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# Mapping complexity in palliative care

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C-CHANGE

IMPROVING CARE BY MATCHING  
RESOURCES TO NEEDS

# Complexity in palliative care

- No standard definition of complexity in palliative care
- Limited research
- Not explored in UK context

## Aim

To explore and conceptualise complexity, to improve the delivery of palliative care

## Method

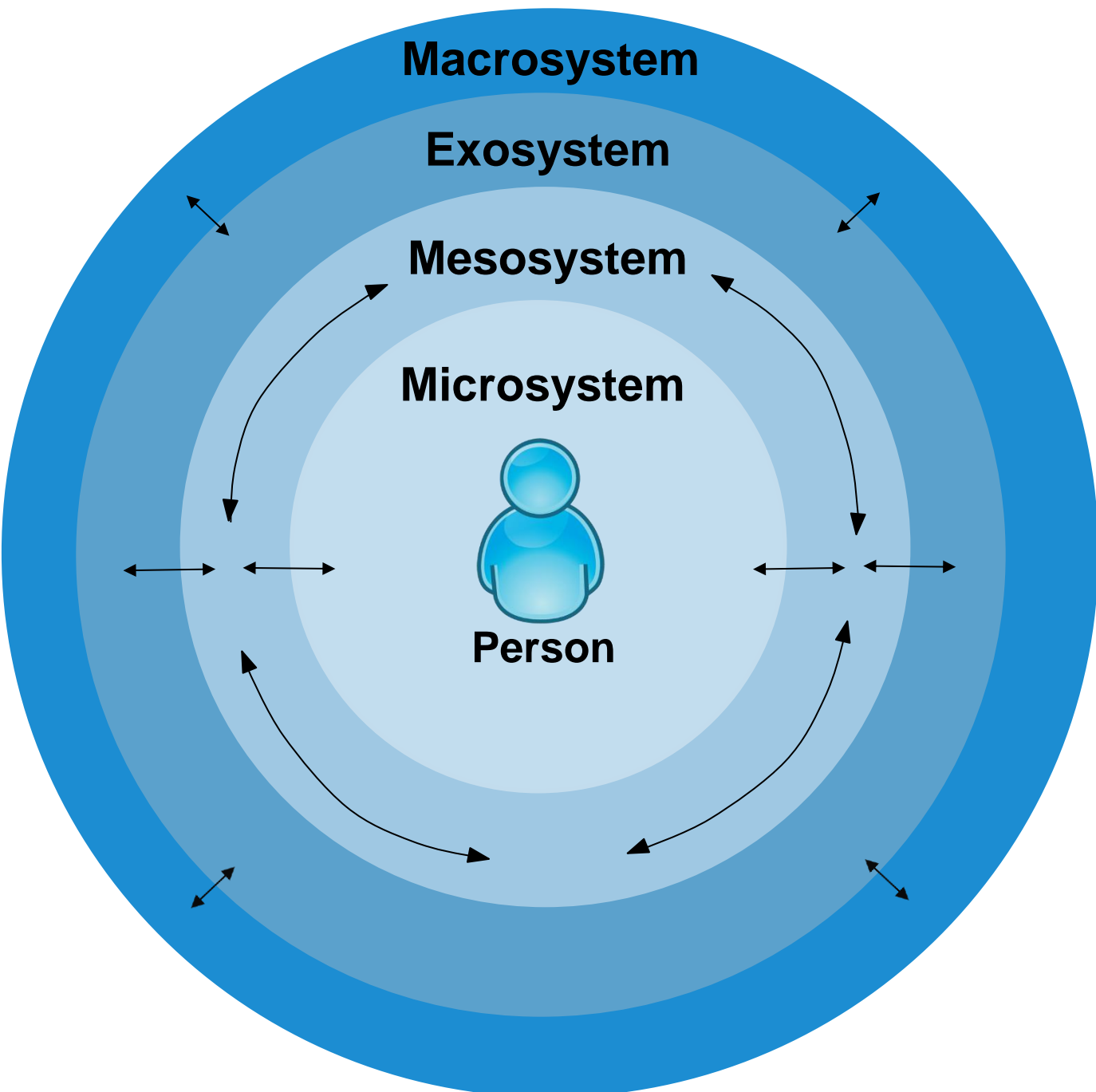
65 semi-structured interviews:

- 19 male/ 46 female
- Patient and families, clinicians, managers, national leads, and spiritual, social workers.

Interviews were analysed using Framework analysis.



