

## 1 Introduction

The majority of End of Life Care (EoLC) is provided in the primary care setting and most general practice (GP) staff come into contact with patients receiving this care on a regular basis. The aim of my project was to become more involved in EoLC on a practice and locality level and make improvements in patient care along the way.

## 2 Next Steps

The project started with lots of networking, which included the following.

- Becoming part of the End of Life Operational Group
- Spending a day with the Palliative Care Urgent Response Service
- Becoming part of the Derbyshire Alliance for End of Life Care Group
- Meeting the Community Palliative Care team nurse for the practice
- Meeting the practice district nursing leads
- Meeting all team leads within the practice to specifically discuss EoLC

I was subsequently asked to be palliative lead at my practice and set about finding out the current processes in place for providing end of life care for our patients. Qualitative feedback was received from staff about what worked well and what didn't, as well as what they would like to see happen. I carried out retrospective death audits to identify areas in patients care that went well and didn't, as well as being involved in any significant events or complaints involving any aspect of EoLC, to review and implement changes. I chaired palliative meetings to receive feedback from staff, give feedback on findings and discuss changes. The outcomes of changes would then be discussed and reviewed in subsequent meetings.

## 3 Outcomes

As a result of the networking and qualitative data collection many changes and actions were made which have been listed below.

1. All staff providing EoLC in surgery moved to using the Electronic Palliative Care Coordination System (EPaCCS) template
2. Training and instruction manuals on the use of EPaCCS and associated forms
3. Blue prognosis coding added to the EPaCCS template for all Derbyshire practices to benefit from
4. The development of clinician and admin palliative practice protocols
5. Improvement of the care plan standard operating procedure
6. Regular practice palliative meetings with better turnout of the multi-disciplinary team and engagement from all staff
7. Implementation of training for all new GP's and registrars starting at the practice on our palliative protocols
8. Involvement in updating the Symptom Management in the Last Days of Life guidelines – giving a GP perspective
9. Input into changes to be made on the Derbyshire Alliance End of Life Toolkit
10. Involvement in a project to increase patients understanding of the role of the GP in End of Life Care in Derbyshire, Nottinghamshire and Birmingham areas
11. Attendance at an advanced communications course, learning then shared with the practice and at training of new staff

## 4 Impact and benefits

As a result of the changes made our patients are receiving more standardised EoLC regardless of who they see and the practice team is more engaged and confident in managing these patients.

The palliative practice protocol has increased staff confidence in providing EoLC and has supported better communication between the whole practice team in caring for these patients. The use of the EPaCCS template ensures that the most up to date version of the ReSPECT and Care Plan forms are always used and EoL

Prescribing is in line with local guidelines. The ability to assign a blue prognosis allows clinicians greater flexibility when adding patients to our palliative register, being aware of patients ability to see online records. There has been a reduction in the number of care plans being completed but then not being forwarded to Derbyshire Healthcare United (DHU). Practice staff show greater confidence in highlighting patients who may benefit from being on our palliative register and the process in place to then invite these patients in for advanced care planning discussions. Once invited in patients have a greater understanding of the purpose of these appointments and are more engaged in having these discussions.

## 5 Conclusion

This project has had wide ranging benefits. Firstly, for myself, in developing an area of interest and increasing my confidence and experience in leadership and networking. It has also been of benefit to the practice and it's staff by having standardised protocols, increasing confidence and morale. Patients are receiving better quality care towards the end of life and more widely this work has benefit patients and healthcare workers beyond my practice by having new symptom management guidelines, updates on EPaCCS and a better understanding of the role of a GP in EoLC.