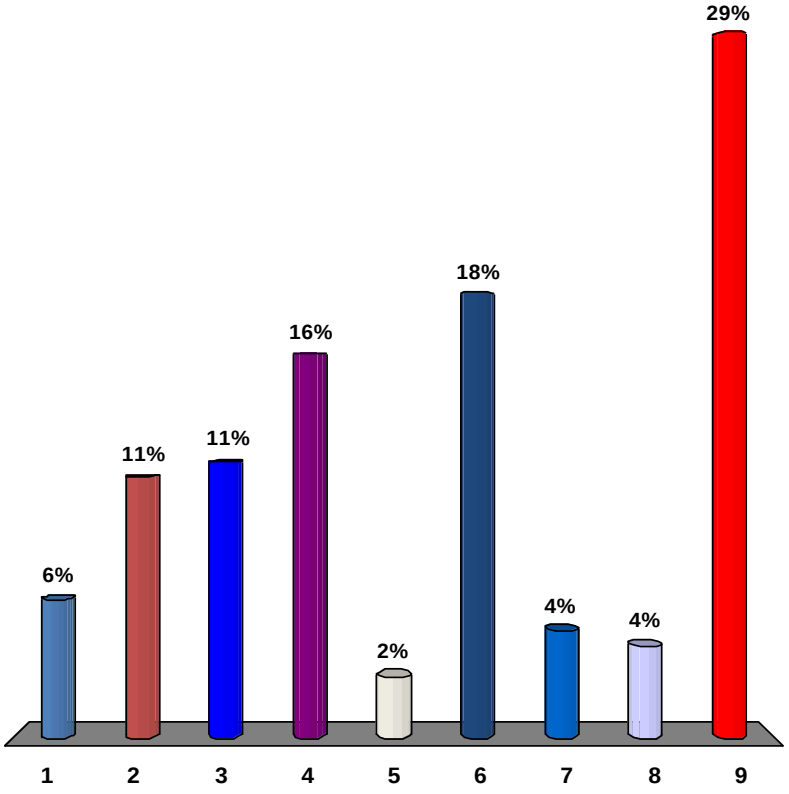
- Demographic Questions

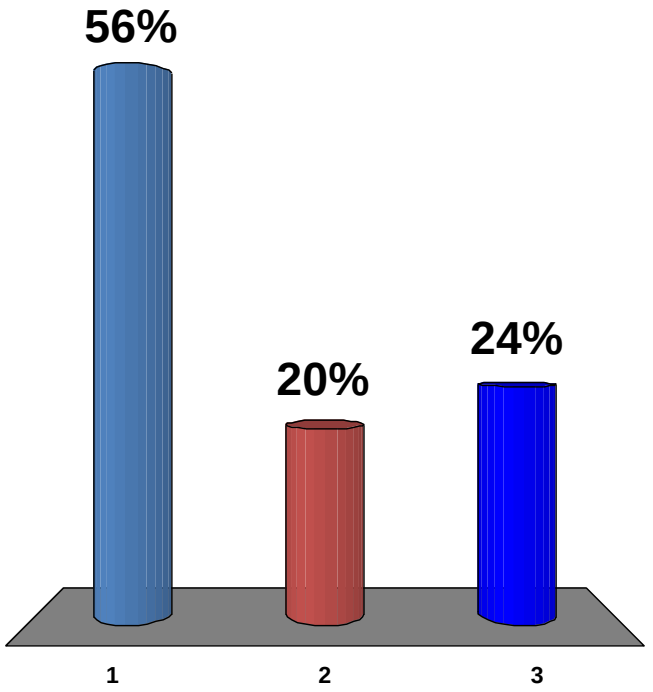
Which best describes your professional group?

1. **GP**
2. **Community-based nurse**
3. **Hospice-based nurse**
4. **Palliative medicine physician**
5. **AHP**
6. **Other nurse**
7. **Social worker or other social care professional**
8. **Other medical specialist**
9. **Other**



Would you describe yourself as?

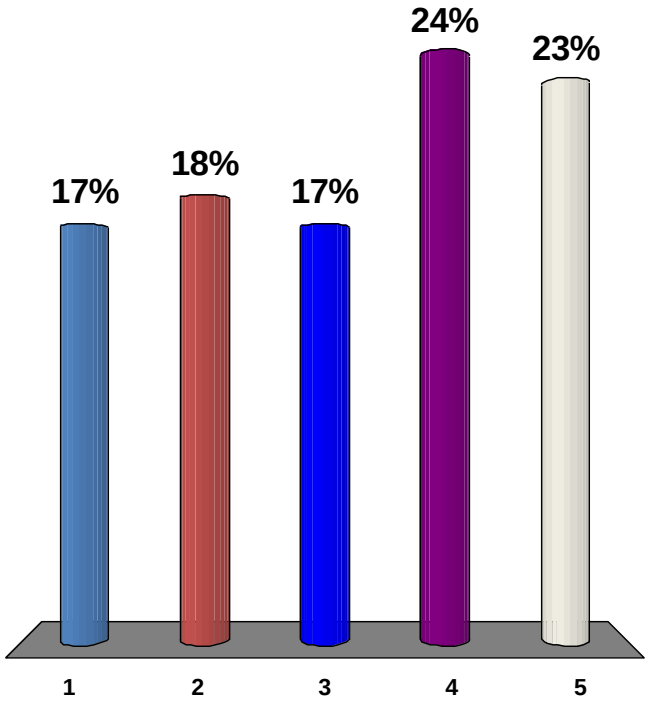
1. **A Palliative care specialist**
2. **A Generalist**
3. **Neither**



