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Palliative Care: A focus on identification – Workshop 3 FAST & PPP

This session provided delegates with the opportunity to learn and share thinking about tools that will support identification of those that would benefit from a palliative approach to their care. Learn why, when and how to use different tools to support identification.

Welcome!

Palliative Care: A focus on identification Workshop

Prospective Prognostic Planning Tool (PPP)

Functional Assessment Staging of Alzheimer's Disease Tool (FAST)

To view the presentation delivered please click on the image:

For further information on any of the tools discussed within this presentation please contact:

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After the presentation delegates were asked to form into groups and work together to answer the following questions:

If these tools worked brilliantly – who benefits and why?

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- Residents, people
- Families
- Staff – any care providers
- Service – planning, prioritising resources eg. team / GP visits

Why?

- Provides a platform
- Visual and allows staff and families to identify
- Would be good for ACP conversations
- Would be useful if different individuals are providing care for an individual
- To retrospectively review cases
- Why individuals are going into hospital – provides a visual of a person's history

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- 'Better' palliative care
- 'Better' / earlier identification – capture more people
- Having future plans – ACP early in diagnosis and dementia diagnosis
- 'What matters to you?'
- When to go on e-registers in primary care
- Family
- Person – only if you use the information to do something!
- Staff – we get a better understanding of trajectories
- Useful as a communication/conversation tool

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- Everyone - patient, carer, GP, health care professional, family
- Facilitates early intervention and conversation
- Very subjective
- A common tool across care homes would be helpful
- PPP tool may work in the community
- Tool cannot stand alone
- Family needs to buy into it
- Professional staff – care staff, easy to use, improve communication, avoid duplication of information gathering
- Families – understanding of disease progression, not isolated, involved, 'choices', avoidance of a crisis, quality time with the person
  Patient / person – planning better care, appropriate level of treatment, 'what matters to you?'

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Experience of using tools? How/would you apply them?

• To provide a degree of focus for discussions • To support families to be aware of the decline • Would work alongside SPAR • ….so what? • PPP – 0/8 have experience, FAST – 1/8 • No preference to either tool, both we feel will need underpinning education to use • Like the visual graph for the PPP to share with 'loved ones' during ACP discussions FAST tool more challenging perhaps for unregistered staff – as muddied with other causes of functional decline • Almost ignore the number, it is about the conversation	• Acute setting – may not give an accurate pick • Challenge – really want a common language, ie. Everyone using the same tools – "common language" • Useful as a **conversation tool** • The right times and types of care and support Help us talk about the fact the end is coming – we sometimes avoid the subject • No experience of either on this table • FAST – easy to use, needs guidelines • FAST - Doesn't focus on discussion? influence on care, if get to 6/7 on scale may provide a chance to have a conversation with family PPP – gives someone who doesn't know the patient an understanding of that persons needs	• PPP – 0/4 have experience, FAST – 0/4 • No clear preference – perhaps a hybrid? • Like the visual picture of the PPP tool and the tracking of PPP with changing staff • PPP – subjective ("higher" / "lower") • Could we identify using FAST and then plot like the PPP tool?

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What one thing can you take away from learning for use within your area?

Care home settings: • ?local champion to support implementation in care homes • Care home liaison nurses • Narrative to go along with it very important • Part of pilot project, will also introduce into other areas. Will use both and see what works better • PPP – recommend adopting it within Scottish care homes and care at home (NES) • Confusion in a crowded market and previous strategic ‘push’ for SPICT • Considering FAST also in acute care homes – but needs further discussion and underpinning education Being open to using an ‘a la carte’ menu and person specific rather than rigid	• If found to be useful implementation could be supported by CI • The reason why we want a tool • A consistent way of communicating particularly in the care setting • PPP – immediate story, general population • FAST – will use in a care home • Plan to use – indicator of relative need – use in reablement • Concern – will we have too many tools?	• Dundee care home pilot site hybrid of FAST / PPP • Crowded market, overwhelming amount of assessment tools • Which one? – Educational underpinning. Like choice but not duplication • Strategic drivers often make the choice for us

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