

Feedback from SPICT-4ALL conference workshop

Benefits

Ease-of-use

One sheet of paper
All conditions; all settings
Simple tool to use; easy to understand; user-friendly, easy to read
Comes with guides and prompts; format easy to engage with patients and relatives

SPICT-4ALL tool

Useful tool for public health interventions, for example death cafes; conversation starter with friends
Internationally used, validated and evidence-based tool
Objective tool to aid triage following a referral
Used as a communication tool to facilitate difficult conversations
Education resource for social carers
Helps discussions about change and transition

Empowerment

Empowers and involves users; patient ownership
Empowers staff that may not usually speak up; gives weight to the views of non-palliative trained staff

Carer conversations

Is supports the care staff, family, residents and social workers to have the conversations
Useful when speaking with families to help start the conversation; encourages family conversation with GP
Supports a carer to understand what is happening
Provide reassurance that the relative is approaching the end of life, based on evidence

Teamwork

Helps people to challenge views in the multi-disciplinary team; promotes teamwork and continuity of care
Inclusive to all; breaks down barriers
Enables all members of care team to be proactive in identifying end of life care needs

Safety & quality

Avoidance of inappropriate treatment and unnecessary admissions to A&E and hospitals
More deaths in desired / appropriate settings
Promotes quality-of-life

Care Plans

Facilitates choice; individualised ACP (advance/ anticipatory care planning)
Next steps section is a useful introduction to ACP; trigger tool for ACP, DNACPR, place of death discussion

Palliative care

Recognises palliative care is not terminal care
Improves the identification of palliative care needs in patients with dementia and frailty and other conditions
Frames what palliative care is, and formalises what is already happening

Challenges

Understanding

Lack of training; low staff skills / confidence
Education of staff needed; more advice on when to use SPICT
Some staff are not recognised or valued
Strategic buy in'; leadership in delivery for sustainability
Viewed by some health professionals as too simple, devalues their training and experience
Patients may be denied treatments if identified

“Not my job”

Lack of time due to workload; ‘not my job’
Resistance to change; some may feel it's a burden
Who will do this? Will it be passed on?

Family barriers

Could create a conflict with or within the family; resistance from family members; poor acceptance
Lack of engagement from family

Communication challenges

Difficult conversations needed
Poor communication or misleading information can cause problems

Overwhelming workload

Flags syndromes with too many alerts
Risk of overwhelming specialist palliative care services
Most of all residents in the nursing home fit the criteria so workload will be too much

SPICT-4ALL format

Electronic communication, inability to share a print form
Care plan box needs to be more readily identifiable
Lacks visual cues that a patient is ‘SPICT identified’
Change “Indicators” to “Identifiers”

Comments from the SPICT programme lead - Dr Kirsty Boyd

SPICT-4ALL helps everyone (people themselves, family or close friends and all health and care staff) recognise and talk about the changes we can see in a person's general health and notice the signs that their health problems are making them more unwell.

We will look at adding some boxes to allow users to tick the indicators/ identifiers for each person. The free [SPICT-App](#) lets users make a profile for individual people they are caring for. It uses SPICT 2017; a SPICT-4ALL version will be available in the future.

- It is important to remember that we use SPICT-4ALL to help us do more of the right things for each person and the people close to them.
- Good planning helps us find out what matters to each person as their health gets poorer and makes it less likely for us to have to make decisions about treatment and care in a crisis.
- SPICT-4ALL is not used to tell us a person is going to die at a particular time or to stop people getting any treatment and care that is of benefit to them and something they would want.