Why focus on palliative care?
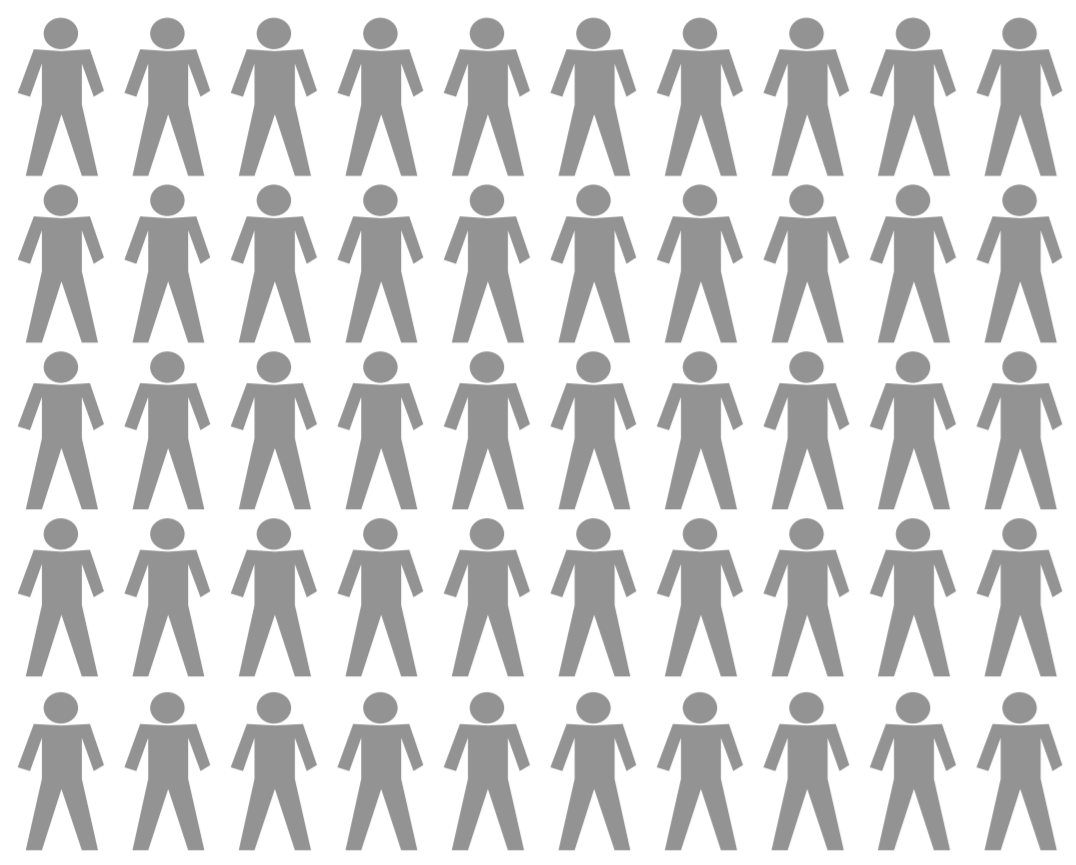
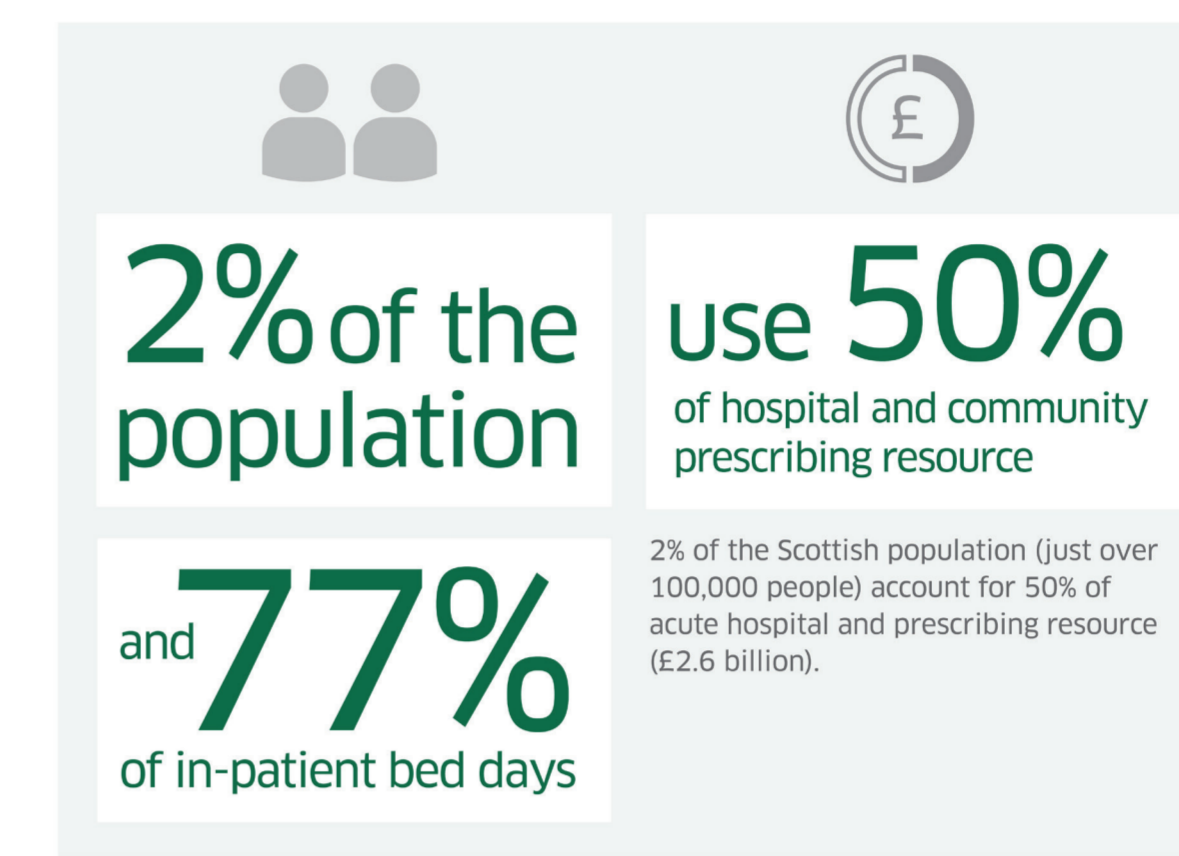**57,000** people die every year

