

NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group

Therapeutics

Membership Changes

Date

13/2/17

Copy & Paste or write directly into boxes below

Key Area	Implementation of a palliative care kardex to all primary care areas in GGC.
Anticipated Outcome / Benefit	Consistency in documentation across board area. Some pre-printed areas of chart to aid prescribing.
Time Frame	Approved for use now by Primary Care Prescribing Management Group, Senior nurse/PNA group and Primary Care Clinical Governance
Progress	Kardex implementation was from 13 th June. Further ad-hoc training sessions carried out as requested by DNs and GPs.
What Next	Kardex now being used by GPs and DNs. Further work being carried out about the use of the kardex in care homes. Review of kardex will be carried out in late spring this year.

Key Area	Implementation on 'Just in Case' prescribing to all primary care areas in GGC
Anticipated Outcome / Benefit	Ready access to SC medicines in the patient's home thereby preventing crises in the OOH period.
Time Frame	now complete as of June 2015
Progress	as above
What Next	Review of supporting documentation Spring 2017.

Key Area	Identification of the new preferred brand of fentanyl patches for acute hospitals and hospices
Anticipated Outcome / Benefit	Preferred brand identified as Durogesic DTrans no longer on national contract. Pall. care intimated to board that Mezolar first line would be our preference due to previous adherence issues with Matrifen.
Time Frame	Not known for definite but will be in the next few weeks.
Progress	ADTC has decided to progress with Matrifen first line despite concerns raised by pall. care.
What Next	Matrifen now being supplied as preferred brand of fentanyl patch in acute (and hospices).

Key Area	Access to oxygen in the OOH period in primary care
-----------------	--

Anticipated Outcome / Benefit	Where needed, oxygen can be urgently and readily accessed for patients in primary care thereby preventing a possible hospital admission
Time Frame	As soon as possible.
Progress	Potential process has been identified. Needs to be finalised with NHS GGC OOH service
What Next	Further contact with NHS GGC OOH service made in July. A short life working group is to be set up but awaits communication from the OOH service.

Key Area	Identification of the new preferred brand of immediate release oral oxycodone (Shortec) for all areas in GGC
Anticipated Outcome / Benefit	One preferred brand will be prescribed and dispensed therefore minimising potential errors.
Time Frame	Switch has now started.
Progress	Memo has been circulated to acute staff. Scriptswitch message has now been activated in primary care to alert GPs to the preferred brand.
What Next	Areas will switchover as OxyNorm stock is used up.

Key Area	Potential identification of the new preferred brand of modified release oral morphine (Zomorph) for all areas in GGC
Anticipated Outcome / Benefit	Cost saving.
Time Frame	Likely to be later this year if it goes ahead.
Progress	EH has emailed palliative care colleagues across GGC to garner opinions and will feedback to the Medicines Cost Effectiveness Group of the ADTC at the start of March.
What Next	Await feedback and further discussions.

NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group Palliative Care e-health

HI&T

Membership Changes

Mandy Ferguson: Renfrewshire HSCP
Paul Adams Glasgow City HSCP

--

Date

13 February 2017

Copy & Paste or write directly into boxes below

Key Area	Referral arrangements : Acute Teams to Hospices
Anticipated Outcome / Benefit	Improved governance : consistent processes : improved quality/ level of information. Following successful pilot between RAH HSPCT and Accord Hospice, NHS GG&C E-health team provided access for electronic referrals to Acute HSPCTs. Users in the teams now have access.
Time Frame	Business case has been submitted to extend access to Hospice based Non-palliative care Specialist teams.
Progress	Business case currently under consideration: outcome awaited
What Next	If business case approved, staff training for non-palliative care specialist teams : widening the access will further improve governance and referral processes to Hospices in GG&C area

Key Area	Staffnet – links to Hospice referral forms and resources via BestBet
Anticipated Outcome / Benefit	Challenges experienced as referrers could access old resources available through Staffnet: using Best bets now set up for each of the Hospices the referrer should be directed to the Hospice link where current resources will be available
Time Frame	In place
Progress	
What Next	Hospices to ensure any future changes are also notified via SCI

