Models/Tools of Delivery

**Advance Care Planning (ACP)**
ACP is a voluntary process of discussion between an individual and their care providers irrespective of discipline. With the individual’s agreement, this discussion should be recorded, regularly reviewed and communicated to key persons involved in their care. An example format is Preferred Priorities for Care (PPC).

An ACP discussion might include:
- the individual's concerns
- their important values or personal goals for care
- their understanding about their illness and prognosis
- preferences for types of care or treatment that may be beneficial in the future and the availability of these

**Gold Standards Framework (GSF)**
The GSF focuses on optimising continuity of care, teamwork, advanced planning (including out of hours), symptom control, patient, carer and staff support. Although developed for use in primary care it can be used in care homes and for all disease groups. http://www.goldstandardsframework.org.uk/

The key processes are to:
- identify patients in need of supportive/palliative care
- assess their needs and preferences
- plan their care
- communicate across all relevant agencies throughout

The key elements are:
- symptom control
- comfort measures
- anticipatory prescribing
- discussions about inappropriate interventions
- psychological and spiritual care
- care of the family