



Exploring Neurology Nurses' Perceptions of Palliative Care

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Survey

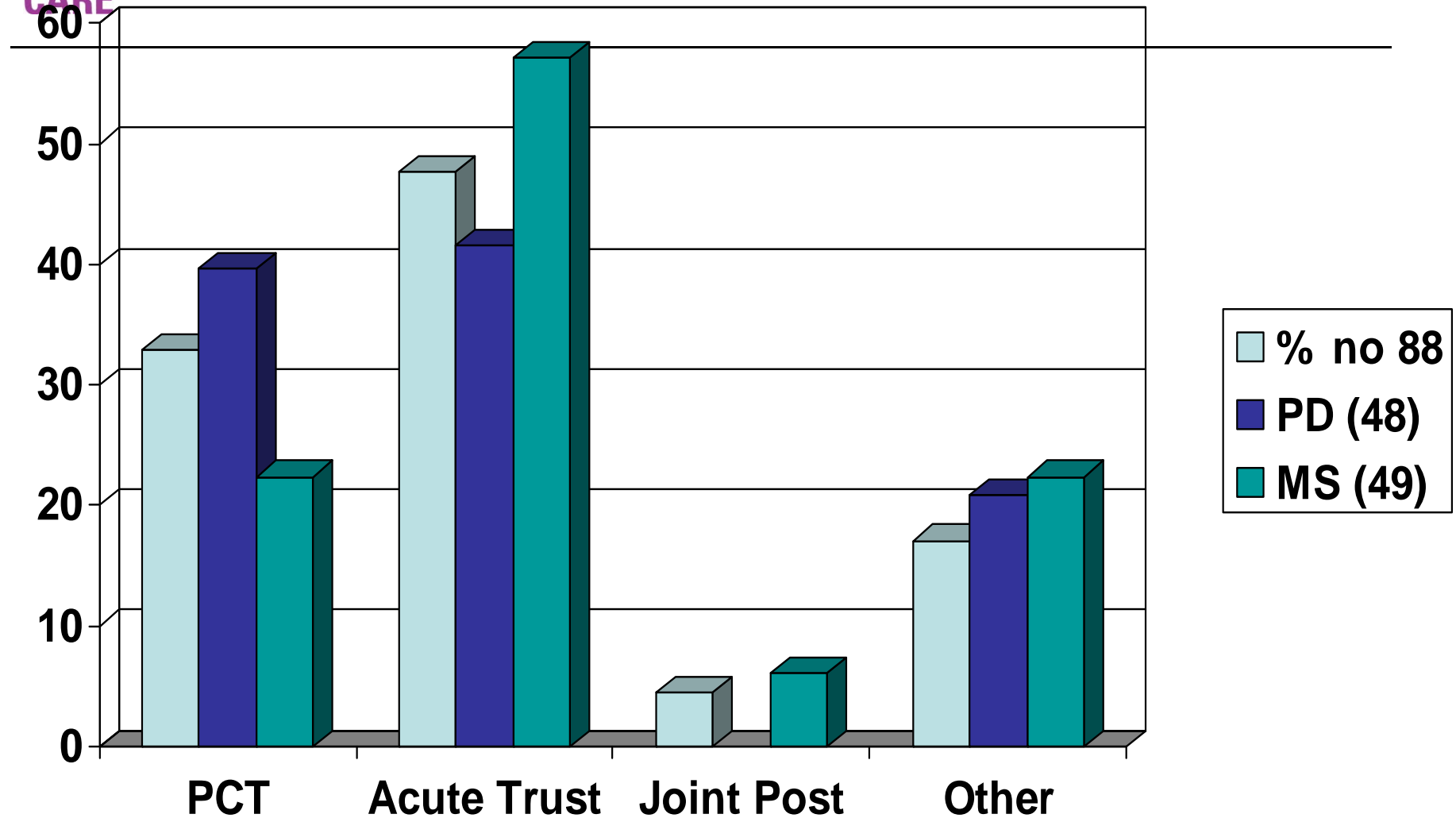
- **Aims**

- to assess current involvement with and perception of specialist palliative care services. To determine training needs.

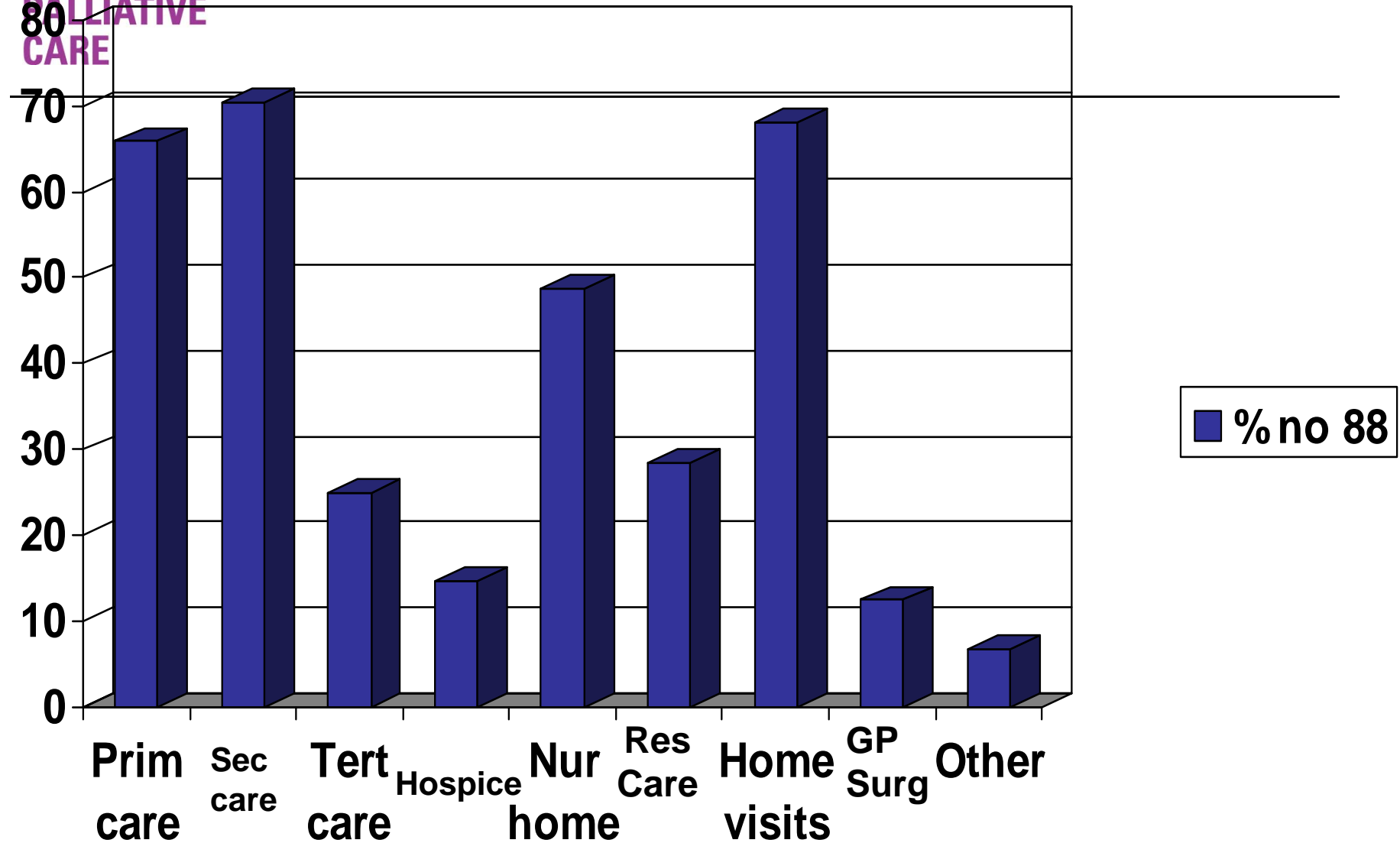
- **Methodology**

- Sent to 429 nurse specialist members of RCN Neuroscience Forum
- 21% response rate – 55% PD, 56% MS = probably reflective of distribution

