Dear colleague

3rd meeting of Glasgow & Clyde Palliative Care Network Group

Wednesday 29th August 10:00 – 12:00 ACCORD Hospice Resource Centre

It seems hard to believe that 6 months have passed since the last meeting of the Glasgow & Clyde Palliative Care Network Group (GCPCNG). Given the time frame I thought it might be helpful to give a brief resume of the history and purpose of the GCPCNG – though please just miss the next few paragraphs if you feel the refresher is unnecessary.

The move to full integration of health care and social care led to a fundamental shift in strategic and organisational responsibility/accountability. In the Glasgow & Clyde area this meant that there were now 7 autonomous structures – the 6 Health and Social Care Partnerships (HSCPs) and the Acute side of NHS GGC (I appreciate that that is a rather simplistic definition of NHS GGC but I felt it was the most appropriate for this purpose). In turn this meant that the Glasgow and Clyde Palliative Care MCN which had been in existence for the preceding decade found itself somewhat adrift with no single structure able to sit above it.

A short life working group was convened to look at how to ensure that Integration, with regard to palliative care, didn’t lead accidentally to ‘dis-integration’ of the 7 responsible/accountable structures. The outcome of this group’s deliberations was the creation of the Glasgow & Clyde Palliative Care Communication Web (GCPCCW). This is basically a loose network of the relevant palliative care ‘bodies’ across the expansive Glasgow & Clyde area. Each of these bodies is seen as a node on the GCPCCW and each node has an identified contact point – the communication gatekeeper. This individual’s role is to promote information/knowledge transfer in three fashions. First, between their body and other nodes on the GCPCCW. Second, within their own structure – an extremely complex task for some of the larger organisations e.g. an HSCP. Third, with important structures outside of the GCPCCW e.g. SPPC, HIS.

It was recognised that a structure, the GCPCNG, would be needed to create and maintain the GCPCCW. To ensure that maximum inclusivity is achieved for the GCPCCW this group is quite sizeable though it is to be hoped that membership will shrink as the purpose, structure and function of the GCPCCW becomes more established.

The size and scale of palliative care in the G&C area means that is quite simply impossible to convene a group that is both representative and yet small enough to be functional. Indeed, the size and diversity of the GCPCCW has highlighted for me how unrepresentative the previous MCN was. This coupled with the accountability/responsibility shift mentioned earlier both defines and limits the role of the GCPCNG to the creation and subsequent maintenance of the GCPCCW.

Further details regarding the [GCPCCW concept](http://www.palliativecareggc.org.uk/wp-content/uploads/2017/08/GC-area-palliative-care-communication-web-concept-post-meeting.docx) including the role/remit of the communication gatekeeper, the [GCPCNG Terms of Reference](http://www.palliativecareggc.org.uk/wp-content/uploads/2017/08/GCPCNG-ToR-Aug17.docx) and the [note of the last GCPCNG meeting](http://www.palliativecareggc.org.uk/wp-content/uploads/2018/08/action-notes-GCPCNG-200218.docx) are available on the GGC Palliative Care website.

I’m very pleased to report that we’ve managed to recruit yet more ‘nodes’ and associated ‘communication gate keepers’ to the burgeoning GCPCCW. There are now 58 identified nodes and 50 gatekeepers.

I am confident that the GCPCCW will help palliative care services to move up the ‘collaboration ladder’ with services progressing through the 5 steps (0 never heard of each other; 1 have heard of but no direct contact; 2 contact but no relationship; 3 relationship between named individuals; 4 joint review and planning). A good example of this, for me at least, has been the shift of the Association of Palliative Care Social Workers, an organisation I was unaware of, from level 0 to level 3, I’ve now had quite regular communication with Sally Paul, their communication gatekeeper!

However, I am sure that other critical groups will still be ‘missing’ and you will see from the [agenda](http://www.palliativecareggc.org.uk/wp-content/uploads/2018/08/gcpcng_agenda_290818.docx) that one area to explore is very much around ‘who/what is missing?’

Further [update details](http://www.palliativecareggc.org.uk/wp-content/uploads/2018/08/GandC_palliative_care_communicatons_web_update.docx) are published on the GGC Palliative Care website.

Thank you all for your continued support of the GCPCCW and I look forward to seeing you on the 29th.

Kind regards

Euan