GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Key Area **Information sharing** (GP/social care/ care homes/ OOH services/relatives)

Anticipated outcome / benefit
Increased awareness of available information to ensure improved care. E.g. wishes of patient, GP ACP/eKIS, access for in and out of hours DNs to information, SAS (ambulance) ability to act appropriately.

Time frame
Outline specific issues and begin to tackle areas by March 2016.

Progress
IT:
Where it has been piloted and used, great benefit in portable GP desktop/remote access. Ability to see EMIS, letters and to update eKIS/ACP. Not just for patient due the visit but also for others who may need to be seen when there.
The access to broadband is main issue, but support from the home assists with regard to printers, cardex and appropriate paperwork.

Prescribing:
- Benefit in use of remote EMIS connecting to printers for acute and repeat prescribing.
- Cardex: patient safety and clarity in use of same paperwork and consistency throughout board area. For DNs in residential homes and OOH GPs. DNs not allowed to work from "homes own" drug cardex.
- Homes to encourage GPs to write up drugs in cardex, has to be LEGIBLE or should ask GP to clarify, so no one has to guess what has been written.

ACP/eKIS:
- Use of eKIS much more common, this is visible on portal
- Pro's, but numerous 'cons' with printing off ACP.
- However, we know that good practice about updating ACP has to take place between clinicians from the practice and the home and any external nursing.
- Joint responsibility to ensure patients/residents and family are kept up to date and in particular that the nurses in the home are aware of what is in the plan. This has to be recorded and readily available at all times in order to be able to inform any carers, especially OOH and SAS to prevent inappropriate care and interventions.
- Homes have some varying practice, but all strive to keep ACPs (eg awi, dnacpr) up to date and discuss this with relatives.
- JM has agreed to write up some 'elements of good practice'
- Absolutely NO PLACE for well intentioned clinicians completing DNACPR or future VoD without seeing patient

What next
- JM to draft 'elements of good practice'
- Group will need to consider how to ensure wider acceptance and utilisation of good practice as the work progresses.

Key Area **Medication availability in care homes**

Anticipated outcome / benefit
That care home residents should have at least the same, if not better, availability of medication in urgent situation that patients in their own home have.

Time frame
June 2016

Progress

- Medication is turning out to be a major issue, and reinforced by views of care home managers present today.
- There is already support through **courier service**, which has had a lot of work to set up. There should not be an inability to obtain medications in or out of hours and problems can be reported to AMcM to help sort out. It is felt some education around this would be useful.
- The advent of the Nursing Homes Enhanced Service has been shown to be of great benefit where it is in place. This gives a more regular review of patients and reduces unforeseen problems occurring out of hours.
- Discussion re Just in case boxes. Two strands to this:
- Firstly there is "kit" in a JICB which in the care home situation could be a shared resource, as it is not prescribed for a named person.
- Secondly, the medication has to be for a named person, but the cost of £50, for drugs is felt to be money well spent for the small number of patients at any one time having end of life care. The numerous advantages of timely treatment and reduced nurse and GP call outs, both in and OOH are felt to be financial and quality of care issues that are clear.
- Anecdotally some GPs have seemed reluctant to visit later in the day, particularly on a Friday, suggesting homes could wait until the OOH emergency service is available. Clearly, not acceptable and potentially poor practice that might be raised as a complaint.
- Many GPs give excellent service and go beyond expectations.

Catheters

- There was (to some of us) a surprisingly frequent need for catheterisation. The distress caused by lack of availability of equipment, and concerns about carrying out an intervention against a homes policy was raised. These issues not felt to be insoluble, given the risk of patient distress (and subsequent complaints) caused by slow intervention.
- The provision of catheters in JIC kits is one option.
- The inclusion of a question in an ACP about 'would you wish to be catheterised in the event of retention' seems odd, but would help concerns of some care homes.
- There may also be a training issue in some places, or rapid access to someone who can help that reduces the need for GP assessment, prescription and collection of catheter.
- As well as a stock of catheters in a communal JIC box in a home, all palliative care pharmacies should carry these items.