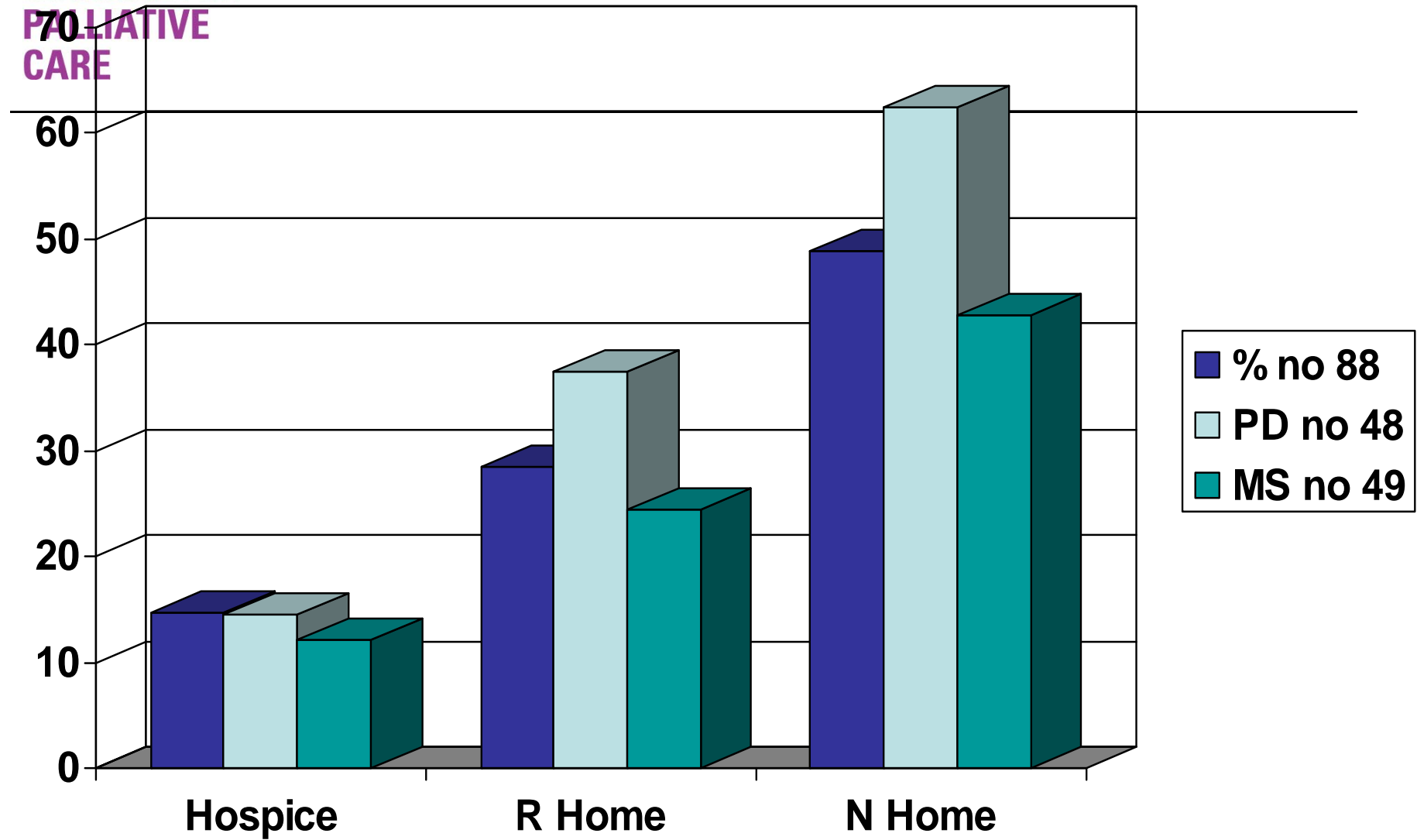
Q1: Participant site of employment



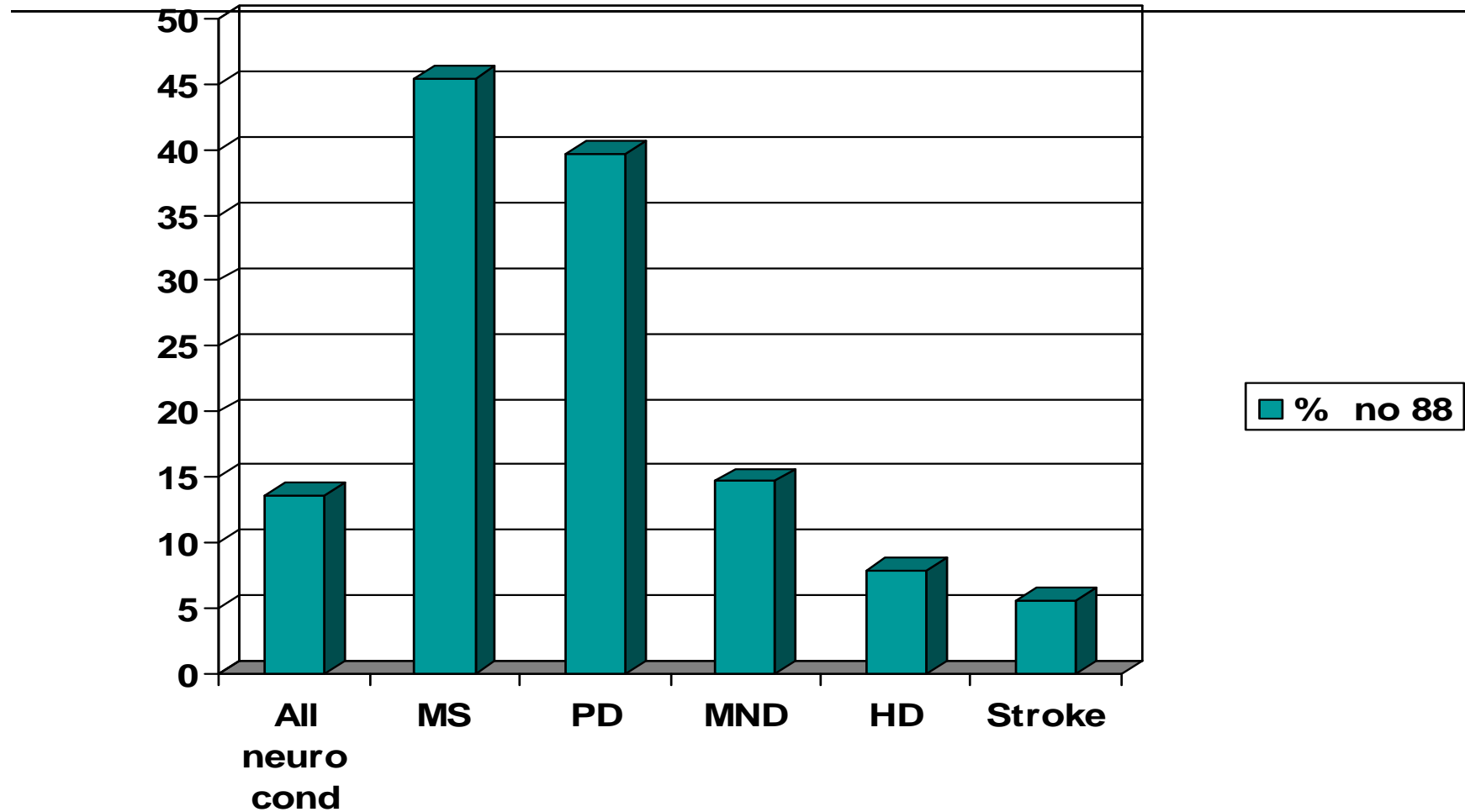
Q2: Work settings



