**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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