**Communication web concept for G&C palliative care**

**Aim**

* To ensure that all services / groups / organisations / key individuals involved in the delivery of palliative care in the Glasgow and Clyde area are able to effectively communicate with each other

*Agreed as worthwhile aim*

**G&C area ‘communication web’ for palliative care**

* Comprehensive ‘web’ of all services / groups / organisations / key individuals involved in delivery of palliative care
* Need to identify all above services / groups / organisations / key individuals
* Need to identify ‘key contact’ in each service / group / organisation

*Agreed as necessary process to achieve aim*

**Key contact characteristics**

* Senior figure i.e. responsible enough to make information sharing decisions
* Interested(!)
* Organised(!!)
* Some (not all) will be members of Glasgow & Clyde Palliative Care Network Group (GCPCNG)

*Not discussed*

**Role/responsibilities of key contacts**

* Point of contact for information flow throughout communication web
* Ensure that service / group / organisation that they are part of has its own information channels and distribution list
* Making available appropriate output from their service / group / area
  + Relevant issues
  + Meeting notes / papers / agendas / key points / actions
* Deciding what output needs to be shared with which key contacts
* Responding to requests for information from other key contacts
* Deciding what needs to be passed on through their own service / group / area network

*Though not formally agreed there was significant discussion around various aspects of these issues*

**Role of Glasgow & Clyde Palliative Care Network Group (GCPCNG)**

* Create list of services / groups / organisations / key individuals that require to be linked by the Palliative care communication web

*Agreed and an initial attempt was made at identifying relevant ‘bodies’*

*Further refinement will form part of the group members ‘homework’*

* Identify key contact for each of these

*A few suggestions were made*

*Further suggestions will form part of the group members homework*

* Explore best options for communication across whole system
  + Web space for each?

*Discussed at some length*

*Web space is the ideal option*

*Will take time to become available*

*Initial step will be to create a ‘database’ of*

* *Services/groups/organisations/key individuals*
* *Key contact for each*
* *Appropriate contact details*
  + ‘Rules’ for judicious & responsible information sharing(!)

*Touched on during discussion*

*Will form part of future work when ‘communication web’ is formed and more mature*

* Maintain key contact list

*Major role for GCPCNG*

*After initial work in creating contact list should be relatively straightforward to maintain*

*GCPCNG does not have a role in information collation or onward transmission*

**Palliative Care GGC website**

* Host webpage for GCPCNG
  + Page to include
    - List of services / groups / organisations / key individuals
    - Key contact details for each of these
    - Links to services / groups / organisations / key individuals webpage or website (where appropriate/possible)
    - Membership of GCPCNG
* Host for Acute palliative care
* Provide external links

*Some of these issues touched on during discussion*

*Accepted as key issues for GGC Palliative care website*

**Questions for services / groups / organisations / key people**

* Does the service wish to be within the G&C palliative care ‘communications web’?
* Who will be the key contact?
* Where will information regarding their service be visible?

*Not discussed*

**Other issues** (not part of original document)

*Huge range in size of ‘nodes’ (the identified organisation/structure/group/key individual)*

*The ‘Big 7’ responsible bodies – NHS GGC & HSCPs*

*For smaller ‘bodies’ – how big/palliative care focused does a service have to be before it is seen as a node in the communication web?*

*Little harm from over inclusion or multiple means of connection*

*Margins will be the difficult aspect*

*Possibility of some smaller bodies under larger groups?*

* *Many/most of the ‘interest groups’ actually sit within the ‘big 7’*
* *May still benefit from node status/connection in their own right*
* *Might help with development of web based material*

*Size may well dictate how the ‘communication web’ will be used.*

* *Bigger – perhaps greater requirement to provide information*
* *Smaller – perhaps greater requirement to look for/receive information*

*Need to contact all bodies identified inviting linkage*