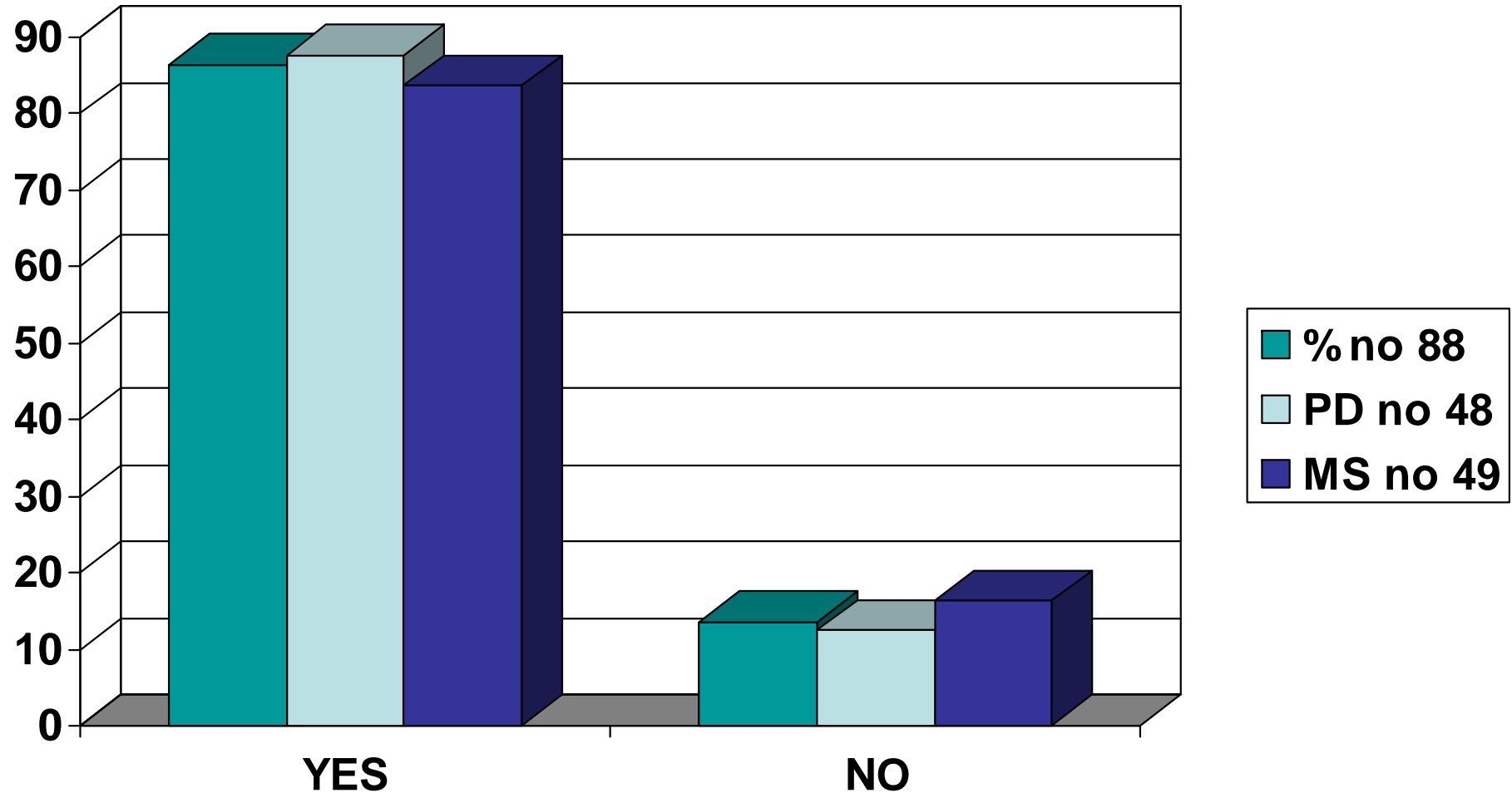
Q2: Work settings



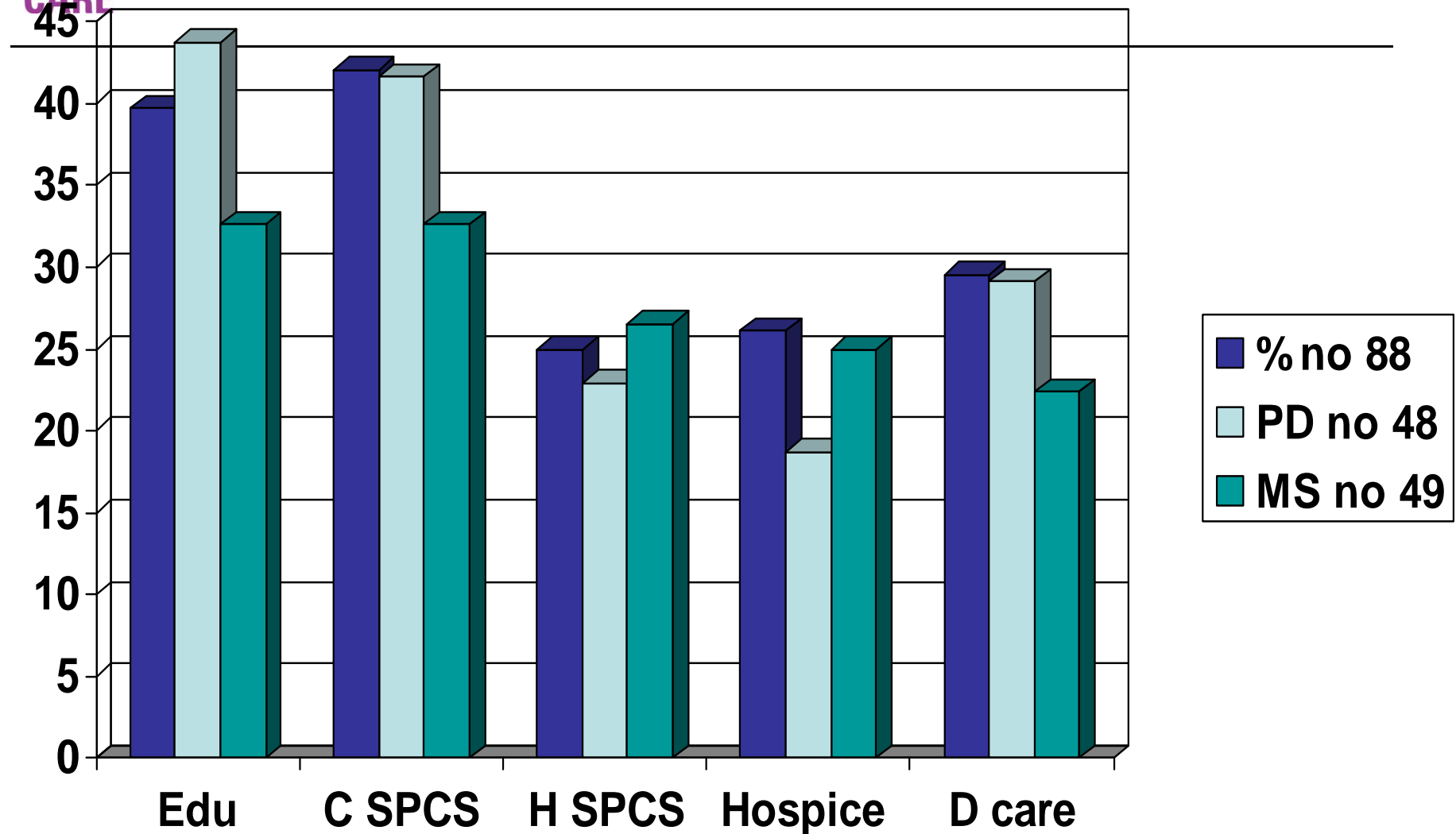
What type of neurological conditions covered?



