

## Supplementary Material for

### Defining ‘specialist palliative care’: findings from a Delphi study of clinicians

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**Table S1. Areas where consensus was not reached**

	% agreement round 1	% agreement round 2
1. An appropriate referral to specialist palliative care is when the patient has no advance care plan, has a life limiting illness or has really deteriorated in their health quite unexpectedly	59	78
2. An appropriate referral to specialist palliative care is when a patient shows sign of the very end stage of their disease, and they are bed-bound, are having difficulty with mobility and breathing	70	78
3. Should specialist palliative care be involved in all deaths: No, it would not be good for all patients	56	78
4. Many non-specialist palliative care clinicians don't know when to refer to specialist palliative care; so referrals may happen too early or too late (item reworded).	22	77
5. There are rare times when for cultural reasons referral to specialist palliative care isn't appropriate. (new item)		74
6. Specialist palliative care is provided by a team who should have conversations about the use of artificial nutrition and hydration (item reworded).	63	70
7. The GP should take the lead (in looking after people who are dying) and pull in the relevant other professionals needed to support and meet the needs of the person. (item reworded)	52	67
8. It is known that the illness will cause death, even if they are still having curative treatment (new item)		63
9. Non specialist palliative care clinicians should be better at referring to specialist palliative care (new item)		59
10. Non specialist palliative care clinicians should be better at recognising dying (new item)		55
11. Specialist palliative care should be involved in all deaths because support is much better, and calmer and better quality when specialist palliative care are involved. (new item)		48
12. It would be wonderful to have specialist palliative care involved in all deaths	41	22