46,000 will need some form of palliative care

11,000 don't get the palliative care they need

2% of the population use **50%** of hospital and community prescribing resource

and **77%** of in-patient bed days

2% of the Scottish population (just over 100,000 people) account for 50% of acute hospital and prescribing resource (£2.6 billion).

Reducing inappropriate interventions and shifting the balance of care

Background

The Living Well in Communities team is supporting Health and Social Care Partnerships (HSCPs) to:

- test new approaches to identify people who would benefit from palliative and end of life care, and
- co-ordinate care that enables people to spend more time living and dying well in the community.

This work aims to support Commitment 1 of the Scottish Government's **Strategic Framework for Action on Palliative and End of Life Care 2016-2021**: *"We will support Healthcare Improvement Scotland in providing Health and Social Care Partnerships with expertise in testing and implementing improvements to identify those who can benefit from palliative and end of life care and in the co-ordination of their care".*

It will also support the Realistic Medicine ambition of shared decision-making and a personalised approach to care.

Aim

A number of tools are available to help identify people who could benefit from palliative care. We aimed to develop and evaluate a resource that will help HSCPs select tools to test to identify people who may benefit from a palliative approach to their care.

Method

We conducted a literature search on palliative care identification, which identified a review of tools by Maas et al (2013). Further tools were also identified through discussions with a small group of clinical and academic contacts.

We then presented this information in a visual resource comprising a decision tree (Figure 1) and a table (Figure 2) to make it easier for HSCPs to compare the key features of different palliative care identification tools, and to select tools to test that are appropriate for their contexts.

We demonstrated this resource to colleagues in palliative care test site HSCPs, academia and the third sector in a WebEx, and we are gathering qualitative feedback via email on the usefulness and accuracy of the information in the resource, and its application in practice.

Conclusion

Informal early feedback from a colleague in Glasgow City HSCP indicates that they find the resource useful to explore how to identify palliative care need early.