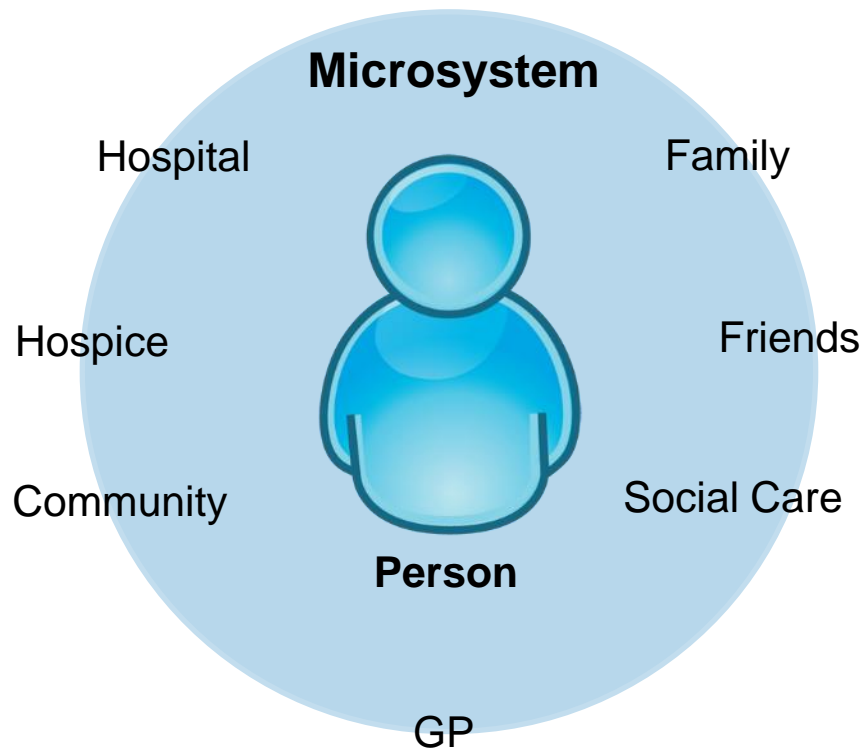
# Results



**Chronosystem**

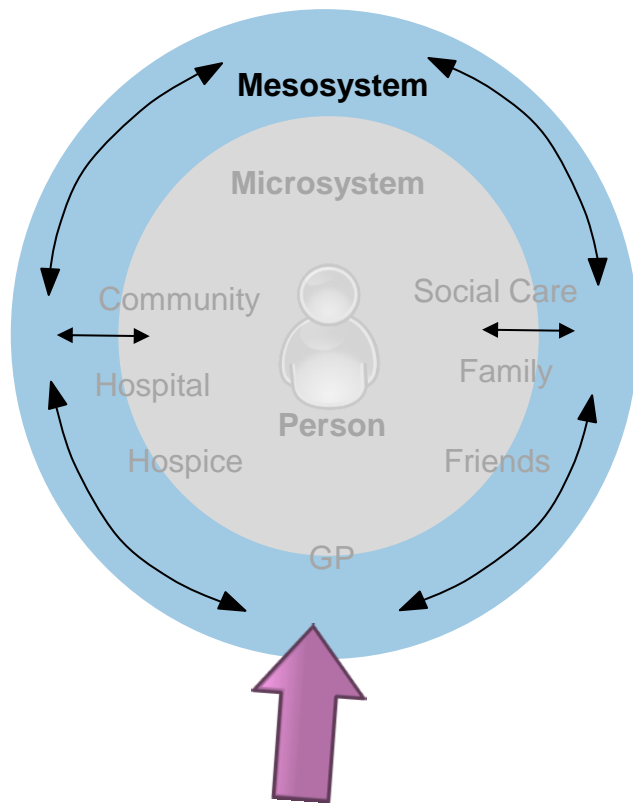
Changes in a  
persons needs  
over time

# **The Microsystem: *The person, their family, health professionals and settings of care***



- 1. The person and their background**
- 2. The person's needs**
- 3. Personal characteristics**
- 4. Main people and settings of care**

