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POSTER ABSTRACT

Co-developing a collaborative model for integrated palliative care consultations in primary care settings

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Background: Access to palliative care remains limited, particularly for patients with non-cancer diagnoses. Both international literature and national guidelines highlight the essential role of primary care in delivering effective palliative care, and the necessity of integration between specialist palliative care and general healthcare. Although specialist palliative consultation teams are available to support primary care professionals, they are infrequently utilised and faces persistent challenges in communicating its role and value—particularly regarding early integration into general healthcare.

This research and development project explores the prerequisites for palliative care and specialist palliative care consultations within primary and community care settings and aims to co-create a model for specialist palliative care consultations tailored to these contexts.

Approach: Using a participatory design, we include physicians and nurses from primary and community care as well as professionals from specialist palliative teams. To gain a wider health care chain perspective, insight from managers and health system leaders will also be included. Currently in the field work phase, we are conducting digital focus groups to discuss enablers and barriers to palliative care, consultation needs, and preferred consultation formats. These insights will inform subsequent workshops—digital or in-person—where mixed groups of healthcare professionals will co-develop a consultation model ready for practical testing. A reference group, including patient association representatives, a community care representative, and a general practitioner, will provide feedback throughout the project.

Results: Despite the limited time commitment required (1–4 hours, digitally), recruitment has proven difficult—particularly in primary care, where clinic managers often decline participation due to workload and staffing constraints. This raises broader questions about how research can be conducted in strained healthcare settings and how study designs might better accommodate

participants. One contributing factor may be the difficulty in conveying the relevance and value of palliative care consultants within the primary care context, and in communicating the urgency of the study from the participants' perspective. In addition to presenting study findings, our poster will reflect on these methodological challenges.

Implications: Designing research projects that are contextually relevant and responsive to organisational constraints, as well as the specific challenges related to palliative care, is essential for advancing sustainable and inclusive palliative care within primary care.