

**Palliative Care Practice Development Steering Group**

**Minutes of Meeting held on**

**Wednesday 1st March 2017**

**10.00 am – 12.00 pm**

**WS201 Beatson WOS Cancer Centre**

Present: Shirley Byron (SB) (Co-Chair), Patricia O’Gorman (PO’G) (Co-Chair), Paul Corrigan (PC), Christina Hamill (CH), Les McQueen (LMcQ), Cathy Quinn (CQ), Margaret Fitzpatrick (MF), Sharon Pettigrew (SP), Russell Jones (RJ), Karen Mackay (KMcK), Euan Paterson (EP).

Apologies: Claire O’Neill, Margaret Connolly, Graham Whyte, Helena Kelly, Susan Jackson, Lynn McKendrick, Jennifer Pennycook, Deirdre Moriarty.

Minutes:

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| **1** | **Welcome and Introductions**  Shirley and Patricia welcomed everyone to the meeting and introductions were made around the table. |
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| **2** | **Minutes of Previous Meeting**  The minutes of the previous meeting held on 30th November 2016 were agreed. |
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| **3** | **Action Points from Previous Meeting**   * All - response to Palliative Care Atlas will be discussed under item 6. |
| **4** | **Update on MCN subgroup feedback relating to PCPDSG**  **GGC PC MCN**  Euan reported back on the last MCN meeting which was held on the 22nd February.  Integration of Health Care and Social Care services, the formation of the HSCPs, the move of the Hospices to oversit within the HSCPs and realignment of the MCN Acute Group to sit beneath Acute Planning have all led to the need to change the [strategic structures for palliative care](http://www.palliativecareggc.org.uk/wp-content/uploads/2017/02/GC-Strategic-Structures-for-Palliative-Care-March17.docx) in the Glasgow and Clyde area.  The new structure will involve the [development of the Palliative Care Groups in each of the 6 HSCPs](http://www.palliativecareggc.org.uk/wp-content/uploads/2017/02/HSCP-Palliative-Care-Group-development.pdf) and possible further development of the Acute Palliative Care Group.  In addition, a new [Glasgow and Clyde area Palliative Care Network Group](http://www.palliativecareggc.org.uk/wp-content/uploads/2017/02/Glasgow-Clyde-Palliative-Care-Network-Group-ToR-Feb17.docx) (G&C PCNG) is to be established to ensure that the Acute PCG and 6 HSCP PCGs are aware of all palliative care activity in Glasgow and Clyde.  GGC PC MCN had several standing and action sub-groups. It is intended that some of these will continue, some will be taken up by one or more of the new PCGs and some will cease. Further details of these proposed changes are contained in the [Key Points and Actions](http://www.palliativecareggc.org.uk/wp-content/uploads/2017/02/MCN_keypointsactions_220217.pdf) from the MCN meeting.  One of the most problematic groups to relocate is the Palliative Care Practice Development Steering Group (PCPDSG). This group is of long standing and has been very active over the last 10 years. It is intended that it should continue though there are clearly complex issues around both it’s governance and reporting structure. To some extent it could be viewed as an operational, rather than strategic, group that covers the vast majority of service delivery areas and as such the most likely solution will be for it its members to report through their own structures. Its lack of strategic purpose to some extent obviates the need for more rigid governance. This will require further discussion at the Acute and HSCP PCGs and at the G&C PCNG.  The last GGC Palliative Care MCN meeting took place on 22nd February 2017. The first meeting of the G&C PCNG will be 24th August 2017.  **Care Homes and Out of Hours sub groups**  Christina gave feedback on both the Care Homes and OOH subgroup. These groups will not reconvene but it is anticipated that they will remain a key area of focus within HSCP Palliative Care Groups.  **HI&T**  Continues to meet and will report through HIT channels. |
|  | **Website Editorial Group**  The Editorial Group overseeing the Palliative Care GGC Website will continue to function under the new Palliative Care Network Group (PCNG) which will replace the MCN. |
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| **5** | **Palliative Care Online Information**  A training calendar is being trialled on the palliative care website. This will include courses run by the Primary Care, Practice Development and Renfrewshire Palliative Care teams.  Paediatric Palliative Care information will continue to be updated by PC and published on the website and / or StaffNet. Women & Children’s services have previously requested support with training and resources relating to palliative care including T34, bereavement and communication.  Business cards with the website address and other contact details have been reprinted and are available from the Palliative Care Education Teams or direct through the website. |
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| **6** | **Palliative Care Atlas**    It was agreed at the last PCPDSG meeting that all group members would comment on the contents of the Palliative Care Atlas following its publication. The Primary Care Palliative Care Team and in-patient Mental health team provided feedback to Professor Clark on this document. The main concerns raised on behalf of the PCPDSG were around the consultation process when the Palliative Care Atlas was being compiled and on the omissions within the education section. Professor Clark acknowledged these concerns and agreed that they were valid and helpful. If there is another iteration of the Atlas published in the future, feedback from the PCPDSG will be taken on board. |
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| **7** | **VOED**  In Primary Care, the VoED process will now be completed 24/7 but will be for patients known to the district nurse caseload. Wilma Hepburn, Professional Nurse Advisor (PNA), has taken the lead for this and is currently responsible for securing funds for the updated VoED books. There has been a decision taken by the PNA in Primary Care not to include OOH contact numbers on the VoED documentation in case telephone numbers change in the future. This is in contrast to the discussions about the VoED process at a Primary care meeting where nurses working in OOH maintained that the current procedure was safe, effective and historically had worked well. |
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| **8** | **GAEL update**  The updated GAEL guidance has been ratified by Clinical Governance. It is awaiting final confirmation from Therapeutics ensuring that it is consistent with other National and Local policies prior to roll out.  A roll out plan for Acute Hospitals is being developed and will involve promoting the GAEL guidance and also the updated Rapid Discharge guidance.  Some project work led by Dr David Gray is commencing in the RAH and is looking at developing sustainable ways to support the principles of GAEL in the wards.  A further project looking at views of care in hospital at end of life from relatives / close friends is about to commence. This work will be in partnership with Palliative care practice development, together with the Person Centred Care team / Patient Experience. |
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| **9** | **A.O.C.B**  The National RESPECT (Recommended Summary Plan for Emergency Care and Treatment)document has been launched. There will have to be a decision at Board level before this is implemented across all sectors. Further information on RESPECT can be found on the link below.  <http://www.respectprocess.org.uk/healthprofessionals.php>  **Date of next 2017 Meeting:**  Wednesday 7th June, 10am -12md, Room WS301,Beaston West of Scotland Cancer Centre. |