Palliative Care: A focus on identification – Workshop 2 – SPICT, AnticiPal and e-FI

This workshop introduced delegates to 3 identification tools; SPICT, AnticiPal and e-FI. To view the presentation please follow the image below.

For further information about any of the tools within this workshop please contact:

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After the presentation delegates were ask to form into groups and discuss a number of questions, drawing out the facilitators and barriers to their implementation in practice, while also bearing in mind their own local contexts.

How can we use the tools in practice?

Facilitators:	Barriers:

DNs – ACP – interventions
    Reduce inappropriate admission
 - Frailty screening tool
    Care staff
Care home liaison
Care at home services
Key professional
 	
Conversation
3rd sector – support worker
	Time
	Lack of integration
	 - Health / social care
	 - How to escalate decline
	 - How to articulate/record decline
	Lack of care home liaison nurses
	How to identify the gap between moderate to severe frailty
	Language barrier / medical models
	Too many tools

Local context: -IJB decide tools to be used
        -MDT
     - Reduced documentation
     - Lead for individual patient	

How do we narrow the lists to individual people to support?

Facilitators:	Barriers:
Look for the change over time HHG – top score Need for common language to help people understand what is being said Cancer focus is strong	Loss of trust in electronic lists as it false positives in lists Difficult to get a single diagnosis Not trust in HHG Cancer big focus, missing others Lack of resources to focus on early identification
Local context: People with frailty are missed most Palliative care register used for ID	

When should we be using the tools (if earlier identification is a goal)?

Facilitators:	Barriers:
Not too late Regularity of use (monthly) Use of triggers Engagement and involvement of all stakeholders including care at homes, care homes, carers	Potential confusion …when to use which tool Lack of shared / common language (between individuals and families and between different agencies / professionals) Wider benefits from this
Local context: Variation across practices Variation in which tools have been chosen/selected/used in given areas	

What do you do with the lists/people?

Facilitators:	Barriers:
MDTs Clinical assessment Red/Amber/Green status used – determine who to discuss / focus on Identification of key worker Enables prioritisation Supports signposting – getting right help/ support at the right time Integration – HSCP – has enabled wider participation and support, more effective use of lists (variation in different areas)	Storage Privacy Data protection? Do patients need to be aware they are on a list? Lack of integrated systems to support effective use of the lists Care homes / hospices – not sure how they could access Capacity in terms of time Pilot had additional resources – for GPs – for first stage of work – not available in later stages Lack of buy in – for roll out
Local context: Enhanced community support team individual GP practices (P&K) is an enabler (in addition to MDTs) Variation in terms of engagement / investment with MDTs Evidence (P&K) – reduction in hospital admissions/ readmissions	

Who is going to follow it through (what do we do with the list)?

Facilitators:	Barriers:
Educators	Time
Identify an appropriate person to lead	GPs busy and hold list
Tools are more refined	Everyone is busy
Desire is there to improve	GPs may not share list
Integration and joint working	Different languages
Increase knowledge of ACP and care planning	Systems
There is a cultural change about discussing death and dying	GDPR – what can we share
Realistic medicine	Health vs social care model
Multi professional involvement in discussions	Unrealistic expectations of what is possible
	Uncomfortable talking about difficult issues
Local context: Local leads in some areas are proactive Common language	

How do we approach a patient from eFI person?

Facilitators:	Barriers:
eFI	Resource (people)
MDT	eKIS
ACPs	Perceptions
Valuing partners	Sharing information
	Valuing partners

For more information on identification tools please follow the link to view the Identification Tools comparator:

Palliative care identification tools comparator