**Glasgow & Clyde Area Strategic Structures for Palliative Care**

**Background**

* Greater Glasgow & Clyde’s Palliative Care Managed Care Network (GGC PC MCN) has provided strategic leadership for GGC palliative care for the last 10 years.
* GGC PC MCN work is carried out by a combination of Standing and Action groups
* GGC PC MCN standing groups
	+ Communication
	+ Education & training
	+ HI&T
	+ Therapeutics
	+ Web development
* GGC PC MCN action groups
* Acute
* Care Homes
* Heritage/legacy/bereavement
* Last Stages of Life
* Out of Hours
* Non-malignant disease
* Patient/carer involvement
* Power of Attorney/legal
* QEUH
* Recognition

**The need for change**

* Integration of Health Care and Social Care
* The HSCP is now the key organisational unit and has responsibility for much of health and social care delivery
* Linked to this is the developing role that HSCPs will have with regard to some aspects of services currently seen very much as Acute
* The 6 hospices have moved from central strategic oversight by RAD/Acute services to oversight by individual HSCPs
* The realignment of the GGC Palliative Care Acute Group which now sits beneath Acute Planning structures rather than the GGC PC MCN

**Process**

* Initial discussion with the MCN representatives
* Questionnaire canvassing opinion from MCN constituencies
* Formation of small short life working group
* Further MCN discussion
* Production of a strategic structure that would best fit the new integrated environment

**Key Outcomes**

* GG&C Palliative Care Managed Care Network will cease
* Strategic structures in the community setting will be HSCP Palliative Care Groups (HSCP PCG)
* Strategic structure in the Acute setting will be the Acute Palliative Care Group (Acute PCG)
* Need for an additional group, Glasgow & Clyde Palliative Care Network Group (G&C PCNG) to ensure whole system communication throughout the Glasgow & Clyde area

**HSCP Palliative Care Group (HSCP PCG)**

* Each HSCP in G&C area will have an HSCP PCG
* Carries strategic responsibility for palliative care within each HSCP
* Reports through HSCP Planning structures
* Links to other PCGs via G&C PCNG
* Composition – this is at the discretion of each individual HSCP but might include:
	+ Specialist Palliative Care / Hospice(s)
	+ Patient partnership forum
	+ HSCP management
	+ Social care
		- Home care services
		- Social Worker
		- Occupational Therapy
	+ Health care
		- Community Nursing
		- Care Home Liaison Nurse
		- General Practitioner
		- Pharmacy
		- Old age psychiatry
		- Physiotherapy / Speech and Language Therapy
		- Acute e.g. Department of Medicine for the Elderly / Emergency medicine
	+ HSCP Palliative Care Lead (if not one of above)

In addition thought might be given to

* Obtaining a mix of professional backgrounds
* Specialist Palliative Care input in HSCPs that do not have a Hospice in their area
* Administrative support

**Acute Palliative Care Group (Acute PCG)**

* Carries strategic responsibility for palliative care in the Acute setting
* Reports through Acute Planning structure
* Links to other PCGs via G&C PCNG
* Composition – this is a matter for Acute Planning structures / Acute PCG but might include:
	+ Specialist Palliative Care
	+ Acute management
	+ Non-palliative care specialists e.g. Respiratory Medicine, Cardiology, Renal Medicine, Gastroenterology, Department of Medicine for the Elderly, Surgical specialities
	+ Pharmacy
	+ Allied Health Professionals e.g. Physiotherapy, Occupational Therapy, Speech and Language Therapy
	+ Social Work
	+ Patient / carer voice
	+ Acute Group Lead (if not one of above)

In addition thought might be given to

* Obtaining a mix of professional backgrounds
* Possible site specific representation
* Administrative support

**Paediatric Palliative Care Group (Paediatric PCG)**

* Uncertainty as to whether this would be separate to or a constituent of the Acute PCG
* Reporting through Women’s and Children’s Services planning structure
* Linked to other PCGs via either Acute PCG or G&C PCNG

