

Palliative Care and the Hospital Specialist Palliative Care Team

Palliative Medicine

Information for Patients and those
important to them

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Introduction

Palliative care is an approach that any doctor, nurse, therapist or carer can use. It supports people who have an illness or health problems that are likely to get worse or that may shorten their life. It focuses on the whole person not just the illness.

Some people worry that palliative care means that doctors are 'giving up' but this is not true. You can continue to get medical and surgical treatments as part of your palliative care if they are thought to be helpful and that is what you want.

The goal of palliative care is to help get the best quality of life for you and those important to you, despite your illness or health problems. It aims to identify the things that are causing you problems and work with you to find solutions. This may include financial support or carer support and management of physical and other symptoms such as:

- pain
- nausea or vomiting (feeling sick or being sick)
- breathlessness
- anxiety, emotional or spiritual distress

Planning for the future and deciding what care you may or may not want if your health gets worse can also be important.

Depending on your illness, palliative care can become part of your healthcare plan at any time from the day of your diagnosis to the last days of life.

Who can palliative care help?

There are some signs that suggest a person is becoming less well and may be helped by a having a talk about planning their care for the future. These signs are listed on the next page. Ask your ward doctor or GP if you would like to talk about any of these issues.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk



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Supportive and Palliative Care Indicators Tool (SPICT-4ALL™)

The SPICT™ helps us to look for people who are less well with one or more health problems. These people need more help and care now, and a plan for care in the future. Ask these questions:

Does this person have signs of poor or worsening health?

- Unplanned (emergency) admission(s) to hospital.
- General health is poor or getting worse; the person never quite recovers from being more unwell. (This can mean the person is less able to manage and often stays in bed or in a chair for more than half the day)
- Needs help from others for care due to increasing physical and/ or mental health problems.
- The person's carer needs more help and support.
- Has lost a noticeable amount of weight over the last few months; or stays underweight.
- Has troublesome symptoms most of the time despite good treatment of their health problems.
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

Does this person have any of these health problems?

Cancer

Less able to manage usual activities and getting worse.

Not well enough for cancer treatment or treatment is to help with symptoms.

Dementia/ frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Has lost control of bladder and bowel.

Not able to communicate by speaking; not responding much to other people.

Frequent falls; fractured hip.

Frequent infections; pneumonia.

Nervous system problems

(eg Parkinson's, MS, stroke, motor neurone disease)

Physical and mental health are getting worse.

More problems with speaking and communicating; swallowing is getting worse.

Chest infections or pneumonia; breathing problems.

Severe stroke with loss of movement and ongoing disability.

Heart or circulation problems

Heart failure or has had attacks of chest pain. Short of breath when resting, moving or walking a few steps.

Very poor circulation in the legs; surgery is not possible.

Lung problems

Unwell with long term lung problems. Short of breath when resting, moving or walking a few steps even when the chest is at its best.

Needs to use oxygen for most of the day and night.

Has needed treatment with a breathing machine in the hospital.

Other conditions

People who are less well and may die from other health problems or complications. There is no treatment available or it will not work well.

Kidney problems

Kidneys are failing and general health is getting poorer.

Stopping kidney dialysis or choosing supportive care instead of starting dialysis.

Liver problems

Worsening liver problems in the past year with complications like:

- fluid building up in the belly
- being confused at times
- kidneys not working well
- infections
- bleeding from the gullet

A liver transplant is not possible.

What we can do to help this person and their family.

- Start talking with the person and their family about why making plans for care is important.
- Ask for help and advice from a nurse, doctor or other professional who can assess the person and their family and help plan care.
- We can look at the person's medicines and other treatments to make sure we are giving them the best care or get advice from a specialist if problems are complicated or hard to manage.
- We need to plan early if the person might not be able to decide things in the future.
- We make a record of the care plan and share it with people who need to see it.

Please register on the SPICT website (www.spict.org.uk) for information and updates.

SPICT-4ALL™, June 2017

Specialist Level Palliative Care

Some people have more complex palliative care needs that need specialist help. These may happen at different times in an illness but are more common in the last year of life. Seeing a doctor or nurse who is an expert in specialist level palliative care may be helpful at this time. If your ward team feel that you would benefit from a specialist assessment, they will make a referral to the hospital specialist palliative care team.

Interpreting services

It can be difficult to talk to doctors and nurses about the future especially if English is not your first language. If you need a language interpreter, your ward team can organise this for you.

Who are the Hospital Specialist Palliative Care Team (HSPC)?

- Palliative medicine consultants
- Specialty registrars (doctors training to be palliative medicine consultants)
- Postgraduate doctors gaining experience in palliative medicine
- Clinical Nurse Specialists who have training and experience in palliative care
- Nursing Associates who are gaining experience in palliative care
- We have close links with chaplaincy and bereavement services in hospital
- We have close links with community palliative care teams and the hospice (LOROS)
- We support training of medical students who may accompany the team on ward visits

The HSPC team provide a 7 day service across all 3 hospital sites in Leicester. Face to face assessments and telephone advice are made between 9am and 5pm including bank holidays. At other times, consultant-level telephone advice is available to the ward teams.

Who can refer me to the Hospital Specialist Palliative Care team?

Any doctor, nurse or therapist involved in your care and who has a good knowledge of your situation can refer you to the HSPC team for specialist advice or assessment.

Will the Hospital Specialist Palliative Care team take over my care?

The HSPC team work alongside the doctors and nurses who are already looking after you on the ward. They will not take over responsibility for your care. The ward team will remain responsible for your care and for keeping you and your family up to date with the situation and plans while you are in hospital.

How often you see the HSPC team will vary. Some people only need 1 visit. Some will need seeing only 1 or 2 times a week. A small number may need to be seen more often. We will talk to you about this as part of your assessment.

If I have a palliative care nurse at home or know the LOROS doctors, will the Hospital Specialist Palliative Care team see me in hospital?

If you have palliative care needs that cannot be met by your ward team they will make a referral to the HSPC team. If the ward team are managing your symptoms, you will not need to see the HSPC team while you are in hospital. Ask your ward team if you are unsure.

What happens when I am discharged from hospital?

It is important that your needs are still met after leaving hospital.

- Your ward team will organise any visits you may need from the district nurse or other care services before you leave hospital. If you have any questions about these arrangements, the discharge nurse on the ward can answer these questions for you.
- If you need ongoing specialist palliative care support after you leave hospital we may recommend referring you to LOROS or arrange a specialist palliative care out patient clinic appointment depending on your needs.
- If you already know the community specialist palliative care team, you can contact them yourself when you get home. If you do not know them already, we can make a referral.

How do I contact the Hospital Specialist Palliative Care team?

- If you have specialist needs and the HSPC team are not already seeing you, ask your ward team if a referral needs to be made.
- Because the HSPC team do not see you every day, we will not always have the most up to date information for you and your family. This includes results of tests or arrangements for your discharge from hospital. The ward team can answer these questions for you.
- If there is information that we need to share with you about your palliative care plan, we will arrange to talk to you and those important to you.
- If you need to speak to the HSPC team about your palliative care plan, ask the ward team to contact the HSPC on your behalf.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk