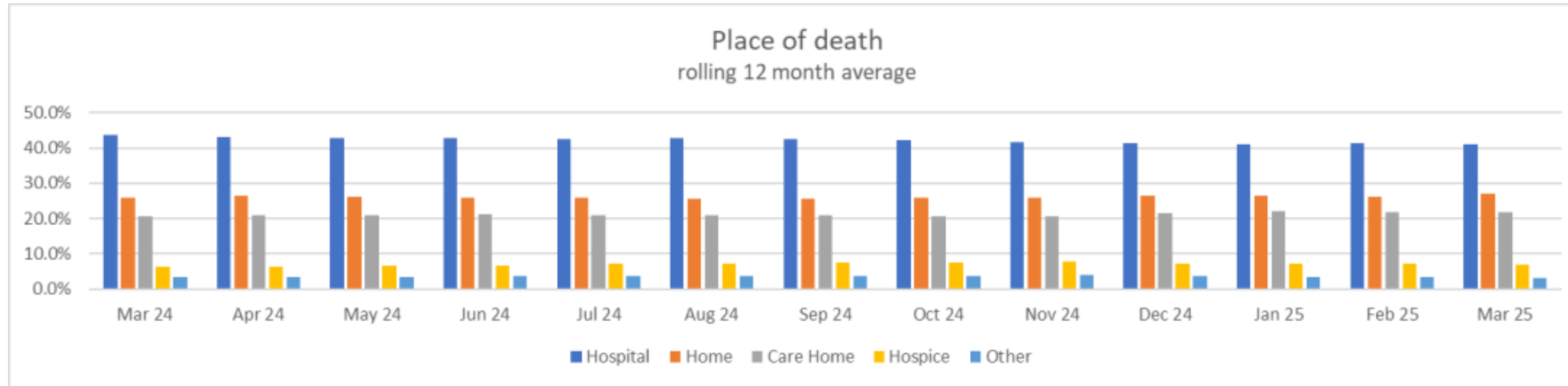
# Performance Data

% of deaths in usual place of residence  
rolling 12 month average



Bury continues to have the highest proportion of deaths in usual place of residence in GM and has done so for c18months.

# Performance Data



- Place of death has remained fairly static
- Bury has the second lowest proportion of deaths in hospital after Rochdale.
- There is a static trend of deaths in hospital for Bury residents.

## 3+ Hospital Admissions Data

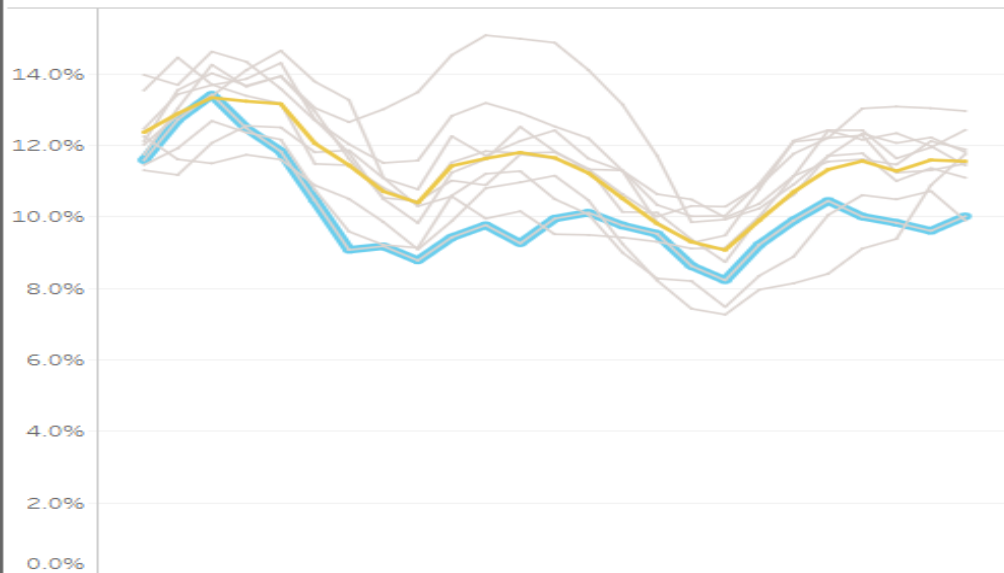


Greater Manchester

✕ Summary of key performance indicators relating to hospital use in the last 90 days of life