What next

- Possible short term survey to ascertain extent of catheterisation numbers
- Clarity about what needs to be in a joint kit. E.g. would catheters be allowed?
- Consider with homes how prompt assessment of residents can take place, particularly with level of nurse training. Also consider a catheterisation question in ACP.
- Look at training.
- Ensure available drug storage for just in case drugs (although not necessary for kits for every individual)

Key Area **Training and education** 1. Ensure there is a training schedule based on needs analysis 2. Ensure new workers have appropriate training 3. Recognition of dying process 4. SPAR concept 5. Consistent message for relatives and patients e.g. DNACPR, patients wishes/My thinking ahead
Anticipated outcome / benefit Less chance of conflicting messages Less corporal Jones (don't panic), less inappropriate GP /DN call outs and hospital admissions Consistency of paperwork and culture for visiting GPs/nurses Improved chances of personalised, patient focussed (and requested) care Clarity of delivery of care, more cohesive team, happy workers and patients
Time frame: will very much depend on individual partnerships and will be ongoing. Timescale very approximate. 1. Forth road bridge. 1. March 2016. 2. march 2016. 3/4/5 December 2016
Progress For the next (November meeting) group to think how training can help with issues in first two priority areas and also what other areas of training there might be.
What next

#

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Communications

Membership changes:

Date 02/11/15

Key Area Disseminate information on the work of the Palliative Care MCN (and sub groups) at the same time as raising awareness of other national groups and resources such as the National Palliative Care Guidelines App
Anticipated outcome / benefit Raising awarenes of palliative care within NHSGGC
Time frame Ongoing
Progress Agreement from NAG to publish meeting information on Scottish Government website
What next Contact SPPC to enquire about the publication online of more information on groups they facilitate

Key area Create a chart detailing national and local groups with a palliative care remit. Link to the work of these groups where they already publish information online
Anticipated outcome / benefit As first Key Area above
Time frame Ongoing
Progress As first Key Area above
What next As first Key Area above

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit

Time frame
Progress
What next

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: PCPDSG

Membership changes: Graham Whyte, Elizabeth Sanchez-Vivar

Date 10th November 2015

Key Area To support the CME T34 Syringe Pump Competency Framework in Primary Care. and Acute To look at the potential of developing podcasts on the use of the subcutaneous route in palliative care as well as setting up a CME T34 workshop. This is to support the CAAS nurses role within Acute clinical areas. I
Anticipated outcome / benefit To support and promote a standardised approach in the understanding of the rationale in using the subcut route; setting up operation and maintaining of the T34 syringe pumps; facilitate opportunity to discuss medications, interactions and conversions
Time frame To have mandatory training completed for registered nurses working within DN teams in Primary Care within 2 years; Within the acute to have the pilot work completed by March 2016 and then reconvenue acute group to discuss the way forward for roll out
Progress To date 312 staff have completed full study day section of the mandatory training. Learn Pro modules section on drug calculations now available. Within the acute the train the trainers programme for all band 6 within the BOC is complete - training now being rollout out by the trainers to all registered nurses. Support on going within GRI hub areas - several train the trainers have achieved competency with others requiring further help and support. 2nd arm of pilot brench-marking knowledge and understanding of the use of subcut route and T34 underway
What next 72 DN assessors trained across CHPs to enable process of staff assessment to be implemented.

