

LEEDS PALLIATIVE CARE NETWORK



PROGRAMME OVERVIEW 2021 / 2022

Objective:	To capture progress of the LCPN projects during 2021- 2022 To enable monitoring of achievement and provide targeted support where required. To provide evidence of activity that supports achievement of the Outcomes set within the Leeds Palliative and End of Life Care Strategy 2021-2026	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">on track</div> <div style="border: 1px solid black; padding: 2px;">on hold</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">delayed</div> <div style="border: 1px solid black; padding: 2px;">off track</div> </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">complete</div>	Lead Name:	A Hurlow
			Start Date:	April 2021
			End Date:	March 2022

Jan-22										Progress
Project title and Purpose	Key Milestones	Project Lead	LPCN Executive Lead Support	Update	Start date	End date	Supports Outcome 1-7 Enablers	Funding?	Add from dropdown	
1 LTHT ReSPECT Audit AUPC Audit of LTHT ReSPECT data to give further detailed understanding of use and implementation and to inform future improvement work	- Bid for funding - Agree IG and DSA required to enable data transfer - Transfer data to AUPC - Audit and analysis by AUPC - Draft Report - Final Report - Agree next steps	Chetan Patel	Adam Hurlow	All agreements in place for transfer of LTHT data to secure data storage at UoL for analysis by AUPC. Data uploaded 11.1.22	Apr-21	Mar-22	1 PN	LPCN	delayed	
2 Improving Planning Ahead (ReSPECT/EPaCCS), its use and reporting Improve personalised approach to planning ahead through use of What Matters to Me, ReSPECT and EPaCCS Increase the use of Planning Ahead template across Leeds Providers to improve 1. The identification of patients with P&EoL needs 2. Coordination and management of Palliative & EOL Care. 3. The reporting of ReSPECT/EPaCCS data to further improve use, monitor EOL outcomes and inform system planning. 4. The use of and access to the ReSPECT document and process. (Recommended Summary Plan for Emergency Care and Treatment)	1. Work with WY&H ICS to explore options for shared palliative care view within Leeds/ WY&H Care Record 2. Evaluate Planning Ahead (ReSPECT/EPaCCS) to inform further quality improvements required 3. Work collaboratively to :- - Audit the number and quality of ReSPECT forms across care settings - Identify training needs to support Planning Ahead implementation - Develop and review the Planning Ahead (ReSPECT/EPaCCS) template - Develop and maintain ACP links across work streams e.g. frailty - Seek patient and public involvement and feedback - Make available patient information about the ReSPECT process within Planning Ahead - Review 2021 national changes to EPaCCS - Raise awareness about Planning Ahead and ACP.	Sarah McDermott	Gill Pottinger	Planning Ahead Template further revised in light of practitioner feedback re CPR/DNACPR recording (task button to request a review added). Training for new community ReSPECT signatories / signatories who have not previously attended training commenced from August. Sessions for existing signatories who have previously attended training delivered. To develop joint Planning Ahead general awareness raising using Living & Ageing Well with LTC monies with personalisation Group Review and production of Position Statement against CQC ReSPECT / DNACPR guidance complete – Group discussed the Governance and where ReSPECT should sit going ahead. Discussions about communicating ReSPECT issues between Community and LTHT. To consider future Audit of use of ReSPECT / Planning Ahead templates. This will require a business case to the LPCN for funding. Continuing to work with citywide Personalisation Group on roll out of WMTM and other public communications plan	Jan-21	Mar-22	1 4	N	on track	
3 Equality Diversity and Inclusion To develop an oversight group for the LPCN	Develop a EDI Group Agree TOR and membership Agree initial purpose and plan of work.	Chris Kane	Heather McClelland	Planning Meeting on 24th August First meeting held on 19th October. Well attended. TOR agreed and initial conversations started. Diverse leadership proposal supported. Next meeting being planned for January	Oct-21	March 2023	2	LPCN for Diversity Training	on track	
