

ADVANCE CARE PLANNING

**Think about it, talk about it
write it down!**

(and then evaluate it properly)

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‘Pembrokeshire Hospice at Home’

Advance Care Planning – Why?

Can:

- Improve patient experience
- Improve family survivors' experience
- Reduce health care costs

BUT – lack of well-evaluated, UK-based, high-input, whole population evidence

Critical mass of activity needed – over a sustained period (?£500k over 3 years)

Advance Care Planning – Why Now?

- Government policy, Health Board delivery plans
- Endorsed by Royal Colleges, patient groups etc
- Potential to address pressing problems such as high bed occupancy, avoidable transfers of care, communication in areas of high locum/agency usage, etc
- Money is tighter, demand is higher – we can't afford to provide care people don't want
- Can exploit momentum of current Paul Sartori ACP projects

Advance Care Planning – Why Pembrokeshire?

- Uncomplicated – one DGH, one HB, one council, water on 3 sides
- Previous Paul Sartori projects have developed skilled practitioners, operational systems, etc
- Essential partners (GPs, consultants, nursing staff, etc) are already engaged and supportive
- Can build on existing training tools, patient information material, etc