

HSCP / HSCP Locality Palliative Care Group development

CEL 29: Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy

Core principles

- Management structure
 - Lead Officer – HSCP / HSCP Locality Palliative Care Lead
- Defined structure
 - Points of service delivery
 - Connections
 - Reporting to HSCP / HSCP Locality Planning Group / IJB
- Annual plan
 - Quality improvement objectives
 - Outcomes
- Documented evidence base
 - SIGN (and indeed NICE)
 - National work e.g. DNACPR policy & Scottish Guidelines for Palliative Care
- Composition
 - Social Care & Health Care
 - Multi-disciplinary & Multi-professional
 - Service user
- Involvement of service users
 - This is always problematic when working in the area of palliative care
- Educational and training potential
 - Within HSCP / HSCP locality using existing structures
 - Through Glasgow & Clyde Network Palliative Care Group
 - Through Glasgow & Clyde Palliative Care Practice Development Steering group
- Value for money
 - Perhaps best considered as part of Planning function

Links with HSCP / HSCP Locality Integrated Joint Boards

- Fully integrated and embedded
- Agreement of work plan
- Clear reporting / governance through HSCP / HSCP Locality Planning Group / IJB
- Involvement in discussions on prioritisation of services (Investment / disinvestment)
- Leadership / quality improvement role
- Workforce developments

Relationships with HSCP / HSCP Locality

- Inherent in new structures

Primary Care participation

- Inherent in new structures

Third sector

- Less problematic within new structures

Leadership & Network Manager

- These roles combined within the HSCP / HSCP Locality Palliative Care Lead

Patient and Carer Involvement

- Essential though problematic

Key link for HSCP / HSCP Locality Palliative Care Group

- Glasgow & Clyde Palliative Care Network Group (G&C PCNG)
- To ensure awareness of non-HSCP commissioned Acute setting issues

Possible Roles for HSCP / HSCP Locality Palliative Care Groups

- These roles are heavily influenced by CEL 29
- The HSCP / HSCP Locality Palliative Care Group should be considered as the HSCP / HSCP Locality Palliative Care MCN
- Explicit roles
 - Develop HSCP Palliative Care Strategy
 - Strategic leadership
 - Ensure alignment to Scottish Government policy
 - Leadership and quality improvement role
 - Development of pathways & protocols
 - Information provision
 - Advisory role to NHS GGC Board and to relevant Local Authority
 - Prioritisation / investment / disinvestment
 - Education / training role
 - Through existing HSCP / HSCP Locality education/training resources
 - Through joint working with other HSCP education/training resources
 - Through joint working with Glasgow & Clyde Palliative Care Practice Development Steering Group
 - Patient / carer involvement (at as many levels as possible)
 - Operational role
 - Implement HSCP / HSCP Locality palliative care strategy
 - Agree a workplan that is regularly monitored
 - Operational channels
 - Through existing HSCP / HSCP Locality channels
 - Through sub-groups within the HSCP / HSCP locality
 - Through joint working with other HSCP Palliative Care Groups
 - Through joint working with other Palliative Care Groups e.g. NHS GGC Acute PCG & NHS GGC Paediatric PCG
- Implicit roles
 - Foster closer working (integration agenda)
 - Information conduit within HSCP / HSCP Locality

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