4 EARLY Tool Project To help develop an early identification tool for patients approaching the end of life to use in primary care in Leeds	- Secure funding to support the project - Establish working group - Agree resources required – Exec Lead, GP clinical leads, academic evaluation, data quality - Gain agreement to undertake project from National EARLY Team - Clarify scope, agree methodology and project plans - Appoint GP's to undertake project - Agree PCN and practices that will be within initial project phase - Review / Audit existing tool performance within Practices - Modify Tool as required - Test Modified Tool in same practices. - Review and adjust as required - Academic review of process, findings and report produced - Agree next phase and roll out into Primary Care if tool effective and validated	TBA	Gill Pottinger	Initial meeting held on January 6th 2022. Bids to Regional SCN and Leeds Ageing Well funds successful First meeting with Sheffield 20th Jan Data Quality support (Martel Brown- CCG) and Academic Support (Matthew Allsop- UoL) secured To agree project proposal at meeting on 20th and then secure GP support.	Jan-22	Mar-23	2 1 Popn Needs	£33,024 + £19,500 = £52,524	on track	
5 Homelessness Widening access to palliative and end of life care for homeless and vulnerably housed people in Leeds.	• Establish project steering group. • Develop project plan. • Develop Job descriptions. • Recruit project Lead and project worker • Set up regular GSM • Develop educational sessions/teachings. • Develop a hand held easy read information tool. • Review existing system to enable identification of homeless people with palliative care needs.	Catherine Malia	Heather McClelland	Katie Hewitt CNS is now the link with Wheatfield's and she will be joining the steering group. Project won the Team of the year award at the Nursing Times event! Meeting in Mid November to discussed project priorities going forward with Heather McClelland and Catherine Malia. Joined an MDT with Forward Leeds in November. The Hospice UK end of project report has now been finalised Nicky Hibbert to work 2 days a week on the project from January. Recruitment into the other 2 posts is being commenced during January.	Apr-20	Mar-22	2 3	Y The Masonic Charitable Foundation via Hospice UK & Gwyneth Forrester Trust	on track	
6. Bereaved Carer's Survey: To gain feedback on experience of EOLC delivered from carers of recently deceased patients.	-Work with Healthwatch on design, promotion and analysis -Review and refine survey for scientific rigour -Finalise survey to be delivered annually with CCG funding -Agree distribution process and dates for survey -Analyse returned surveys -Produce annual report of findings	Liz Rees Helen Syme Claire Iwanisak	Gill Pottinger	Reported low response rate from Healthwatch; additional meetings held and actions agreed: LTHT including Healthwatch flyer in condolence cards, Wheatfield's Hospice considering possibility of sending letters to bereaved relatives as per St Gemma's Hospice process and further awareness raising in LCH by Palliative Care Leads. Leeds City Registrar have reworded email and also commenced enclosing letter with death certificate copies being sent to informants. • Survey is now closed for responses (31st January) • Number deaths registered for Leeds during survey period was 2007 104 returns so far (93 within survey time frame) DONM 1st March 2022	Apr-21	Mar-22	3 Popn Needs 6	Y apply to CCG annually	on track	

<p>7. Improving EOLC for people with Heart Failure To improve the quality of care for patients with advanced heart failure in Leeds</p>	<ul style="list-style-type: none"> - Re-establish project group links with LHHT Cardiology and Community Heart Failure Nurses - Agree priorities for 19/20 work plan - Map Leeds against Hospice UK recommendations and identify gaps - Put in place activity monitoring process - Check staff confidence via self efficacy scale - Deliver update / refresh training as required 	<p>Jason Ward</p>	<p>Lesley Charman</p>	<p>Funding to support MDT and Quality work recurrent MDT's – have continued monthly via TEAMS during pandemic . Same number of patients discussed on average 8-10 and more efficient and often included more spontaneous education. Education session for the team on ReSPECT decision making and implementation delivered Training planned this month on Advance Care Planning in Patients with Implanted Cardiac Devices. Developed a new guideline on use of subcutaneous diuretics in the community. Review of the Symptom management guidelines for patients in the later stages of heart failure and criteria for referral to specialist palliative care commenced. Lesley and Jason meeting in March to review projects</p>	<p>Ongoing</p>		<p>3 2</p>	<p>Y R</p>	<p>on track</p>
