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**QUALITY END OF LIFE CARE FOR ALL (QELCA)  
IMPLEMENTATION AND EVALUATION**

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Innovation within the NHS is vital to achieve two aims: firstly and most importantly: improving patient care; secondly saving money, to sustain our healthcare system.

A “good death” was defined in 1997 by the Institute of Medicine as:

*“free from avoidable distress and suffering for patients, families, and caregivers; in general accord with patients’ families’ wishes; and reasonably consistent with clinical, cultural, and ethical standards”.*

In England, some 1,300 people die every day. 60% of these people die in hospital but around 70% would prefer to die at home. Estimates suggest we spend about £55m each day on this failure to give people a good death.

Nationally excellent work is happening to address these issues, and at Weston General we are pioneering in Palliative Care. As F1 doctors we have been working with the Palliative Care team to contribute to the improvements. Weston received a budget to employ specialist palliative care nurses trained by the local hospice to work in each ward of the hospital.

We then put together a computer program allowing data from all deaths to be easily collated. This has allowed us to produce monthly palliative care reports to prove the impact of our new nurses and educate junior doctors on the importance of advanced care planning. We now have a tool that allows us to measure outcomes and monitor adherence to local and national policy regarding end of life care.

With this knowledge comes the power to begin the change, to realise a “good death” for all patients. On our final report we found 51.5% of deaths in our area occurred in people’s usual place of residence, the highest in the country. Compiled with other both quantitative and qualitative data we can prove Weston’s innovations are striving towards giving people a “good death.”