Improving palliative care in Scottish acute hospitals - a three strand approach

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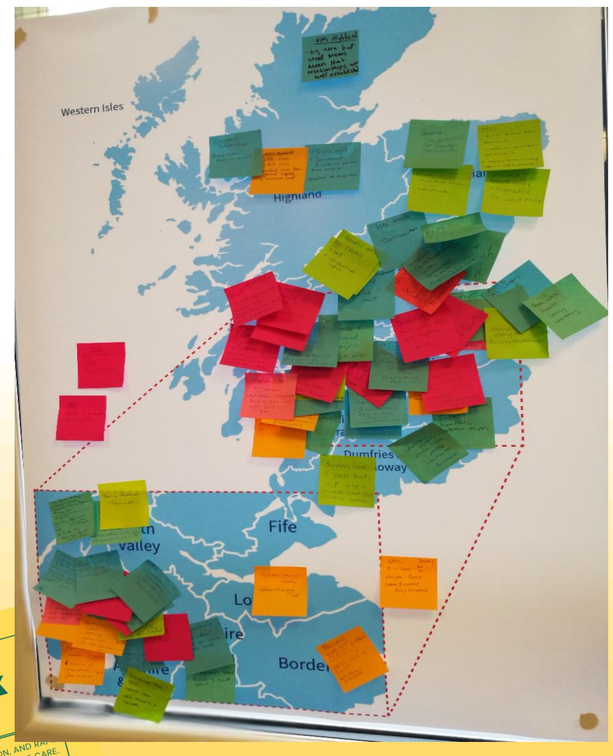
♦ Background

Hospitals remain an important and necessary place of care for people nearing the end of their lives, and in Scotland nearly 1 in 3 hospital beds are occupied by someone who will die within the next 12 months[1]. Despite this, resources to support improvement activity across the country remain underdeveloped and adhoc.

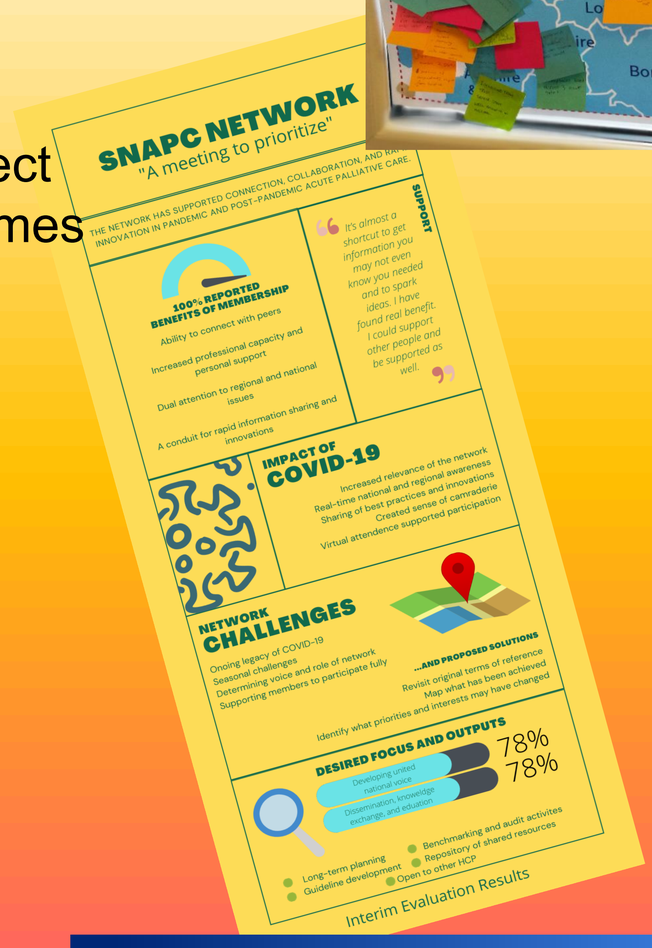


♦ Aim

Building on the Best (Phase 2) a three year, Macmillan funded project (Aug 2019-Nov 2022) aimed to improve the experiences and outcomes for patients and families in Scotland's hospitals.

♦ Methods - **Strand 1:** Creating a National Network

We: Created a multidisciplinary national network for hospital specialist palliative care team (HSPCT) members
The Scottish Network for Acute Palliative Care (SNAPC) was launched in Jan 2020. It facilitated the HSPCTs across Scotland to work very effectively and efficiently to collaborate and contribute to the development of COVID-19 specific palliative care guidelines; share local work nationally; and develop new collaborative connections. A mapping exercise of all the HSPCT across Scotland highlighted the lack of comparable data in service provision and outcomes.



♦ Methods - **Strand 2:** Funding QI Projects

9/12 QI projects successfully completed in six health boards showing local improvements to the care being offered to patients and their families specifically in planning ahead and bereavement care.

♦ Methods - **Strand 3:** Public Engagement

Through the projects there was considerable engagement with their local population through a variety of methods including a public awareness campaign, public engagement events to canvas local opinion on service development and individual feedback on changes to bereavement care follow up.

♦ Conclusions

The successes and limitations of this project were defined by the pandemic. While the SNAPC network flourished and developed as a need for information and sharing experiences with colleagues was required, barriers to engaging with the public restricted engagement activities.
A sense of urgency amongst HSPCT to improve care, an infrastructure to support information sharing and collaboration and resource to support small projects has led to impactful change in the care experiences in several hospital settings across Scotland.

[1]Clark, D., Armstrong, M., Allan, A., Graham, F., Carnon, A., & Isles, C. (2014). Imminence of death among hospital inpatients: prevalent cohort study. *Palliative medicine*, *28*(6), 474-479.

♦ For More Information

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