

1. The NICE guidelines make the following recommendations:
 - (a) General palliative care
 - (i) Much of the professional support given to patients with advanced cancer is delivered by health and social care professionals who are not specialists in palliative care.
 - (ii) They should receive training to help them undertake this role.
 - (iii) Medical and nursing services should be available 24 hours a day and equipment should be delivered without delay.
 - (iv) Primary care teams should institute mechanisms to ensure that the needs of patients with advanced cancer are assessed and communicated within the team and other professionals as appropriate.
 - (v) In all locations, the particular needs of patients who are dying from cancer should be identified and addressed – e.g. Integrated Care Pathway.
 - (vi) Users are to be involved in the planning of services.
 - (b) Specialist Palliative Care
 - (i) All patients who need specialist palliative care services should be able to access services as and when they need them, both from hospitals and the community.
 - (ii) The services need to provide
 - a multi-professional team providing assessment, advice and care for patients in all locations

- inpatient facilities
 - bereavement support services.
- (iii) There need to be sufficient staff to enable the delivery of care seven days a week with appropriate out-of –hours cover.
- (iv) The specialist palliative care team is likely to require the following core members:
- A palliative medicine consultant
 - Palliative care nurse specialists
 - Social worker
 - Team secretary/administrator
- (v) The team should also have access to a range of other specialist expertise that includes: psychological support services; rehabilitation support services e.g. physiotherapists, occupational therapists, dieticians, lymphoedema services; spiritual support services; input from site-specific cancer multi-professional teams; complementary therapy services; services for families and carers and pain control services