Key Area	Improved information to support discharge: medicines management
Anticipated Outcome / Benefit	Within wider medicines management project in GG&C looking to incorporate requirements for palliative care
Time Frame	Initial meeting to scope pharmacy requirements for palliative care February 2017
Progress	Outcome of scoping required.
What Next	The overarching project is aiming to go live summer 2017

Key Area	Development of Data set for Acute Division Palliative Care Teams
Anticipated Outcome / Benefit	Consistency in data items and recording processing: will enable Service to describe in consistent manner the supports offered to patients, families and carers and other clinical teams .
Time Frame	Ongoing
Progress	Initial scoping started: e-health colleagues have been involved in early discussions
What Next	Meeting to develop minimum data set to be arranged

NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group

Web Development

Membership Changes

Michelle Dalgarno joined

Date

13/02/17

Key Area	Group reporting structure
Anticipated Outcome / Benefit	Group will establish new reporting arrangement to allow quarterly meetings to continue in support of the Palliative Care Website
Time Frame	Ongoing
Progress	The Website Editorial Group will sit under the new Palliative Care Network Group when the existing MCN ceases
What Next	New arrangement to be confirmed at next MCN meeting 22/01/17

Key Area	Education
Anticipated Outcome / Benefit	Online education calendar to be trialled for Education run by NHSGGC Palliative Care Teams; Primary Care Team, Acute Team and Renfrewshire Team
Time Frame	To be completed and launched by end March 2017
Progress	Courses being added and design amended
What Next	Meet with education teams to ensure calendar meets needs of all

Key Area	Paediatric palliative care information
Anticipated Outcome / Benefit	Additional palliative care information relating to Women & Children's Services to be added to the Palliative Care Website and StaffNet folder
Time Frame	Ongoing
Progress	New contacts established in W&Cs Services
What Next	Communication with Paediatric Palliative Care Group

Key Area	Patient & carer palliative care information
Anticipated Outcome / Benefit	Review, update and improve palliative care information for patients and carers
Time Frame	Ongoing
Progress	A number of contacts made who may assist with this work, including; Your Voice Inverclyde, Patient Experience Public Involvement Project Team, Health Improvement and Macmillan Cancer Support
What Next	Meet with contacts and evaluate online resources

GGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Recognition Date 06/02/17

Membership changes: None

Key area: Promoting SPAR in Nursing Care Homes

Anticipated outcome / benefit: Early and more consistent recognition in a key cohort of people.
Improved anticipatory care planning

Time frame: 18 months (and extending...)

Progress: Pilot to link SPAR and GP Nursing Home LES in East Dunbartonshire agreed; Practices identified and contacted; Initial training offered to NCHs; CHLNs involved; meeting with NCH managers – all agreed to take project forward; SPAR Champion to be identified in each NCH

What next: Meeting with NCH SPAR champions to plan further education / start

Key Area: Develop SPAR with Home Care Staff

Anticipated outcome / benefit: Extension of SPAR model to people living in the family home.
Improved integration of Home Care, DN, general practice

Time frame: Unclear

Progress: Meeting with Social and Health care to discuss project and need to consider pilot site. No further progress

What next: Awaiting possible further discussions / possible devolve to individual HSCP PC Group?

Key Area: Educational materials

Anticipated outcome / benefit: Raise awareness of importance of recognising 'dying'. Provide relevant educational materials

Time frame: 3 months

Progress: Presentation viewed and discussed. Presentation being refined and 'de-medicalised'. Educational materials received from Elizabeth Sanchez-Vivar, SFA West Region Educational Coordinator, circulated and discussed. Not felt to be hugely helpful in the community setting. Available on GGC PC website. Discussion around MEWS

What next: Review de-medicalised' presentation at next sub group meeting. Further discussion around how to source useful educational materials needed

Key Area: Recognition in deteriorating patients & OP setting

Anticipated outcome / benefit: Aid 'ceilings of treatment & intervention'. Decrease inappropriate and/or unwanted interventions

Time frame: Unclear – may now be driven in part by national UK work (Recommended Summary Plan for Emergency Care and Treatment (ReSPECT))

Progress: Report awaited from 6-month project looking at Palliative Care involvement in Medical Receiving. Discussion with Respiratory Advanced Nurse Practitioner (East Ren HSCP) at last meeting though informative probably did not add to the matter of recognition. ReSPECT mentioned briefly at Palliative Care sub-group of Respiratory MCN

What next: Ongoing need for more acute representation on sub group (whether virtual or at meetings)

Now probably sits with Acute PC Group?