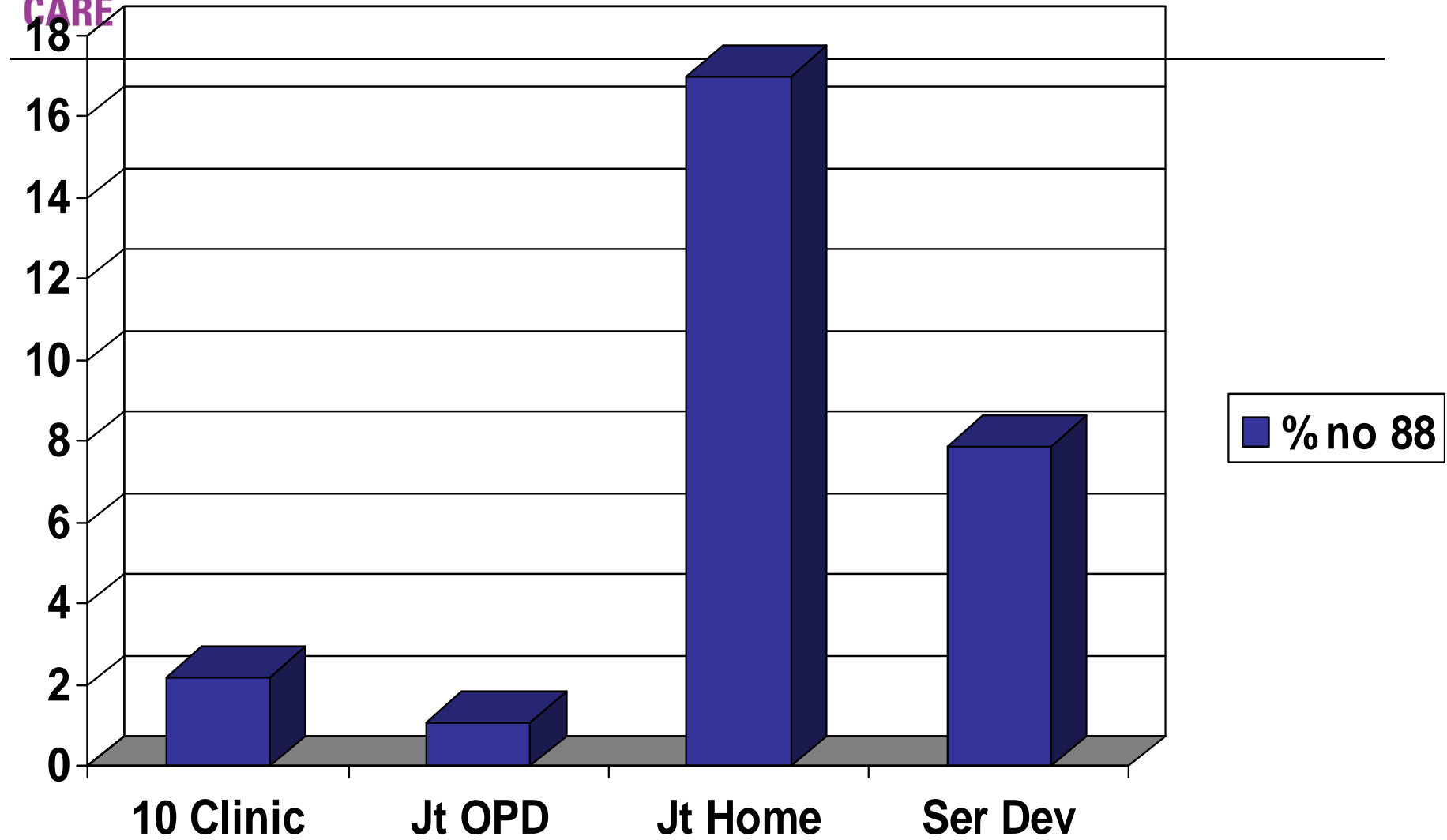
Q4: Have you had contact with SPCS?



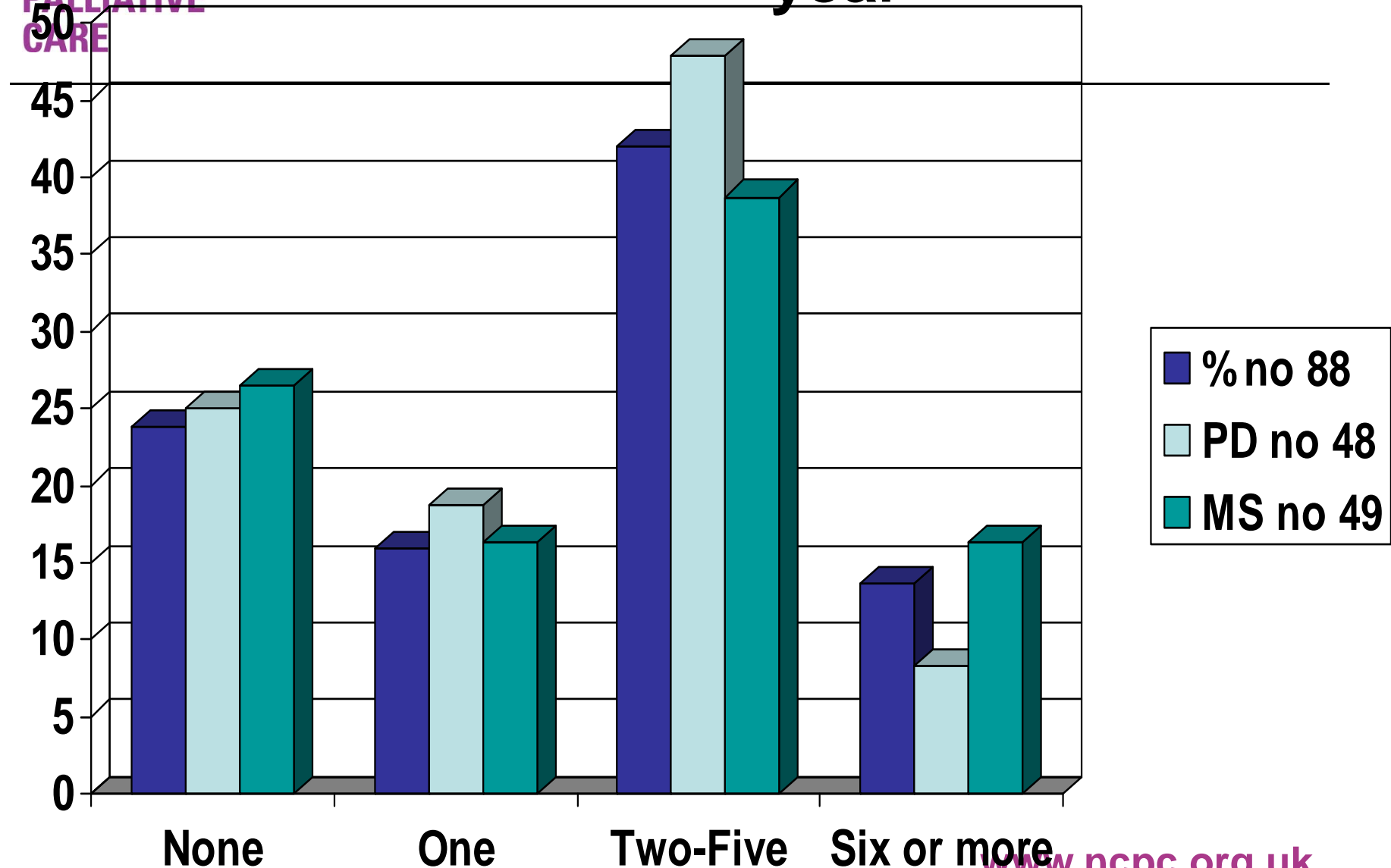
Q5: What was nature of contact?