> **"I think this will be an excellent tool, especially useful for the HSCP world where there are varying degrees of understanding and not everyone is clinical."**
> — *Sharon Harrison, Associate Improvement Advisor, Glasgow City HSCP*

> **"I like the look of the document. It's easy to read and not too long. It's great to have a summary of all of the different tools in one place. You can easily grasp the basics of each and there are links to further info which is useful."**
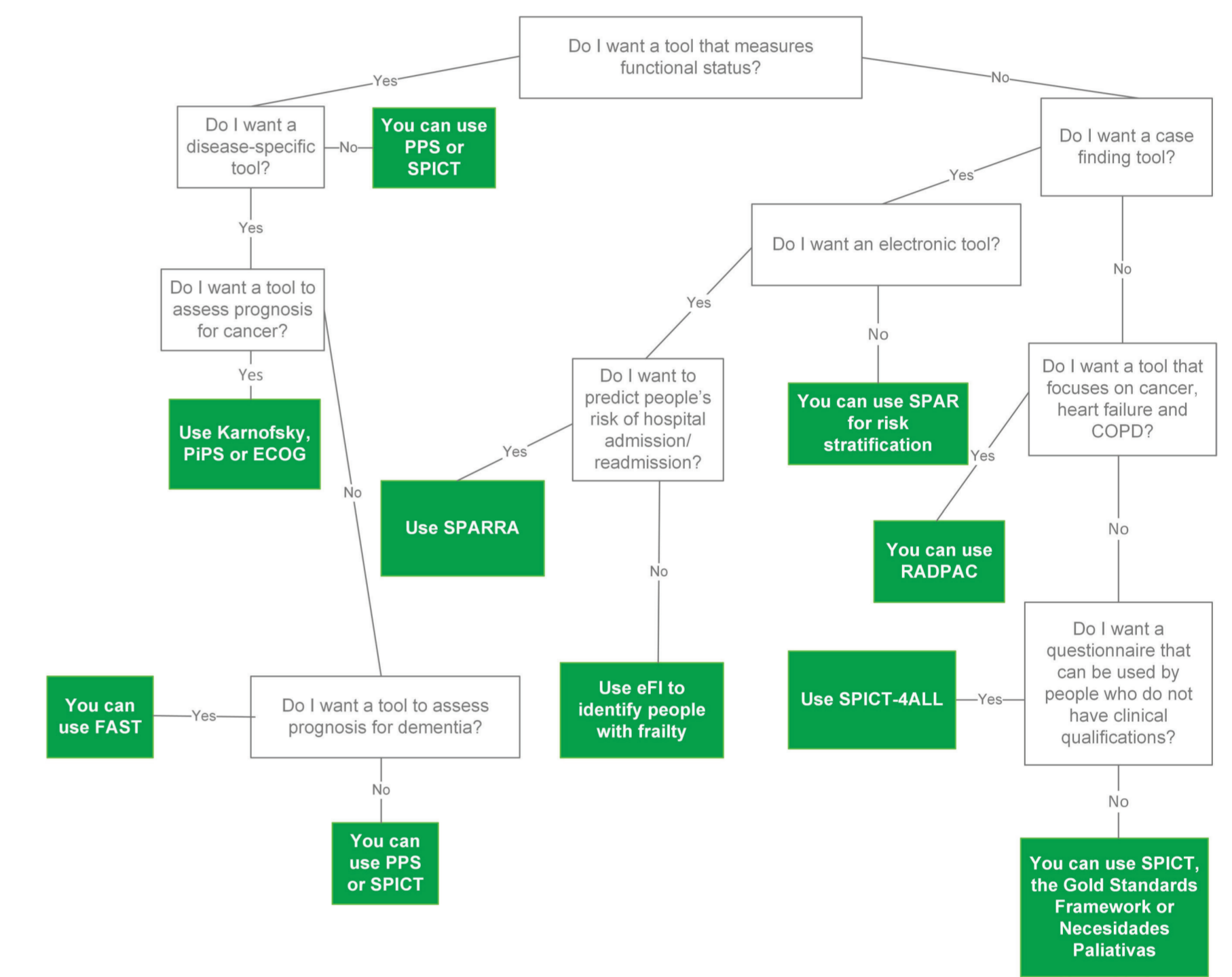> — *Marie Curie staff*

Figure 1: *Decision tree in the palliative care identification comparator - facilitates the selection of an appropriate identification tool*

Figure 2: *Table in the palliative care identification tools comparator - allows staff to compare the features of different identification tools at a glance*

References:
- Scottish Government. *Strategic Framework for Action on Palliative and End of Life Care 2016-2021.* 2016 Available from: **www.gov.scot/Resource/0049/00491388.pdf** [Accessed 29 January 2018]
- Scottish Government. *Chief Medical Officer's Annual Report 2014-15.* 2016. Available from: **www.gov.scot/Resource/0049/00492520.pdf** [Accessed 29 January 2018]
- Maas, E. et al. *What tools are available to identify patients with palliative care needs in primary care: a systematic literature review and survey of European practice.* BMJ Supportive & Palliative Care 2013;3(4):444-451.