Key area: Promoting SPAR in Residential Care Homes

Anticipated outcome / benefit: Early and more consistent recognition in a key cohort of people. Improved anticipatory care planning

Time frame: 18 months

Progress: Reintroduction of SPAR in Rannoch House, North West Sector Glasgow City. Continuing extensive education of residential care home staff throughout Glasgow City. After death review document reviewed and revised. First steps taken regarding introduction of SPAR to Hawthorn House.

What next: Complete introduction of SPAR into Hawthorn House. Attempt retrospective after death analysis in Hawthorn House.

NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group

Acute Group

Membership Changes

Primary care rep Lisa Williams to join group. Patient carer rep still being sought

Date

10 th feb 2017

Copy & Paste or write directly into boxes below

Key Area	Identifying group membership
Anticipated Outcome / Benefit	Representative group
Time Frame	Asap
Progress	Seeking patient/carers rep
What Next	Recontact PEPI team

Key Area	Creation of work plan
Anticipated Outcome / Benefit	A draft workplan has been drawn up for consultation with the group members at next meeting .
Time Frame	Next meeting
Progress	1 st draft available for 28 th Feb. 2017 meeting
What Next	

Key Area	
Anticipated Outcome / Benefit	
Time Frame	
Progress	
What Next	

Key Area	
Anticipated Outcome / Benefit	
Time Frame	
Progress	
What Next	

NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group

Latter stages of life

Membership Changes

nil

Date

8 th feb 2017

Group last met 1st sept 2016. No further meetings planned at this point . Focus of work had been updating GAEL guidance at sept meeting. The GAEL guidance sitting with MU sub group awaiting approval then relaunch. No plans to pull group together again at this point.

Copy & Paste or write directly into boxes below

Key Area	
Anticipated Outcome / Benefit	
Time Frame	
Progress	
What Next	

Key Area	
Anticipated Outcome / Benefit	
Time Frame	
Progress	
What Next	

Key Area	
Anticipated Outcome / Benefit	
Time Frame	
Progress	
What Next	

Key Area	
Anticipated Outcome / Benefit	
Time Frame	
Progress	

GG&C Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group: Pharmacy

Membership changes:

Date 13/2/17

Key Area Macmillan Pharmacy Service has now finished.
Anticipated outcome / benefit Final push initiatives included GP receptionist survey (training needs re pall. care), production of a prescribing aide(s), survey of community pharmacies who supply care homes and production of a 'good practice guide', updating the 7 webinars (hosted by NES) for pharmacy support staff. Resource folder for community pharmacy staff has been completely updated and distributed to all premises. Corresponding interactive PDF also updated.
Time frame Now finished.
Progress Final push initiatives completed which include the piloting/development of webinars with NES and Strathclyde University that can be used for support staff such as social carers and GP receptionists
What next Business case forwarded to MCN for information. Will be sent to HSCPs in due course.

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit
Time frame
Progress
What next

Key area
Anticipated outcome / benefit

NHS Greater Glasgow & Clyde Palliative Care MCN

Inverclyde Constituency Update – February 2017

The Inverclyde Palliative Care Planning and Implementation Group continue to meet three to four times per year. The chairing of meetings is shared between Stuart Milligan and Jill McKane. The group is currently developing its Phase 3 Action Plan.

