

PRIMARY CARE 10 TOP TIPS

Advance Care Planning

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- 1** Appreciate your role. Primary care professionals are often the key people to have these challenging conversations. Remember that you are not solely responsible for ensuring their wishes are fulfilled, but you are often the right person to start the conversation.
- 2** Don't avoid ACP conversations. You may fear upsetting patients, but most people want to talk. More than three quarters of people living with cancer have thought about the fact that they may die from their cancer, but worryingly only 8% of these people had spoken to their healthcare team about the subject.
- 3** Understand the need for early ACP conversations, they will help you to a) know what is important to your patients b) support them in deciding on appropriate care and c) prevent crisis situations. Don't wait until treatment has finished to begin talking about ACP as explicit cues rarely present themselves. Opportunities to have early ACP discussions can be missed during lengthy treatment phases as active treatments can continue until the final weeks of life.
- 4** Know how to start the conversation Some patients give cues that they are ready to start; others may need a prompt such as, "many people at times like this want to discuss the future". Be guided by the patient, but avoid rushing. There is no time-scale for completing ACP. The conversation can continue into other appointments.
- 5** Keep the conversation patient-centred. The patient's wishes and preferences are key to effective ACP. Areas that you might want to cover could include preferred place of care, in what circumstances they would like to be admitted to hospital, and could cover specific treatments relevant to their condition.
- 6** Think about including a family member in the ACP conversation. It can provide support for the patient and facilitates family communication. Some families shy away from discussing ACP so emphasise the importance of letting the patient talk about the future, if that's what they want.
- 7** Be honest and avoid false reassurance. This can give patients a sense of control, which fosters hope, even in terminal illness. Phrases like "don't worry" imply that you are unwilling to answer difficult questions. One of the biggest barriers to beginning ACP discussions can be the perception that professionals feel they need to 'stay positive' and support people to 'fight' cancer; this attitude can make it harder for both the person and the professional to shift discussions towards ACP.
- 8** Ask open questions, listen, then record and share (with permission). If the patient allows it, let their wishes be known to family, key professionals and out-of-hours services. Where available, use local shared electronic records and/or Electronic Palliative Care Co-ordination Systems (EPaCCS). Remember that an Advance Care Plan should be patient-held.
- 9** Prepare yourself and your trainees. Make sure you get appropriate training and have information available to give to your patients (see tip 10). Many patients appreciate these conversations are difficult for professionals too, so don't worry about trying to be perfect.
- 10** Use resources such as those on our webpage for primary care professionals: macmillan.org.uk/gp patient resources such as 'Your life and your choices: plan ahead' can also be ordered or downloaded for free from be.macmillan.org.uk