<p>8. Leeds Palliative Care Ambulance To provide support to the Operational Group and deliver service improvements identified</p>	<ul style="list-style-type: none"> - Review SOP as required - Continue to deliver relevant training for the service - Monitor the Activity Reports each quarter - Add service information to YAS website - Develop and distribute service leaflet - Determine how best to gain user feedback - Ensure new ambulance is operational - Agree service improvement plan for 21/22 (Contracting and Commissioning is with CCG) 	<p>Dave Green</p>	<p>Lesley Charman</p>	<p>Leaflets/posters – To circulate these to the team; some changes required regarding contacts. Calls – A new scheduler is dedicated to the Leeds palliative calls but should this line be engaged the call will be re-directed to another member. PCA agreed a need to ensure that the service is being booked correctly so will implement a booking algorithm at booking stage. Questionnaire being designed. Spinal Cord Compression journey requests – have reduced. Further data requested to support this. Leeds Palliative tel. number shared = 0300 330 0263 2021-22 activity report shared with group New Leeds Palliative vehicle was operational from 1st December Meeting on 11th January cancelled due to impact of Covid on demand and workforce capacity.</p>	<p>Apr-21</p>	<p>Mar-22</p>	<p>3 W Resources</p>	<p>N But YAS / Leeds Ambulance is funded</p>	<p>on track</p>
<p>9. Improving EOLC for people living with Dementia Through a collaborative and whole system approach implement evidenced based practice and influence system wide workforce, training and development.</p>	<ul style="list-style-type: none"> -Secure funding for project lead -Establish a citywide project group -Develop project plan for priorities agreed. -Establish links with regional/ national groups -Identify gaps in workforce and propose solutions -Share Evidenced Base Practice 	<p>Ruth Gordon</p>	<p>Heather McClelland</p>	<p>Group delivers three key work streams: End of Life Admiral Nurse post(s) for Leeds – the business case for funding an Admiral Nurse team is complete. This team, hosted by LCH, would aim to improve timely identification, assessment and treatment of end stage dementia and other terminal conditions when dementia is a barrier. Proposed financial benefits would flow from reduced admissions to and deaths in hospital. Tim Sanders is leading on work with LCH to identify funding opportunities. Pain and symptom group - focus has moved to symptom recognition for people with dementia. An NIHR grant application has been submitted “exploring, understanding and measurement of non-cognitive symptoms in people with dementia” with a view to developing guidance package to support and train professionals. Pilot survey in 4 areas will inform the grant proposal. Advance Care Planning – the sub-group looking at an easy read version has worked with graphic designers to create a final draft. This has been shared with the LPCN executive. The document is passing through a formal ICS governance route and will be part of a toolkit being developed by the ICS Programme Lead. Links made into the actions from the Dying Well in Leeds project.</p> <p>Natasha Mort, Alzheimer’s Society, Area Manager – West Yorkshire will share it with Dementia Advisors who work closely with PWD to gauge if it is generally appropriate for using with people with dementia when it becomes harder for them to read and understand the written word or if some adaptation in images and/or format is needed.</p>	<p>Apr-21</p>	<p>Mar-22</p>	<p>3 2</p>	<p>Y Historical NR</p>	<p>on track</p>
<p>10 Transfer of Care - Hospital to Hospice To identify and work towards eliminating delays in the transfer of care, from hospital to hospice, of patients receiving palliative and end of life care.</p>	<ul style="list-style-type: none"> - Refresh Terms of Reference - Refresh the SOP for the referral process - Agree new areas for improvement and prioritise - Monitor impact of daily patient transfer meeting process. - Monitor ED transfer pathway impact 	<p>Lesley Charman</p>	<p>Lesley Charman</p>	<p>Updated TOR and SOP agreed via email. Key work streams are: - Monitoring TOC data to inform new work streams - Emergency Department (ED) TOC Project - Scope and discussion re implementation of Trusted Assessor Model - Referral processes to hospices - Optimising transfer process in conjunction with ambulance group - Act on relevant information from other LPCN groups (horizon scanning approach) - Adapt to new / unpredicted challenges to patient flow - Regular review of themes identified by all agencies re TOC “issues” or “complaints” Meeting on 11th January 2022 cancelled due to impact of Covid on available workforce. Plan to meet in March 2022.</p>	<p>Apr-21</p>	<p>Mar-22</p>	<p>4 3</p>	<p>N</p>	<p>on track</p>
