

## **TRESCOBEAS SURGERY PPG**

### **PREVENTING TERMINALLY ILL PATIENTS FROM DYING IN HOSPITAL**

#### Need to identify the frail elderly and promote wellbeing as aging occurs:

- E.g. issues of nutrition, exercise, falls prevention, home safety, loneliness, ability to carry out normal daily activities, eyesight.
- This could be done by a trained volunteer, say 6 monthly, and problems e.g. loneliness assessed and addressed.

#### Early intervention:

- Include community networks, family support, referral e.g. Age UK.

#### Education of public and families:

- Death as part of life.
- School curricular.
- TV programmes, local radio.
- Voluntary organisations support e.g. Rotary, churches.

#### Deal with 'Bed Blocking':

- Use of Challenge Fund, money for this.
- Early intervention on admission to hospital – aimed at discharge.
- And liaison with social services, NGO's etc.

#### GP's and Hospital Consultants/Registrars:

- Inform patient and family of progressive outlook/care from the onset with honesty.

#### Soul Midwives:

- A new approach to support people at home through the process of becoming terminally ill and death. One training institution only at present in the UK.

#### Starting to plan for the future as we get older:

- A societal thrust needed. E.g. WI's, retirement preparation, NGO's.

#### Need for holistic integrated care:

- Patients expect to see their doctor (GP). A brief visit from time to time would be advisable.
- NB nursing team – still needed as advisors to carers e.g. nutrition, mobility, hygiene, prevention of complications.

#### PPG's could organise practice events:

- Re becoming older, surgery newsletters, website, local publications, press involved.