

## Eligibility Criteria for Specialist Palliative Care Services

### Summary:

Eligibility for Specialist Palliative Care (SPC) is built on 3 key criteria listed below. If a patient fulfils criteria 1 and 2, they will be assessed by a SPC service. If the assessment identifies the need for SPC services (criterion 3) then the patient should receive care based on these needs from the local SPC service. It is hoped that the commissioning process will clarify the responsibilities of SPC services with regard to providing care.

### 1. The patient has active, progressive and advanced disease.

Patients who would be eligible for Specialist Palliative Care (SPC) should be those patients with active, progressive and advanced disease for whom the prognosis is limited (although it may be several years) and the focus of care is quality of life.

This definition makes clear that:

- a. The definition is needs based and not diagnosis based
- b. The cornerstone of SPC is improving the quality of life for patients who are facing their own death
- c. SPC is largely inappropriate for patients with disease that is stable and inactive and who are facing long-term disability rather than death.

### 2. The patient has an unresolved complex need that cannot be met by the caring team (generalists)

Primary health care teams and hospital ward team will continue to provide the bulk of palliative care needed by most patients by using the **palliative care approach**. This whole person approach focuses on quality of life, respect for patient autonomy and choice and encompasses both the dying patient and their family. However, the palliative care needs of some patients will exceed the resources of the primary care team and support will be required from a Specialist Palliative Care Service. These patients have an “extra-ordinary” level of need.

**Complex needs** can be patient, carer or health care team centred and the help required may be intermittent or continuous depending on the level of need and rate of disease progression.

Examples of complex levels of need:

- |                                |  |
|--------------------------------|--|
| <b>a) Physical symptoms</b>    | uncontrolled or complicated symptoms<br>specialised nursing requirements relating to mobility, functioning or self care    |
| <b>b) Psychological issues</b> | uncontrolled anxiety or depression<br>cognitive or behavioural issues unmet by specialist services                         |
| <b>c) Social issues</b>        | complex emotional issues involving children, family or carers<br>complex issues relating to physical and human environment |

(including home or hospital) or finance  
issues relating to communications or learning disability

**d) Spiritual issues** unresolved issues around self worth, loss of meaning and hope, requests for euthanasia  
unresolved religious or cultural issues

**e) Ethical issues** help patient / caring team with treatment decisions

### **3. The patient has been assessed by a Specialist palliative care (SPC) service**

Patients who meet criteria 1 and 2 above can be referred by non specialist professionals for a SPC assessment. SPC services should make the assessment process as accessible and responsive as possible to patients in need. This will usually be performed by a Specialist Palliative Care nurse or doctor who will be based in a SPC service. The subsequent level of involvement/intervention, treatment plan and care package will be negotiated with the patient, carer and referring team.

Care of patients will be based on a philosophy of shared care with other professionals including primary care teams and hospital teams in oncology, cardiology, elderly medicine, respiratory medicine etc. The degree of input from the SPC service will depend on patients' need and expertise required to meet that need. It is not always appropriate for the SPC services to provide "total care" of patients particularly when their primary illness requires significant support from another professional group.

An important feature of the assessment process is that patient needs will be regularly reviewed to ensure that patients continue to receive care based on their needs. For example, as a result of therapeutic intervention or re-investigation a patient may not be in a phase of "active, progressive and advanced disease" and would not require ongoing SPC services and will be referred back to their original health care team. It is the responsibility of that team to re-refer patients back to SPC services if the need arises upon regular reassessment.

We hope that these eligibility criteria will serve as both entry and exit criteria to SPC services.

#### **Admission Criteria**

The patient has recently been assessed by a member of one of the specialist palliative care teams.  
Patients who meet the above criteria may be admitted to any part of the specialist palliative care service as required.

#### **Discharge Criteria**

Patients who no longer meet the above criteria may be discharged from the specialist palliative care service.