



**P**Primary Care is central to the provision of End of Life Care (EOLC). Most of the last year of life is spent at home under the care of General Practitioners (GPs) and Community Nurses (CNs). Nationally, 19% of deaths occur at home and 18% in care homes, under the care of GPs and CNs. Local and national strategies emphasise the importance of increasing EOLC provision at home, and the involvement of GPs and CNs in the care of patients approaching the EOL is set to increase over the coming years. Medical and nursing student training in EOLC is limited; this leaves many clinicians feeling unprepared when providing care for people near the end of their lives, feeling that they lack the training and knowledge required to deliver high quality EOLC. Previous studies have investigated the education and knowledge of GPs, while CNs have been little studied in this regard. This study investigated the knowledge and prescribing habits of Peterborough and Cambridgeshire GPs and CNs in order to identify training and educational needs. It also gathered information on their views on the out of hours services in their area and their preferences for further EOLC education.

### Policy context

National and local NHS EOLC policy emphasises the development of services in the community to enable more patients to spend their final days at home, and to die at home if they so wish.<sup>1</sup>

### The research

The CLAHRC team undertook a postal questionnaire survey of Cambridgeshire GPs and CNs concerning their prescribing habits and educational needs in EOLC. Replies were obtained from 54% of GPs (278/515) (Cambridgeshire 56%, Peterborough 46% and from 35% of CNs (90/255) (Cambridgeshire 31% and Peterborough 48%).

### Findings

The study highlighted several areas in which GPs and CNs would benefit from educational updates, including the prescribing of anti-emetics and laxatives when commencing morphine, and the drugs that may be used in syringe drivers.

### Key learning points

- Conversion of oral opioids to subcutaneous opioid doses
- Co-prescribing of laxatives and antiemetics for patients on strong opioids
- Use of quick-acting opioids in the management of breakthrough pain
- Use of radiotherapy and bisphosphonates in the management of bone pain
- Broad range of indications for syringe driver use
- Need to increase awareness of night and evening services for end of life patients

### Impact

The results of this piece of CLAHRC research has been translated into a new educational programme for primary care teams, funded by the HIEC (Health Innovation and Education Cluster) for Cambridgeshire. Over the past year, a GP and a Macmillan Nurse have together run educational events in hospices, out of hours services, care homes and GP practices: another strand has run similar events in the local hospitals. To date, over 2000 practitioners have attended these events, which have received very positive evaluations. This initiative is to be succeeded by an Eastern Deanery funded educational initiative that seeks to provide educational meetings for all the 3000 GPs in the region, something that will be a springboard to a national programme.

### CLAHRC fellowship

This research was conducted by the CLAHRC End of Life Care research team. Two members of the team are CLAHRC fellows, Dr Pete Hadfield, GP and Katy Harrison, Community Nurse.

The CLAHRC fellows are drawn from clinicians, health and social care practitioners, and NHS managers, who work at the interface of research and practice. The aim is for the fellows to develop an understanding of the research environment, by taught skills in research based evidence - methodology and practical skills, change management and systems theory, and by doing an applied health research project under the supervision of CLAHRC academics.

### References

1. End of Life Care Strategy: Promoting high quality care for all adults at the end of life. Department of Health (2008)