Warm Up Questions

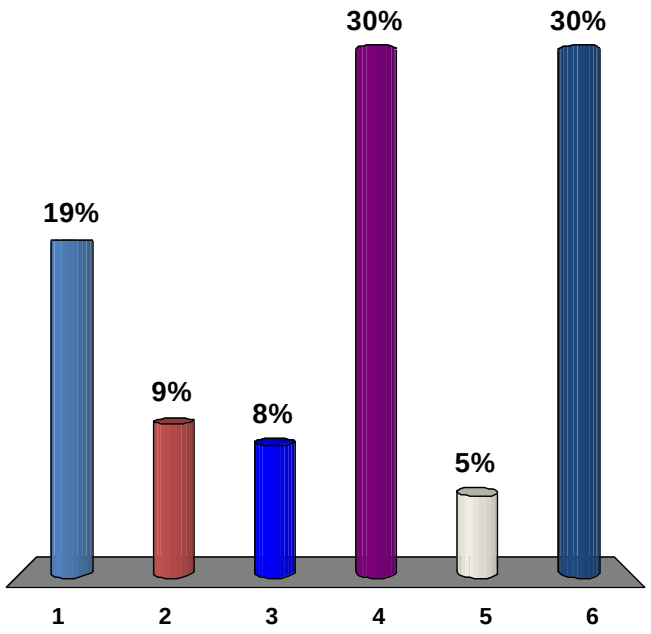
Independence for Scotland would be a wonderful thing

1. **Strongly Agree**
2. **Agree**
3. **Neither agree nor Disagree**
4. **Disagree**
5. **Strongly disagree**



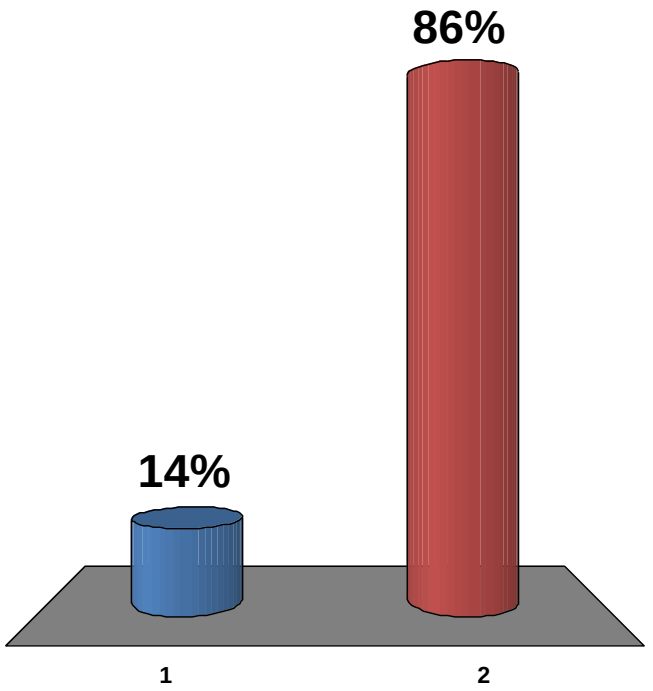
Which of the following would you most like to have dinner with?

1. **Leonardo da Vinci**
2. **Robert Burns**
3. **Lady Gaga**
4. **Nelson Mandela**
5. **Kirsty Wark**
6. **My partner occasionally**