Key area To support Guidance for Person Cemtred Care in the Last Stages of Life (GaEL)
Anticipated outcome / benefit To continue raising awareness of this End of Life documentation across all care settings.
Time frame Ongoing
Progress Community group looking at potential development of communication notes retained in patient's home "My Care" for use in conjunction with EoL documentation within the acute final changes being made to 'Active Care at End of Life'
What next

Continue regular meetings; For the acute a launch of the guidance and Active Care will be considered

Key area To support the NHSGGC Education Template
Anticipated outcome / benefit To support reporting of information on education and training provided across all NHSGGC settings
Time frame Ongoing
Progress Hospices now working towards using generic template in line with Primary Care and Acute sector
What next Contine to support robust reporting of training and education across NHSGGC to identify inequity or duplication of training

Key area To Support CASS implementation in the Acute sector
Anticipated outcome / benefit to support the roll of the CAAS nurses in end of life care
Time frame ongoing
Progress Palliative Care teams are collating information of all end of life care CAAS nurses across NHSGGC Acute. Palliative Care Teams and PD Teams actively engaged in early discussions with wards regarding support. Calender for 2016 education to support CAAS currently being finalised for the Acute. Final changes being made to the audit template and CQI data collection
What next Continue the progress above

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Bereavement

Membership changes: Looking for new member of PPF to join Group

Date 13th November 2015

Key Area Development of proposal for bereavement service for children's hospital
Anticipated outcome / benefit To support parents and carers and wider family following a death of a child, support bereaved children and support staff in their engagement with families at these times
Time frame Subject to funding being secured early 2016
Progress Awaiting confirmation of funding from Yorkill Charity Trust
What next Once funding secured look to advertise posts ; recruitment process and induction training for staff

Key area Bereavement bags for families
Anticipated outcome / benefit To offer bereaved families more appropriate bag when collecting deceased's belongings from hospital
Time frame Funding secured for pilot: the bags will be provided across GG&C sites and feedback sought from staff
Progress Bags available
What next Feedback from staff will be sought and if positive, will look to secure funding for ongoing supplies

Key area Scoping of Bereavement services for children
Anticipated outcome / benefit Greater knowledge of service providers: the scope of their service and better working together across services
Time frame Summer 2016
Progress Following initial communication from Richmond's Hope that they are looking to develop services in Ibrox area of Glasgow meeting held with key providers
What next Scoping exercise will be undertaken through Glasgow Bereavement Network, Chaired by Child Bereavement UK. Information on service providers will be captured and thereafter shared with wider staff groups through Bereavement website and other methods.

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Palliative Care HI&T

Membership changes:

Date 13th November 2015

Key Area Hospices access to GG&C N3 connections
Anticipated outcome / benefit Improved access to records on site: access through connection enables remote working
Time frame Pilote tested Looking to extend to further staff
Progress Working with Hospices to identify further staff to be granted access
What next Following the pilot where a small number of staff in each Hospice were granted access looking to extend access to further staff. Hospices to ensure they notify GG&C HI&T when such staff leave their employment

Key area New SCI Gateway template & Guidance - updated
Anticipated outcome / benefit Aim is to encourage greater usage of electronic referrals from GPs to Hospices
Time frame Issued
Progress The template and guidance have been updated and supported through GP sub-group:
What next Monitor level of electronic referrals : hopefully increase will be noted

Key area Acute sector referral arrangements
Anticipated outcome / benefit Seeking to develop eletronic referral process: information shared through secure processes and more timely
Time frame TBC
Progress Following progress made in relation to primary care electronic referrals to Hospices, looking to build on this framework and identify key services/specialties in acute sector
What next Work ongoing with palliative care team.

Key area Discharge arrangements from across system,

Anticipated outcome / benefit Greater level of information available, more timely
Time frame TBC
Progress Gaps have been identified in relation to level of information available at discharge and data flows ; IDL not in TRAK format
What next Aiming to agree data and processes to support patient disharges improving information sharing across system.

