



# Building on the best

# Improving palliative and end of life care in acute hospitals in Scotland

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*I think even just reading through the resources has helped me with how I speak with patients. I'm using some of the conversation prompts already. There is definitely a gap for using the RED-MAP cards...these resources give control back to the patients, which is really important.*  
**Doctor talking about resources**

*You have to try and adapt your style, and that's hard.*  
**Doctor talking about communication**

*The nurses didn't used to be involved in this, and as a result some information would be missed, or picked up wrongly by other members of the team. Now everyone is involved in the conversations, so everyone is working from the same page..*  
**Doctor talking about new board round process**

*The project provided us with the capacity for an objective overview of what we're doing, which has been really useful, especially given how busy this environment is.*  
**Ward Team Member**

## ◆ The Need for Action

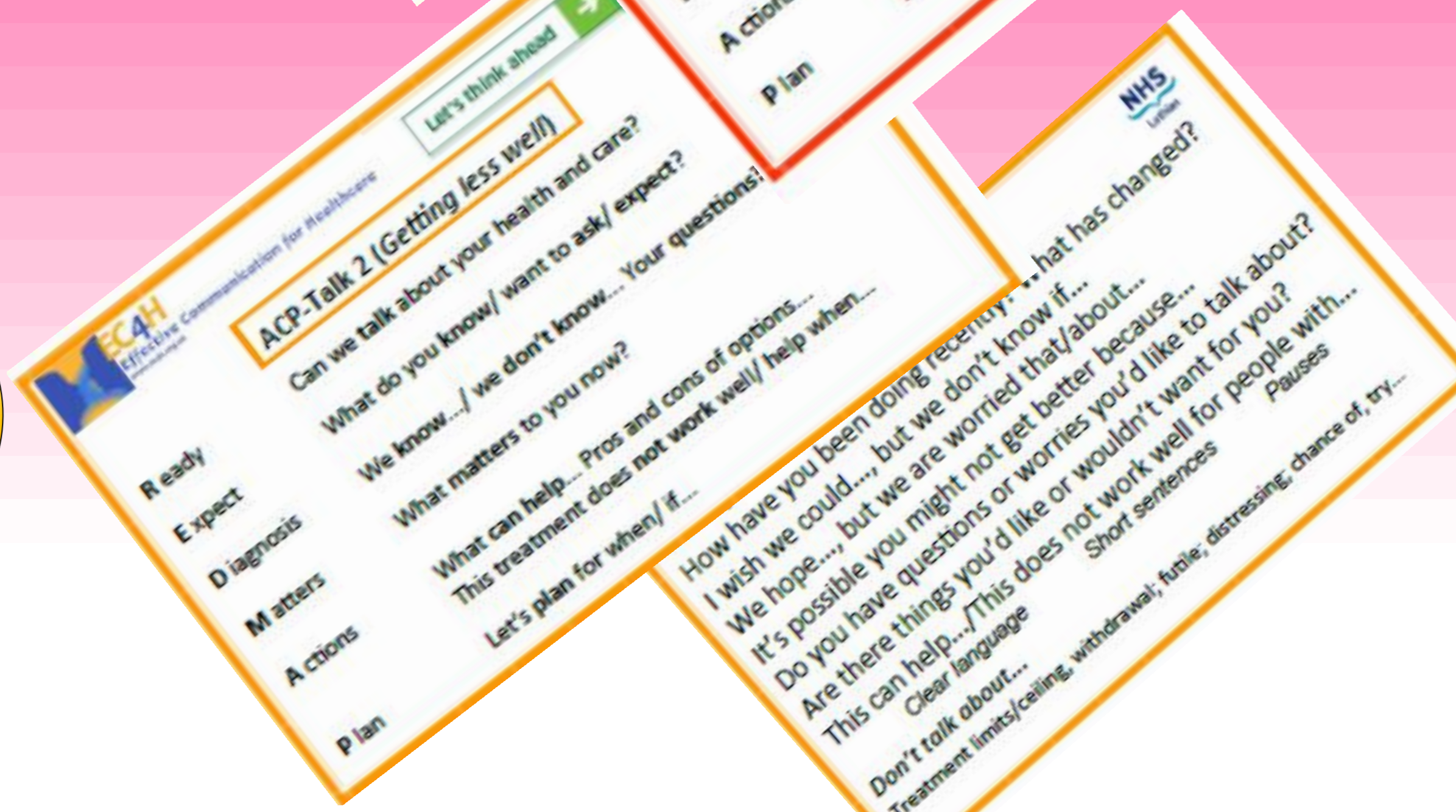
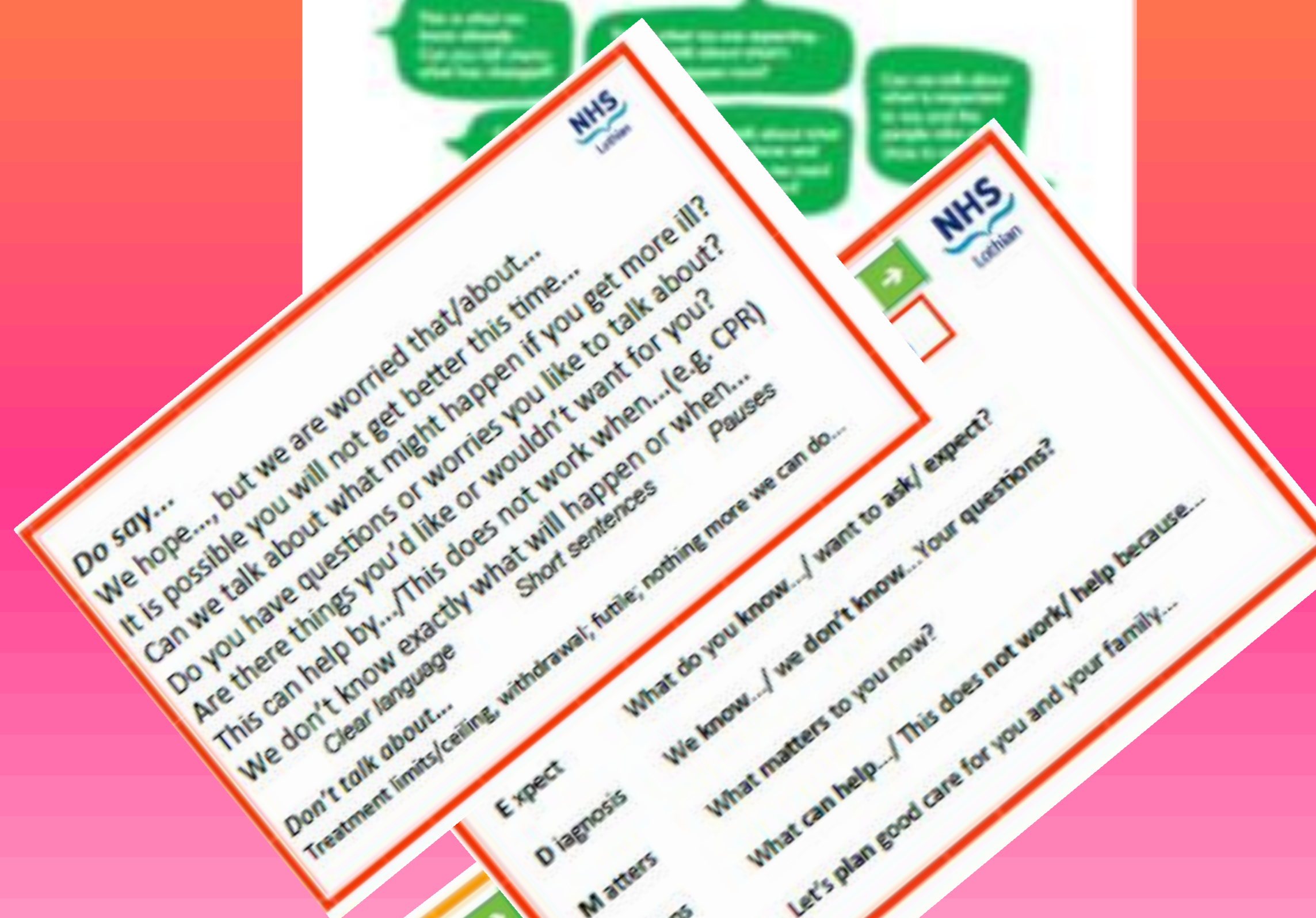
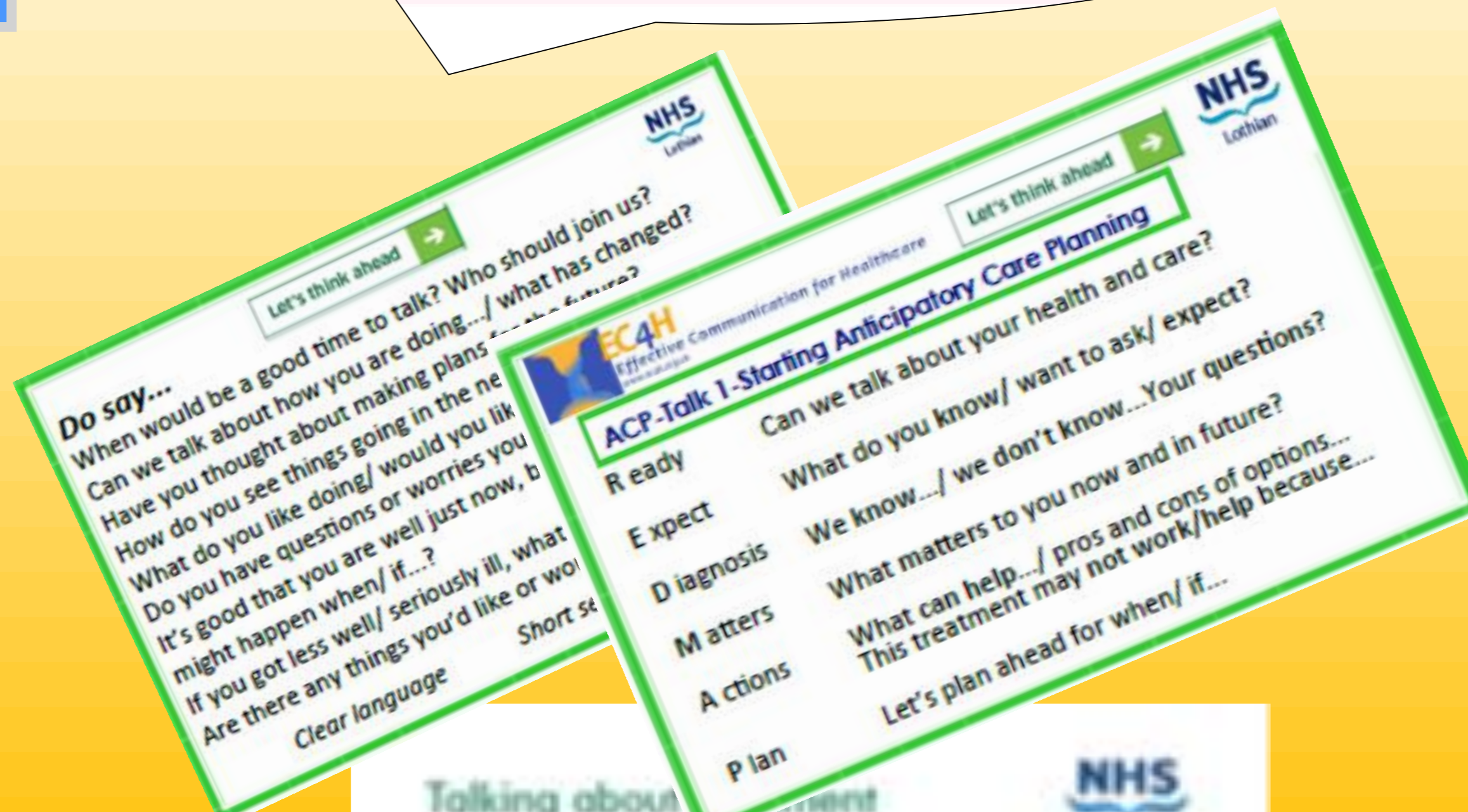
At any point nearly 1 in 3 hospital beds in Scotland is occupied by someone who will die within 12 months. Hospital admissions increase towards the end of life and many people are admitted to hospital on an unplanned basis with deteriorating health and uncertain outcome. There is a need to refine processes and to support staff to deal with this large and often complex area of work. There is also a need to prepare and support individuals and their families to cope with the hospital experience.