<p>11 Leeds Dying Well in the Community Community Flows Improvement To improve the transfer of patients between all providers to improve continuity of care and quality of end of life care experience</p>	<ul style="list-style-type: none"> - Establish new working group - Agree Scope for the project - Agree TOR including membership - Develop PID - Commission WSA expertise - Understand current service provision / models of care (WSA and People feedback) - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	<p>Ruth Gordon</p>	<p>Gill Warner</p>	<p>The four views taken of the system so far (generated by the systems, citizen, service and data work) have been pulled together to develop options that were presented at the workshop of the 21st October. These views have several themes in common and work has been started to look at what key actions could be delivered in the service design work of phase 2. A paper reviewing the work so far has been shared with the LPCN Group and CFG. Meetings are planned for February 2022 to look at how any proposed actions would impact on the systems (using the system and stakeholder maps) and to begin to develop an action plan.</p>	<p>Oct-19</p>	<p>Mar-22</p>	<p>4 3</p>	<p>Y NR</p>	<p>on track</p>
<p>12. Palliative and EoLC Learning Outcomes Ensure a consistent approach and standard is used for delivery of EOLC education that is evidence based. Guides development of clinical roles and informs training required.</p>	<ul style="list-style-type: none"> -Map city wide education to the outcomes where relevant. -Provide guidance on different ways to use - Leeds input to Regional work; benchmarking CNS roles to outcomes - look to develop other roles in Leeds 	<p>Trish Stockton</p>	<p>Trish Stockton</p>	<p>The EOLC outcomes are now in the Professional section of the new LPCN website as a key place to access, they have been updated to include the Nurse Associate role. CNS mapping completed and they are being used regionally through ECHO programme; The plan is to formulate some guidance on how to use them in practice and also to use them to map against training content. This will be taken forward when the LPCN CE is in post.</p>	<p>Jul-17</p>	<p>Ongoing</p>	<p>5 W</p>	<p>N</p>	<p>on hold</p>

<p>13 Communication Skills Training To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care</p>	<p>- meet with the LAHP to discuss support for the project - outline current communication skills training provision - to who, how and what level and identify gaps</p>	<p>Trish Stockton</p>	<p>Trish Stockton</p>	<p>Met with LHHT OD representative to discuss the need for a sustainable model of communication skills training in the trust and capacity to deliver. Meeting with the LAHP to discuss their support in developing a training model that would be delivered across all health/ social care providers in Leeds in palliative and end of life care.</p>	<p>Oct-20</p>	<p>5 W</p>	<p>N</p>	<p>delayed</p>	
<p>14 Planning Ahead Training To deliver training to all partners who will use the Planning Ahead Template across Leeds</p>	<p>- Establish Planning Ahead Training group - Agree training required and cohorts to train - Develop training programme - Agree who will deliver programme dates etc. - Delivered training - Monitor and Evaluate</p>	<p>Trish</p>	<p>Trish Stockton</p>	<p>Training group Established Cohorts agreed and training planned. Training delivered to new signatories and refresher to existing signatories. Training Group to establish an ongoing programme around planning ahead (ReSPECT/ACP/DNACPR)</p>	<p>Jan-21</p>	<p>5 W</p>	<p>Y NR</p>	<p>on track</p>	
<p>15 ECHO System / Tele-education To continue to deliver and develop the use of ECHO / tele-education in Leeds</p>	<p>- Continue to deliver established programmes - to programmes in response to workforce development need - evaluate and amend accordingly to maintain high standard of education - develop feedback reports</p>	<p>Jane Chatterjee</p>	<p>Trish Stockton</p>	<p>ECHO Co-ordinator – this has been incorporated into the new role of LPCN Education administrator, CNS regional ECHO, a second programme has commenced Significant ECHO/ tele-education use during Covid -19 outbreak to enable access to training virtually To renew future ECHO training programmes for Leeds.</p>	<p>Ongoing</p>	<p>5 W</p>	<p>Y ECHO support team recurrent</p>	<p>on track</p>	