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Latter Stages of Life

Membership changes:

Date November 2015

Key Area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area Robust 360 degree evaluation of GAEL required across care settings.
Anticipated outcome / benefit Individualised care plans /documentation that is developed and improved upon by ensuring that all stakeholders have the opportunity to influence improvement and that patients and carers are equal partners in care.
Time frame 6 Months
Progress •Questback survey developed and used by the community team had a poor response rate but the value of the information this could give was appreciated Therefore Mental Health are looking at amending for use as are the Acute setting following further awareness raising of the document. •The GAEL Communication tool has been picked up by NHS Lothian and Forth Valley and is being piloted in both areas with the aim of aggregating our audit findings to inform the wider roll out of this tool. •CQI developed for CAAS framework to provide ongoing data to teams to inform improvement. • Claire Donaghy to be invited to next meeting to scope most effective way of obtaining carer feedback building on areas of good practice in East Dun already recognised. Initial feedback from Community nurses is that they are requesting specific end of life care documentation which can be left in the patient's home. When this was originally discussed Community Lead Nurses were reluctant as they felt CNIS could be used .East Dun have trialled using the old LCP foders to house relevant documentation as a way of providing a central point of refeernce for professionals visiting the house when a patient is at end of life.

It was pointed out that OOH GP do not have access to CNIS and this lack of shared documentation can be difficult for OOH staff delivering person centred end of life care. Calvin Lightbody will provide medical education and is starting in November and will provide 2 sessions per week for a year which will help develop stronger links with the deteriorating patient workstreams to help support staff in the recognistion and communication of uncertainty and the diagnosing of dying. The aim is that this work will provide a legacy of on line education material for medical staff. Subgroup agreed Guidance for person centred care at in the last stages of life would be known as GAEL (Guidance at end of life) for ease of reference.
What next GAEL will be updated inline with feedback already received and MCCD changes Further discussion by different care settings of initial feedback to help inform improvement

Key area Education
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: QEUH

Membership changes: None

Date 10/11/2015

Key Area Renal services
Anticipated outcome / benefit Development of Palliative Care Education within renal unit of QEUH
Time frame Ongoing
Progress Discussions between Palliative Care Practice Development CNS and Renal nursuing serices, with plans for dates to be set
What next Discussion at next QEUH Pall Care meeting

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Non- Sub- Group Malignant

Membership changes: New members, Marni Willians Dr Fiona Findlay and Dr

Date 8/11/2015

Key Area Increase awareness of current models in GG&C, in particular what is working well, key learning to date Identify obvious gaps/inequalities in service provision including examination of barriers and possible solutions
Anticipated outcome / benefit As above
Time frame March 2016
Progress 1st Meeting 1/09/15 Scoping Questionnaire forwarded to all group members : Areas covered are- 1. From within your own service, please list and briefly describe Non-Malignant Palliative Care model(s) or service(s). Specify if specialist palliative care is involved in delivery of these services 2.Describe any particular palliative care approach that is incorporated into your service (e.g. use of Advance Directives, Advanced Care Planning, My Thinking Ahead etc) 3. List any routine use by your service of local/national guidance on Palliative Care (e.g. NICE guidelines, Palliative Care guidelines etc) 4. List what are considered to be the main challenges/barriers to developing and incorporating palliative care approach within your discipline 5.Suggest ways of overcoming these barriers and challenges 6. Other comments
What next Questionnaires returned so far providing useful information on current activities and developments. Still waiting on full response from group and then plan is to organise next meeting, purposively seek information where there are current gaps and decide hown to share/disseminate activity on current practice. Next meeting will be planned for January2016

Key area Facilitate transfer of knowledge on non-malignant models between and across specialties
Anticipated outcome / benefit As above
Time frame
Progress
What next

Key area Facilitate networking and inter- professional relationship building
Anticipated outcome / benefit As above
Time frame
Progress
What next

Key area Identify shared opportunities for education, training and research across service providers
Anticipated outcome / benefit As above
Time frame
Progress
What next

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: OOH

Membership changes: Addition of Joan Barr, Service Manager at GEMS and Karen Donoghue, OOH Social Work

Date 10/11/2015

Key Area Access to Palliative Care in OOH
Anticipated outcome / benefit
Time frame Ongoing
Progress A member of the group shared how work from a pilot in providing a 7 day palliative care Community Nurse Specialist service from the PPW hospice has become an established service in place over the past 6 years. This model was explored by the OOH subgroup and felt to be a model of excellent practice with benefits to patients, families, OOH teams and the CNS team in having this service available.
What next A member of the group is conducting a literature search around what OOH palliative care services are available in other areas and any evaluation around them. We await the National Review of Primary Care Out-of-Hours Services 2015 to inform future work of this group.

