**Case Study B**

Michael Andrews is 62 and has had Motor Neurone Disease for 8 years. He lives alone in an adapted bungalow and has been having a full care package provided for the last 3 years. He has no close family, although he has a number of friends that he made during his working life as a physics teacher.

Michael’s physical needs have increased over the last 12 months and he has had 3 hospital admissions in the last 6 months for breathing difficulties. He really hates being in hospital as he feels that he does not get the full amount of care and support that he requires and on a previous hospital admission developed a small pressure sore, which although has since healed, has made him anxious about future admissions.

Currently, Michael has four calls per day for all personal care and support as well as support visits from the Community Nursing Team as required.

**Where, on the North West End of Life Care Model would Michael be situated and what would be the implications to your team/organisation?**