<p>16. Care Home Education Group This group has been formed with representatives across the city to formulate a strategy and plan to co-ordinate education for care homes in Leeds. There are a number of training programmes in place and a number being developed and this will ensure a collaborative approach.</p>	<p>- Establish new group - Agree TOR - Scope out current Education offer and agree training gaps - Agree Actions required to meet education need identified</p>	<p>Trish Stockton</p>	<p>Trish Stockton</p>	<p>The group has met and writing TOR and is formulating an overview of what is currently being delivered and where the training gaps are moving forward. An action plan will come from this.</p>	<p>Jun-21</p>	<p>Mar-22</p>	<p>5 W</p>	<p>N</p>	<p>on track</p>
<p>17. Anticipatory Medications To provide consistent advice and access to Network member organisations on the prescribing and use of anticipatory medicines</p>	<p>- Audit of S/C medication administered in last days of life - Present Results to Anticipatory Meds Group - Discuss issues identified at National Anticipatory Study Days - Review Anticipatory Syringe Driver Guidance - Identify next Steps - Unify anticipatory prescribing across the city</p>	<p>Moira Cookson Karen Neoh</p>	<p>Moira Cookson</p>	<p>To undertake a further 3 month audit within LCH: Audit form redesigned and approved by PCL's at LCH Karen Neoh briefed PCL's about form completion. Audit to commence Jan 2020 for 3 months to include pre and post death medication quantities Anticipatory Syringe Driver Guidance redrafted as appendix to LCH last days of life guidance. To circulate to LPCN Group once comments received from working group. First Audit work being presented as Poster to Palliative Care Congress - March 2020; was cancelled. Develop link with Ben Bowers (Cambridge) to share learning through audit work and influence national agenda. Capacity within LCH due to Covid requires project to be temporarily put on hold Karen Neoh , Moira and Sarah McD arranging meeting to consider re-starting this project.</p>	<p>Apr-21</p>	<p>Mar-22</p>	<p>5 4 Meds</p>	<p>N</p>	<p>on hold</p>
<p>18. Review and Refresh Existing Guidance Ensure all existing and approved guidance is updated within agreed timescales and redistributed across the system</p>	<p>- Ensure all approved guidance have review dates agreed - Establish review groups for guidelines as required Review Opioid Conversion Guide for Adult Palliative Care Patients by 19th June 2022.O23</p>	<p>Moira Cookson</p>	<p>Moira Cookson</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>5 Meds</p>	<p>N</p>	<p>on track</p>	
<p>19. Electronic Prescribing in the Hospice Out Patient / Community setting Improve prescribing and recording of medicines prescribed on Systm1 so reducing risk of medication errors</p>	<p>- Acceptance as a pilot site with TPP - Link with TPP to identify if System One developments required in order to plan timescale of project - Produce internal LPCN bid for funds to support project - Produce Leeds Hospices Community Formulary - Implement EPS to allow paper less prescribing in community by Specialist Palliative Care Teams - Support LCH in developing a formulary for use by their prescribers as they too implement EPS</p>	<p>Moira Cookson</p>	<p>Moira Cookson</p>	<p>Will request LPCN funding as / when required. Capacity due to Covid resulted in some delay but links with TPP made. TPP do not have capacity to support the Hospice project currently. They have prioritised a project within LCH and community services. As the hospices use a different version of Systm1 they can not be delivered together TPP have been approached by Senior Managers locally to try to lever support. TPP have informed the project their support will not be revisited until 2022. therefore project on hold .</p>	<p>Jun-21</p>	<p>Mar-22</p>	<p>5 2 4 Meds</p>	<p>Y NR</p>	<p>on hold</p>
<p>20. West Yorkshire urgent supply of palliative care drugs service To provide palliative care support to maintain and develop the service</p>	<p>- Liaise with NHSE to ensure regular reviews of list and participating pharmacies - If national service specification is produced to provide support in this being adopted across Leeds</p>	<p>Moira Cookson</p>	<p>Moira Cookson</p>	<p>Maintaining close links with NHSE Increased funding for community pharmacists rolled over until March 2022 Potential national guidance will be issued then.</p>	<p>Apr-21</p>	<p>Mar-22</p>	<p>5 Meds</p>	<p>N</p>	<p>on track</p>
