

## **We need to talk about Palliative Care**

### **Angus Council**

#### **What has been your experience in terms of access to palliative and end of life care?**

For home provision - variable in some situations- health and social care work very well together to provide an integrated service, however care can be fragmented at other times due to community capacity for both health and social care, geography i.e. rural areas. Staff do try really hard and are normally successful in trying to resolve these issues to provide a high standard of palliative and end of life care

#### **How could it be ensured that access to palliative and end of life care is equitable and available in all areas and for all types of terminal illnesses?**

Integrated approach, greater awareness of roles and responsibilities from both health and social care

#### **Can you identify any areas in terms of access to palliative and end of life care that should be focused on as priorities?**

#### **When is the right time to begin discussing options for Palliative Care, who should be party to that discussion, who should initiate it and where should it take place?**

Dependant on individual - conversations should take place as early as possible and the worker who has the best relationship with the person. Consideration should be given to where the conversation should take place however it could be different for each individual

#### **What works well in discussing palliative and end of life care and how is good practise communicated?**

Establishing a good rapport and relationship with the person, the timing being right for the person, information sharing and communication is good between the individual person, health and social care staff and carers and families and also care is co-ordinated.

#### **Where do the challenges remain?**

Information sharing between professionals and primary care

Lack of support and information for individuals and carers

Equity of service provision

**What is the role of anticipatory care plans in supporting Palliative Care discussions and how can their uptake be improved?**

Allows for person centred care. Provides the individual with more control and choice. Difficulty is ensuring that everyone involved is aware this is in place. Where is information stored and how this is kept up to date. Takes away any ambiguity

Awareness raising for professional and the public in general

**How should information about Palliative Care be made available to patients and their family during any initial discussions and how easily available is this information?**

A suitable range of options of information that individuals and families can keep and refer to when the timing is right for them.

**What training and support is provided to Health and Care staff on discussing Palliative Care with patients and families and are there any areas for improvement?**

Training on anticipatory care and palliative care – a rolling programme would improve this to ensure all staff receive this training and refresher training

**How do Health and Care organisations ensure that the discussions about palliative and end of life care are taking place at the right time?**

This again is individual to the person however someone has to be identified as the care co-ordinator to ensure the discussion is offered to the person

**What are the challenges in recording and documenting Palliative Care priorities and how well are those priorities communicated between different health and care providers?**

Who is the responsible person, who ensures it is kept up to date and that the information is shared with all relevant others

Issues around information sharing and different systems of recording where other professionals do not have access

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