% with 3+ Admissions in the last 90 days of life

00V (Bury) | Greater Manchester | Other areas in GM  
rolling annual average



Recent quarter KPIs Vs. previous year with Greater Manchester value

3+ Admissions - All Patients  
current quarter  
**8.9%**  
(12.4%)  
▼ decrease from 9.9% (11.2%)

Average LOS - All Admissions  
per admission  
**4.8** (5.5)  
▼ decrease from 5.7 (5.9)

Total LOS - All Patients  
per distinct patient  
**10.2** (12.3)  
▼ decrease from 10.7 (12.8)

Admit rate from A&E only  
**69.7%**  
(70.5%)  
▲ increase from 66.7% (65.4%)

Average LOS - 3+ Admissions  
per admission  
**2.2** (2.9)  
▼ decrease from 3.1 (2.9)

Total LOS - 3+ Admissions  
per distinct patient  
**13.7** (15.6)  
▼ decrease from 14.6 (16.0)

Data Source: SUS and Primary Care Mortality Dataset

Recent Quarter

October 2024 November 2024 ...

Previous year Quarter

October 2023 November 2023 ...

- Date range – 2019 Q1 – 2025 Q1
- In the last reporting quarter Bury had the 2<sup>nd</sup> lowest % of patients with 3+ admissions in the last 90 and 360 days of life in GM [Salford marginally lower on both metrics]

# NHSE PEOLC Context

## Six ambitions to bring that vision about

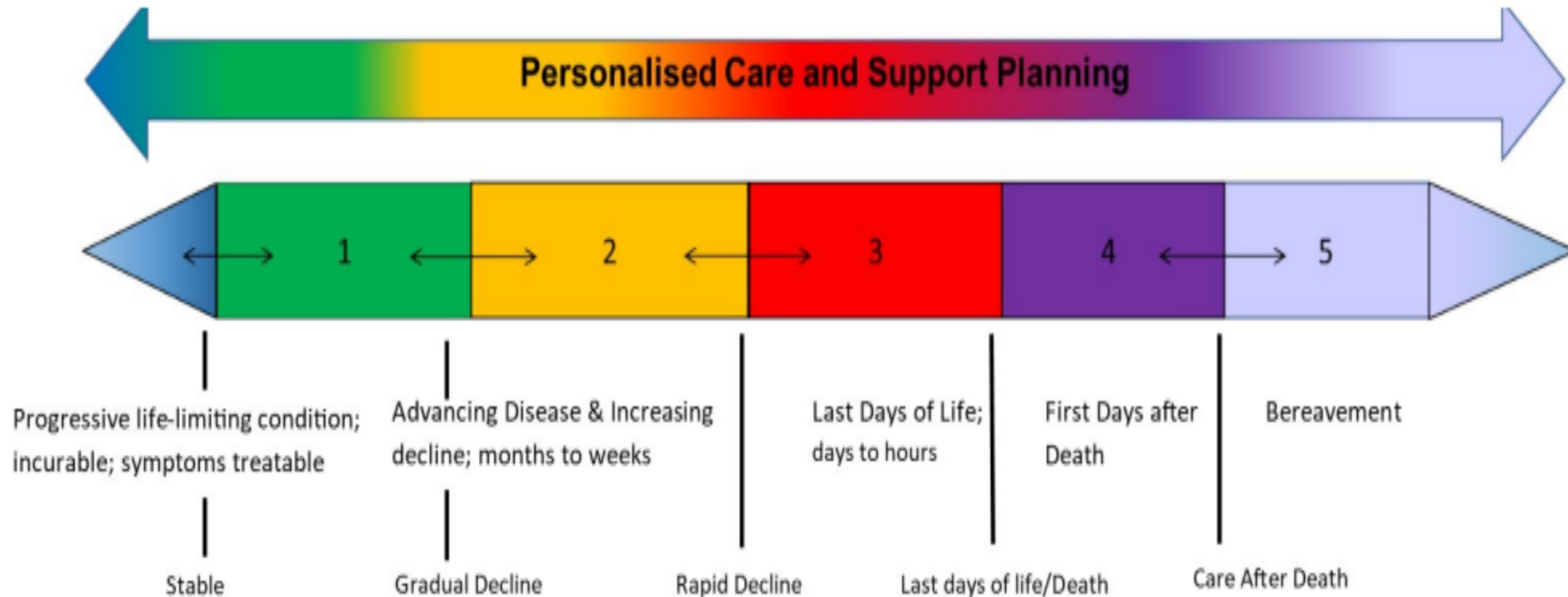
- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

*"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)."*



# Northwest Model for Life Limiting Conditions

Supporting people to live well in the last years of their life before dying in the place of their choice with peace and dignity; supporting families and carers through bereavement.