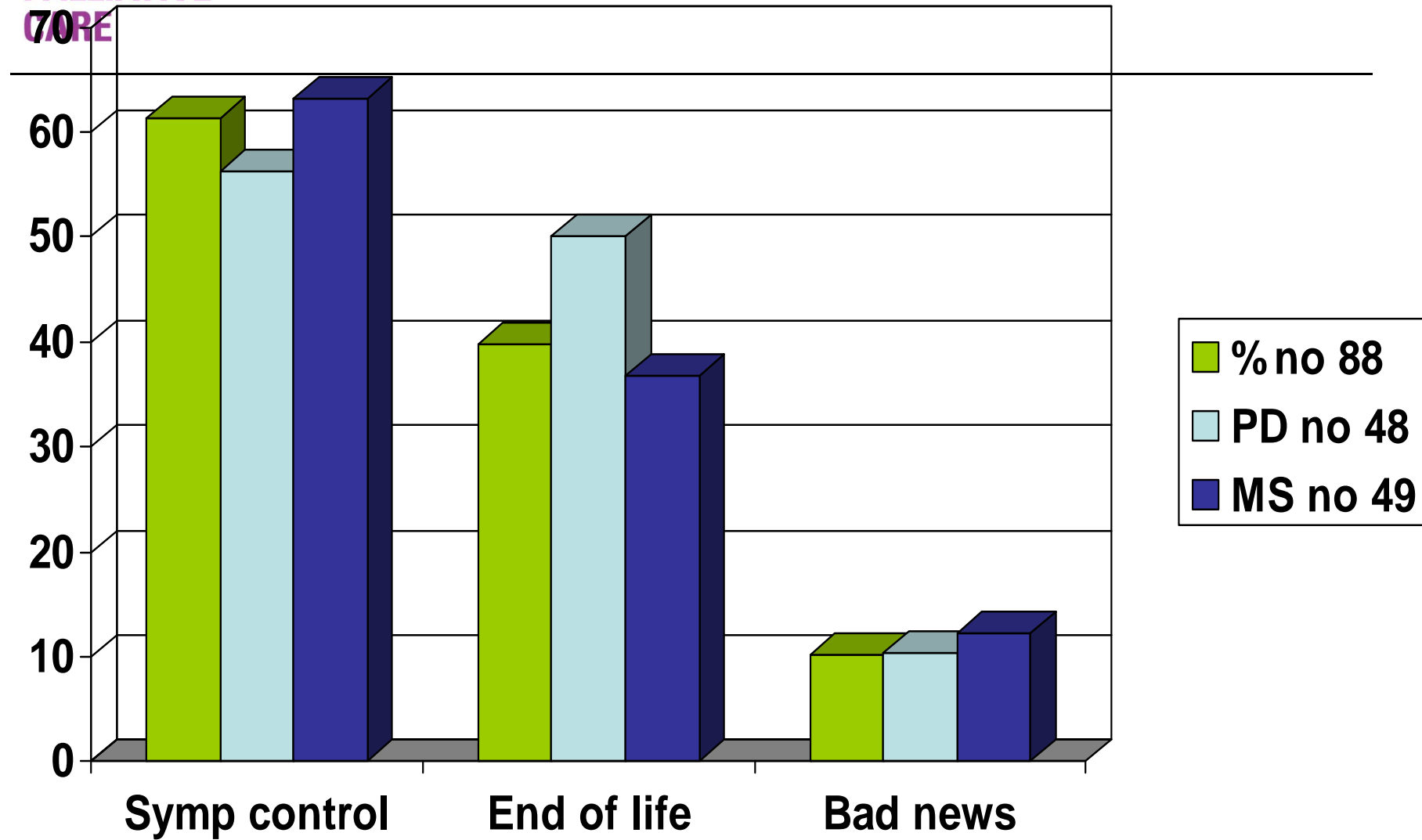
Q5: What was nature of contact?



