

## Health Improvement Scotland: Updates to Scottish Palliative Care Guidelines

### Feedback on updates to Scottish Palliative Care Guidelines

#### Section 1: Breathlessness

Please provide specific comments or suggestions about the guideline. Please reference page numbers or section titles where relevant

RCGP Scotland welcomes the opportunity to provide feedback on updates to Scottish Palliative Care Guidelines. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

GPs play an important role in the management of patients undergoing palliative care, particularly if the patient has elected to be cared for in community settings.

RCGP Scotland broadly welcomes the updated guidelines regarding breathlessness. We note that the management section states the principles of caring for a patient with shortness of breath without signposting that more detailed advice is found further down the document. If a doctor were to be referencing the guidelines while pressured for time this may not be immediately evident, and steps should be taken to ensure that management options are clearly signposted.

We welcome the specific focus on the management of shortness of breath related to end-stage heart failure. Furthermore, we note that the pharmacological management options are well evidenced, and this information is presented clearly.

We believe it would be beneficial for the guidelines to be reordered so that the management of breathlessness generally is located towards the top of the document, followed by pharmacological and non-pharmacological management, and then rarer causes of shortness of breath such as superior vena cava obstruction and heart failure.

The College welcomes the use of practice points as they are good way to summarise the information contained within the document. It may be beneficial to have the practice points at the beginning of the document labelled as 'take home messages'. This would allow for staff working under time constraints to quickly access important information without having to always scan through the whole document.

## Section 2: Constipation

Please provide specific comments or suggestions about the guideline. Please reference page numbers or section titles where relevant.

RCGP Scotland broadly agrees with the updated palliative care guideline for constipation. We welcome the thorough description of how to assess constipation and believe this detail will be useful for staff unfamiliar in assessing constipation in patients receiving palliative care.

We note however, that under the assessment section, the guidelines ask staff to 'clarify cause before starting treatment'. While we appreciate that the guidelines are for all staff involved in caring for palliative care patients, it may not be possible to clarify the cause of constipation before starting treatment in primary care settings due to the time it can take for blood results to be returned.

The College believes that the management section for the care of palliative patients with constipation is sensible, covering basic options such as laxatives and then more advanced options.

We note that rectal treatment is listed under the management section. We wonder whether it may be useful to reference nursing care here - in the community they are more likely to be involved with such care and to perform rectal examinations for the consideration of use of a suppository or an enema.

As with the breathlessness guidelines, RCGP Scotland welcomes the inclusion of practice points but note they are located towards the bottom of the document. We also note that the first practice point contains the text 'add link' which does not have a link inserted.

The further information listed at the bottom of the document such as the laxative medicines information chart is useful, but signposts to this should be included in the main body of the guidelines.

## Section 3: Nausea and vomiting

Please provide specific comments or suggestions about the guideline. Please reference page numbers or section titles where relevant.

We welcome the updated guidelines for the care of palliative patients with nausea and vomiting. The College welcomes the succinct introduction to the nausea and vomiting guidelines; however, we note that it may be beneficial for the concept of 'total nausea' to be defined in the document.

We welcome the inclusion of potential clinical scenarios as they offer context and good learning points. The inclusion of emerging therapies is welcomed, although we note that GPs are unlikely to use these therapies without first having consulted with specialist services.

The College welcomes the general and non-pharmacological advice sections; however, we note that it would be beneficial for these sections to be located towards the start of the guidelines, with signposting to relevant clinical scenarios.

#### **Section 4: Substance misuse**

**Please provide specific comments or suggestions about the guideline. Please reference page numbers or section titles where relevant.**

RCGP Scotland welcomes the updated Scottish Palliative Care Guidelines relating to palliative patients with substance use disorder. We welcome the introduction section as it sets the scene and emphasises the social and health inequalities experienced by patients with substance use disorders.

We welcome the information provided under the assessment section, particularly relating to the need to refer palliative patients with substance misuse problems to specialist services.

The College recognises the importance of medication in the treatment of patients with substance misuse. We note that in many places treatment for substance misuse is considered to be within the remit of specialist teams, but welcome these guidelines and think that this information may prove useful for GPs who have involvement in the care of patients with these issues.

#### **Additional comments**

The Scottish Palliative Care Guidelines are a useful resource for GPs treating palliative care patients and the updated guidelines offer an improvement on previous versions. The College feels it would be useful for the guidelines to be made available via an app to allow ease of access to the information via mobile devices on home visits. This would be of particular benefit to doctors working in remote and rural areas where internet connectivity may be patchy or limited.