Are You

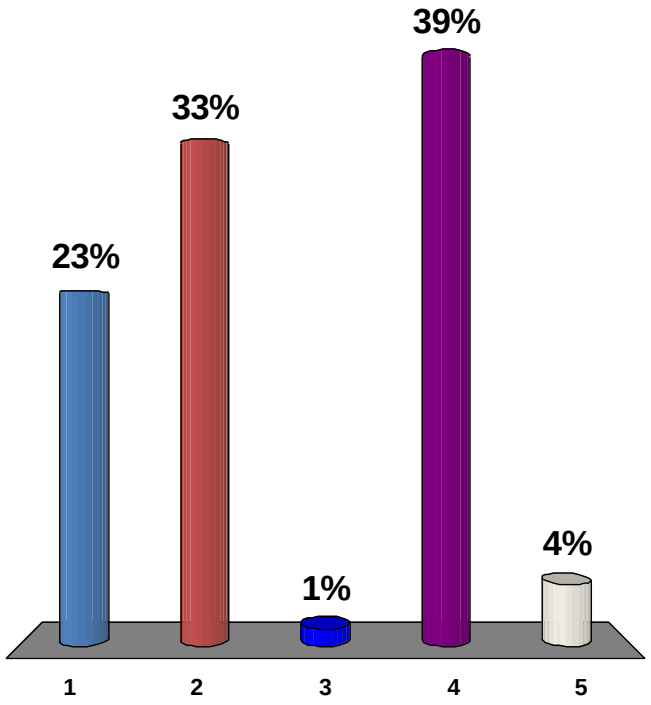
1. **Male**
2. **Female**



- Views about ACP

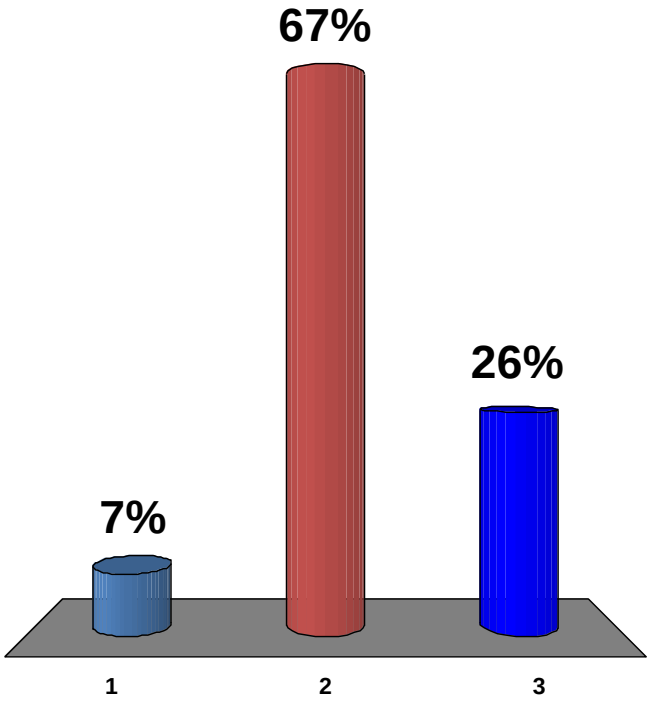
Advance and/or Anticipatory Care Planning is:-

1. **A philosophy**
2. **A process**
3. **A document**
4. **A mixture of the above**
5. **I'm not sure its important to know this**



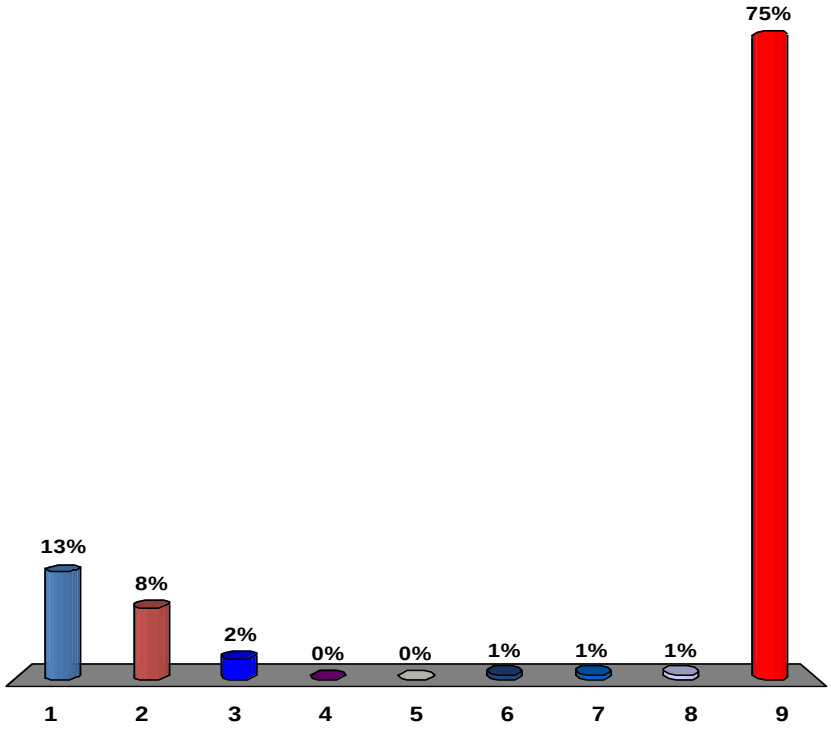
The difference between advance and anticipatory care planning

1. **Is clear**
2. **Definitions vary depending who you speak to**
3. **Does not matter**



The person best placed to do ACP with patients is usually:

