

GGC Palliative Care MCN – questionnaire and responses

1 (14)

- Reasonably representative: HSCP – 4; Hospice – 4; Paediatrics – 2; Pharmacy – 1; Regional/acute(?) – 1; MCN Attendees (Information Officer/Chair) – 2

2 Should each HSCP have an equivalent of an HSCP PC MCN? (13)

- Yes – 8
- No – 1
- Unsure – 1
- 'MCN by another name'(!) – 3

3 Role/remit of HSCP MCN (11)

- Very mixed responses (possibly a bad question?)

4 Strategic / operational (13)

- Strategic and operational role – 13

5 Membership? (12)

- Varied responses but probably summed up as 'very broad representative group of social care and health care (generalists and specialists) with patient representation'

6 Min / max membership (10)

- Min – 6-10 (8.7)
- Max – 11-20 (14.9)

7 Impact on Acute group (10)

- Very varied responses
- Acute representation on HSCP group – 3
- HSCP representation on Acute group – 1
- Rest good communication or uncertainty!

8 Need for revision of structure / membership of Acute group (10)

- Yes – 2 (one probably!)
- No – 1
- Uncertain / more information needed – 6
- Need for wide membership – hospitals / specialities / professions

9 Hospice fit? (9)

- As part of HSCP group – 9
- Suggestion that should supply leadership to group (1)
- Need to be aware of Acute issues (1)

10 Need for additional group? (14)

- Yes (in a variety of forms!) – 13
- Paediatrics – 1 (?)

11 Role of this group? (11)

- Advisory / recommendation / communications / guidance / consistency & avoid silos / oversight / sharing good practice / information sharing
- Strategic direction if not manageable at local level

12 Name of such a group? (10)

- Advisory / Steering / Network
- Unsure – 3

13 Membership? (11)

- HSCP leads (only) – 1
- Rotating HSCP reps (and who else?) – 1
- 'Nominated individuals' (?) – 1
- Each HSCP / Acute / Others – 4
- Representatives from HSCP / Acute / Others – 3 (1 is a bit of a guess on my part)
- 'People representing PC within GG&C, SPPC, NAG and SGHD' – 1
- & a variety of different takes on how this would happen and where Hospice representation sits

14 Min / max membership (10)

- Min 4-15 (9.8)
- Max 10-20 (16)

15 Regional / Chaplaincy / Pharmacy fit? (10)

- Regional
 - Advisory – 4
 - Acute – 1
 - HSCP – 0
 - Unsure / unhelpful(?) / concerned – 5
- Chaplaincy
 - Advisory – 4
 - Acute – 0
 - HSCP – 2
 - Unsure / unhelpful(?) / concerned – 4
- Pharmacy
 - Advisory – 3
 - Acute – 0
 - HSCP – 1
 - HSCP and Advisory – 1
 - Unsure / unhelpful(?) / concerned – 5

16 Standing groups (12)

- Overall feeling that under Advisory though E&T least clear
- Communications – Advisory 11 / HSCP&Acute 1
- Web development – Advisory 11 / undecided 1
- HI&T – Advisory 9 / HSCP&Acute 1 / undecided 1
- Therapeutics – Advisory 9 / HSCP&Acute 1 / Other 1 / undecided 1
- E&T – Advisory 7 / HSCP&Acute 2 / Other 2 / Undecided 1

17 Comments

- Paediatrics
- HI&T
- E&T 'split' into Acute / Hospice / HSCP

18 Action sub groups (12)

- Overall feeling that most would 'move' to HSCP&Acute
- Exception PoA (?defunct)

19 Comments

- Too diverse to capture

20 timescales

- June 17 – 7
- March 17 – 5 (1 hedging bets!)
- Don't know – 1