

## Renfrewshire's SPARC Approach

### *A local story*

The Scottish Government's [Strategic Framework for Action on Palliative and End of Life Care](#) states that everyone in Scotland who needs palliative care will have access to it by 2021. To support this, the Scottish Government has developed 10 commitments, with Commitment 1 focusing on identification and care coordination for people with palliative support needs. Similarly, one aspect of the Living Well in Communities (LWiC) work also relates to improving the quality of life for individuals with palliative support needs, their families and their carers.



Renfrewshire has a palliative care clinical nurse specialist and a GP palliative care facilitator whose role is to support continuous improvement of palliative care in all community settings through facilitation, training and development. This is a non-clinical service, but they can advise around tools, frameworks and best practice.

The team was able to identify, describe and test some parts of a holistic system that support identification and care coordination for those who would benefit from a palliative approach to care. In keeping with ongoing work across Renfrewshire and the desire to support the development and use of a common language, the holistic system will now be called SPARC (Supportive and Palliative Action Register in the Community). The test of change will include the introduction of SPARC within 3 GP practices, part of one cluster in Paisley.

Renfrewshire's SPARC Approach deliver their service by:

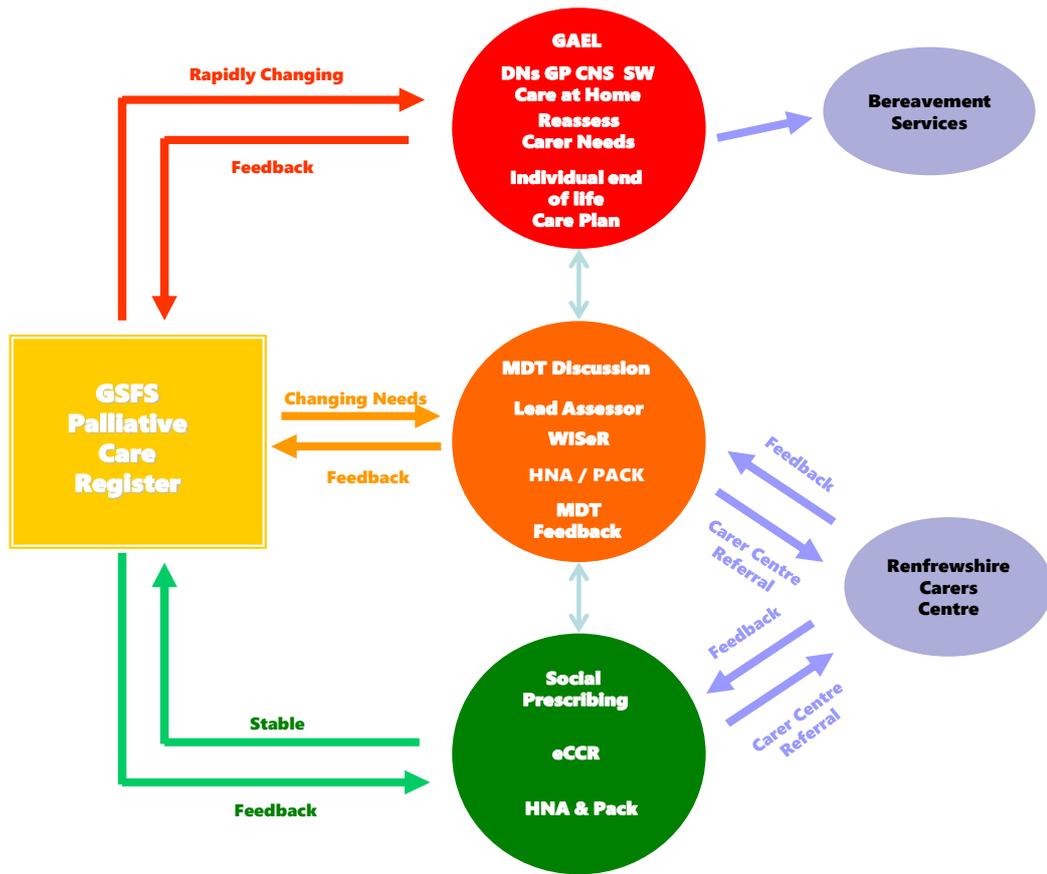
		
<p>Each of the 3 GP practices involved with the work will chose an identification tool to test (Anticipal, eFI, SPICT, good old-fashioned gut, etc).</p> <p>Additionally, the team will support the GP practices to develop their registers by identifying people earlier in their palliative journey. The practices will be encouraged to develop a single SPARC register, which will include all individuals with palliative support needs, regardless of their condition or level of need.</p>	<p>SPARC is based on a proactive, person-centred approach. This will allow for earlier identification of those with palliative support needs and improve care coordination through the strong working relationships that are developing among health and social care providers in Renfrewshire.</p> <p>The project's previous work has highlighted that a holistic, integrated approach to care coordination can create opportunities to engage in ACP conversations. This is something the project team would like to consider as they move forward with the test of change.</p>	<p>Identifying individuals with palliative support needs and recognising which arm of the SPARC model is appropriate for their level of need is key to SPARC. This requires people to be streamed as follows:</p> <ul style="list-style-type: none"><li>• Stable – Green</li><li>• Changing – Amber</li><li>• Rapidly changing – Red</li></ul> <p>Once streamed, people can be referred to the appropriate level of support.</p> <ul style="list-style-type: none"><li>• Green – social prescribing and community/peer support</li><li>• Amber – WISeR MDT</li><li>• Red – response from health and social care for those who may be dying</li></ul>

SPARC introduces a new way of working within existing staff and services to offer a proactive approach to community-based palliative care.

The initial test of change developed a weekly WISeR (Weekly Integrated System Response) multi-disciplinary team (MDT) meeting which has shown potential to demonstrate the following outcomes:

- Improved/increased access to assessment and services for people, their families and their carers.
- Time savings benefits for GPs initially.
- Crisis prevention.
- Improved communication.
- Improved integrated working and problem solving.

This initial work only tested one aspect of SPARC. However, the test of change for the full SPARC approach will begin soon.



The project team is currently working with the three GP practices to choose an identification tool to test. Additionally, the team is supporting the practices to stream those individuals currently on supportive or palliative registers onto a single SPARC register.

More information about the initial four years of the project is available on the [NHS Great Glasgow & Clyde Palliative Care website](#). Alternatively, please contact Susanne Gray, Palliative Care Nurse, [Susanne.Gray@ggc.scot.nhs.uk](mailto:Susanne.Gray@ggc.scot.nhs.uk).