

PALLIATIVE CARE TOP TIPS FOR JUNIOR DOCTORS AND GP REGISTRARS

WRENBURY MEDICAL PRACTICE

Written April 2021

1. **Palliative Care is a team effort** – All the permanent GPs at Wrenbury have a lot of experience with patients needing palliative care. Please ask us if you have any queries or want to talk through any patient cases. Dr Sinead Clarke, who works Fridays and Mondays, also has a special interest in palliative care and would be happy to talk through any issues you have or give a tutorial on a topic you would find helpful.
2. **Drugs** – write up any subcutaneous or controlled drugs on the BLUE BOOKLET that stays in the patients house. It also has tables and advice on prescribing so is a useful document to have at hand.
3. **Drug calculations** – these can be complicated particularly if the patient has more than one mode of drug delivery e.g. patch/prn subcut/syringe driver. If in doubt get another clinician to check them for you. (We all do this, no matter how experienced).
4. **DNACPR** – We a unified dnaCPR lilac form which can be initiated in any care setting and stays with the patient. These need to be completed by a doctor but the conversation may have been initiated by another member of the team e.g. district nurse/nursing home nurse. *Remember to code dnaCPR on EPaCCS as well* (see later)
5. **Care Planning** – This is a very important part of palliative care and the earlier we have these conversations the better a patients journey tends to be. Often you need to dedicate a good amount of time to that first care planning consultation to really explore a persons thoughts and needs but if this is done well subsequent conversations/visits tend to be a lot quicker. Any decisions you make need to be recorded on the *EPaCCS template*.
6. **Specialist teams** – We have a 24 hour advice line run by our local hospice, St Lukes in Winsford - **01606 551246** – I would advise putting this number in your phone. We also have community Macmillan Nurses who are part of our community hub teams and a palliative care consultant Dr Chambers based at St Lukes who works 12 hours a week for the community. However our specialists are spread very thin! Therefore most community palliative care needs will be met by our brilliant district nurses and most medical queries can be met by the doctors in the practice or the 24 hour advice line so I would make these colleagues your first port of call.

7. **EPaCCS** – This is the template you use to accurately code end of life information – you can find it with the other templates once you are in consultations. If you are not sure ask one of the other GPs to show you where it is. Once coded on EPaCCS that information will be seen by other colleague who use EMIS via the summary screen including community teams/GP out of hours/Hospice teams and also is pulled through to the Cheshire Care Record which allows hospital staff, social care staff and others to view this very important information. We provide information about EPaCCS in your induction pack but please ask if you have any questions.
8. **MDT** – The practice has regular palliative care meetings with practice staff, district nurses, Macmillan Nurses and anyone else involved with the palliative patients in our area. These are a really good way of coordinating patients care and sharing information. Please ask when these are scheduled and try to attend at least one during your attachment with us.
9. **St Lukes Hospice** – Our closest adult hospice is in Winsford and provides a number of services including in-patient and out-patient care, day hospice, alternative therapies, lymphoedema treatments and counselling/bereavement services. The referral forms are on EMIS.
10. **Further information and learning opportunities** –
www.cheshire-epaige.nhs.uk – Local and national resources on palliative care
www.eolp.co.uk – End of Life Partnership, based in Cheshire and commissioned by the CCG to provide a number of courses and educational support to professionals. The courses are normally free to those working in Cheshire.

Most importantly remember to look after your own emotional health – caring for palliative patients can be very rewarding but it can be emotionally stressful and can trigger emotions from your past experiences. If in doubt talk things through with one of the team, we are all here to help each other.