

Bereavement Report November 2013

Introduction

It was agreed at the St Paul's Patient Reference Group meeting on 20th June 2013 that how the practice helps patients who have suffered bereavement could possibly be improved.

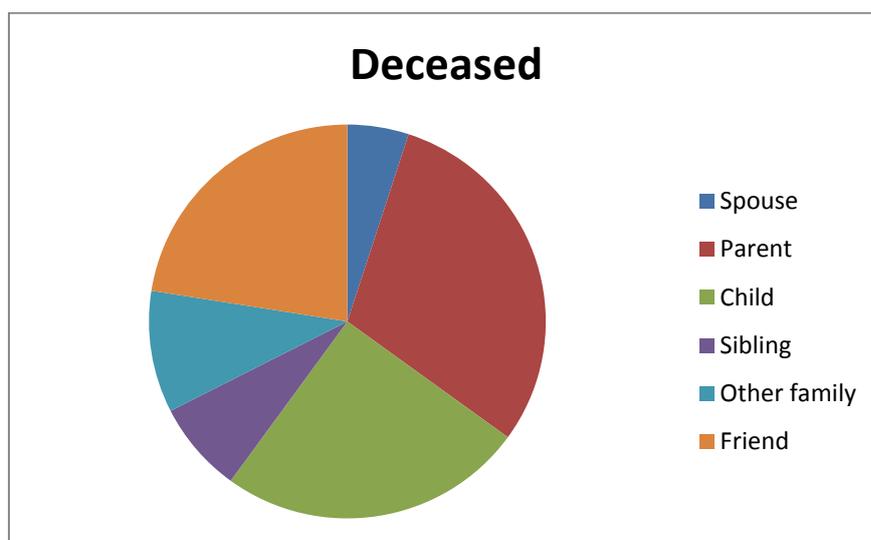
There was discussion based on the attendees' own experiences and this formed the basis to design a questionnaire for the wider practice population, to try to establish the kinds of help that they would wish to receive at such a difficult time.

The questionnaire was designed to find out what patients' experiences had been and how they differed from what they would have liked using both 'closed' yes/no questions and 'open' questions to invite respondents to give their own views and suggestions.

The survey ran for several weeks. Questionnaires were handed out at reception and were also available to download from the practice website.

Results

37 patients responded to the survey and of these 29 (78%) had suffered a bereavement in the last few years. The chart below shows the relationship between the respondent and the deceased.



In terms of patients' previous experience of bereavement, only 17% had received a telephone call from their GP in the days afterwards. Of those that had not, 61% reported that they would have liked this, while the remaining 39% did not want contact from the GP.

Looking to the future, 69% of respondents felt it would be very important to have personal contact from the GP in the days following bereavement. Only 14% felt this was not at all important.

People often have questions in their mind when someone dies, especially if the death was unexpected. Around $\frac{1}{3}$ of the patients we surveyed reported that they had not wanted to

speak to the doctor who had treated the deceased, while the rest either did so or would have liked the opportunity.

Over $\frac{3}{4}$ of those surveyed felt that it would be important to have the opportunity to speak to the doctor who treated the patient in the days after bereavement.

In recent months we have started to hand out a support pack called 'In Your Loss'. This has been developed by the Cumbria and Lancashire End of Life Care Network and includes information on finding a funeral director, support services in Blackpool including Cruse and the Bereavement Advice Centre, helping to stop unwanted direct mail to the deceased and a booklet with the answers to many 'frequently asked questions'. At present this is only given along with the death certificate.

As this is quite a recent development, only a small number of those surveyed had received this information. However over $\frac{3}{4}$ felt that information such as this would have been helpful, especially the information relating to support groups such as Cruse. There was less interest in receiving information about funeral directors.

A number of respondents made comments about the support they did receive or would have liked. These included:

- Offer of continued support and later catch-up re: mental health states
- A counsellor within the health care team
- I needed someone to talk to
- Follow-up several weeks post funeral – that's when it can be really hard
- Checking on any existing medical condition of the next of kin
- Explain the process
- I would have been pleased with even a note or a call
- A general health check-over may be a good idea
- Ongoing support

Discussion

Deaths can be unexpected (cot death, suicide, heart attack, accident, etc), expected because the patient is elderly and frail, or expected because the patient is in the final stages of a terminal illness.

The Patient Reference Group discussed the findings of this survey at the meeting on 10th October 2013.

It was agreed that the 'In Your Loss' pack should be sent to the relatives of all patients, provided they are registered at St Paul's. A letter from the practice should be produced to 'soften' the information and show that we care.

There was some discussion about how we identify who might need assistance from us when someone dies. APB reported that there is a monthly meeting with the nurse from Trinity, together with the district nurses and community matrons and a doctor for the practice, to discuss each individual patient who is receiving palliative care. The team can usually identify the relevant carers and relatives.

Similarly patients who are frail and elderly are usually well known to the practice, as are those who are resident in nursing or care homes.

The most difficult group are the unexpected deaths.