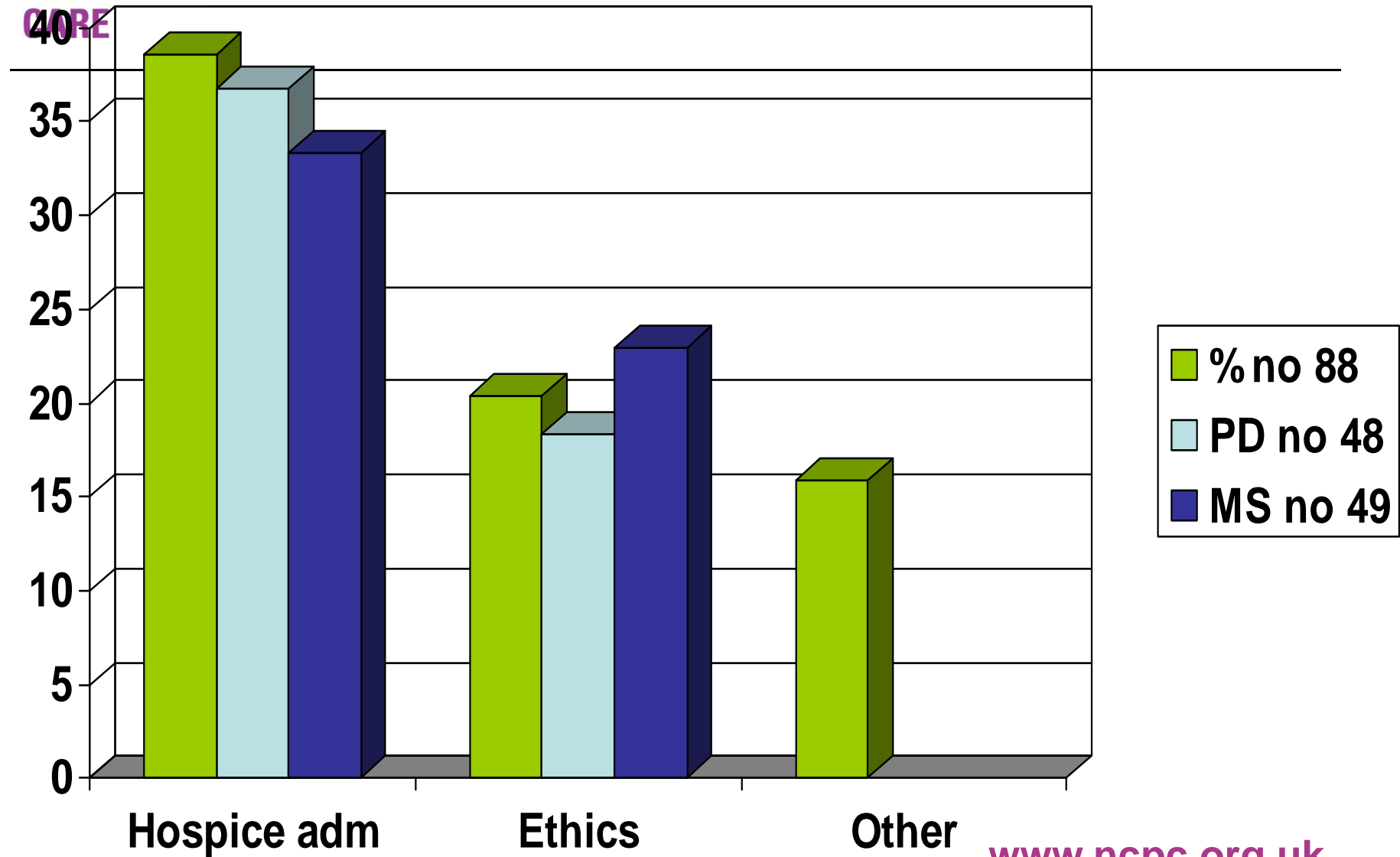
Q7: Referrals to SPCS in the last year



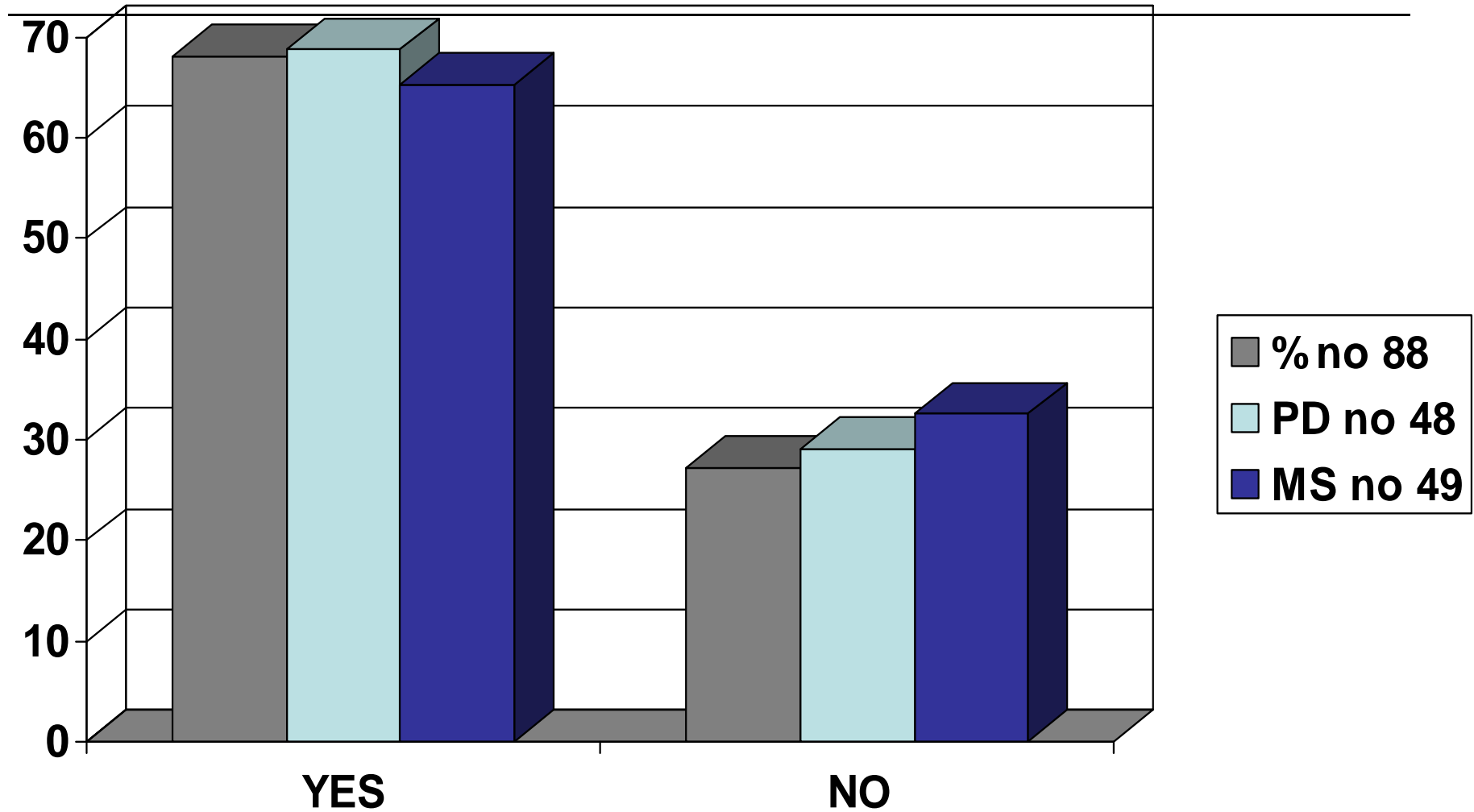
Q8: What were the referrals for?



Q8: What were the referrals for?



Q10: Perceived gaps in current SPCS?



Identify key worker or single point of contact for case management

Consider Referral to Specialist Palliative Care

Consider Referral to Neuro-Palliative Rehab

Consider:

Indicators for referrals / decisions

3 Week delivery

Quality Of life

patient choice

preferred place Of care

Breathlessness

Swallowing issues, difficulties with eating & drinking, poor nutritional status

Medical complications

Communication issues

Cognitive difficulties

Mobility issues

Social issues

Emotional issues

Financial / Housing

Employment

Input from co-ordinated (by KW) multi-professional team, SALT, OT, dietician, physio, neuropsychiatry, mental health services, voluntary agencies, genetic counselling, community therapists, continence, pain team

Impaired ability to make decisions?

Input from co-ordinated rehabilitation team, physio, OT, wheelchair services, motability, environmental controllers, spasticity clinic

Family input, Input from social care, carers, grants to benefit adviser agency

Consider active management: antibiotic & assisted ventilation

Consider PEG feeding tube

Yes No

Life expectancy predicted < 6-12 months

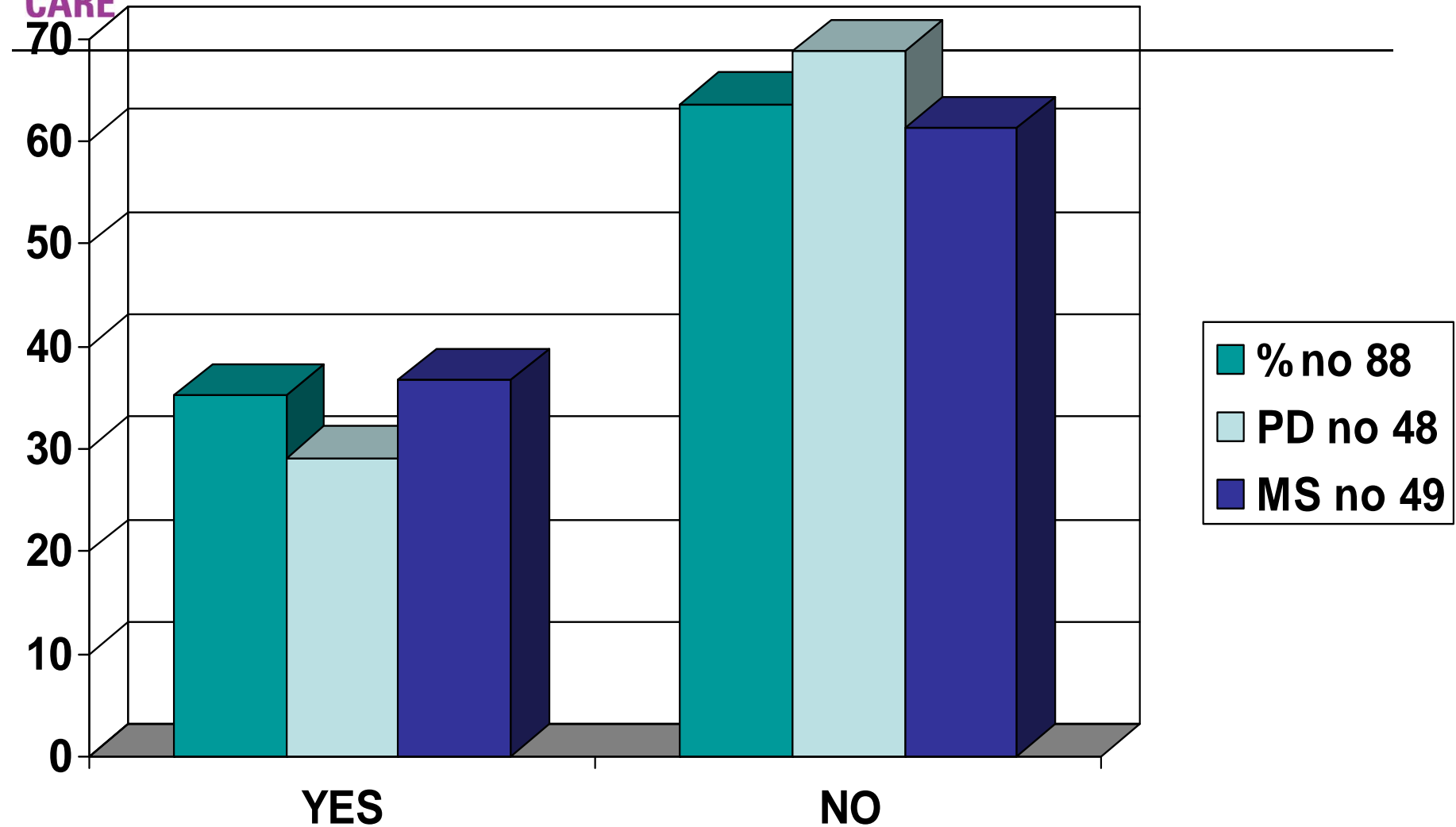
Psychologist, religious leaders, counselling teams