Below is a selection of recent activity from local providers:

GP Palliative Care Facilitator Jill McKane

- Continues to organise and host evening and day time training sessions for local GPs.
- Is involved in a number of research projects in collaboration with universities, primary care, the local hospice and Inverclyde HSCP. Examples include:
 - Inverclyde Patient Journeys and Significant Event Analysis - a collaboration with NES and UWS (Ethical approval process on-going).
 - Roll out of IPOS to community teams and General Practice - a project currently being developed in collaboration with New Ways.
 - Impact of increased sessions of Palliative Care Consultant time at IRH – a Quality improvement project in collaboration with Dr Sandra McConnell.
 - Palliative Care Prescribing Practice – an audit being undertaken during six-month placement in J North as part of CESR training.

Your Voice Community Care Forum

- Continues to consult locally on a range of issues which have a bearing on palliative care including:
 - Ardgowan Hospice services
 - Carer and Service-user reference/public involvement group
 - Compassionate Inverclyde Consultation
 - Referral pathways to Allied Health Professionals
 - Support to enable / prepare individuals with Learning Disabilities to understand more about coping with bereavement
 - Referral pathways from the Breathlessness Intervention Service programme to peer support/community activities (in conjunction with Ardgowan Hospice and Inverclyde COPD group)
- Other relevant events and activities over the period have included:
 - Participation in World COPD Day
 - Participation in 'My Condition, My Terms, My Life' campaign to promote self-management
 - Participation in the national 'To Absent Friends' initiative
 - HSCP Advisory – Secondary Care service user representative is now attending the local palliative care planning and implementation group
 - Links leaflet on Anticipatory Care and Bereavement produced and made available.

Ardgowan Hospice

- The Inside-Out Hospice Project commenced at the end of 2016 and is expected to run for four years. This project will make more services and supportive interventions which are normally accessed on hospice premises available in community and home settings.
- The Compassionate Inverclyde project is due to be officially launched on 1st March 2017

NHSGGC Palliative Care MCN Quarterly Sub Group Reporting Template

Sub Group

Education & Training

Membership Changes

Added : Susan Addie

Date

15 th February 2017

Copy & Paste or write directly into boxes below

Key Area	T34 Syringe pump
Anticipated Outcome / Benefit	<p>Ensure all community nurses working within DN teams complete mandatory CME T34 training study day, learn pro module on opioid drug calculations and competency framework every three years to ensure safe, effective care for patients at end of life.</p> <p>Practice development nurses in the HSCP take responsibility for allocating staff for training while maintaining an up to date database of staff trained. PDNs also responsible for ensuring registered nurses within their HSCP complete the T34 Syringe Pump Competency Framework.</p> <p><u>T34 Emodule to sit on learnpro in development, videoclips filmed.</u></p>
Time Frame	<p>Mandatory training commenced January 2015 and objective is to have all community nurses trained by March 2017</p> <p><u>Emodule should be ready spring 2017 and designed for all settings</u></p>
Progress	To date 656 nurses have completed Mandatory training. Objective of having all community nurses trained by March 2017 achieved.
What Next	T34 syringe pump study days now reduced from 6 to 3 per year

Key Area	Continue to update health and social care professionals working in Primary Care on ACP, revised VOED policy and procedure, eKIS and DNACPR changes.
Anticipated Outcome / Benefit	To inform and raise awareness on changes to key local policies to health and social care professionals
Time Frame	Ongoing
Progress	Monthly education sessions organised and delivered to health and social care professionals on the above topics.
What Next	Continue to plan, deliver and evaluate education sessions in line with local and national policies and guidelines.

Key Area	To promote an integrated approach to palliative and end of life care within health and social care.
Anticipated Outcome / Benefit	To inform, raise awareness and improve the provision of palliative care for patients and families through Partnership working.
Time Frame	Ongoing
Progress	Currently palliative care education and training organised and delivered to health and social care staff across all disciplines.
What Next	Continue to work with HSCPs to promote joint working.

Key Area	<u>GAEL Guidance, Rapid discharge guidance and therapeutics handbook (EOLC section) – all updated</u>
Anticipated Outcome / Benefit	<u>All 3 documents offer consistent information and updated at same time</u>
Time Frame	<u>Due for launch soon- pending word from MU group (GAEL) and medical illustration (RAPID DISCHARGE)</u>
Progress	
What Next	<u>Relaunch the updated documents and embed in clinical practice</u>