

Phasing out of Liverpool Care Pathway

Briefing for social care providers

29 July 2013

1. Introduction

The Government has announced that the Liverpool Care Pathway will be phased out and replaced with an end of life care plan. Social care services provide essential care and support to people in the last days of their lives – whether in their own home or in a residential setting. This briefing answers the key questions that social care providers may have about the use of the Liverpool Care Pathway. NHS England has issued a similar briefing to doctors and nurses.

2. Key principles

Regardless of what system you use to support people in the last days of their lives, the important thing is to deliver personalised, dignified care and support. The principles of good palliative care, on which the Liverpool Care Pathway is based, **must** be upheld including:

- regular assessment and management of symptom control and comfort measures (including offering oral fluids and good mouth care)
- effective communication with the person and their family (including answering questions about the care and what to expect). In particular, families need to be warned if the person is likely to die in the next few days or hours, so that they can be prepared
- the provision of psychological, social and spiritual support.

A named senior clinician (eg a GP) should be accountable for the care of the person, and written records of the plan and any changes to it should be kept.

3. Questions and Answers

3.1 I am currently supporting people who are on the Liverpool Care Pathway. Should I stop this?

Where the Liverpool Care Pathway is being properly used, it must not stop abruptly. You should:

- Reassess the person and their needs. Keep a record of any reassessment.
- Ask the senior responsible clinician to review the decision to keep the person on the Liverpool Care Pathway. This review should be carried out by the GP or consultant who knows the person very well, should be written down and shared with you as the care provider.
- Talk to the person and their family. Discuss what plans are in place to support them in the end of their life, explain that they are on the Liverpool Care Pathway and ensure that they understand the reason and purpose of this, and that they agree with this decision.

If the person, family and clinician agree that they should remain on the Liverpool Care Pathway, then continue to support them using this pathway.

If the parties do not agree and the person who is dying has capacity, their wishes should be followed. If the person does not have capacity, then it is a best interest decision.

3.2 If someone comes off Liverpool Care Pathway, what should I do?

You should:

- ensure that an end of life care plan is in place
- continue to address symptom control, comfort measures, and psychological, social and spiritual care, alongside any other support and treatment
- reassess the person regularly so that the care plan can be adjusted, taking into account the person's wishes and family's views
- communicate clearly with the person and their family.

3.3 Some of my residents/clients are not currently on the Liverpool Care Pathway, but are likely to die with the new few days. What should I do?

- Assess the person regularly and frequently so that an end of life care plan can be made or adjusted, taking into account the person's wishes and families' views.
- Communicate with the person and family/carers regularly to address questions or concerns about any aspect of care. In particular, families need to be warned if the person is likely to die in the next few days or hours, so that they have time to begin preparing themselves.
- Ensure that any decision to put any person on the Liverpool Care Pathway is made only by a senior responsible clinician (eg GP or consultant) who best knows the patient following a face to face assessment, in consultation with the person (wherever possible) and family/carers, and other members of the multi-professional team.
- Continue to pay attention to, and address, symptom control and comfort measures (including offering oral fluids and good mouth care), and provision of psychological, social and spiritual care.

3.4 Some of my residents/clients and their families have seen the press coverage about the Liverpool Care Pathway and may be anxious. What should I do?

- Proactively ask them what their concerns are.
- If they are on Liverpool Care Pathway, reassure them that the pathway itself is a useful tool for managing someone's end of life care. NHS England has issued guidance to doctors and nurses on the use of the pathway.
- Talk them through the principles and how you are upholding them (eg provision of comfort etc).
- If they are not on the pathway, you should still reassure them about the end of life care plan that is in place.

Further information

[SCIE resources on end of life care](#)

[NHS England Guidance for doctors and nurses caring for people in the last days of life](#)
[Review of Liverpool Care Pathway for dying patients – July 2013](#)