Palliative Care: A focus on identification – Workshop 4 SPICT4-All & Carers Identification

This workshop offered delegates information on identifying those who need more help to care for a family member or friend living with a terminal illness.

For more information on SPICT4-All and Carers Identification please contact:

- Josaleen Connelly – Josaleen.connolly@aacpt.scot.nhs.uk
- Emma Carduff – Richard.meade@mariecurie.org.uk
- Richard Meade – emma.carduff@mariecurie

A key aspect of this workshop was to group delegates and ask them to works together to discuss a number questions.

How will you use the tool?	What do you plan to do next after this workshop?
- Identify expectations and plan forward - To provide a baseline for continued clear assessment & reassessment - Language used in the tool will help carers communicate with health professionals	- Promote access to support staff when carers need a question answered - CHAT structure for carers to use when phoning for help - Anxiety is high – how can we reduce? - SPICT 4All can help carers feel more in control - Useful tool for nursing/care homes to use when new members of staff to consider patient's needs - Energise the team and move forward

What are the indicators?	Key messages and points identified
4 admissions to hospital in 12 months - Lack of continuity - different hospitals "Carer" always with patient, not identified as such - Wheelchair for 4 months - Dichotomy – diagnosis increase in weight gain, decrease in muscle - Wife – despite ongoing support never identified as "carer" - Never entered into palliative care discussion despite deteriorating health - Description of state of health, variable within hours - Discussion with "carer" behind closed doors - Medical professionals did not join up dots (did not need tools) - Stats available, relate to over 65yrs - Diagnosis (late in day) – superb support thereafter - Lack of support with patient and carer - lead to potential crisis (financial, social, marriage) - Life on hold "normalisation" should be everyday practice avoids crisis, use familiar language in conversation - Carers often ignore own health issues, following transition they are no longer "carer" - Carers assessment should be formalised, employability issues, peer support	- Knowing what to do next after you have the information - Conversation around diagnosis should be normalised despite tools in place, symptoms not identified - Peer support is imperative - Education - Communication – needs to be early and meaningful - Language

Challenges barriers identifying carers
- They don't see themselves as carers – wording has been changed to "person you are looking after".
- There is a drive to encourage patients to attend appointments with a supporter and acknowledging the potential of sharing the burden of information.
- The caring role is very gradual process.

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