

# **Developing research priorities into funded research**

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15 January 2015

# Aims

- To develop initial ideas on how to address the top 10 research questions
- To identify potential partners / collaborators for future research
- To suggest next steps for researchers and research funders

# Timetable

- 14:25 – Introduction (Bill Noble)
- 14:30 – Participants select which question they would like to work with
- 14:35 – Using the prompt on the table, discuss potential research outputs from the question
- 15:00 – Groups feedback to the wider group
- 15:25 – Summary (Bill Noble)
- 15:30 – End of workshop

# Instructions for exercise

What next?

- What type(s) of research would be able to answer this research question?
- What setting would the research have to be based in?
- What expertise would need to be on the project / programme team?
- What funders might be interested / able to fund research to answer this question?

Write down key points and nominate someone to feedback at end. **(2.5 minute limit!)**

# 1

What are the best ways of providing palliative care **outside of 'working hours'** to avoid crises and help patients to stay in their place of choice? This includes symptom management, counselling and advice, GP visits and 24-hour support, for patients, carers and families.

2

How can access to palliative care services be improved for **everyone** regardless of where they are in the **UK?**

# 3

What are the benefits of **Advance Care Planning** and other approaches to **listening to and incorporating patients' preferences**? Who should implement this and when?

# 4

What **information and training** do carers and families need to provide the best care for their loved one who is dying, including training for giving medicines at home?



# 5

How can it be ensured that staff, including health care assistants, are **adequately trained** to deliver specialist palliative care, no matter where the care is being delivered? Does increasing the number of staff increase the quality of care provided in all settings? To what extent does funding affect these issues?

6 What are the best ways to determine a person's palliative care needs, then initiate and deliver this care for patients with **non-cancer diseases** (such as COPD, heart failure, MND, AIDS, multiple sclerosis, Crohn's disease, Parkinson's disease, dementia, and stroke)?

7

What are the **core palliative care services** that should be provided no matter what the patients' diagnosis is?

# 8

What are the benefits, and best ways, of **providing care in the patient's home** and how can home care be maintained as long as possible? Does good co-ordination of services affect this?

# 9

What are the best ways to make sure there is **continuity for patients at the end of life**, in terms of the staff that they have contact with, and does this improve quality of palliative care? Would having a designated case-coordinator improve this process?

# 10

What are the best ways to **assess and treat pain and discomfort** in people at the end of life with communication and/or cognitive difficulties, perhaps due to Motor Neurone Disease (MND), dementia, Parkinson's disease, brain tumour (including Glioblastoma) or head and neck cancer, for example?

# Thank you!

- Email: [PeolcPSP@mariecurie.org.uk](mailto:PeolcPSP@mariecurie.org.uk)
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