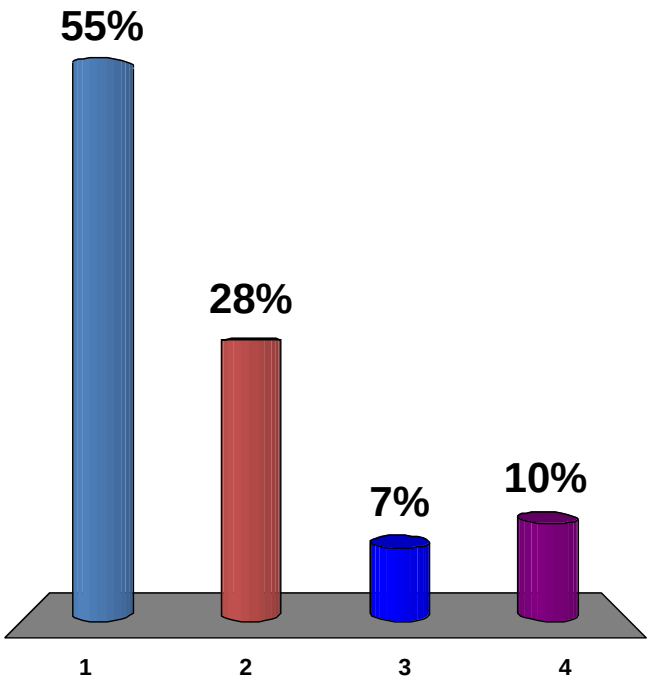
1. **GP**
2. **Community-based nurse**
3. **Hospice-based nurse**
4. **Palliative medicine physician**
5. **AHP**
6. **Other nurse**
7. **Social worker or other social care professional**
8. **Other medical specialist**
9. **All of above**



- Experience of ACP

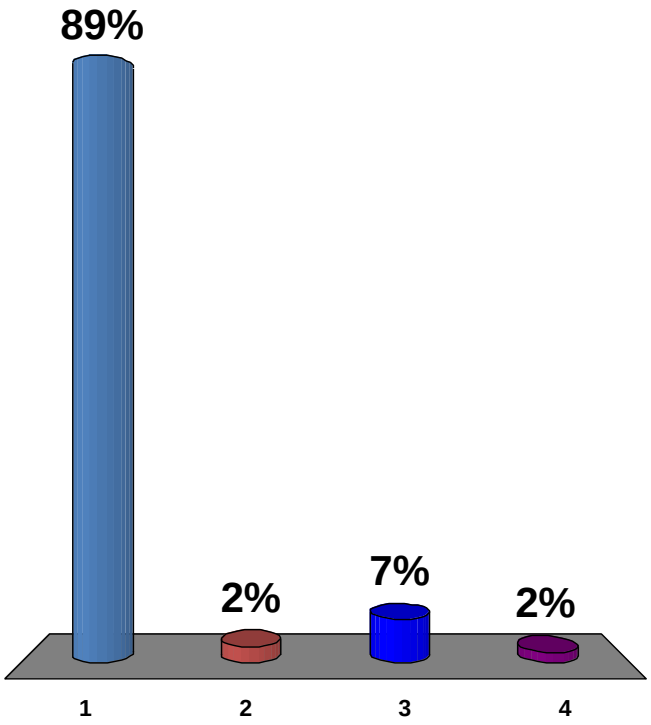
I have completed a specific ACP instrument/ tool with a patient.

1. **Never**
2. **Occasionally**
3. **Frequently**
4. **Very frequently**



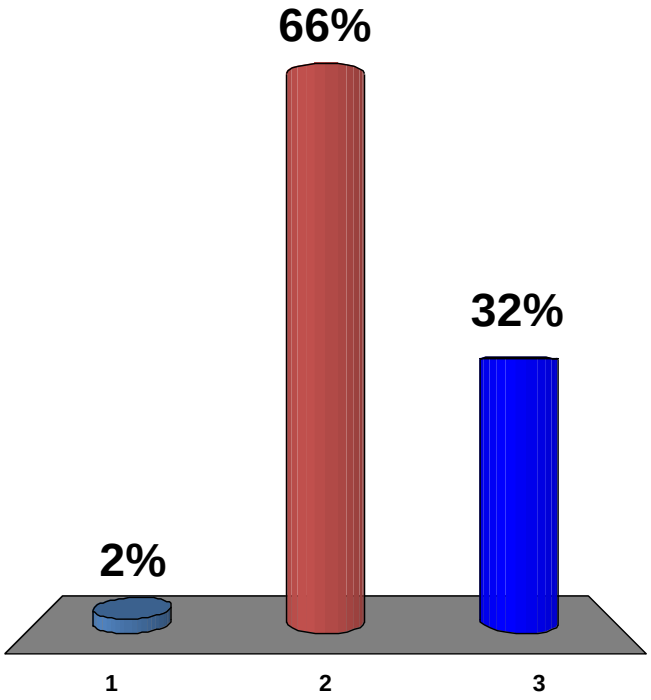
I found the experience

1. **Rewarding**
2. **Distressing**
3. **Time consuming**
4. **Not really worth the effort**