## ◆ What We Did

As part of a 2 year UK-wide programme funded by Macmillan Cancer Support a project manager was employed by Scottish Partnership for Palliative Care. She worked with ward staff in 3 Scottish acute hospitals with the aim of improving the experiences of individuals and their families. The project manager sought input from individuals in hospital, their relatives and the public, as well as staff. At ward level the work was informed and supported by local palliative medicine leads, but was led by staff of other specialities.

An initial scoping phase of observation and interviews was conducted, primarily with staff, but also with individuals and their families. The results formed a basis for wards to reflect, discuss and to plan tests of change to existing practices. Evaluation was primarily via qualitative interviews.

*Each hospital has come up with a different approach to improvement, and for us here, that has fostered a sense of ownership related to the changes we're making. That's a really important approach to take.*  
**Project Participant**



## ◆ Results

A variety of changes were prompted and tested.

Five prompt cards were developed and tested across multiple wards. These were designed to be used as a quick reference tool to support staff with the identification of patients who might benefit from a palliative care approach as well as to guide them in effective approaches to conversations about deteriorating health and anticipatory care planning with individuals and family members. An evidence-based core communication mnemonic (RED-MAP) was used. The cards were sized to fit into the back of the standard ID card used by NHS Scotland staff. A linked poster for the public was displayed in wards.

Interventions to develop communication skills and confidence were prioritised by some ward teams, particularly for medical staff and healthcare assistants.

Some ward processes were changed, to improve intra-team communication.

## ◆ Conclusions

The scoping phase generated rich learning and was an effective catalyst for change. The engagement and commitment of ward staff was strong. However, workforce pressures and competing priorities meant that progress was slow and uneven. Measuring impact was difficult because of time pressures and also methodologically. Some of the qualitative feedback suggests positive impacts on the experiences of individuals and their families were achieved. There is enthusiasm for continuing and developing the work beyond the first phase of the project.

## ◆ For More Information

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