

Royal College of General Practitioners and Warwick Medical School
Annual Education, Research and Innovation Symposium
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PRESENTER'S DETAILS Session A - Older People		
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Department or organisation Warwick Medical School - E-mail J.Loew@warwick.ac.uk		
Category Research		
Authors Dr Sarah Mitchell Joelle Loew Dr Catherine Millington-Sanders Prof Jeremy Dale		Title of Study Providing end-of-life care in general practice: findings of a national GP survey
<p>What's the problem you are tackling? Increasing numbers of people are living with complex life-limiting multi-morbidity in the community, and numbers of deaths are predicted to rise over the coming years. With ongoing concerns about inequalities in palliative and end of life care (EOLC), careful consideration must be given to improving the organisation and delivery of this care in primary care and the community</p> <p>Aim - To provide insight into the experience of GPs providing EOLC in the community, particularly the facilitators and barriers to good quality care.</p>		
<p>How did/will you do it?</p> <p>A web-based national UK survey circulated via Royal College of General Practitioners, NHS, Marie Curie and Macmillan networks to GPs. Responses were analysed using descriptive statistics and an inductive thematic analysis.</p>		

What did you find?

516 GPs responded, and were widely distributed in terms of practice location. 97% felt that general practice plays a key role in the delivery of care to people approaching the end of life and their families. Four interdependent themes emerged from the data:

- Continuity of care; which can be difficult to achieve due to resource concerns including time, staff numbers, increasing primary care workload and lack of funding. Effective multi-disciplinary team working and communication were considered essential.
- Patient and family factors; challenges included early identification of palliative care needs and recognition of the end of life; opportunity for care planning discussions and the provision support for families.
- Medical management; including effective symptom-control and access to specialist palliative care services.
- Expertise and training; the need for training and professional development was recognised to enhance knowledge, skills and attitudes towards EOLC.

Why does this matter?

- This survey provides insight into current experiences of delivering EOLC by GPs, including the perceived facilitators and barriers to the delivery of this care.
- The survey findings are in keeping with previous research, suggesting that limited progress has been made to enhance the quality of EOLC. This must be considered in the context of an increasing number of patients who require EOLC, and a pressured and changing primary care environment in the UK.
- The findings reveal enduring priorities for policy, commissioning, practice development and research in future primary palliative care.