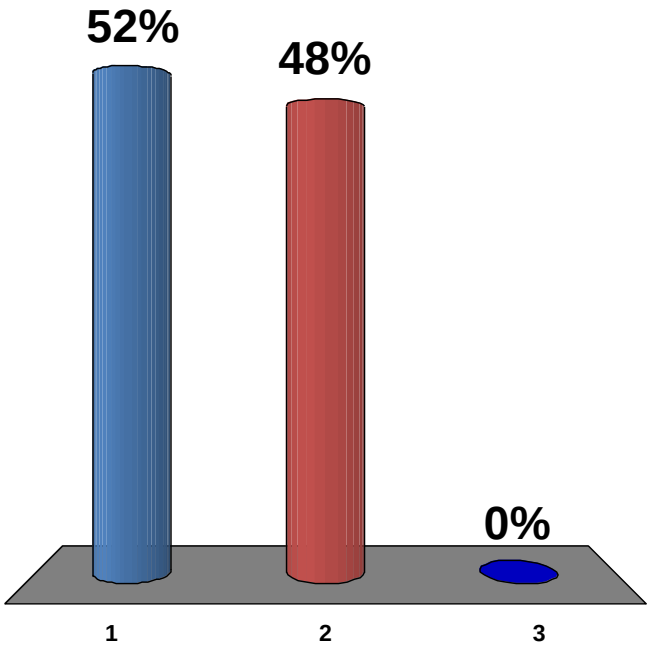
In general I believe my patients have found discussion about ACP

1. **Very upsetting**
2. **Sometimes upsetting**
3. **Rarely upsetting**



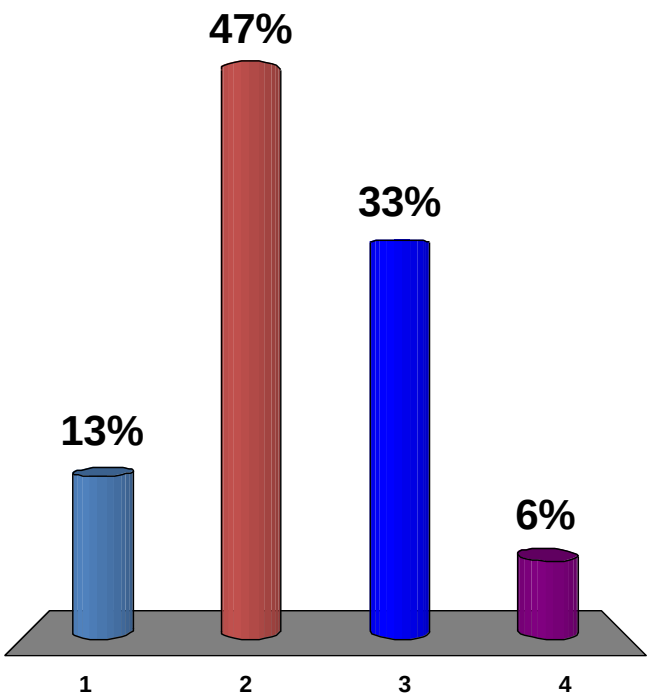
In general I believe my patients have found discussion about ACP

1. **Very helpful**
2. **Sometimes helpful**
3. **Rarely helpful**



The electronic Palliative Care Summary (ePCS)

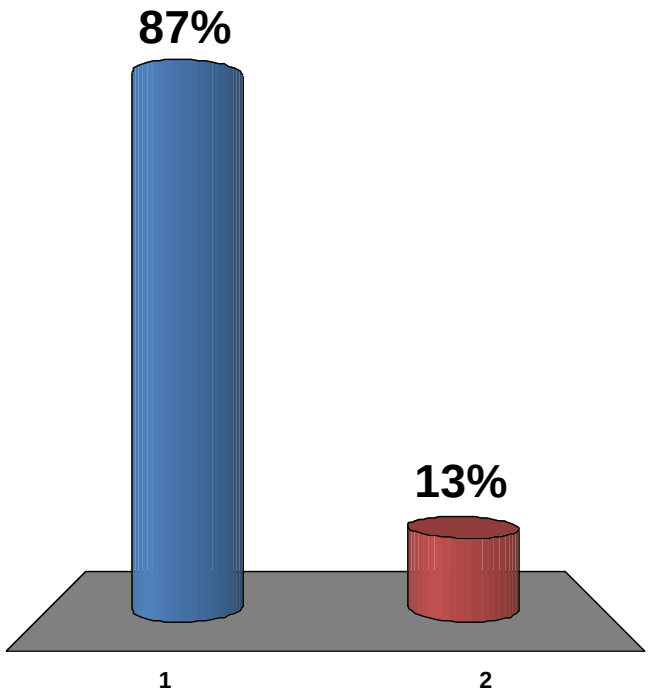
1. **Is an effective means to record and communicate plans**
2. **Is useful but could be improved**
3. **I have not used it so I'm not sure**
4. **I've never heard of it**



- When to consider ACP

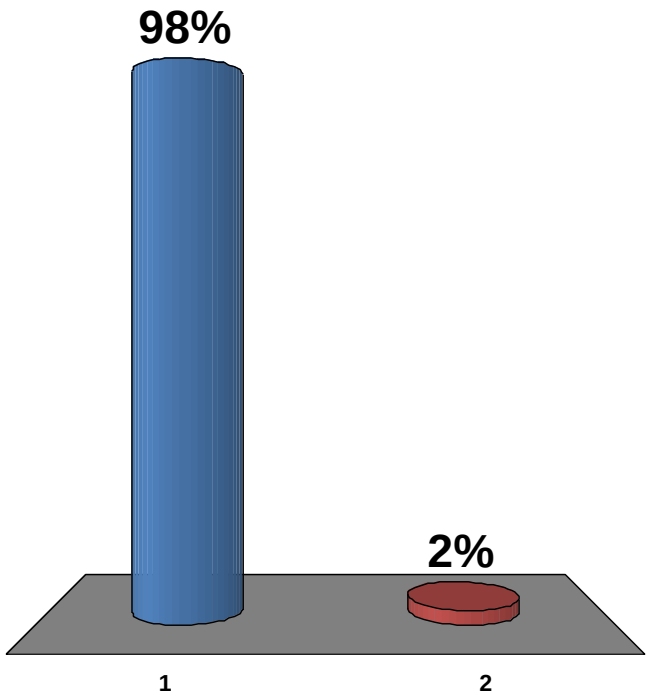
ACP should be routinely considered on discharge from a hospice

1. **Yes**
2. **No**



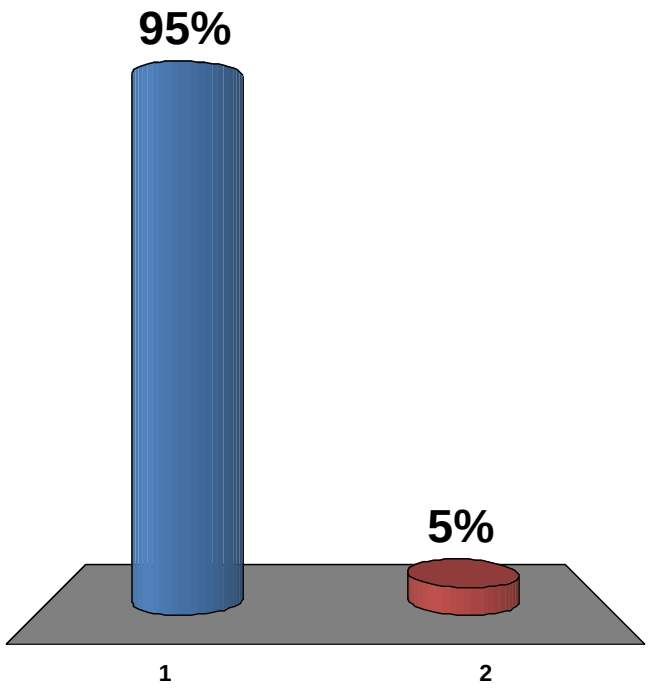
ACP should be routinely considered when a patient is placed on a palliative care register

1. **Yes**
2. **No**



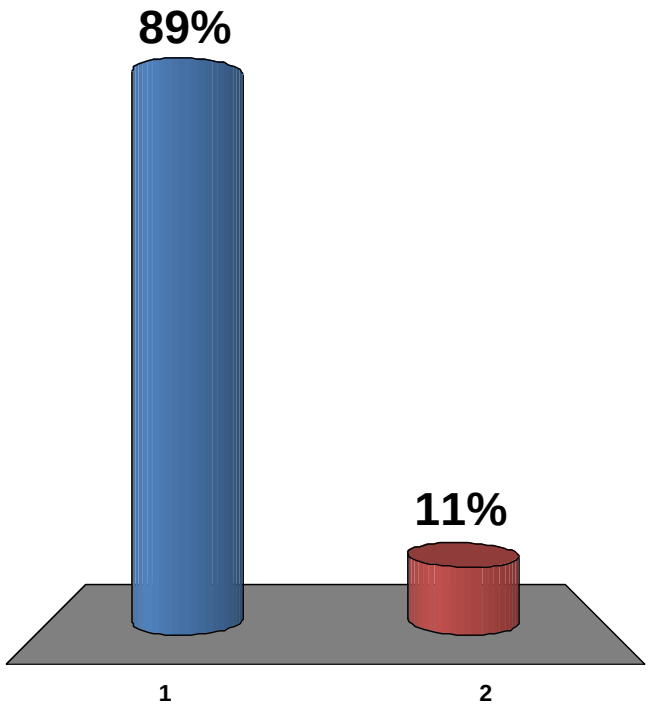
ACP should be routinely considered for all new admissions to care homes

