TO ENCOURAGE UPTAKE OF ACP IN THE COMMUNITY
WITH THE RCGP EOLC PATIENT CHARTER

Keri Thomas ¹ The Gold Standards Framework Centre Cic

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Improving the uptake of Advance Care Planning in the community is highly recommended, but difficult in practice. Empowering people nearing the end-of-life and their families to express their needs and wishes leading to delivery of care in alignment with these preferences is still inadequate. The RCGP RCN End of Life Care Patient Charter is a means to encourage this in practice.

Abstracts

The UK RCGP EOLC Strategy developed in 08, and led to the RCGP EOLC Patient Charter, with seven key elements important to patients and their families. The draft was developed with the Patient Partnership Group, GPs and Nurses, with wide consultation and approved by the RCGP Board and sent to every GP Practice. It aims to describe the kind of best practice that patients seek to receive from their Primary Care team and affirms the importance of listening and holding ACP discussions. The first four of the seven statements all relate to requests to be listened to, receive information

and regular communication and lead naturally on to ACP discussions.

All GP practices in the UK maintain a Palliative Care/GSF Register of patients thought to be in the final months of life and it is recommended good practice that each of these patients be offered and ACP discussion. The Patient Charter is used in various ways e.g. given to patients on the register, displayed in waiting rooms etc.,

An adaptation was made for residents in care homes and is to be used as a template for commissioning care.