Patient wants active management

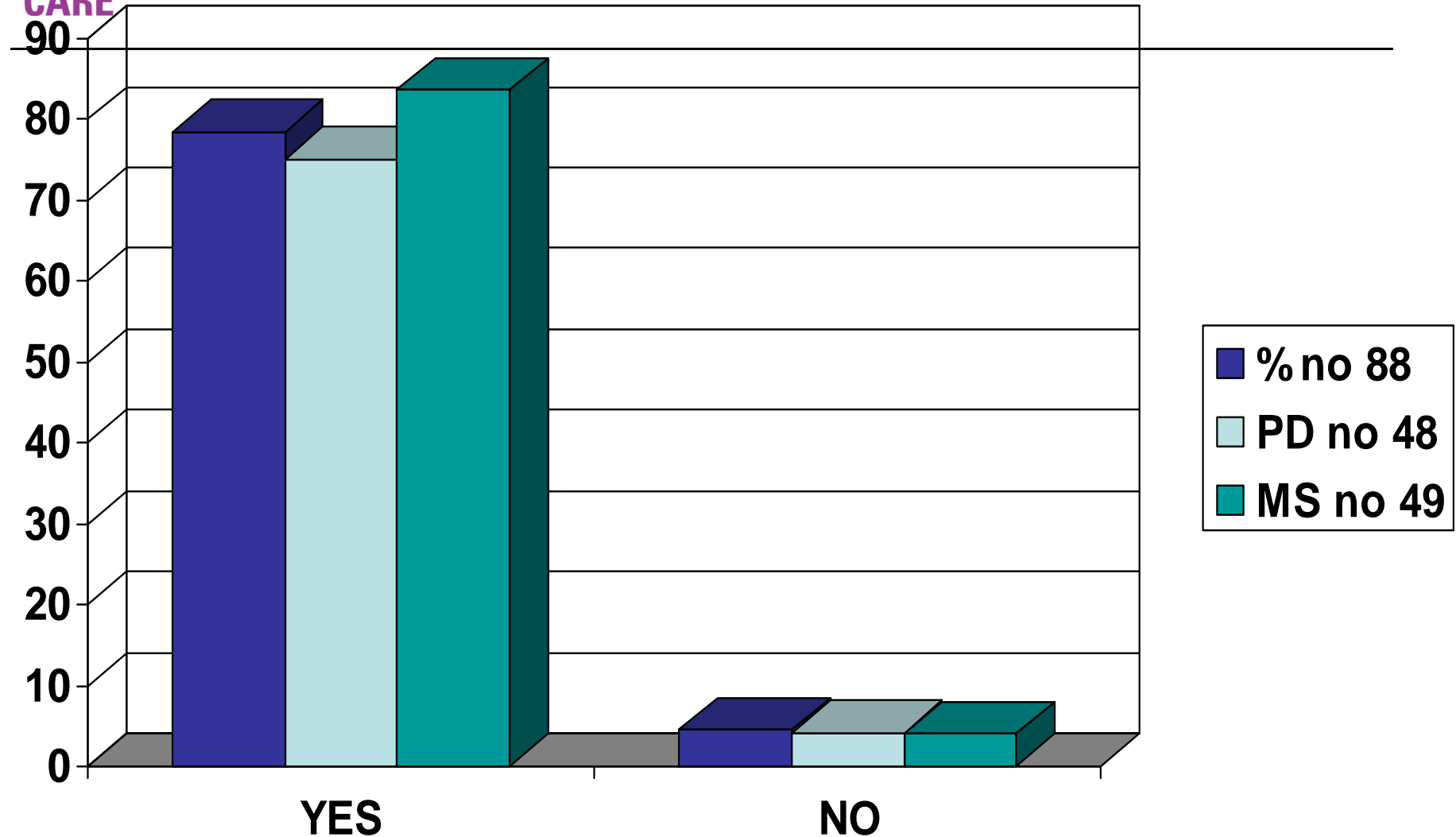
Yes

Consider Referral to Specialist Palliative Care

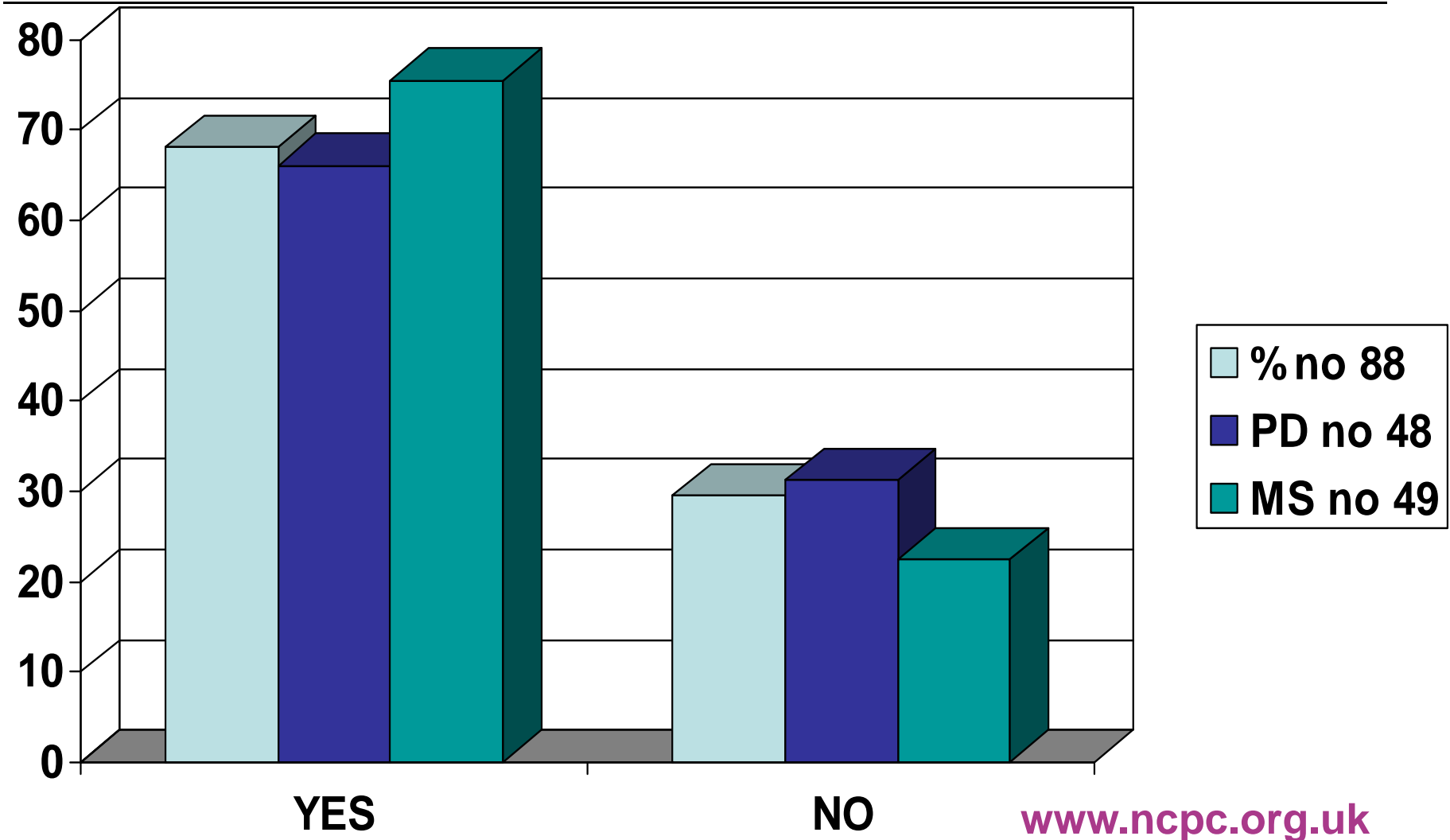
Q13: Aware of the NCPC Pathway?