Key area 24/7 - community nursing review
Anticipated outcome / benefit
Time frame Closed
Progress There was lots of discussion at initial meetings about gaps in community nursing services in OOH, differing in each area within GG&C. It was recognised that work is underway in closing these gaps throughout all areas in GG&C and this work in being overseen by an OOH DN review group. It was felt no current action by this group was needed.
What next No further action by this group.

Key area Communication between teams in OOH
Anticipated outcome / benefit Improve process of communication between teams in OOH period to allow more prompt response in context of palliative care
Time frame Ongoing
Progress

Having lots of anecdotal stories of problems with communication within OOH period we have started some work to quantify what the issues are. DN teams have started to record how often GEMS are contacted regarding palliative care identifying common reasons and outcomes. Discussion has started around how best to facilitate direct professional - to - professional contact with GEMS. Ideas have been expressed around how technology could be better utilised within OOH to enable faster communication and improve safety. We continue to encourage participation within the group from a broader range of services working in the OOH period. We now have representation from GEMS and social work and continue to aim for representation from NHS 24 and the Scottish Ambulance Service and would welcome involvement from any interested party. This enables discussion over how communication across all services can be improved as well as improved working together within the context of palliative care.
What next Learn from work undertaken as to what the issues are around communication in OOH to inform the work of this subgroup. We are hoping Joan Barr, service manager at GEMS will be able to attend out next group meeting to allow broader discussion around communication issues and to learn what GEMS see as priority areas. Investigate possible options around use of technology to aid communication and probable liaison with Therapeutics group.

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Patient and carer involvement

Membership changes: n/a

Date 06/11/2015

Key Area Involving public, patients and carers - mapping exercise
Anticipated outcome / benefit understand current picture of user involvement work, in hospital, hospice and community settings to enable palliative care MCN identify potential opportunities to further enhance engagement
Time frame Collation of returns by end December 2015
Progress Template has been distributed for completion and submission deadline of end November (will possibly require further follow up into December)
What next Once responses collated and analysed next steps will be identified.

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Recognition

Membership changes: Margaret Fitzpatrick & Cathy Waddell have joined the group

Date 27/10/15

Key Area Promoting SPAR in Nursing Care Homes
Anticipated outcome / benefit early & more consistent recognition in a key cohort of people
Time frame As yet unclear!
Progress Agreed importance.
What next Meet with sample Care Homes to discuss issues Contact Care Home Inspectorate re their views of SPAR Consider need to validate SPAR

Key area Develop SPAR with Home Care Staff
Anticipated outcome / benefit Extension of the SPAR model to people living in the family home improved integration of Home Care, DN & general practice
Time frame As yet unclear!
Progress
What next Meeting to discuss possible pilot & improved integration of services

Key area Eductional materials
Anticipated outcome / benefit Raise awareness of importance of recognising 'dying' Provide relevant educational materials
Time frame c6 months
Progress Initial presentation shared/discussed
What next Produce less medical work for non-health care staff

Key area Recognition in deteriorating patients & OP setting
Anticipated outcome / benefit
Time frame

Progress
What next improve Acute representation on group

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Therapeutics

Membership changes:

Date 10/11/15

Key Area Implementation of a palliative care kardex to all primary care areas in GGC
Anticipated outcome / benefit Consistency in documentation across board area. Some pre-printed areas of chart to aid prescribing
Time frame Approved for use now by Primary Care Prescribing Management Group, Senior nurse/PNA group and Primary Care Clinical Governance
Progress Implementation to be planned following final revision of chart
What next Hopeful implementation in the winter

Key area Implementation on 'Just in Case' prescribing to all primary care areas in GGC
Anticipated outcome / benefit Ready access to SC medicines in the patient's home thereby preventing crises in the OOH period
Time frame now complete as of June 2015
Progress as above
What next Review of supporting documentation in the winter.