1. **Yes**
2. **No**



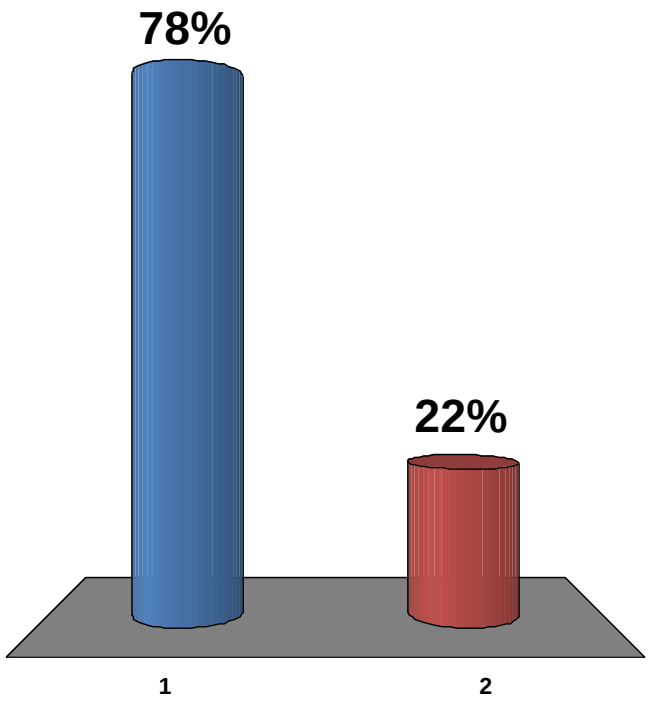
ACP should be routinely considered for all new diagnoses of dementia

1. **Yes**
2. **No**



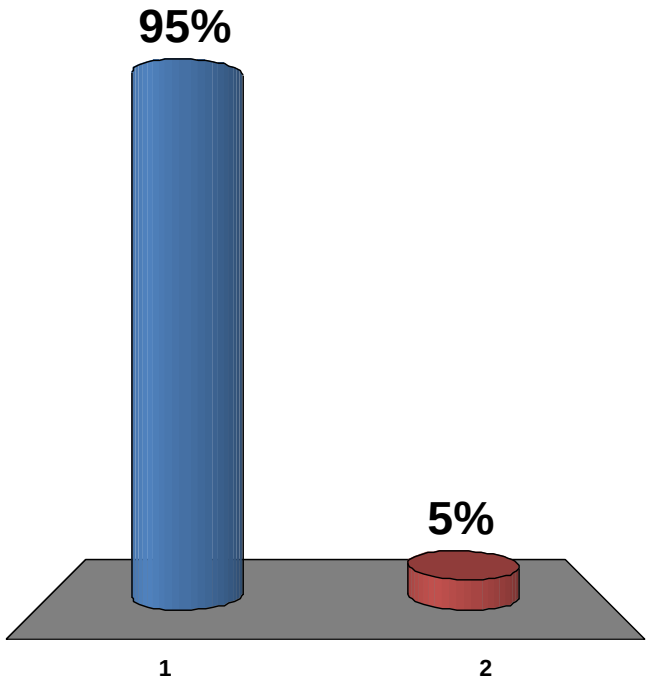
ACP should routinely be considered in Medicine of Elderly Outpatient Clinics

1. **Yes**
2. **No**



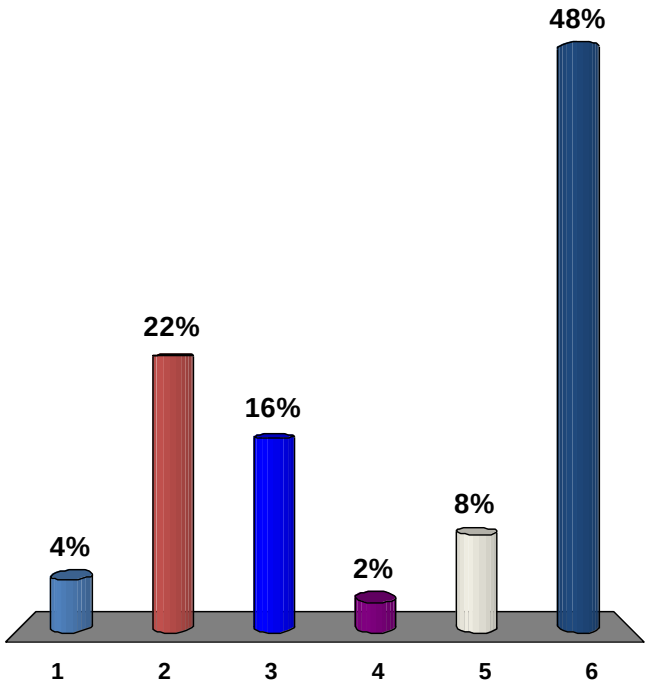
ACP should be routinely considered when a patient has a long term condition (e.g. COPD or Heart Failure)

1. **Yes**
2. **No**



Where do you believe routine introduction of ACP would produce most benefit?

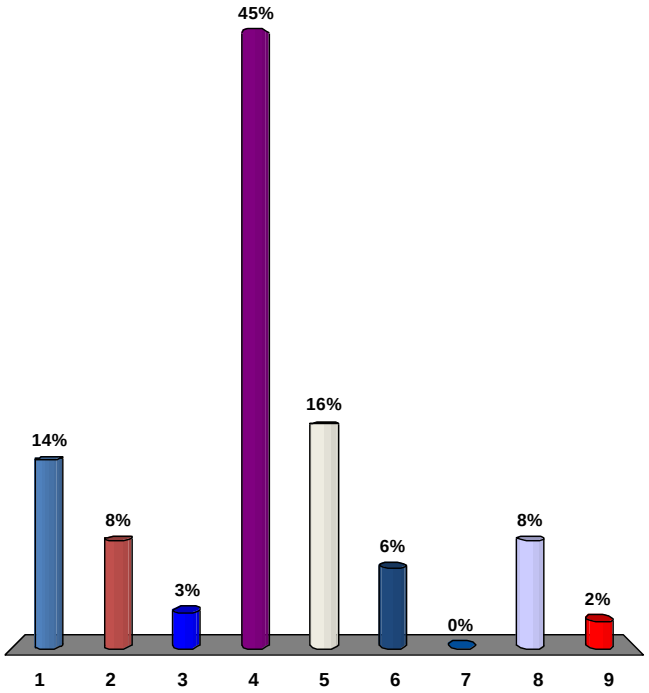
1. **Hospice discharge**
2. **Palliative care register**
3. **Admission to care home**
4. **Diagnosis of dementia**
5. **Medicine of Elderly Outpatients**
6. **Long Term condition**