**Glasgow & Clyde Palliative Care Network Group (G&C PCNG)**

* Function
* Ensuring effective communication between G&C PCGs
* Ensuring effective communication between G&C PCGs and other relevant ‘local’ structures/bodies/parties
* Ensuring effective communication between G&C PCGs and national structures/bodies
* The PCNG will report to
* NHS GGC Board Executive Lead for Palliative Care
* HSCP PC Leads
* Hospice CEOs
* NHS GGC Director of Regional Services
* Membership of PCNG
	+ Acute Services
		- PC Acute Group (2)
		- Sector representatives (3)
		- Paediatrics (1)
	+ Clinical Director for Palliative Care (1)
	+ Lead Nurse for Palliative Care (1)
	+ Regional Services
		- BOC (1)
		- Non-Cancer e.g. Neurology (1)
	+ HSCPs (HSCP PC designated Lead Officer or Chair of local PC Group)
		- East Dunbartonshire (1)
		- East Renfrewshire (1)
		- Glasgow City (1)
		- Inverclyde (1)
		- Renfrewshire (1)
		- West Dunbartonshire (1)
	+ Hospice Services
		- ACCORD (1)
		- Ardgowan (1)
		- Marie Curie Glasgow (1)
		- Prince & Princess of Wales (1)
		- St Margaret’s of Scotland (1)
		- St Vincent’s (1)
	+ Palliative Care Pharmacy (1)
	+ Public Health (1)
	+ Chaplaincy (1)
	+ Palliative Care web editor (1)
* In attendance
	+ Administrative support (1)
* Group to meet twice yearly
* Remit / membership to be reviewed after 1 year

**GGC PC MCN Standing groups**

* Communications
	+ No longer required as task of G&C PCNG
	+ Crucial to efficient and effective strategic work across the Glasgow & Clyde area
* Education & Training
	+ Continues
	+ Very difficult with the new structures to establish where/how this should fit
	+ Reports to all Glasgow & Clyde Palliative Care Groups
* HI&T
	+ Continues
	+ Sits alongside Glasgow & Clyde Palliative Care Groups and G&C PCNG
	+ Reports via HI&T channels
* Therapeutics
	+ Continues
	+ Sits alongside Glasgow & Clyde Palliative Care Groups and G&C PCNG
	+ Reports to Pharmacy
* Web development
	+ Communications aspects dealt with by G&C PCNG
	+ Equally crucial to efficient and effective strategic working across Glasgow & Clyde area as likely to be the key channel for information
	+ Other aspects require further consideration

**GGC PC MCN Action groups**

* Future of these groups responsibility of the collective Glasgow & Clyde Palliative Care Groups and G&C PCNG
* Suggestions for each group
	+ Acute group
		- Superseded by Acute PCG
	+ Queen Elizabeth University Hospital
		- Within remit of Acute PCG
	+ Bereavement / Heritage / legacy
		- Part of NHS GGC Board wide work
		- Also felt to merit consideration by individual HSCP and Acute PCGs
	+ Power of Attorney / Legal aspects
		- Felt to merit consideration by individual HSCP and Acute PCGs
	+ Non-malignant disease
		- Felt to merit consideration by individual HSCP and Acute PCGs
	+ Recognition
		- Felt to merit consideration by individual HSCP and Acute PCGs
	+ Care in the latter stages of life
		- Felt to merit consideration by individual HSCP and Acute PCGs
	+ Care homes
		- Felt to merit consideration by individual HSCP PCGs
	+ OOH
		- Felt to merit consideration by individual HSCP and Acute PCGs
	+ Patient/carer involvement
		- Change to strategic structures felt likely to make genuine patient/carer involvement less difficult as established links to HSCPs and NHS GGC Acute services

**Glasgow & Clyde Area palliative care alignment with the national Strategic Framework for Action**

* Commitments
	1. Provide HSCPs with expertise
		+ Glasgow City HSCP one of 6 HSCPs chosen for national input
		+ Work underway with support of HIS
	2. Provide HSCPs with guidance on commissioning
		+ A need for the HSCPs to ‘align themselves’
	3. Produce national educational framework
		+ Above Glasgow & Clyde Area scope
	4. Palliative care for 0-25 year olds
		+ Work underway in some areas
		+ Nascent Paediatric group will help
	5. Research forum
		+ Above Glasgow & Clyde Area scope
	6. National conversation
		+ Recent start with NHS GGC Public Health involvement
		+ Potential gap though again work in some HSCPs
	7. e-Health systems
		+ Above Glasgow & Clyde Area scope
	8. Clinical and economic evaluation of P&EOLC models
		+ Unclear
	9. Improvements in collection etc. of data
		+ Unclear
	10. Establish the NIAG
		+ Done

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March 17

**MCN review group**

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