Key area Identification of the new preferred brand of fentanyl patches for acute hospitals and hospices
Anticipated outcome / benefit Preferred brand identified as Durogesic DTrans no longer on national contract. Decision to use Mezolar first line.
Time frame Likely in the New Year
Progress Decision communicated with Prescribing Support.Implementation and supporting documentation now being planned.
What next Final decision re timing and communication across GGC as appropriate.

Key area Access to oxygen in the OOH period
Anticipated outcome / benefit Where needed, oxygen can be urgently and readily accessed for patients in primary care thereby preventing a possible hospital admission

Time frame As soon as possible. Nil progress since previous meeting.
Progress Potential process has been identified. Needs to be finalised with NHS GGC OOH service
What next Further contact with NHS GGC OOH service

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Therapeutics - Additional Information

Membership changes:

Date 10/11/15

Key Area Switch of preferred brand of immediate release oxycodone capsules in NHS GGC from OxyNorm to Shortec
Anticipated outcome / benefit Modest cost savings, preferred brand dispensed and administered across all care settings in GGC
Time frame Likely in the New Year now
Progress Communicated with clinical teams; ongoing discussions with with Prescribing Support. Implementation and supporting documentation now being planned
What next Final decision re timing and communication across GGC as appropriate

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Web Editorial

Membership changes:

Date 02/11/15

Key Area Palliative Care Website - Professional Area
Anticipated outcome / benefit A new design for the professional area of the website and deployment of new Content Management System (CMS) will improve the functionality of the website, particularly access to content for non-palliative care staff.
Time frame Expected launch early August - updates, corrections, new content additions ongoing.
Progress New design launched in August. Feedback has been positive so-far with any missing resources identified with the help of users.
What next Updates, corrections and new content addition ongoing. User testing end of year / early 2016. Continued promotion of website across NHSGGC.

Key area Palliative Care Website - Content for Patients & Carers
Anticipated outcome / benefit Updates to content for patient & carers will help highlight the latest developments in Palliative / End of Life care.
Time frame New content to be in place by end of 2015 with help from Bereavement Group, Health Improvement, Macmillan, Patient Information Centres and others.
Progress Further updates have been made to Bereavement and MCCD information. Link to patient and carer information video from RAH added. Working with Women & Children's services to publish and link to resources targeted at their patient group.
What next Continue to develop content for Patients & Carers. Link with MCN Patient / Carer Involvement Group to learn form current good practice and asses how patients and carers may be consulted on content development. Arrange to meet with rebranded Patient Information Centres (Now 'Support and Information Service') with a view to cross promotion of resources and services. Arrange meeting with Macmillan Communication Team to help cross promote resources and local services.

Key area Palliative Care Social Media
Anticipated outcome / benefit

Improved links with local and national organisations involved in Palliative / End of Life Care. Increased awareness of Palliative / End of Life care resources by staff, patients and carers.
Time frame Ongoing
Progress Slowly increasing numbers of followers on Twitter. Continuing to Tweet / Re-tweet on palliative / end of life care news and events.
What next Linking in with Library Service who are providing training on increased public / staff engagement through Social Media. Arrange meeting with Macmillan Communication Team to help cross promote resources and local services through Social Media. Continued promotion of Twitter and further investigation of other social media as suitable platforms to increase awareness of Palliative / End of Life Care

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Constituency Report from West Dunbartonshire HSCP

Funding from the Integrated Fund has enabled WD HSCP to recruit staff nurses to specifically undertake a review of patient's health and care needs that have been identified via a case finding approach within general practice... with 2 or more long term conditions, socially isolated eg housebound, care home resident, on more than 7 repeat medications or the practice has intelligence indicating concern for wellbeing.