# GM All Age Proposed Key Deliverables for PEoLC

1. Increase the identification of individuals in the last year of life and understand the prevalence of palliative care for babies' children and young people.
2. Increase the opportunity for personalised care conversations and future care planning.
3. Increase digital sharing of PEoLC information for all ages through the GM Care Record.
4. Improve data and intelligence to support effective commissioning of PEoLC across the system.
5. Address workforce planning to ensure an available workforce with the right skills to support the delivery of 24 hours 7-day services in PEoLC for all ages.
6. Grow compassionate communities.
7. Address unwarranted variation and inequalities in PEoLC provision
8. Professionals providing care for babies, children and adults with life-limiting illnesses should receive specific training and education in PEoLC care and in communication skills.
9. Every family shall have timely access to practical support, including clinical equipment, financial grants, and benefits.
10. To ensure commissioning arrangements to support PEoLC provision are in place to provide a seamless provision of care.

## Bury Integrated Locality Plan – 2025/26

### PEoLC Priorities

The main programmes of work for 2025/26 are aimed at increasing the capacity and capability of community based provision and improving care co-ordination.

Priorities include:

- 1. The phased roll-out of an Electronic Palliative Care Co-ordination System [EPaCCS].**
- 2. The delivery of a programme of workforce development and training.**
- 3. A programme of work to improve integrated working and community pathways and for the provision of specialist palliative care.**

The work will be led through the Bury Palliative & EoLC Board supported by the Palliative & EoLC Clinical and Professional Delivery Group with key partners including Bury Hospice, the NCA Community and Hospital Palliative Care Teams as well as wider community health teams.

# Education and Training deliverables for 2024/23

1. Roll out of GM Hospices Palliative Care Education Passport
2. Evening Teaching Sessions
3. Advance Care Planning sessions
4. Gold Standards Framework Meetings/GPs
5. Link Professionals Group
6. Registered Nurse Verification of Expected Adult Death

It is important to emphasise that even though there is frequently a lead organisation facilitating training and education, in reality, it takes a collaborative and co-ordinated approach that works towards progress in Bury.

# Priorities for PEOLC Education in 2025/26

1. Plan and deliver a modular based programme of PEOLC modules including key topics such as Advance Care Planning, symptom management, palliative care emergencies, Oral Care, nutrition and hydration, care in the last days of life, care after death and Hospice Awareness sessions.
2. Continue support for general practices to hold regular Gold Standards Framework Meetings and consider targeted support where there is variation in uptake.
3. Continue progress with roll out of Registered Nurse Verification of Death across the borough.
4. Focus on care homes, identifying and consider how to address needs around palliative & EOLC care in the first instance. The SPCT educator will contact all Residential and Nursing Care Homes in Bury and invite managers to discuss what learning is required.
5. Focus on improving uptake of the Individual Plan of Care and Support for the dying person across the borough.
6. Improve reporting of progress and outcomes for the priorities, quarterly or six monthly, to the Palliative & EOLC Clinical and Professional Delivery Group.
7. In the Acute hospital, prioritise education regarding nutrition and hydration assessments and management plans in the last days and hours of life, as noted in our Action Plan from the National Audit of Care at the End of Life (NACEL) 2024.

# Challenges

- The resources needed to deliver the Bury PEOLC Strategy through a significant period of organisational change.
- We need a sustainable financial model for our Hospice.
- Community Specialist Palliative Care Team and limitations to provide a 7 day palliative care service
- Lack of IT system interoperability between organisations (we are a prime area to pilot a new integrated IT model)

# Opportunities

- Relationships across the system are strong and focussed on a single aim; we are in a great place to address the requirements of the NHS 10 year plan.
- Palliative Care and end-of Life support at the centre of the new Neighbourhood Health Service available to everyone.
- We have shown we can move together as a partnership at pace to ensure changes are clinically led and we actually make things happen – exciting times ahead.