- Barriers

In my experience the biggest barrier to ACP are:-

1. **Insufficient time for difficult conversations**
2. **Confusion on the part of professionals about what ACP is**
3. **Patients' reluctance to engage in difficult conversations**
4. **Professionals' reluctance to engage in difficult conversations**
5. **Knowing when to initiate a conversation**
6. **Difficulty initiating a conversation**
7. **Inadequate information from secondary care**
8. **Difficulties in prognostication in non-malignant disease**
9. **An inadequate evidence base**



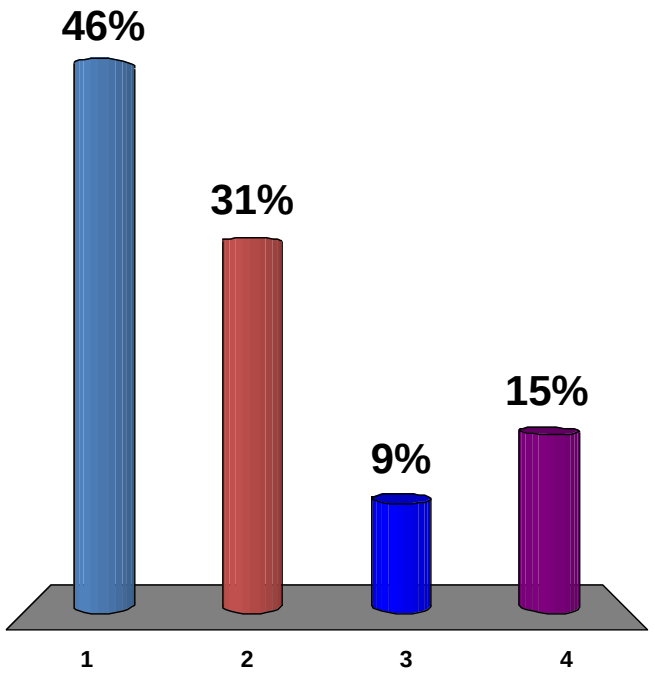
- Improving ACP

In my experience ACP;

1. **Is now much more common than 3 years ago**
2. **A bit more common than 3 years ago**
3. **No more common than 3 years ago**
4. **Don’t know**

The most important 3 interventions to encourage more ACP would be:

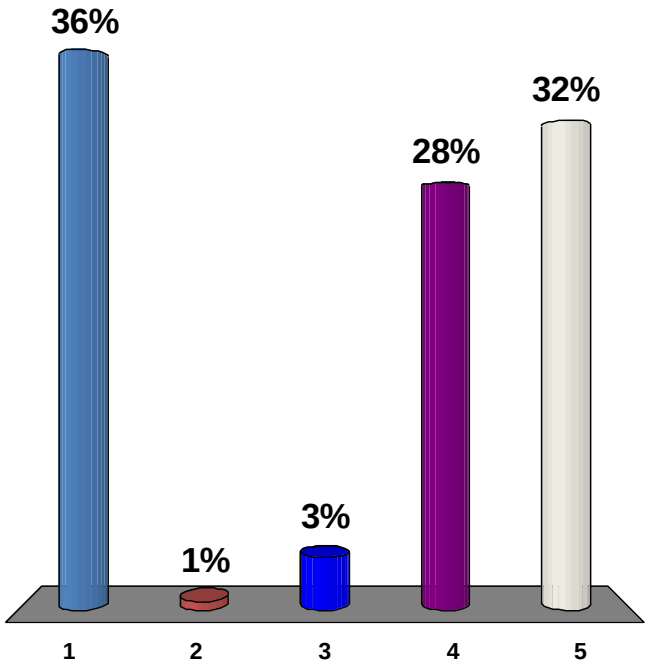
1. **Increasing public openness about death and dying**
2. **Increasing professional openness about death and dying**
3. **Training courses for GPs**
4. **Patient and family friendly leaflets**



- Personal Behaviours of Professionals

I personally have

1. **Made a will**
2. **Granted a power of attorney**
3. **Granted a power of welfare attorney**
4. **Discussed preferences for future care with family and/or friends**
5. **No, but I keep meaning to get round to it.....**



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Can you please remember to hand back your Keypad & Holder to the <u>Conference Reception</u>

Thank You.