**Notes of Glasgow and Clyde Palliative Care Network Group**

**held on Tuesday 20th February 2018**

**Ardgowan Hospice**

**Present**:

Euan Paterson(Chair) (EP) GP Palliative Care Facilitator

Paul Adams (PA) Palliative Care Lead – Glasgow City HSCP

Leanne Connell (LC) Lead Nurse – East Dunbartonshire HSCP

Paul Corrigan (PC) Information Officer – NHSGGC

Elayne Harris (EH) Macmillan Lead Pharmacist – NHSGGC

Christine Hennan (CH) Senior Nurse – Inverclyde HSCP

Brian Hunter (BH) Clinical Services Manager – Accord Hospice

Ian Marshall (IM) CEO – Ardgowan Hospice

Mairi-Clare McGowan (MMCG) Consultant in Palliative Medicine – St Vincent’s Hospice

Claire O’Neill (CO’N) Lead Nurse for Palliative Care – NHSGGC

Maire O’Riordan (MO’R) Consultant in Palliative Medicine – Marie Curie Glasgow Hospice

Leza Quate (LQ) Specialty Doctor Palliative Medicine

Fiona Ralph (FR) Team Lead – East Renfrewshire HSCP

Fiona Rodgers (FRS) Nurse Team Lead – West Dunbartonshire HSCP

Gillian Sherwood (GS) Director of Clinical Services – Prince & Princess of Wales Hospice

Beatrix Von Wissmann (BVW) Public Health Registrar – NHS GGC

Jackie Mearns (JM) Administrator: Palliative Care

**Apologies**:

Joyce Brown (JB) Chief Nurse – Clyde Sector NHSGGC

Russell Jones (RJ) Interim Lead Chaplain – NHSGGC Chaplaincy

John Kennedy (JK) General Manager – Clyde Sector NHSGGC

Sandra McConnell (SMCC) Consultant in Palliative Medicine – Ardgowan Hospice

Jane Edgecombe (JE) Consultant in Palliative Medicine – BWOSCC

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| **AOCB**  There was none identified. |
| **Note of Last Meeting – 24th August 2017**  Agreement that this was an accurate account of meeting. |
| **Actions from Last Meeting – 24 August 2017**   * Only a few responses of examples of ‘good practice’ were received. * EP thanks those who identified any missing internal or external service. These have been added to the communication web. |
| **Communication Web**  **Review of Purpose/Structure/Function**  EP welcomed group and gave a quick recap on purpose of the group and the communication web. Reiterating that the group facilitates the development and awareness of the communication web in their own area/site. Actively encouraging their staff to access/ share palliative care information.  Group then had an opportunity to view the communication web. EP informed the group that there was still some work to be done e.g. links to be added and that there were some ‘bodies’ that required a key named communication gatekeeper. There was general agreement from the members of the GCPCNGthat they were happy with the concept/design of the communication web. There was further discussion about it’s use and information content. Concerns were raised regarding the accessibility of this information for Care Home and council staff. PC and PA informed group that communication web could be accessed by public/staff via professional/public facing webpage as well as access via ‘connect’ so that Social Work can access too. PA highlighted partnership work being done with Residential Homes through the Palliative Care network which he will share through the communications web once ready.  **Progress to 31/1/18**  EP shared the following with regards to the communication web:   * Bodies/nodes   + Identified – 57   + Participative – 39   + With email list for sharing information within structure – 11   + With web pages for publishing their own palliative information – 16   **Next Stages**  After further discussions the group identified the following issues/ additions to be made:   * ACP heading – concerns were raised that this was not on the website as a heading. PC stated that ACP appeared under ‘Planning ahead’ within ‘Resources’ and that there was an ihub link within ‘Palliative Care Key Resources’ on the website home page. After discussion it was agreed that PC would check how many times this was searched for within the site and review any further need for this once results are available.   **Action**: PC to check how many searches for ACP had been done on the GGC palliative care website and depending on the results if necessary add in a separate/revised heading for ACP   * LQ informed group that Dr Fiona Finlay is to be added as a contact for Liver Disease   **Action**: PC to add in Dr Fiona Finlay’s information under Lever Disease Node   * Scottish Ambulance Service was identified as an additional node   **Action**: EP to identify key named person/gatekeeper for SAS and PC to add to communication web   * Discharge planning sub node to be added to ACP section with CON to confirm key named person/gatekeeper for the service   **Action**: CON to identify key named person/gatekeeper for the discharge planning service and let PC know so this can be added into the communication web   * Universities to be added when working in partnership. Group to highlight the pieces of work and key individual within Universities   **Action**: Group to send on information regarding universities they are working in partnerships with including identifying the pieces of work and key individuals  **Maintenance**  EP reiterated that once communication web was completed that it should run with minimal input from both PC and the members of the GCPCNG. Decisions around what was being shared will be the responsibility of the key named person/ gatekeeper of individual bodies. Group was asked to raise awareness of this resource encouraging its use with staff within their service etc. |
| **GCPCNG**  Discussions moved on to the size and membership of the group. EP was keen to see a significant decrease in the size of the group. The members of the GCPCNG felt that the group was still in its infancy and that it should remain at it’s current size and composition at least until the end of it’s first full year (August 2018). The size/composition of the group will be reviewed at the next meeting. |
| **Health Needs Assessment for palliative and end of life care in NHS Greater Glasgow and Clyde (NHS GGC),**  BVW informed group that the above draft report was available for comments and encouraged group to provide feedback by 28th February. |
| **Actions**  **Action**: PC to check how many searches for ACP had been done on the GGC palliative care website and depending on the results if necessary add in a separate/revised heading for ACP  **Action**: PC to add in Dr Fiona Finlay’s information under Lever Disease Node  **Action**: EP to identify key named person/gatekeeper for SAS and PC to add to communication web  **Action**: CON to identify key named person/gatekeeper for the discharge planning service and let  **Action**: Group to send on information regarding universities they are working in partnerships with including identifying the pieces of work and key individuals  **Action**: BH to confirm a venue at Accord Hospice |
| **DATE OF NEXT MEETING**  The next meeting of the group will be held on 29th August 2018 from 10am – 12noon. Venue to be confirmed.  **Action**: BH to confirm a venue at Accord Hospice |