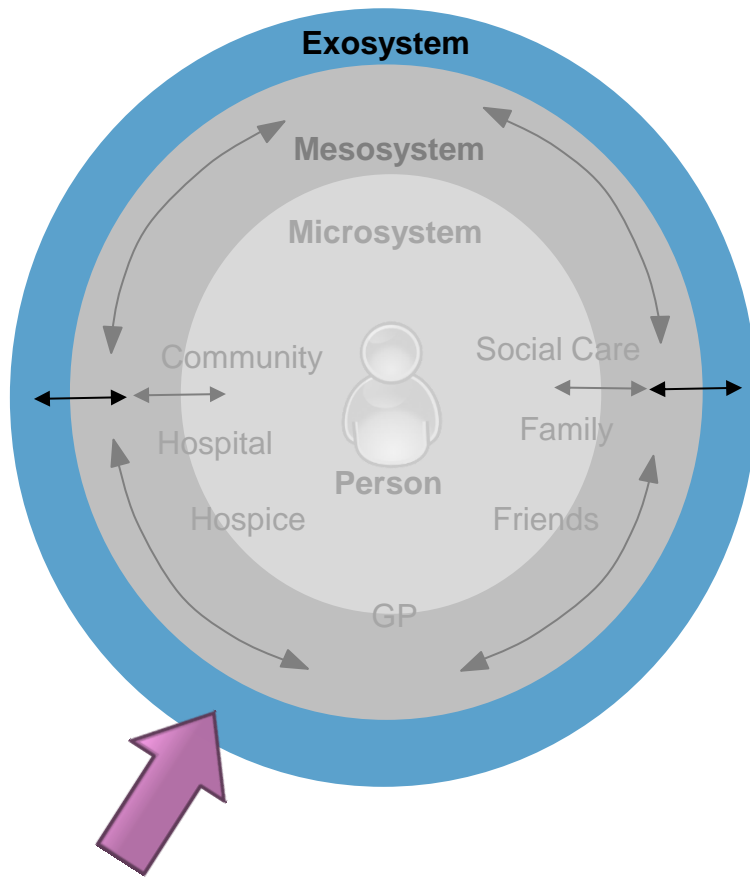
# The Mesosystem: *The interactions between the person, their family and health professionals*



*“...as a patient you may prefer one thing to be done. Meanwhile, as a professional you may actually think the other thing needs to be done first. So I mean, it will bring possible conflict.”*

(Patient)

# The Exosystem: *Service and system level factors*



## **Multidisciplinary team meetings and coordination of care**

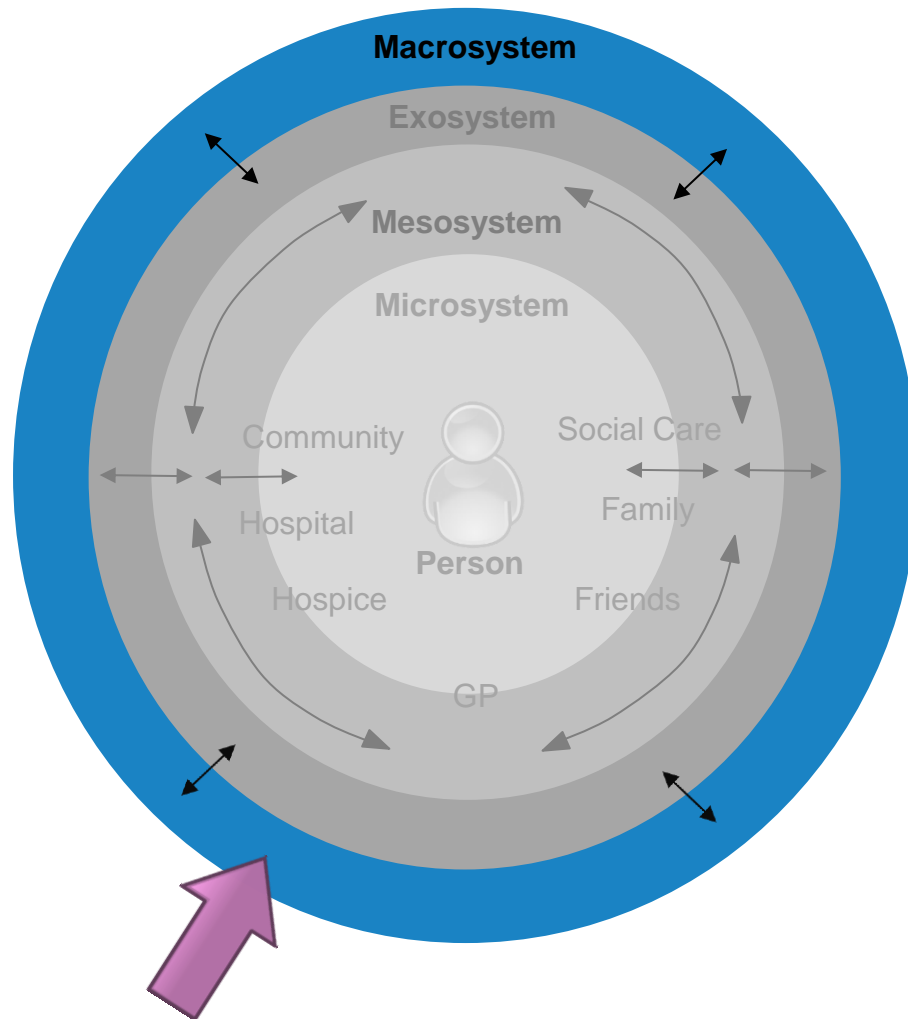
*“The whole purpose of having a multidisciplinary approach to palliative care is to handle complexity...No one profession has all the skills” (Clinician)*

