

NHSGGC Palliative Care MCN

Key Points and Actions - Meeting held 22/02/2017

Key Point 1	No applications were received for the post of Clinical Director for Palliative Care. JK & Dr Chris Jones to meet representatives from each sector and regional services.	
Action 1	All MCN representatives encouraged to write to Shona Robison regarding the need for a National Clinical Lead for palliative care.	All
Key Point 2	DNACPR Lead Dr John Dudgeon, CD East Renfrewshire, is working with Dr David Anderson (Respiratory) and Dr Lucy McCracken (Geriatrics) in the Acute setting.	
Key Point 3	Payment procedure for DNACPR forms in the community remains unclear.	
Action 2	EP will contact HSCP Palliative Care Leads, hospice representatives, Regional services pharmacy, chaplaincy and palliative care website editor regarding the formation of the Glasgow & Clyde Palliative Care Network Group (G&C PCNG).	EP
Action 3	Suggestions for possible input from Regional Non-Malignant Palliative Care into G&C PCNG to be sent to EP by 03/03/17.	All
Action 4	Acute group to explore Paediatric input into G&C PCNG.	JE/CO'N
Action 5	Maire O'Riordan to contact David Gray regarding public health input into palliative care.	MO'R
Key Point 4	Unclear if input from Planning is needed for G&C PCN Group.	
Key Point 5	Information Officer/Palliative Care Website Editor to be member of G&C PCNG	
Action 6	GCPCN Group TOR to be revised to reflect sole purpose of group.	EP
Action 7	Administrative support will be required for G&C PCNG.	JK
Key Point 6	Communications group subsumed by G&C PCNG.	
Key Point 7	HIT Group continues and reports through HIT channels.	
Key Point 8	Therapeutics Group continues and reports through Pharmacy.	
Key Point 9	Website Development Group will now report into G&C PCNG. It will also continue to report to the Lead Nurse for Palliative Care and Corporate Communications.	
Key Point 10	Education Group continues - governance and reporting structures require clarification.	
Key Point 11	Bereavement Group continues as part of NHS GGC Board wide work.	
Key Point 12	Bereavement, Care in the latter stages of life, Care in the OOH period, Non-malignant palliative care, PoA / Legal matters and Recognition should remain key areas of focus for the HSCP and Acute PCGs.	
Key point 13	Care Homes should remain a key area of focus for HSCP PCGs.	
Action 8	EP will contact HSCP and Acute PCGs regarding key points 12 & 13.	EP
Action 9	Care Homes Group should contact HSCP Palliative Care Groups to ensure Care Homes feature in their strategy.	CH
Action 10	EP to contact Lead, Care homes Action sub-group	EP
Key Point 14	EP suggested all MCN Representatives read The Report of the Independent Review of Primary Care Out of Hours Services	
Key Point 15	Patient Carer Group. Some work carried on through website group. Other work continuing / should be continued through HSCP PCGs.	
Key Point 16	Change in strategic structures should make genuine Patient/carers representation and involvement less problematic.	
Key Point 17	Launch of paperwork imminent for the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).	
Key Point 18	GCPCN Group first meeting provisional date 24/08/17	

JK - John Kennedy, General Manager South Clyde Sector

JE – Jane Edgecombe, Chair Acute Palliative Care Group

CO'N – Claire O'Neill, Lead Nurse for Palliative Care

EP - Euan Paterson, Clinical Lead, GGC Palliative Care MCN & Macmillan GP Facilitator (Glasgow)

CH – Christina Hamill, Lead Care Homes Action sub-group