<table>
<thead>
<tr>
<th>STAGE OF ILLNESS</th>
<th>DIAGNOSIS OR MOVE TO PALLIATIVE APPROACH</th>
<th>LIVING WITH THE CONDITION</th>
<th>DYING - LAST HOURS AND DAYS</th>
</tr>
</thead>
</table>
| PRIMARY & SECONDARY CARE REMIT | • Identify the 1% of the population who may die this year  
• Assess needs and risks for the future  
• Place patient on the palliative care register  
• Communicate sensitively and honestly  
• Plan ahead and anticipate | • Work with the patient’s perspective: what is most important to them?  
• Different approaches to cancer, organ failure or frailty  
• Optimise medical treatment for best symptom control  
• Planning future care needs and assess risks | • End-of-life conversations  
• What is important to them when dying?  
• Preferred place of death established  
• Just in case medicines |
| HOW PILGRIMS HOSPICES CAN HELP | • Advance care planning programme for patients and families  
• 24 hour advice line  
• Referral for full MDT assessment if risk of a bad death | • Pilgrims Therapy Centres including carers support, fatigue, falls prevention, breathlessness and anxiety  
• Referral for full MDT assessment if risk of a bad death  
• Hospice beds if problems cannot be resolved at home  
• 24 hour advice line | • Referral for full MDT assessment if risk of a bad death  
• Specially trained HCA team provide Rapid Response Hospice at Home  
• Beds if Last Days of Life and preferred place of death is Pilgrims  
• 24 hour advice line |
| TRAINING AVAILABLE FROM PILGRIMS HOSPICES | • Sage and Thyme to manage distress  
• Advanced communications skills  
• Advance care planning  
• DNACPR and the ReSPECT process  
**H.O.S.P.I.C.E:** (Bite-sized training)  
• Identify your 1%, their care will be better if you do  
• High-risk pregnancy; why not high-risk deaths?  
• Care planning - dying is inevitable; a bad death is not  
• End-of-life is for living; not just anticipating dying | • Touch Therapy  
• Sage and Thyme to manage distress  
• Advanced communications skills  
**H.O.S.P.I.C.E:** (Bite-sized training)  
• Pain is what the patient says it is  
• High-risk pregnancy; why not high-risk deaths?  
• Care planning - dying is inevitable; a bad death is not  
• End-of-life is for living; not just anticipating dying | **H.O.S.P.I.C.E:** (Bite-sized training)  
• One chance to get it right?  
• Supporting the bereaved  
• High-risk pregnancy; why not high-risk deaths? |

**TRAINING RELEVANT TO ALL STAGES**  
- Compassion Awareness  
- Best Practice Forums  
- Principles & Practice in End-of-Life Care  
- Gold Standard Framework

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