## **Service availability and capacity**

*“...if you don't have the resources for them to access, then it doesn't matter that they're more complex, but you're still not going to meet the need.” (Manager)*



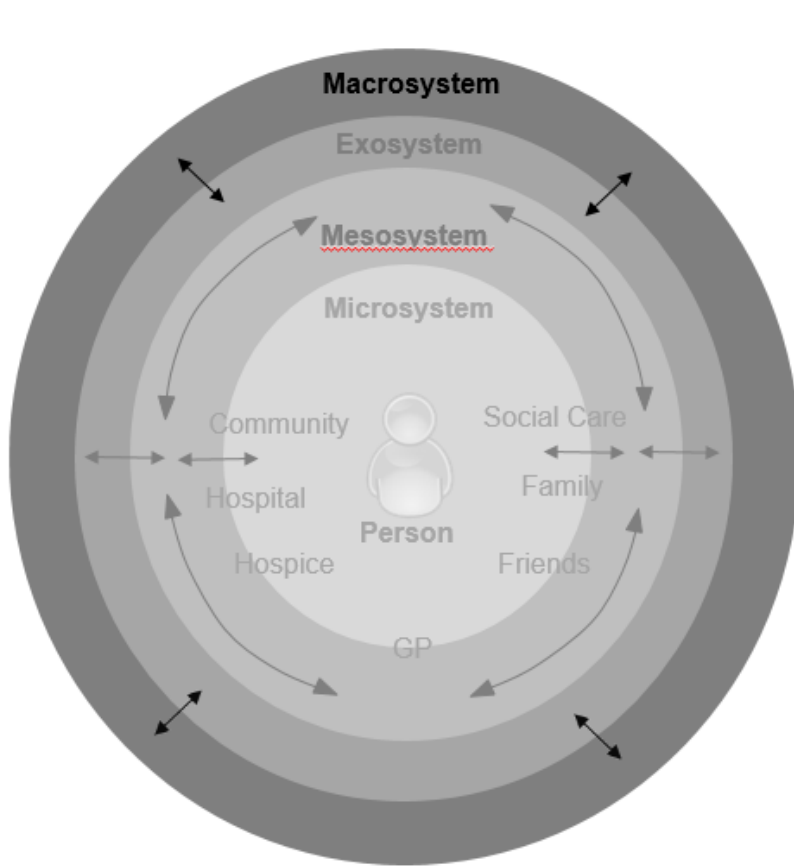
# The Macrosystem: *Wider societal context*



- **Inequity in palliative care provision**
- **Access to palliative care support**

*“...you see differences between cancer and non-cancer patients in the timing of their accessing palliative care. And there’s clearly evidence we’ve seen where non-cancer patients are entering the system at a later stage.” (National Lead)*

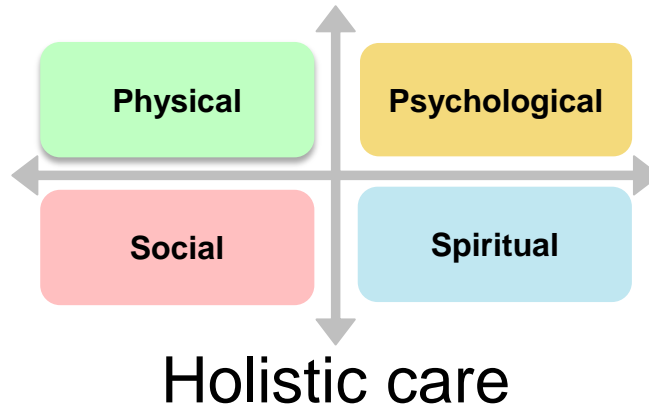
# Chronosystem: *Changing needs*



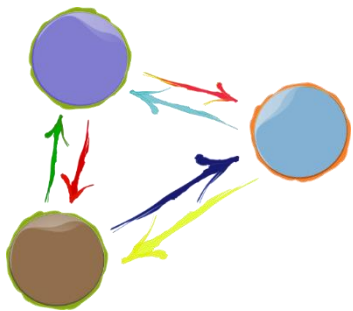
Changes in a  
persons  
needs over  
time

*“We’ve talked about the concept of complexity and how many dimensions there might be of it, but these are all dimensions that’ve also got time as a dimension added to them when it comes to working out what that means for the Health Service.” (National Lead)*

# Characteristics of complexity



Number and severity



Interactions



Systems and services



Societal



Time

# Strengths and limitations

- Good credibility and transferability but only conducted in a UK context.

## Conclusions

- To meet the increasingly complex needs of people, we need to consider all these aspects.
- Can determine where sources of complexity are coming from, and how we can improve the delivery of care.

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## Research Team

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