

Supplementary data: Table 1; Policy Documentation

Name of document	Key aim / purpose
Guidance Documents	
<i>End of Life Care for People with dementia: Commissioning Guide; Implementing NICE Guidance</i> (National Institute for Health and Clinical Excellence, 2010)	EoL care and dementia care commissioning; sets out key issues from start (planning from point of diagnosis, integrated care, supporting carers) specifying EoL care service components.
<i>Guide to commissioners on End of Life Care for Adults</i> (National Institute for Health and Clinical Excellence, 2011)	EoL care commissioning; addresses how to identify people at EoL where death will occur within 12 months (identification/assessment; holistic support; access to services; care in the last days of life; care after death; workforce)
Commissioning Guidance for Specialist Palliative Care: Helping to deliver commissioning objectives (Association for Palliative Medicine of GB and Ireland; Consultant Nurse in Palliative Care Reference Group; Marie Curie Cancer Care; National Council for Palliative Care; Palliative Care section of the Royal Society of Medicine, 2012)	EoL care commissioning; focus on specialist palliative care by multi-professional teams in advanced cancers; end stage organ failures; neurodegenerative diseases; advanced dementia/Alzheimer's, allocation set locally.
<i>RCGP Commissioning Guidance in End of Life Care</i> (Royal College of General Practitioners, 2013)	EoL care commissioning; 6 steps; Quality accountability report, Right person, Right care, Right place, Right time, Every time. Targets all people approaching EoL including their carers/families
Guidance for commissioners of dementia services; Joint Commissioning Panel for Mental Health, Feb 2013	Dementia care commissioning; sets out 6 key principles underpinning dementia commissioning (seamless services; services commissioned on basis of need and should be age-sensitive; different services needed at different times; mainstream health and social care services should be dementia friendly; care should be delivered in partnership; care should be personalised)
Support for commissioning dementia care; National Institute for Health and Clinical Excellence, April 2013	Dementia care commissioning; promotes an integrated whole-systems approach with focus on improving early diagnosis, living well with dementia and supporting carers. Gives measurable outcomes.

Policy documents	
<i>Care towards the end of life for people with dementia: An online resource guide</i> (NHS End of Life Care Programme Improving End of Life Care, 2010)	EoL care and dementia care; aimed at professionals working in health and social care in EoLC for pwd. 6 steps (Discussions as EoL approaches, assessment, care planning & review, co-ordination of care, delivery of high quality services in different settings, care in the last days of life, care after death)
One Chance To Get It Right: Improving people's experience of care in the last few days and hours of life; Leadership Alliance for the Care of Dying People (LACDP), June 2014	EoL care; focuses on achieving five Priorities for Care to make the dying person the focus of care in the last few days and hours of life. Emphasises care should be individualised/reflect the needs and preferences of the dying person and those who are important to them.
The Prime Minister's Challenge on dementia: annual report of progress; Department of Health, May 2013	Dementia; to improve QoL for pwd, their families/carers. Need individualised, joined up care. Proposed changes -(timely diagnosis; better quality care; reduce stigma by increasing understanding and awareness across society; build national capacity and capability in dementia research)
Dementia Quality Standard; National Institute for Health and Clinical Excellence, June 2010	Dementia; set out "aspirational but achievable markers of high quality cost effective care" covers care provided by health and social care for pwd in hospital, community, home-based, residential and specialist settings.
Commissioning for Quality and Innovation (CQUIN) 2013/14 Guidance; NHS Commissioning Board, Feb 2013	Commissioning; to secure improvements in quality of services and better outcomes for patients, alongside strong financial management. Goals for 2013/14 (friends and family test, NHS safety thermometer, improving dementia care, venous thromboembolism – funding to be split evenly among the 4 goals)
The Mandate: a mandate from the government to the NHS Commissioning Board: April 2013 to March 2015; Department of Health, Nov 2013	Commissioning; to make partnership working a success. Sets out 5 main areas to improve (corresponds to NHS Outcomes Framework); preventing people from dying prematurely; enhancing quality of life for people with long-term conditions; helping people recover from episodes of ill health or injury; ensuring people experience better care; providing safe care.
Strategy Documents	

End of Life Care Strategy – Fourth Annual Report; How people die remains in the memory of those who live on; (Department of Health, 2012)	EoL care; Responsibility for EOLC and EOLC Strategy moves from DH to NHS Commissioning Board from April 2013. National End of Life Care Intelligence Network (NEoLCIN) set up to address the lack of routine data, information and intelligence on EOLC. Hospitals should follow the 6 steps in EoLC (Advance Care Planning, Electronic Palliative Care Co-ordination Systems, the AMBER Care Bundle, the Rapid Discharge Home to Die Pathway, the Liverpool Care Pathway)
End of Life Care Strategy: Promoting high quality care for all adults at the end of life. (Department of Health, 2008)	EoL care; outlines recommendations for good EoL care (good death indicators, high quality EoL care available to all – hospital/home, stepped care pathway approach, staff knowledge and skills, Gold Standards Framework)
Living well with dementia: A National Dementia Strategy Putting People First (Department of Health, Feb, 2009)	Dementia; to make significant improvements to dementia services across 3 key areas; improved awareness; earlier diagnosis and intervention; higher quality of care. Identifies 17 key objectives.
<i>Non-Governmental Organisation Documents</i>	
<i>Positive Partnerships Palliative Care for Adults with Severe Mental Health Problems</i> (National Council for Hospice and Specialist Palliative Care Services and Scottish Partnership Agency for Palliative and Cancer Care, 2000)	EoL care and dementia care; to promote both physical and psychosocial wellbeing using a palliative care approach. Key principles (focus on QoL i.e, good symptom control; whole person approach i.e, persons past life experience/current situation; care of both the person with the life threatening disease and those that matter to them; respect for patient autonomy and choice (e.g. place of care, treatment options); emphasis on open and sensitive communication which extends to patients, informal carers and professional colleagues).
<i>My life until the end, Dying well with Dementia</i> (Alzheimer’s Society, 2012)	EoL care and dementia care; reports 7 key issues surrounding EoL care from the perspective of pwd and their carers (public awareness, Care planning and Proxy decision making, Dignity, Pain, Withholding and withdrawing treatment, Emotional and Spiritual concerns, Place of care and death)
The End of Life Care strategy: New Ambitions; The National Council for Palliative Care, Nov 2013	EoL care; identifies challenges in EoL care with emphasis on locally commissioning personalised care, data and intelligence, conversations surrounding death/dying.

Clinical Commissioning Groups Supporting improvement in General Practice?: The Kings Fund, Nuffield Trust, 2013

Dementia; examines perceived impact of CCG's using 6 case study sites over 3 years (2012-2015). 3 main areas of focus (nature of relationships being built inside CCG's, role of CCG in supporting quality improvement in general practice, structures and processes used)