

**Leeds Palliative Care Network
Group Meeting**

Actions of the meeting held on Wed 30th March 2022 via Zoom

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Diane Boyne	Diane B	Leeds Palliative Care Network Manager	LPCN
Emily Curran		LPCN Clinical Executive Team Member	SRWFH
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Clare Russell	CR	Head of Transformation	SGH
Sarah McDermott	SMc	Clinical Service Manager (Palliative Care and Community Cancer Support Services)	LCHT
David Richardson-McDermott	DRW	Service Manager/SACP	VILLA CARE
Jo Neiland	JN	Head of Community and Therapy Services	SGH
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Natalie Sanderson	NS	Head of Clinical Services	SRWFH
Jo Joy- Jones	JJJ	Planning Ahead Co-ordinator	LS25/26 PCN
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Chris Kane	CK	Consultant in Palliative Medicine	SRWFH
Elizabeth Rees		Lead Nurse End of Life Care	LTHT
Carla Rogers		Practice development Nurse for OPS & Dementia	
Tom Daniels	TD	Macmillan Leeds Cancer Programme Manager/Senior Commissioner	NHS Leeds CCG
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Apologies			
Trish Stockton	TS	LPCN Education Lead	SGH
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Gill Warner	GW	LPCN Clinical Executive Team Member	LCH
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Moira Cookson	MC	LPCN Medicines Management Lead	SRWFH/SGH
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Chris Bonsell	CB	Senior Clinical Pharmacist	Kirkstall Road Medical Centre
Dave Green	DG	Head of PTS Service & Standards	YAS
Anne Marie Bolton	AMB	CNS IPU	SRWFH
Alison Chatten	AC	CNS IPU	SRWFH
Melody Goldthorp	MG	Clinical Service Manager	NHS Leeds CCG

No.	Action	Lead(s) for action
1. Welcome and Apologies		
	Adam welcomed everyone to the meeting. Apologies were received as shown above.	
2. Approval of Previous Action Log and Matters arising		
	The Action Log of the Meeting held on 17 th November 2021 was agreed as a correct record.	

Matters Arising

Prev Action 199 – Members interested in becoming clinical lead for the WY ICS from March have contacted Suzanne Kite

Prev Action 200 – The Swan Song Project has been promoted.

Prev Action 201 - The Q3 Finance report has been circulated

Prev Action 202 - The list of care homes with availability was not required after discussion as we believe Health Case Managers already receive it.

3. Chair's Update

Medicines Management Lead – Adam informed the group that Moira Cookson will be stepping down as Medicines Management Lead for the LPCN as her tenure has now ended. He was delighted to announce that Chris Bonsell Senior Clinical Pharmacist at Kirkstall Road Medical Centre will be taking up the role after a period of phased handover from Moira. One of the key projects Chris will be undertaking is the creation of an Evidence into Practice Group which hopes to develop a citywide approach to creating and reviewing guidance and a means to share the evidence base across the network.

WY ICS Meetings – The Palliative and EoLC Group now has a home in the governance structures under Personalised Care.

SPC Service Referral Criteria - LTHT have picked up that this document is due for renewal. It has been discussed at the LPCN Exec for them to discuss within their services and will be discussed at the next Exec Meeting on 20th April. The document will be circulated after this meeting. If Members have any comments please would you send them to Amanda or Diane – **Action 203**

Q2 EPaCCS Report – Adam shared some slides giving an overview of the Q2 EPaCCS report. (attached)
Key findings of the 2021/22 Report (Q2) report are :

- 44% (in Q2) of adults who died in Leeds had an EPaCCS record compared to 48% in previous year. (EPaCCS Deaths / All Deaths) 2021/22: Q1 (679/1415) , Q2 (720/1627) (EPaCCS Deaths / All Deaths) 2020/21: Q1 (1074/2072), Q2 (675/1308) , Q3 (850/1917) and Q4 (802/1811)
- 79% achieved their preferred place of death in current reporting period compared to 80% for the previous year; with 66% dying outside of hospital compared to 71% in the previous year.
- The proportion of patients whose EPaCCS record was started more than 3 month before they died is at 53% in current reporting period compared to 54% the previous year.
- The proportion of patients without an actual place of death recorded has slightly increased to 19% from 13% last year.
- Percentage of patients who died and had a RESPECT Code recorded on the system: 2021/22: Q1 (48%), Q2 (59%) 2020/21: Q1 (10%), Q2 (19%), Q3 (17%) and Q4 (31%)
- Deaths at home has significantly increased in the current reporting period 2021/22: Q1 258 deaths (38%), Q2 250 deaths (35%) 2020/21: Q1 306 deaths (28%), Q2 233 deaths (35%), Q3 281 deaths (33%) and Q4 274 (34%)

This report covers a period of unprecedented demand across the health and social care environment: particularly given the impact of COVID19 on the system. It is a considerable achievement the proportion of patients being supported in their preferred place has been maintained along with the overall proportion of people with an EPaCCS record. This marks a sustained improvement on 2016-2017 when 33% of adults who died had an EPaCCS record. The findings show that that a greater proportion of people are being given opportunities to discuss , document and share their care preferences at an earlier stage and demonstrate improved data quality.

The members noted that although percentages had dropped slightly the actual numbers of patients has maintained its increase since the pandemic.

There are also seasonal variations in the numbers of deaths with Q3 and Q4 being higher.

LCH are undertaking some focussed work, following on from their case note reviews which highlighted where opportunities might be missed to record information on EPaCCS.

