Supportive and palliative care research and audit conference

Wednesday 30 November 2016

Oral and poster abstract submission template

Abstracts must conform to the following requirements:

- Include a short title (up to 20 words) and the author's names (asterisk the presenting author)
- Maximum length: 250 words
- Structure: background/objectives, methods, results, implications
- Include presenting author's contact details (including name, job title, institution and email address).

Abstracts should be submitted to samantha.wilkinson@srft.nhs.uk by 5pm on Friday 30 September 2016.

Title: What does complexity mean to patients and professionals? Part 1: A framework to help understand and define complexity in palliative care

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Abstract

Background: Palliative care patients are often characterised as complex but there is limited understanding of what this means. This study aimed to explore what makes a patient more or less complex in order to improve understanding and definition of complexity, and how best to deliver palliative care.

Methods: Sixty-five stakeholders (including patients, family carers, health professionals, managers and senior leads in palliative care) purposively sampled by experience and/or professional background, geographical location and setting

This is a collaborative conference hosted by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Greater Manchester, the Strategic Clinical Network (SCN) Research and Audit Special Interest Group (SIG), the North West Audit Group (NWAG), and Palliative Care Research In Manchester (PRiMa).

(hospital, hospice and community). This study took place across 6 UK centres. Data was interpreted using Framework analysis.

Results: Beyond individual physical, psychological, social and spiritual needs, additional previously unreported elements of complexity emerged. These included: how patients interact with family and health professionals; service structures and the nature/speed of how services respond to needs; as well as societal perspectives on care. Additionally, complexity is influenced by the dynamic and changing nature of illness. Adapting Bronfenbrenner's Ecological Systems Theory, we categorised findings into (1) the microsystem (the person, needs and characteristics); (2) the mesosystem (a person's interactions with family/health professionals); (3) the exosystem (palliative care services/systems), (4) the macrosystem (societal influence on palliative care) and (5) the chronosystem (changing needs).

Implications: Considering individual physical, psychological, social and spiritual domains is insufficient to characterise complexity; a range of other components are also critical to address complexity, and deliver effective and efficient care. We present a conceptual framework, which encompasses these additional elements, and advances our systematic understanding of complexity within the context of palliative care.