

**4.11 Connétable D.W. Mezbourian of St. Lawrence of the Minister for Health and Social Services regarding the independent review of the Liverpool Care Pathway and its continued use in the Island:**

Has the Minister given consideration to the independent review of the Liverpool Care Pathway chaired by Baroness Neuberger and entitled “More Care, Less Pathway” and, if so, will she guarantee that the Liverpool Care Pathway will no longer be used in the Island?

**Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):**

As to my answer to an oral question on a similar subject last month and confirmed at the States Members’ presentation, I can confirm that since the announcement of the independent review of the use of the Liverpool Care Pathway in England, the pathway has not been used in Jersey. Clinicians in Jersey representing hospice, family nursing, home care, hospital and G.P.s (General Practitioners) have considered the findings of the review and agree that the Liverpool Care Pathway will no longer be used in Jersey. The review strongly recommended that the use of the Liverpool Care Pathway be replaced within the next 6 to 12 months by an end of life care plan for each patient. This individual approach to care has been adopted in Jersey since the review was announced.

**4.11.1 The Connétable of St. Lawrence:**

I am grateful to the Minister for this public declaration that use of the L.C.P. (Liverpool Care Pathway) in Jersey has indeed been discontinued. The Minister told the Assembly on 10th September, however, that use of the Liverpool Care Pathway was appropriate and she has not told us in her response why the clinicians believe that it should be discontinued. Does she still hold the view that it is appropriate and if so, why has she decided to discontinue its use?

**The Deputy of Trinity:**

As I said many times, the Liverpool Care Pathway was a tool to ensure that end of life care is the best possible that can be achieved at that very vulnerable time for patients and their families. As Baroness Neuberger suggested, the panel came up with: “Every patient should have an end of life care plan.” It is good practice, to encompass that because that covers very many different areas like pain control, nutrition, *et cetera*.

**4.11.2 Senator S.C. Ferguson:**

Would the Minister for Health and Social Services like to confirm that the end of life care plan is not the Liverpool Care Pathway but under another name? Surely the treatment that she is talking about is common sense and to start calling it by pretty names ... would she like to explain what the end of life care plan is and to confirm that it is not the Liverpool Care Pathway under another name?

**The Deputy of Trinity:**

There is the end of care life strategy, which is the care of patients and their families over the last year of someone’s life but there is also the end of life care pathway which is put in place within the last 48 to 72 hours as appropriate to ensure that the best possible care of good practice and good pain and symptom control is paramount and communication with the family is essential. It is good practice and good nursing care and clinical care that this happens.

**4.11.3 Senator S.C. Ferguson:**

Is it always possible to tell that it is the last 72 or 48 hours of somebody’s life? Surely only God knows that.

**The Deputy of Trinity:**

Indeed, no clinician - I cannot think of the word I am looking for - can see into the future but clinicians and nurses with the patient and their family can tell when someone is coming to the end of their life and to ensure, if that is the case, that the best possible care is put in place.

**4.11.4 The Connétable of St. Lawrence:**

I think there is confusion about the use of the Liverpool Care Pathway, its demise in Jersey and the fact that we are still waiting for the full business case on end of life care, which in June 2012 was promised to us by the autumn of 2012. When will the full business case on end of life care be available and be presented to Members for their consideration?

**The Deputy of Trinity:**

That work is still continuing with a range of stakeholders to put together an Island-wide strategy. That includes family nursing services, G.P.s and hospice. The outlined business case has been further developed into service specifications and will provide detail around services being delivered and monitored. That work should come into place in the beginning of the new year.