The full report is available on the LPCN website on the link below:

https://leedspalliativecare.org.uk/wp-content/uploads/2022/04/2021-22_Q2-EPaCCS-Report_Leeds-CCG-Final.pdf

<p>4. Network Manager's Update</p>
<p>Diverse Leadership Sponsorship – Members were reminded that funding is available from the LPCN to support professionals from marginalised communities to attend leadership training, to increase the diversity of leadership within LPCN palliative and end of life care groups.</p> <p>Care Home Educator Secondment – The LPCN has agreed to fund a two year seconded post to work as a Care Homes Educator. Expressions of interest have been received and the recruitment process is underway.</p> <p>Band 7 Education Facilitator – The successful applicant for this post is due to begin work mid-April.</p>
<p>5. Update on the EoLC Population Board</p>
<p>Tom Daniels gave an overview of the new EOLC Population Board.</p> <p>The Board has developed out of the Strategy Oversight Group. People at end of life (on the eolc register in GP Practices) are agreed as a specific population in the new ICS structures and the Board will make decisions on behalf of that population rather than individual organisations.</p> <p>The Board has representation from the major providers in the city and third sector organisations. The chair of the board is Gill Pottinger and Adam has a non-voting role as LPCN Chair.</p> <p>An Outcomes Framework is currently being discussed drawing on the Outcome Statements already agreed in the PEOLC Strategy. The key thing will then be to work backwards from the outcomes through logic models to a set of measures. Once agreed actions will be put in place to help improve on the measures and deliver the outcomes. An Outside Agency Arden & Gem were assisting in the development of the outcomes but that work has now finished. There is a meeting this week with relevant partners to look at the outcomes with system partners.</p> <p>The Board will also oversee a prioritisation process to make recommendations on how additional and potentially current investment is spent.</p> <p>A series of templates will be completed to look at how best to use the money. It is expected this will be a rolling process rather than just at the end of year.</p> <p>The LPCN will be the link back to services through which the actions to improve the services will happen. The Board will be supported by a Matrix Team who will provide services such as business intelligence and financial advice.</p> <p>The members discussed the Board including:</p> <ul style="list-style-type: none"> The need to have representation from medicines management. The need to have an academic component to the outcomes work and links to the LAHP. How the Board will interface with other boards such as Frailty and Long Term Conditions. How patients (and funding) will flow between the population segments. The importance of discussions at the LPCN level as the Board membership was distanced from Clinical Delivery. <p>It was agreed to add a Board update as a standing Agenda item at future LPCN Group Meetings – Action 204</p>
<p>10. Winter Planning Group</p>
<p>The Winter Planning Group met on 29th March and has agreed not to meet again for the present. Any outstanding actions have been passed to existing groups within the LPCN.</p> <p>It was agreed that the Group would reconvene if required and had been a very useful operational forum to seek immediate solutions and provide support.</p> <p>A closure plan will be produced from the final meeting (attached)</p>
<p>9. Risk Register Systems Issues Log</p>
<p>System Issue 1 - Palliative Care Ambulance - It was agreed at the Exec Team meeting to close this issue as the ambulance is on the road and is just waiting for the addition of the LPCN logo.</p> <p>System Issue 4 – Patient Information Systems – The solution still remains at Y&HCR level. The pilot of 2 items with Harrogate is held up by issues with TPP. YAS have been looking at how they share information between their own systems. Leeds Care Record are now closing as a project at the end of March and becoming business as usual. The work will be covered by the Business Unit at LTHT</p> <p>System Issue 5 – Syringe Drivers System Issue – Funding has been received to purchase some drivers for Care Homes. The first batch purchased by LCH have been received and sent to medical physics.</p> <p>Risk 4 – Changing Commissioning and Provider Organisation Landscape – It was agreed to close this risk as the place of EOLC in the new structures has been agreed. – Action 205</p>

10. Finance report		
The Q3 Finance was circulated with the notes. There is still some slippage money. Members are still encouraged to make an internal bid for funding if they have a suitable project.		
10. Programme Update		
<p>Equality Diversity and Inclusion Group – The Group has had its 3rd meeting and is working on defining its purpose and values. An action plan for year 1 is also being developed.</p> <p>EARLY Tool – The LPCN has secured funding to evaluate and refine the tool which look at GP practices and identifies patients who may benefit from some eolc input but who are not already on a register. Once changes to the searches are made it will become a Leeds tool but will feed back any learning to the Central EARLY team. We also continue to liaise with Sheffield and Harrogate who are working on similar projects. Some interested GPs are being recruited to work with practices in Central PCN to refine the tool. The project is also supported by the AUPC.</p> <p>EOLC Respiratory Group – The Respiratory Group is being transferred over to the LPCN and will be moved to the main part of the programme in future.</p> <p>Community Flows Improvement Group – Phase 2 of this project is now underway, looking at what interventions could be tested in a pilot area. The Project will report to this group shortly and will also look to share information with the EOLC Population Board.</p> <p>Mike Stockton, Ruth Gordon and Sarah McDermott met with Seacroft LCP as a way forward to engage with an area which might be willing to test out some new ways of working. The meeting was very positive. A practical plan is now being drawn up. Armley has also been suggested as an area to work with.</p>		
13. AOB		
The LPCN will be the next video released by the Team Leeds Stories project. It can be viewed on this link: Leeds Palliative Care Network – Team Leeds Stories A further video will be made about the Homeless project.		
13. Actions Agreed		
203	Members to forward any comments on the SPC Referral Criteria to amanda.storer@st-gemma.co.uk or diane.boyne@nhs.net .	ALL
204	EOLC Board Update will be added as a standing Agenda item for future meetings	DB/AS
205	Risk 4 Changing Commissioning and Provider Organisation Landscape will be closed and moved to business as usual.	DB
14. Next Meeting		
The next meeting is planned for Wednesday 18 th May 2022 10:30 - 12:00 via Zoom		