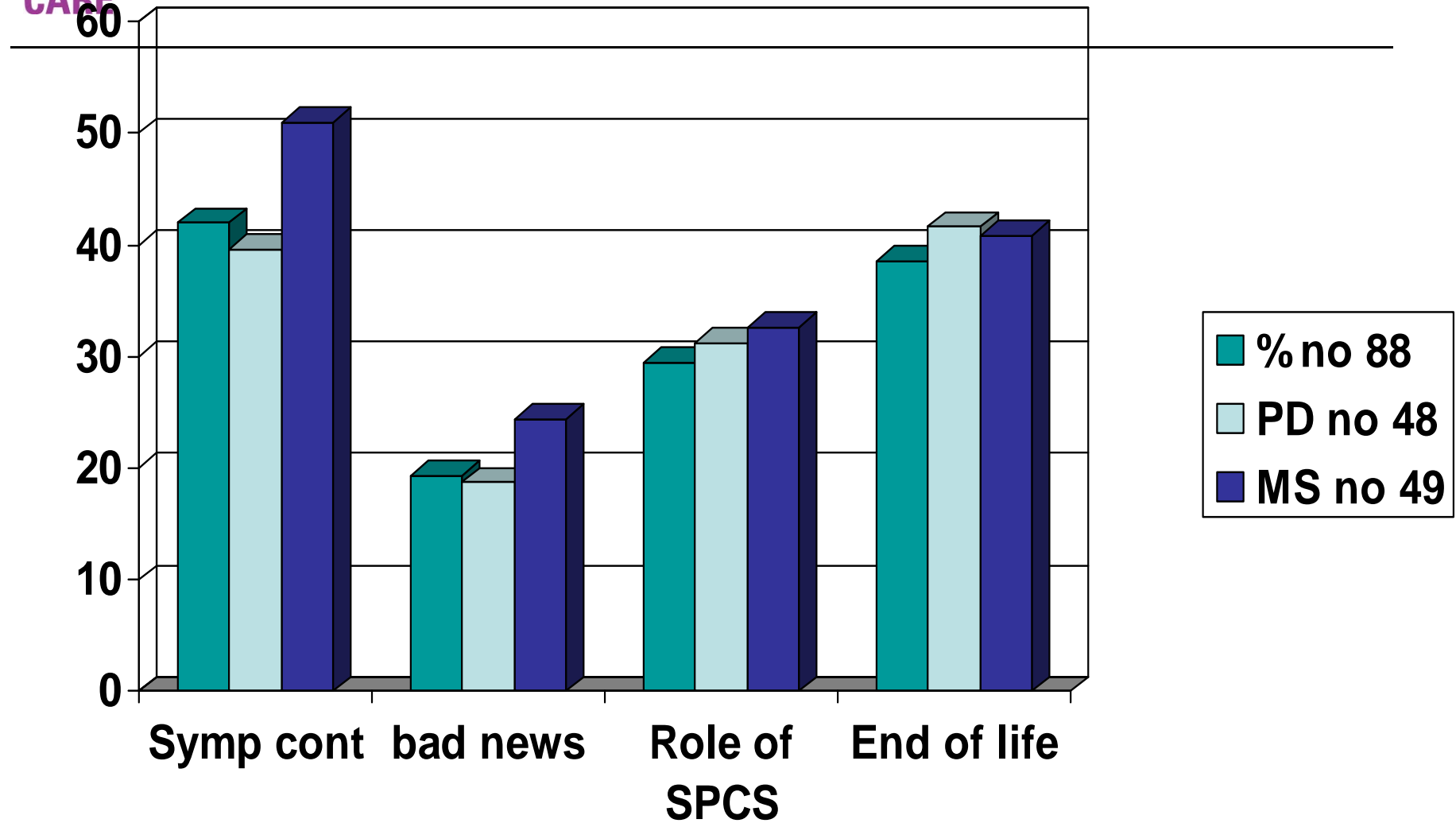
Q13a: Would NCPC pathway be useful for your practice?



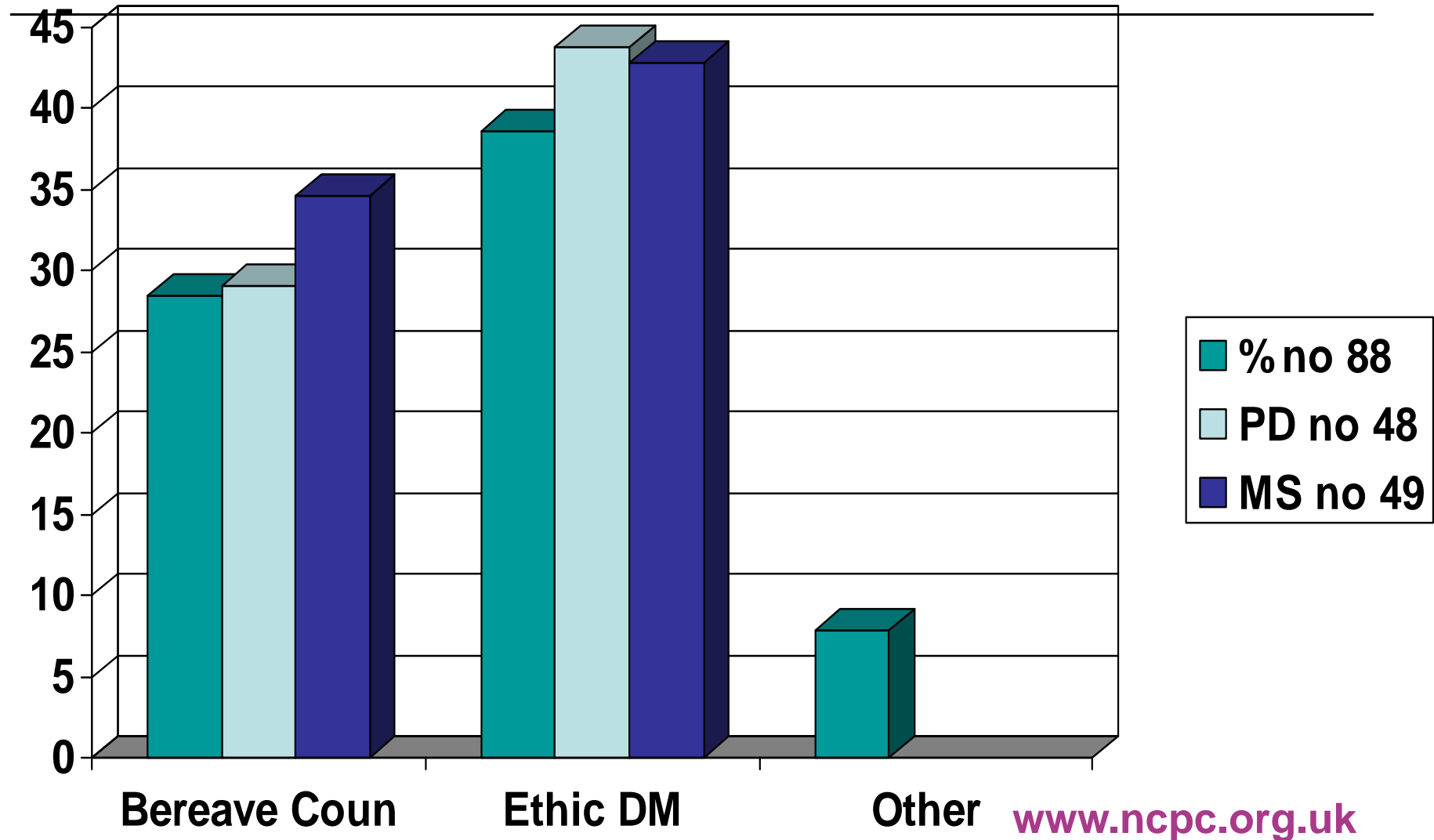
Q14: Do you have palliative care training needs?



Q14a: Nature of training needs



Q14a: Nature of training needs



NEXT STEPS

- Read the full report – **Exploring the Interface**
- Addressing training needs – here today and ongoing both locally and nationally
- Communications strategy - Ensuring the NCPC pathway is widely disseminated – BJNN, BGS
- Co-morbidity work
- Get involved in ongoing work – l.sutton@ncpc.org.uk