Palliative Care: A focus on identification – Workshop 3 FAST & PPP

This session provided delegates with the opportunity to learn and share thinking about tools that will support identification of those that would benefit from a palliative approach to their care. Learn why, when and how to use different tools to support identification.

Welcome!

- Prospective Prognostic Planning Tool (PPP)
- Functional Assessment Staging of Alzheimer's Disease Tool (FAST)

To view the presentation delivered please click on the image:

For further information on any of the tools discussed within this presentation please contact:

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After the presentation delegates were asked to form into groups and work together to answer the following questions:

**If these tools worked brilliantly – who benefits and why?**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Why?</th>
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<tbody>
<tr>
<td>Residents, people</td>
<td>Provides a platform</td>
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<tr>
<td>Families</td>
<td>Visual and allows staff and families to identify</td>
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<td>Staff – any care providers</td>
<td>Would be good for ACP conversations</td>
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<td>Service – planning, prioritising resources eg. team / GP visits</td>
<td>Would be useful if different individuals are providing care for an individual</td>
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<td>To retrospectively review cases</td>
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<td></td>
<td>Why individuals are going into hospital – provides a visual of a person’s history</td>
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- ‘Better’ palliative care
- ‘Better’ / earlier identification – capture more people
- Having future plans – ACP early in diagnosis and dementia diagnosis
- ‘What matters to you?’
- When to go on e-registers in primary care
- Family
- Person – only if you use the information to do something!
- Staff – we get a better understanding of trajectories
- Useful as a communication/conversation tool
- Everyone - patient, carer, GP, health care professional, family
- Facilitates early intervention and conversation
- Very subjective
- A common tool across care homes would be helpful
- PPP tool may work in the community
- Tool cannot stand alone
- Family needs to buy into it
- Professional staff – care staff, easy to use, improve communication, avoid duplication of information gathering
- Families – understanding of disease progression, not isolated, involved, ‘choices’, avoidance of a crisis, quality time with the person
- Patient / person – planning better care, appropriate level of treatment, ‘what matters to you?’
Experience of using tools? How/would you apply them?

<table>
<thead>
<tr>
<th>Experience of using tools?</th>
<th>How/would you apply them?</th>
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<tbody>
<tr>
<td>• To provide a degree of focus for discussions</td>
<td>• Acute setting – may not give an accurate pick</td>
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<td>• To support families to be aware of the decline</td>
<td>• Challenge – really want a common language, ie. Everyone using the same tools – “common language”</td>
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<td>• Would work alongside SPAR</td>
<td>• Useless as a conversation tool</td>
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<td>• ....so what?</td>
<td>• The right times and types of care and support Help us talk about the fact the end is coming – we sometimes avoid the subject</td>
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<td>• PPP – 0/8 have experience, FAST – 1/8</td>
<td>• No experience of either on this table</td>
</tr>
<tr>
<td>• No preference to either tool, both we feel will need underpinning education to use</td>
<td>• FAST – easy to use, needs guidelines</td>
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<tr>
<td>• Like the visual graph for the PPP to share with ‘loved ones’ during ACP discussions</td>
<td>• FAST - Doesn’t focus on discussion? influence on care, if get to 6/7 on scale may provide a chance to have a conversation with family</td>
</tr>
<tr>
<td>FAST tool more challenging perhaps for unregistered staff – as muddled with other causes of functional decline</td>
<td>PPP – gives someone who doesn’t know the patient an understanding of that persons needs</td>
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<tr>
<td>• Almost ignore the number, it is about the conversation</td>
<td>• PPP – 0/4 have experience, FAST – 0/4</td>
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<td></td>
<td>• No clear preference – perhaps a hybrid?</td>
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<td>• Like the visual picture of the PPP tool and the tracking of PPP with changing staff</td>
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<td>• PPP – subjective (“higher” / “lower”)</td>
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<td>• Could we identify using FAST and then plot like the PPP tool?</td>
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### What one thing can you take away from learning for use within your area?

**Care home settings:**
- ?local champion to support implementation in care homes
- Care home liaison nurses
- Narrative to go along with it very important
- Part of pilot project, will also introduce into other areas. Will use both and see what works better
- PPP – recommend adopting it within Scottish care homes and care at home (NES)
- Confusion in a crowded market and previous strategic ‘push’ for SPICT
- Considering FAST also in acute care homes – but needs further discussion and underpinning education
  - Being open to using an ‘a la carte’ menu and person specific rather than rigid

**If found to be useful implementation could be supported by CI:**
- The reason why we want a tool
- A consistent way of communicating particularly in the care setting
- PPP – immediate story, general population
- FAST – will use in a care home
- Plan to use – indicator of relative need – use in reablement
- Concern – will we have too many tools?

- Dundee care home pilot site hybrid of FAST / PPP
- Crowded market, overwhelming amount of assessment tools
- Which one? – Educational underpinning. Like choice but not duplication
- Strategic drivers often make the choice for us

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For more information on identification tools please follow the link to view the Identification Tools comparator: