

Dear colleague

Welcome to what will be the last meeting of the GGC Palliative Care MCN. As usual I have put together a brief resume of current local 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.

As you know there is now a National Implementation Advisory Group. I have left the brief precis of the NIAG's progress that was in the November letter as this is the most up to date information available.

## **GGC Issues**

### **Clinical Director for Palliative Care**

As you all know it has proven impossible to fill the Clinical Lead for Palliative Care role since Dr Paul Keeley stepped down 18 months ago. A new post of Clinical Director for Palliative Care has been created instead. Applications for this post closed on 23<sup>rd</sup> January. I firmly believe that it is essential that Palliative Care in the Glasgow & Clyde area has strong and visible leadership, particularly considering the national situation, and so I am hopeful that we will soon see some white smoke.

### **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**

The combination of the festive season, winter workload and the impending demise of the MCN have led to a continuing hiatus for many of the 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.

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.

### **Standing Sub Groups**

- Communications – Paul Corrigan / Mairi-Clare McGowan
- HI&T – Jackie Britton
- Therapeutics – Elayne Harris
- Web development – Paul Corrigan
- Education / Training – Shirley Byron

I am delighted that Mairi-Clare McGowan has stepped forward to join Paul Corrigan in leading the Communications sub-group. With the forthcoming changes to the strategic structures for Palliative Care in Glasgow & Clyde good communication will be even more critical than it was before.

As you know the Acute Palliative Care Group is now separate to the MCN and reports through Acute Planning channels.

### **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 – Christina Hamill
- Non-Malignant Palliative Care – Karen Hogg / Maire O'Riordan
- Out of Hours Period – Katie Clark
- Recognition – Euan Paterson

The sub-group for Power of Attorney felt that it's business had been concluded and has thus ceased.

The Queen Elizabeth University Hospital sub-group has been subsumed by the Acute PCG.

### **Glasgow & Clyde Area Palliative Care Structures & Processes**

As you are aware the GGC Palliative Care MCN decided that the MCN was no longer a suitable strategic structure in the new Integrated world of Health Care and Social Care. Following consultation with the MCN representatives and attendees a small short life working group was tasked with producing a more suitable strategic structure to oversee the provision of palliative care services in the Glasgow & Clyde area.

The key outcomes are:

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

There are two further papers which contain further details. [Glasgow & Clyde Area Structures for Palliative Care](#) makes some suggestions as to the possible composition of the various groups though clearly this is matter for the Planning structures in both the Acute setting and the HSCPs. There is also more detail on the new G&C PCNG and there are some thoughts as to the future of the various standing and action sub groups. Finally, there is a note of the current strategic alignment with the national Strategic Framework for Action. [HSCP / HSCP Locality Palliative Care Group development](#) highlights the Scottish Government directives concerning Managed Clinical Networks and how these might be met by the HSCP PCGs. A similar approach might be useful for the Acute PCG but clearly this is a matter out with my scope.

Details of the forthcoming changes have been sent to the CEOs of the 6 Hospices, the COs of the 5 HSCPs, the Heads of Operations in the 3 GC HSCP Localities, the Executive Lead for Palliative Care in the Acute setting, the Director of Regional Services, the Lead for Palliative Care Pharmacy, the Lead for Chaplaincy and the Director of Planning and Policy at NHS GGC.

### **Themed Input at MCN meeting**

The MCN has now had 4 very different themed inputs. These have covered palliative care in paediatrics, dementia and Parkinson's Disease and a presentation on the new Educational Framework for Palliative Care that is being developed as part of the SFA commitment 4.

For our final special interest slot I am delighted to welcome Dr Leza Quate, a palliative care specialist with a particular interest in Addictions and Palliative Care.

In my time as a GP I frequently felt that Addictions and Palliative Care had much in common. Both deal with extremely complex situations, are frequently quite problematic, are very time

intensive and require an incredibly holistic approach. I must add that both also provided some of the most rewarding clinical work of my professional lifetime and so, for me, I doubt if there could be a more fitting final special interest slot than this.

## **National Issues**

### **Scottish Government Palliative and End of Life Care Team**

It was announced on 14<sup>th</sup> December that the Scottish Government Palliative and End of Life Care Team were [moving from the Person Centred Team in the Directorate for Healthcare Quality and Improvement to the Directorate for Health and Social Care Integration](#) where Mr. Geoff Huggins is the Director

### **National Clinical Lead**

As you are aware Professor Craig White is no longer the National Clinical Lead for Palliative Care. There is some uncertainty as to whether the post is to remain. The communication from the government suggested that the post would not be replaced. However, when we approached SG requesting permission to publish their letter we were told not to do so as the letter was to be revised. Three months have now passed and despite quite vigorous attempts I have been unable to obtain any further information from the Scottish Government and so unfortunately there is still no clarity in this matter. An action point from the November MCN had been to contact Shona Robison, Cabinet Secretary for Health, Wellbeing and Sport raising the MCNs concerns about the loss of the National Clinical Lead post but clearly we need to wait until we can ascertain exactly what the governments intentions are.

### **National Implementation Advisory Group (NIAG)**

The [National Implementation Advisory Group](#) which was formed to help guide the national implementation of the [Strategic Framework for Action](#) met for the first time in June 16. The second meeting of this group was originally planned for early September but was postponed and finally took place in early December. Unfortunately, there is as yet no visible output from this meeting and the section on the Scottish Government website on the NIAG has not been updated since September. I have therefore left the link to the [first meeting](#) which took place almost 9 months ago, and there are therefore only a few minor amendments to the key issues that I have highlighted in my last two letters. The NIAG is now chaired by Mr. Geoff Huggins.

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”

Glasgow has undertaken a self-assessment to examine the readiness of existing arrangements to support the aims, objectives and outcomes of the SFA. HIS has supported the HSCP in mapping palliative care provision in the city and with development and analysis of a questionnaire directed at professional care providers. The response was too small to draw any firm conclusions but provides a basis for further discussions on priorities for service improvement and education. Glasgow secured HIS funding for a part time “Improvement Advisor” to both influence approaches to improvements in PELC and link the Glasgow work with other parts of Scotland via an Improvement Advisor Network.

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

This group had met twice before the November MCN meeting. There has been no further update published regarding the work of this group. 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” Following Elizabeth Sanchez-Vivar’s presentation at the August MCN there have been several stakeholder events to discuss progress. Details of the [draft framework consultation](#) were circulated to the MCN two weeks ago as the consultation period closes on 20<sup>th</sup> February.

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. The [current work](#) of this group can be viewed on the SG website.

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” Mark Hazelwood, CEO Scottish Partnership for Palliative Care is now the lead on the National Implementation Advisory Group in respect of this commitment.

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**

Since the last MCN meeting there has been significant progress around new resources and paperwork which were developed as part of the review of the [Scottish DNACPR policy](#). The new paperwork is now available and can be ordered through the PECOS system. In addition, I am delighted that there is now an identified lead for DNACPR in the Glasgow & Clyde area. The DNACPR work is being ‘hosted’ by East Renfrewshire HSCP and the lead is thus Dr John Dudgeon, Clinical Director.

### **NHSS Scotland Palliative Care Guidelines**

As you know a review is now underway into some of the National Palliative Care Guidelines. This will run until March 2018.

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

This new group will meet twice yearly. The first meeting will be in August which should give adequate time for the Acute and HSCP Palliative Care Groups to settle in. I have provisionally suggested Thursday 24<sup>th</sup> August which should be late enough to avoid the absences and associated business of the school summer holidays. Given that the G&C PCNG looks like being slightly larger than the current MCN I would be very grateful if ACCORD, Ardgowan, Marie Curie Glasgow and St Margaret' of Scotland hospices would continue with their current very generous hosting arrangements.

#### **Closure**

Finally, I would just like to say what a huge privilege it has been to have chaired the MCN for the past decade. It has afforded me the opportunity to work with a whole host of hugely interesting and stimulating people and it has also, for the most part, been very enjoyable. I would like to take this opportunity to thank all the current and past MCN representatives and attendees for all the hard work and time that they have devoted to the MCN since it came into existence in May 2007.

I look forward to seeing you all on Wednesday 22<sup>nd</sup> February.

Euan Paterson  
Clinical Lead, GG&C Palliative Care MCN