

Consider

Consider whether the patient has an uncertain prognosis or is nearing end of life?

Consider:

- Rockwood Frailty Assessment
- SPICT - Supportive and Palliative Care Indicator Tool
- The GSF - Gold Standard Framework Prognostic Indicator Guidance
- The 'surprise question'
- The patient's narrative
- Information from family or carer
- Discuss at MDT and GSF meetings

Have

Have conversations with the patient & their family to support Advance Care Planning (ACP):

- Think about the environment and your approach
- Check their understanding
- Acknowledge uncertainty of recovery
- Have honest conversations
- Listen compassionately to concerns, wishes and preferences
- Include discussion of TEP
- Offer 'Planning ahead' leaflet and/or 'My wishes'

Advise

Advise the MDT following ACP conversations:

- Share information on the patient's wishes & preferences
- Complete TEP / ReSPECT
- Include information from ACP discussions in the plan of care
- Document ACP conversations in the MDT records - System 1 and Summary Care Record with additional information
- Keep information with the patient, ensure family or carer is aware

Transfer

Transfer information to support continuity of care:

- Offer use of 'Planning Ahead' leaflet to the patient and family
- Consider community TEP / ReSPECT or share share information on TEP decisions
- Include 'discussions had and decisions made' in information across care boundaries
- Communicate with key healthcare professionals on any transfer of care

For information on the Conversation Project:

- See the RUH website www.ruh.nhs.uk/For_Clinicians
- The Conversation Project CHAT Bundle and resources have been developed by the RUH Palliative Care Team