Changes in Dignity and Respect at the End of Life: Cross-Sectional Analysis of Data from the VOICES Bereavement Survey (2011–2015)

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Background An aim of the National End of Life Care Strategy (2008) was to improve dignity and respect in end of life care (EoLC). The VOICES survey was commissioned in 2011 as the first national post-bereavement postal survey, a key component of which was to assess dignity and respect at the end of life. The aim of this study was to explore changes in dignity and respect perceived by bereaved relatives over the five-year period that the VOICES survey was commissioned.

Methods Aggregate data from VOICES post-bereavement surveys (2011–2015) was obtained from the Office of National Statistics. Information about dignity and respect was extracted and dichotomised into satisfied (‘always’ and ‘most of the time’) and unsatisfied (‘some of the time’ and ‘never’). A chi-squared test for trend was used to analyse changes over time in dignity and respect, for each of seven categories of health care professionals.

Results There were 1,072,067 responses to the VOICES surveys over 5 years (average response rate 44.4%). Improvements in perceived dignity and respect from 2011 to 2015 were found with respect to five categories of health care professional: GPs (0.7% improvement in satisfaction to 60.9%, p=0.016); hospital doctors (1.7% improvement to 85.0%, p=0.0036); hospital nurses (5.2% improvement to 80.6%, p<0.0001); hospice doctors (0.8% improvement to 95.3%, p=0.0001); hospice nurses (1.9% improvement to 95.2%, p=0.0001). District/community nurses showed a 1.4% decrease in satisfaction to 92.6% (p<0.0001). Care home staff showed no change (p=0.2).

Conclusions The data has demonstrated a general trend of improvement with regard to dignity and respect experienced from healthcare professionals. District/community nurses showed a decrease in dignity and respect however, this could be attributed to a regression to the mean or due to their high baseline, therefore this would not be cause for concern. The low satisfaction demonstrated with GPs should be investigated.

The Gold Standards Framework for Improving the Quality of End-of-Life Care in the Community: A Systematic Review and Qualitative Synthesis

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Background The Gold Standards Framework (GSF) was established in 2000 to help ensure delivery of high-quality end-of-life care within general practices, and has since been adapted for care homes and hospitals. The GSF has been endorsed by the UK Department of Health, with a national roll-out seeing all UK general practices and 25% of care homes adopting the GSF in some form. The evidence base for the GSF in the community has not been systematically evaluated. The aim of this study was to synthesise the qualitative evidence for the GSF on improving end-of-life care in the community.