

**Notes of Glasgow and Clyde Palliative Care Network Group
held on Wednesday 29 August 2018
Accord Hospice**

Present:

Euan Paterson (EP)	Chair, Glasgow & Clyde Palliative Care Network Group
Paul Adams (PA)	Palliative Care Lead – Glasgow City HSCP
Paul Corrigan (PC)	Information Officer – NHSGGC
Susanne Gray	Representing Pauline Robbie – Renfrewshire HSCP
Elayne Harris (EH)	Macmillan Lead Pharmacist – NHSGGC
Brian Hunter (BH)	Clinical Services Manager – Accord Hospice
Bridget Johnston (BJ)	Professor of Nursing & Palliative Care – University of Glasgow/NHSGGC
John Kennedy (JK)	General Manager – Clyde Sector NHSGGC
Ian Marshall (IM)	CEO – Ardgowan Hospice
Mairi-Clare McGowan (MMCG)	Consultant in Palliative Medicine – St Vincent’s Hospice
Kathryn Nattress	Director of Clinical Services – St Margaret of Scotland 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 (Addictions)
Fiona Ralph (FR)	Team Lead – East Renfrewshire HSCP
Gillian Sherwood (GS)	Director of Clinical Services – Prince & Princess of Wales Hospice
Carol Gillan	Palliative Care Secretary

Apologies:

Leanne Connell (LC)	Lead Nurse – East Dunbartonshire HSCP
Jane Edgecombe (JE)	Consultant in Palliative Medicine – Chair, Acute Group
Melanie McColgan (MMCC)	General Manager – BWOSCC

AOCB

There was no other business identified.

Note of Last Meeting – 20 February 2018

Agreement that this was an accurate account of meeting.

Actions from Last Meeting – 20 February 2018

PC to check how many searches for ACP there had been on the GGC palliative care website and depending on the results if necessary add in a separate/revised heading for ACP

Glasgow & Clyde Palliative Care Communication Web

There was initial discussion around awareness of the distinction between the Glasgow & Clyde Palliative Care Communication Web and the Glasgow & Clyde Palliative Care Network Group.

Progress (at 14/08/18)

Bodies / nodes
 Identified – 58
 Participative – 50
 With email list for sharing information within structure – 12
 With web pages for publishing their own palliative information – 16

Review of Purpose/Structure/Function

The purpose of the GCPCCW is to facilitate the sharing of information and resources relating to palliative care throughout the G&C area. Examples were given where information had not been shared widely around both Verification of Expected Death and Anticipatory Care Planning. Structurally there is no provision for the GCPCCW to store or publish information and each palliative care ‘body’ will require to be reliant on their own service. Though the Glasgow & Clyde Palliative Care website

will host some information/resources this is quite limited as organisationally the site sits under NHS GGC and not the HSCPs. Other information sharing platforms were mentioned but governance issues are likely to prohibit their use.

To function the GCPCCW requires the Communications Gatekeepers (CGs) of the individual nodes to share information and resources however there is no obligation to do so. This is additional to existing distribution lists. Ideally information would be published but if not attachments can be distributed. It is the responsibility of the CG to decide on the size/width of the distribution list. The various bodies, with the assistance of their CGs, need to proactively look for what to share and who to share it with.

Maintenance

Existing nodes can update their details using the webpage form or contact PC with any changes in contact details / information provision. There may also be the need for routine checks. Contact details for the SAS were discussed as the initial proposed contact has now left the service. Various possibilities were raised. (EP)

Several new nodes were suggested including Critical Care and Emergency Departments. Approaches will be made to both once a best contact point is determined. (JK, CO'N, EP). Existing nodes will be invited to suggest further additional nodes. (EP) Staff Net might provide a further route of new node identification. (PC)

It was felt that none of the current nodes were redundant.

No further external bodies were identified.

The major problem was considered to be potential time cost for those involved with providing and sharing information / resources.

Next Stages

The next stages are continuing to promote use of the GCPCCW and encourage others to do likewise. Members were encouraged to raise awareness of the GCPCCW at local meetings e.g. HSCP Palliative Care fora, Acute Palliative Care Group, Palliative Care Practice Development Group.

The possibilities of regular prompts and both qualitative and anecdotal feedback were discussed.

Glasgow & Clyde Palliative Care Network Group

There was considerable discussion around the role and remit of the Glasgow & Clyde Palliative Care Network Group (GCPCNG). There were clearly significant differences in opinion. It was eventually agreed that its sole function was to create and maintain the Glasgow & Clyde Palliative Care Communication Web (GCPCCW).

Again, after considerable discussion it was agreed that given the limited role of the GCPCNG and that the GCPCCW had been established it was no longer necessary to have so many individuals and organisations involved with the GCPCNG. The membership will consist of EP and PC. If other individuals are required, they will be co-opted on to the group. If others are keen to be involved on a regular basis then this will be arranged.

AOCB

Following the decision to significantly reduce the membership of the GCPCNG there was discussion around the possible need for a G&C group to facilitate joint working between the HSCPs and NHS GGC Acute Services.

DATE OF NEXT MEETING

No further meetings planned at this juncture as informal meetings should suffice.