

LIVERPOOL CARE PATHWAY FOR THE DYING PATIENT (LCP) REGISTRATON CRITERIA (UK)

You have asked to join the Liverpool Care Pathway (LCP) National Project. This means that as a registered organisation, you will be advised to follow the Ten Step Education Programme set out in the core textbook and in the LCP User Guide. In return we will give you help and support in implementing the Pathway in your health care setting.

Before registering with the Project, we strongly recommend that you nominate a named LCP Clinical Implementer/ Facilitator and that they have attended an LCP Foundation Study Day.

The Palliative Care Service supporting your organisation will need to be fully supportive of the LCP Project. We also request that you gain written endorsement from your Organisation / Executive Team.

On receipt of your completed Registration Form and a letter of endorsement we will send you a set of 20 Base Review Proformas so that you can undertake a retrospective audit of current documentation re end of life care.

On completion of the Base Review, proformas returned to the LCP Evaluations Unit will be analysed within 4 to 6 weeks of receipt and returned to you with further information and a current version of the LCP for you to customise for your use.

We strongly recommend that you:

- Set up a steering group or working party
- Link directly with your modernisation Teams
- Have the project integrated with your local Specialist Palliative Care Service & Strategic Health Authority
- Ensure that the LCP Implementer/ Facilitator continues to achieve learning outcomes via the LCP Advanced Study Day

CONTACT DETAILS LCP PROJECT EVALUATIONS UNIT

T: +44 (0) 151 706 2212/3792

email: evaluations.unit@rlbuht.nhs.uk

LIVERPOOL CARE PATHWAY FOR THE DYING PATIENT (LCP)

LCP PROJECT REGISTRATON FORM (UK)

In the box below, please give the name and address of the Trust or organisation wishing to register. If there is more than one site included in this organisation, please list and indicate whether you plan to carry out a Base Review at that site.

		Carry Out Base Review?
Organisation Name		
Address		
Additional Site 1		
Additional Site 2		
Additional Site 3		
Additional Site 4		

LCP CLINICAL IMPLEMENTER/FACILITATOR FOR THE ABOVE HEALTHCARE SETTING(S)

Name	
Work address	
Telephone no.	
Email address	

SPECIALIST PALLIATIVE CARE TEAM NAME / LOCATION

Team name	
Manager/Lead Nurse	
Address	
Telephone no.	
Email address	

NETWORK DETAILS

For areas in Scotland & Northern Ireland please record regional partnership / Health Boards

Name of Strategic Health Authority	
Service Improvement Lead name	
Network LCP Facilitator name and work address	
Network LCP Facilitator telephone no.	
Network LCP Facilitator email address	

Signature of person completing this form: _____

Print name: _____

Date: _____

Please return your Registration Form and letter of endorsement to:

**Evaluations Unit
LCP Central Team
C/o The Directorate of Specialist Palliative Care
1st Floor, Linda McCartney Centre
Royal Liverpool University Hospital
Prescot Street
Liverpool
L7 8XP**

FOR OFFICE USE ONLY

Registration Received (date) ___ / ___ / ___

Date Base Review sent ___ / ___ / ___