Table 36: Almack 2012[21]

Study (ref id)	**Almack 2012[21]**
Aim	To explore the factors influencing if, when, and how advance care planning (ACP) takes place between healthcare professionals, patients and family members from the perspectives of all patients involved and how such preferences are discussed and are recorded.
Population	The study identified subjects from an existing audit looking at care delivered in the last 4 weeks of life. The patients were asked to nominate a family carer/relative to be interviewed and a healthcare professional that was involved with their care at home. Participants ranged from 59-90 and included diagnosis ranging from cancer to cardiovascular disease such as heart failure or stroke. n=18
Setting	UK primary care
Study design and methodology	Interviews were initially with people regarding their understanding of their illness and current state of health/illness. They explored how they felt about the care and support they were receiving from family, friends and healthcare professionals and in their view how well informed they felt they had been from their healthcare professional.
Analysis methods	The transcribed interviews were initially read through and themes decided and a coding framework developed in collaboration between the

Study (ref id)	**Almack 2012[21]**	
	investigators.	
Themes with findings	Facilitators – from the healthcare professional	Barriers - from the healthcare professional
	Rapport with the patient *“It’s important we’ve built up a rapport with the patient… and that’s why we like early referrals so we get to know the person”*	Inexperience: the need for training and developing experience in advanced communication skills
		Unwillingness of person and relatives to have these conversations *“It’s very much led by the patient: if they want to know…how they are doing whatever and be guided intuitively by them really. There are some patients who will be very open and frank with you and use all the right words but there are others that will day to you or indicate ‘I know where you’re going with this and I don’t want to hear”*
		Uncertainty of trajectory with long term condition *“ If you think they’re coming towards end of life with all the uncertainty around heart failure, you want to discuss that, but at the same time, you don’t want to take away all their hope”*
	Facilitators – from the patient	Barriers- from the patient
	Initiative of patient – From the healthcare professional- *“We’ve talked to them about where he wants to die and what the future possibly holds and how she is going to cope what services are available, that’s been a conversation we’ve had right from the beginning and a couple of times they’ve initiated it to re-visit”.*	Not accepting of prognosis/wanting to think far ahead. *“no not at this time because I don’t see myself as being that far down the road yet, I’m still quite positive, well apart from when I’m feeling really ill”.* Healthcare professional- *“he never actually asked him where he would like to die. It was always a case of let’s see what’s happening with you and he steered you away form that all the time”.*
Limitations	Serious limitation. Data saturation not commented on.	
Applicability of evidence	Indirect population, unclear on whether information was drawn from those in the last days of life, or earlier then this time point.	