In addition 2 copd nurses have been recruited to provide additional support in the management of their copd. Practices identify copd patients with an additional condition, MRC grade 3 4 or 5 (excluding patients either attending respiratory clinic or full programme of pulmonary rehab in last 12 months) or housebound or nursing home / residential patient or patient either not attending for review and having exacerbations or hospital admissions

All patients receive a full nursing assessment and referral to appropriate services, an ACP / ekis record is created for all patients following review (subject to consent)

Community palliative care team are working in conjunction with the local carer's centre to provide palliative workshops for family members who wish to know more about palliative care, what it is, what may happen and the support that is available to them. The team also attend family meetings in the care homes to raise awareness of palliative and end of life care.

West Dumbarton HSCP November 2015

Ardgowan Hospice MCN Report Nov 2015

There are a number of current improvement projects being undertaken at Ardgowan Hospice. First, the referral pathway and patient experience project has focused on process mapping, data collection and timeliness of service start times for new referrals, focusing on the in-patient unit and community specialist nurse team. In addition, the breathlessness service team are working to improve their referral to service start times.
The Integrated Palliative Outcome Scale (IPOS) is currently being implemented into daily practice within both the in-patient and out-patient setting, in conjunction with the Phase of Illness tool with the support of the Cicely Saunders Institute, London.
In addition, Compassionate Inverclyde is a three year change programme which will improve the health and wellbeing of people facing the challenges associated with potentially life-limiting illness, survivorship, dying, death and bereavement in Inverclyde by transforming societal, institutional and individual attitudes. Specific projects will include public awareness and public engagement events, and initiatives with local businesses. The long term effect of this project will be to increase the resilience and capacity of the community of Inverclyde to provide compassionate support to its members.

Inverclyde Palliative Care Planning and Implementation Group
Quarterly Report to MCN Palliative Care - November 2015

Community:

The ongoing programme of evening GP education events continues with the next event (coordinated jointly by Inverclyde HSPC, Ardgowan Hospice and external speakers) to be held in Greenock on 19th November 2015.

A programme of lunchtime GP education sessions is being plannedto commence December 2015, involving Macmillan Lead Pharmacist (Palliative Care)Elayne Harris and Inverclyde GP Palliative Care Educational Facilitator Dr Jill McKane.

Training dates for care home staff have been agreed for December 2015.

There is some evidence of improved uptake / use of SPAR, ACP and JIC particularly within care homes and predominantly due to the input of Care Home Liaison Nurses / Prevention and Support team.

Ardgowan Hospice Consultant Dr Sandra McConnell, Ardgowan Hospice Research Fellow Dr Caroline Sime and Inverclyde GP Palliative Care Educational Facilitator Dr Jill McKane are conducting a programme of GP surgery visits. These visits target specific GP educational requirements, information dissemination and clinical reflection and form part of the process of conducting a needs assessment project as part of Ardgowan Hospice's service planning and development. The project will focus on qualitative and quantitative questionnaire data and thematic examination of ethnographic data.

Work is ongoing to plan a project in conjunction with NES which will involve mapping end of life care for Inverclyde patients.

Inverclyde community staff members are attending several of the MCN sub groups.

Acute:

The existing Specialist Palliative Care Service at Inverclyde Royal Hospital is to be enhanced with the addition of a new Band 6 post

An audit is underway into choice of anti-emetic medication chosen by admitting/responsible medical/surgical teams for patients referred to the palliative care team

Link Nurses have been identified to support the implementation of the Care Assurance and Accreditation Scheme End of Life Care standard.

A review of documentation to support best practice around end of life care is underway

Hospice:

Covered by separate report from Ardgowan Hospice

Submitted by Stuart Milligan (Chair), 10th November 2015.

Pharmacy

Macmillan Pharmacy Service-entering it's final phase as funding is due to end in Spring/Summer 2016.

Final push initiatives include GP receptionist survey (training needs re pall. care), production of a prescribing aide(s), survey of community pharmacies who supply care homes and production of a 'good practice guide', updating the 7 webinars (hosted by NES) for pharmacy support staff.

Until March 2016

Potential development of a further business plan to support a permanent service