

PRIMARY CARE 10 TOP TIPS

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Getting the best from your Specialist Palliative Care Team

- 1** There is much more to specialist palliative care than symptom control in cancer. Managing the complex physical, social, psychological, spiritual and emotional needs of patients with non-malignant disease is an increasing part of any specialist team's work.
- 2** For patients with less complex needs, a referral to the community nursing team (district nurses) is often the best first step. Most teams are able to manage a wealth of palliative care issues in the community, without the need for specialist palliative care input. If they are out of their depth they will soon escalate to the specialist team directly.
- 3** Planning and anticipation is key with these patients. Whether it is Advance Care Planning, Do Not Attempt CPR documentation, medication, or communication with the out of hours team, use your Gold Standards Framework meetings constructively to try to think a few steps ahead and pre-empt potential problems.
- 4** If you are unsure whether this patient needs specialist services, contact us to discuss things ahead of any crises.
- 5** Most teams will produce palliative care guidelines which can be helpful for managing less complex patients. Many will run educational sessions or offer short clinical attachments, this is often an excellent way of keeping your skills and knowledge up to date.
- 6** We will keep you up to date with any changes we make to patients who we are jointly managing, and would welcome reciprocal feedback.
- 7** In most places specialist palliative care advice is available by phone 24 hours a day. In some places there is also scope for face to face assessments by the specialist team out of hours.
- 8** Many teams will be happy to do joint visits or domiciliary visits, in hours, to patients if needed.
- 9** Don't assume that you won't be able to get your patient admitted acutely. Many units will now admit 24 hours a day patients who fit their criteria for a specialist inpatient bed, and for whom out of hours admission is clinically appropriate. This is about much more than just having a palliative diagnosis or wanting to "go in somewhere" however. If you feel your patient may need admission you can always contact the team to discuss your concerns.
- 10** Don't be afraid to ask for help, managing the physical, psychological, spiritual, emotional and social consequences of a life limiting illness can be complex, so if in doubt pick up the phone.

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