Future Care Planning within end-of-life care- A scoping review of the literature

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Background: The term Future Care Planning is increasingly applied in palliative care settings worldwide. Future care planning has been adopted as part of several national strategies, including in Wales and in Scotland.. In Wales, the terminology was chosen by patient/carer advocates as a more understandable term than advance, anticipatory or advanced [sic] care planning. One of the core activities is the traditionally understood advance care planning ethos; importantly it includes and incorporates patients with diminished capacity at the time of information gathering, for whom a best interest decision making approach should be followed. A clear and consistent definition of Future Care Planning would support health and social care professionals working in frailty and palliative care.
Aim/Research question or hypothesis: Scope and identify definitions of 'Future Care Planning' in the existing literature, and describe what a 'Future Care Plan', with regards to end-of-life care should look like and incorporate.
Methods: The Palliative Care Evidence Review Service (PaCERS) methodology with modifications relevant to scoping reviews was applied. Four key databases were searched from1999-July 2024 for relevant published papers. Supplementary sources were also searched for appropriate studies.
Results: A total of 197 articles were identified, with 169 studies meeting the inclusion criteria. 77 full text articles were screened, and we are currently extracting data from 27 full text articles that were included for final review.
Discussion: These baseline data will help inform the definition within current local and national workstreams, providing better clarity on definitions with regards to end-of-life care and specific forward planning. Results of this review will be presented.
This review will provide a much-needed assessment of future care planning supporting health and social care professionals in practice. Our findings will inform government policy, particularly around the domains of elderly care and frailty.

The Establishment of the Nordic Network for Research and Development in Children and Young Adults' Palliative care, the Young-NORDIC-Pal

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Background: The Nordic child population comprises around six million children aged 0 to 19 years, of which about 41.200 are estimated to be living with a life-limiting and/or life-threatening condition. Varying structural approaches to children and young adults' palliative care call for joint forces to strengthen research. The challenges across in the Nordic countries are comparable, highlighting the need for more evidence, services, and education to better support children, families, and healthcare professionals.
Aim/Research question or hypothesis: To describe the establishment of the first research network in children and young adults' palliative care in the Nordic countries.
Methods: A Nordic research collaboration initiative for children and young adults' palliative care need was established in the spring of 2023 between Norway, Denmark, and Sweden, and in 2024, all Nordic countries were included. This Nordic network published a state-of-the-art article describing the Nordic landscape of children and young adults' palliative care, identifying three areas for attention: The population and needs of children, young adults, and family members; Care models, transitions, and settings of care; and Training and education in palliative care for these groups.
Results: The long-term goal of the Nordic network is to enhance the quality and coordination of research in children and young adults' palliative care with life-threatening or life-limiting illnesses or conditions. Future efforts aim to disseminate widespread knowledge on children and young adults' palliative care and the families in the Nordic countries enabling palliative care as a concept of total care supporting the quality of life.
Discussion: The Young-NORDIC-Pal network is an initiative to improve children and young adults' palliative care in the Nordic countries by inviting stakeholders from all countries to collaborate on developing action plans to address gaps in knowledge, education, care provision, and research. This research collaboration is expected to have significant future impacts on care provision, education, and psychosocial support.

Use of the supportive and palliative care indicators tool (SPICT) in the acute medical setting

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Background: Prognostic indicator tools, such as SPICT, can help identify patients who may benefit from advance care planning discussions (ACP). SPICT had been studied in geriatric populations but data is limited for use in the acute medical setting.
Aim/Research question or hypothesis: Can use of the SPICT assist in identifying patients, admitted to the acute medical unit (AMU), who may benefit from ACP) discussions and treatment escalation planning (TEP) in order to reduce emergency department (ED) attendances and hospital admissions?
Methods: We reviewed each patient admitted to the AMU at Southampton General Hospital on 4 separate days during September 2023 and used their data to complete the SPICT tool. Those who had at least 2 SPICT identifiers were included.
Each set of notes were reviewed at 3, 6, 9 and 12 months. We recorded the number of ED and hospital admissions in the preceding 3-months, if the patient had a TEP completed or had died.
Results: 63 of 183 patients flagged 'positive' for SPICT, however, 7 were 'out of area' so follow up data was limited.
Of the 56 patients, 29 had a TEP in place before or during the study period.
For the 27 without a TEP, there were 87 ED attendances (one patient had 27 attendances) and 34 hospital admissions.
Of the 29 with a TEP, there were 36 ED attendances (only 12 post completion of TEP) and 37 hospital admissions (9 post completion of TEP).
Discussion: Use of the SPICT can assist in identifying patients for whom ACP and TEP discussions should be considered and offered. This study suggests that ACP and TEP discussions can reduce ED attendances and hospital admissions.
Further research into this area could include a trial of use of the SPICT tool for patients attending the ED or acute oncology wards as an adjunct to an individualised advance care planning approach.