Palliative Care Plan project
What we want to create

• A plan to support patients

• Precise and up to date information for organisations delivering care

• Patient preferences are valued and included, involving the type of care being delivered and support for family members and carers

• Delivery of the right information to the right people, in the right place at the right time to care properly for the patient

• Individual care plans working across health and social care services
A plan to support patients

Objective: Shared planning for the future

Detail:
Patients who are receiving Palliative or End of Life Care have complex and changing needs which impacts families and loved ones.

Provides a focal point for ongoing discussion and communication around the patients wishes and treatment options.

Care can be focussed to achieving patient preferences.
Precise and up to date information for organisations delivering care

Objective: Accurate and timely information

Detail:
An electronic plan which is updated in real time and is contributed to by all services caring for the patient

Healthcare services can access current and key information about the patient so they can therefore receive appropriate treatment

Patients receive the right treatment based on their changing needs and preferences
Patient preferences are valued and included, involving the type of care being delivered and support for family members and carers

Objective: Valuing individualised care

Detail:
By planning and communicating the plan, patients wishes can remain at the centre of their care

This ensure care is individualised to their needs and those of their family members and carers

Enables care delivered to be specific and tailored to the patient and their unique situation
Delivery of the right information to the right people, in the right place at the right time to care properly for the patient

Objective: Sharing information to improve patient experience

Detail:
We are working with a number of organisations to ensure the plan is available to healthcare services when caring for patient

Professionals know essential information about how and where the patient wishes to be treated

Patients know their current information is shared and duplication of difficult conversations will be limited
Individual care plans working across health and social care services

Objective: Consistent care regardless of setting

Detail:
All organisations have the same up to date plan

Professionals have access to relevant clinical information from all services caring for a patient enabling continuous care

Patients experience: regardless of time of day or setting, the patient will receive treatment appropriate to their wishes

Cross-boundary care / appropriate regardless of setting / consistent care
Who’s involved?

“The Palliative Care Plan project is seeking to ensure, that all services caring for a patient on a Palliative Care Register can access current and key information about the patient, so they can therefore receive appropriate treatment.”
How we’re going to do it

• Discussion with patients and families to write the plan

• Discussion and Training with healthcare professionals to understand the plans
How we’re going to do it, continued...

• Pilot in North Tyneside area

• Review the process and apply learning

• Extend plan across the North East and North Cumbria region
THANK YOU!

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