

Dear colleague

Welcome to the GGC Palliative Care MCN November meeting. As usual I have tried to put together a brief resume of current issues. I have used the same structure as before covering both GGC and National issues. The GGC section includes information regarding the GGC Palliative Care Action Plan and sub-group process. I have simply listed the different sub groups and their leads. Much of the necessary information is now published on our web site and so the letter is quite short.

At a national level the creation of the new National Implementation Advisory Group should be an important development. There is a brief precis of the group's progress to date later in this letter.

GGC Issues

Lead Clinician for Palliative Care

This post remains unfilled.

GGC Palliative Care Action Plan

Again, I must extend my thanks again to all of those involved and in particular to those who have taken lead roles within the groups.

MCN / Sub group structure and process

I think it would be fair to say that the structural upheaval I have visited upon the MCN has led to a slight hiatus for many of these sub groups. I am aware that some of the sub groups have not met since the last MCN and therefore though there will be continuing work and progress in these areas it may not have been adequately captured. I would however ask the MCN representatives to review the [sub group reports](#) and check that the areas being worked on are all appropriate and relevant. In addition, I would ask MCN representatives to raise any areas that they feel are currently absent so that they can be considered by the relevant sub group.

An additional problem is that while uncertainty remains regarding the future strategic structures it is quite difficult (impossible?) to be clear on which of the standing and action sub groups will continue and if they do where they will sit and what structure they will report to.

Sub group leadership

There have been several changes in the recent past. These are detailed below.

Standing Sub Groups

- Communications – Paul Corrigan / vacancy
- HI&T – Jackie Britton
- Therapeutics – Elayne Harris
- Web development – Paul Corrigan
- Acute – Jane Edgecombe
- Education / Training – Shirley Byron

It was previously thought that there would be a further sub group created for Children & Young Peoples Palliative Care but it now looks as though this group will either be part of the Acute Palliative Care Group (PCG) or a stand-alone Paediatric Palliative Care Group (see GGC Palliative Care MCN Structure & Process)

Action Sub Groups

- Heritage / Legacy / Bereavement – Bridget Johnston
- Patient / Carer Involvement – Paul Corrigan / vacancy
- Care in the Latter Stages of Life – Claire O'Neill
- Care Homes – Jude Marshall

- Non-Malignant Palliative Care – Karen Hogg / Maire O’Riordan
- Out of Hours Period – Katie Clark
- Power of Attorney – vacancy
- Queen Elizabeth University Hospital – Alistair McKeown
- Recognition – Euan Paterson

GGC Palliative Care MCN Structure & Process

As you are aware following lengthy discussion at the August MCN meeting it was decided that the GGC Palliative Care MCN was now an unsuitable structure in the new Integrated world of Health Care and Social Care. It was decided that a very small short life working group would be set up to deal with how best to provide a suitable framework for the provision of palliative care services that would reflect the seismic changes in the organisational structures. I have produced a [GGC Palliative Care Review paper](#) detailing progress so far.

Unfortunately, time constraints have prevented this work being completed in time for next week’s MCN meeting but it is hoped that the final document will be completed before the end of 2016.

Themed Input at MCN meeting

The MCN has now had 3 very different themed inputs. These have covered palliative care in paediatrics and dementia and at the August meeting Elizabeth Sanchez-Vivar, West Regional Educational Coordinator, presented on the new Educational Framework for Palliative Care. I am delighted to say that Anne-Louise Cunningham, Consultant Geriatrician, Glasgow Royal and Stobhill has agreed to provide a presentation on Palliative Care and Parkinson’s Disease. Apart from championing the PD cause, Anne-Louise is one of the Acute consultants most involved with the palliative care agenda and in addition regularly provides an extremely well received update on palliative care in PD at my evening GP educational meetings. I have previously asked that MCN representatives suggest other topics and possible speakers but as I suspect this may be the penultimate meeting of the GGC Palliative Care MCN this is no longer necessary.

National Issues

National Advisory Group (NAG)

As you know the NAG has now been disbanded.

National Implementation Advisory Group (NIAG)

Again. As you are aware the [National Implementation Advisory Group](#) has been formed to help guide the national implementation of the [Strategic Framework for Action](#).

The second meeting of this group was planned for early September but was postponed and has not yet taken place. I am unsure if a new date has been set. I have therefore left the link to the [first meeting](#) which took place almost 6 months ago. There are therefore only a few minor amendments to the key issues that I highlighted in my last letter.

Commitment 1 – “provide Health and Social Care Partnerships with expertise on testing and implementing improvements in the identification and care coordination of those who can benefit from palliative and end of life care”

A two-phase approach with HIS supporting 6 HSCPs to develop and then implement local improvement plans. The identified HSCPs are East Ayrshire, Glasgow City, Perth and Kinross, Western Isles and Fife. In the implementation phase the learning is to be shared nationally. Various posts are attached to this work amounting to almost 6 WTE in various grades.

Commitment 2 – “provide strategic commissioning guidance on palliative and end of life care to Health and Social Care Partnerships”

This group has met twice and the initial membership and draft terms of reference can be found [here](#).

Commitment 3 – “support the workforce by commissioning NHS Education for Scotland and the Scottish Social Services Council to develop a new palliative and end of life care Educational Framework. This will address the needs of the whole workforce and will be focused on fostering an integrated and collaborative approach to educational provision”
Clearly, we are more clear on what is happening here following Elizabeth Sanchez-Vivar’s presentation at the last MCN. In addition, this work is progressing through the nationwide questionnaire and detailed work on the emerging themes. I suspect some, if not all, of the MCN representatives will be involved in this work.

Commitment 5 – “support a new Scottish Research Forum for Palliative and End of Life Care”
This research group is co-chaired by Professors Bridget Johnson of the University of Glasgow and Scott Murray of the University of Edinburgh. Initial focus is to be around access to palliative care, increasing timely and focused discussions between people and skilled health care professionals and helping communities, groups and organisations understand the importance of good palliative care to the welfare of society.

Commitment 6 – “support greater public and personal discussion of bereavement, death, dying and care at the end of life, partly through commissioning work to facilitate this”
This group was to be led by Anne Mills, Chief Executive at Ardgowan Hospice but, as you are probably aware, Anne is now in the Isle of Man!

Commitment 7 – “seek to ensure that future requirements of e-Health systems support the effective sharing of individual end of life/Anticipatory Care Planning conversations”
This group has a short and long term vision. In the short term the drive is to extend both read and write access to ECS, KIS and ePCS. The longer view however is to ‘replace end of life/Anticipatory Care Planning information supplied through the ECS/KIS/ePCS system with access to a summary that is drawn from multiple clinical systems rather than just GP-IT’ – this will be a quantum shift in information gathering and sharing!

Commitment 9 – “support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care”

At this stage this is basically a review of existing data sources and those under development. I have limited my comments to the above as data availability, collection and evaluation is one of a number of areas that have always completely defeated me and I fear that any attempt by me of a precis of this work would be pretty woeful!

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) & Children and Young People’s Acute Deterioration Management (CYPADM) Scottish Policies

As you are aware the review of the [Scottish DNACPR policy](#) has now been completed. You will see from the website that new resources have been produced and new paperwork developed. The responsibility for the implementation of this revised policy, including the arrangements for the supply of the new DNACPR forms sits with the GGC NHS DNACPR lead

but unfortunately I have not been able to identify who this person is or indeed if the role has been appointed. I am conscious that not only should we now be using the revised form but that existing stocks of the outdated form may well be running low. I would suggest that the MCN representatives ensure that their clinical workforce is aware of this hiatus and report any problems to ensure that the matter is dealt with timeously.

To Absent Friends <https://www.toabsentfriends.org.uk/>

Unfortunately, this is now past/passed news (I hope you will forgive my play on words!) but I felt it was worth drawing attention to this annual week of remembrance. I remain firmly of the belief that the most important issue in the 'routine' provision of good and dignified deaths will be the acceptance of death and dying by the people we serve, the general population. To this end the work of Good Life Good Death Good Grief is essential.

NHSS Scotland Palliative Care Guidelines App

Again I have carried this forward from previous letters. Sixteen of the Scottish Palliative Care Guidelines are now available in app format providing offline access. The app can be downloaded from the [Android](#) or [iPhone](#) stores or via [mobile knowledge](#) on the Knowledge Network.

The app is the product of a collaborative partnership between the [Scottish Centre for Enabling Technologies](#) at the University of West of Scotland, SHOW NHS National Services Scotland and the Chairs of the guideline steering group Dr. David Gray and Dr. Paul Baughan. I would be very grateful if this information could be shared as widely as possible. Healthcare Improvement Scotland are also keen to receive feedback at hcis.pallcareguidelines@nhs.net

MCN meeting dates

The date for a further MCN meeting has been set for Wednesday 22nd February 2017.

I look forward to seeing you all on November 22nd.

Euan Paterson