<p>21. Carers page in website</p>	<p>Agree purpose and likely content for this page Develop content Build page Promote website</p>	<p>Emma Marshall</p>	<p>TBC</p>	<p>Initial meeting on 4th August. Carers Leeds will ask bereaved carers known to them what information would be helpful and what they would like to see on the website. Positive feedback on existing pages and leaflets available. To consider how we promote this via professionals once frontline capacity allows</p>	<p>August 21</p>	<p>March 2023</p>	<p>6</p>	<p>N</p>	<p>on hold</p>
<p>22. Dying Matters A citywide programme of initiatives and activities to enable people in Leeds to: • Feel more comfortable about death and dying • Discuss their end of life wishes with family members and/or health and social care professionals • Plan for their death including writing their will, registering as an organ donor and communicating their funeral wishes.</p>	<p>This programme will be delivered through 3 work streams: - Stakeholder and community Engagement - Building Capacity - Communications and Marketing - Supporting communities dealing with grief and bereavement The work is coordinated by the Leeds Dying Matters Partnership</p>	<p>Rachel Brighton Liz Messenger</p>	<p>Gill Warner</p>	<p>9 out of 22 applications for a Dying Matters small grant have been assessed by the panel as successful and awarded a small pot of funding. Activities funded include; a community performance and support to run a series of workshops focussing on grief and bereavement; an intergenerational story telling project working with people with learning disabilities and their carers; and events to support those from culturally diverse backgrounds in planning for end of life. Links with plans to increase use o WMTM and the development of a Covid Memorial Park continue. The partnership will be supporting the development of a campaign to increase awareness and confidence in Advance Care Planning and the development of healthy ageing training as part of living and ageing well personalised care approach funded by the ICS</p>	<p>Apr-21</p>	<p>Mar-22</p>	<p>7</p>	<p>Y LPCN and CCG S256</p>	<p>on track</p>

<p>23. EOLC Metrics Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<p>- Full Metrics Report Produced - Understand links to other metrics / information systems (EG RAIDR) -EPaCCS report flowing routinely every quarter - Metrics agreed for next Leeds Strategy - Add LTHT ReSPECT data to citywide report once flowing - Undertake LTHT ReSPECT Audit - Continue to pursue interoperability and influence LCR / YHCR</p>	<p>Adam Hurlow</p>	<p>Adam Hurlow</p>	<ul style="list-style-type: none"> • Work between CCG and LTHT PPM+ team ongoing regarding building LTHT ReSPECT data into citywide EPaCCS report. Need to establish progress and anticipated completion date. • LTHT team developing DSA for inclusion of LTHT ReSPECT data in citywide reporting. No deadline provided for development of DSA. This component is now behind . • Work between UoL/AUPC and LTHT PPM+ team ongoing re transfer of ReSPECT dataset to UoL secure server for deeper dive. IG barriers addressed-awaiting DSA in order to progress. • Need to revise EPaCCS report in light of refined DSA and LTHT data. • New DSA not yet available but amendments agreed • Will also need to monitor ICS metrics plans 	<p>Apr-21</p>	<p>Mar-22</p>	<p>Popn Needs</p>	<p>LPCN for LTHT ReSPECT data transfer</p>	<p>delayed</p>
<p>24. Improving EOL care data within the Leeds data set To expand the EOL data available for future analysis and planning by adding hospice data.</p>	<p>1. Meet with the Leeds health and care Informatics team 2. Agree what hospice data should be included within Leeds data set from both St. Gemma's and Wheatfield's 3. Agree how data will be collected / flow 4. Check all IG requirements are covered including any additional data sharing agreements 5. Consider other useful data that might be included - e.g. CHC fast Track data.</p>	<p>Tony Deighton</p>	<p>Adam Hurlow</p>	<p>Additional data sharing agreement may be required- Simon Harris reviewing the need for this. Final format of the data agreed by cohort (Simon Harris, Souheila Fox, Susheel Sharma, TD, Danny Yates) Frequency agreed (Monthly) To Setup the dataflow document with DSCRO DSCRO to setup up the DLP platform Both Hospices are in a position to provide the data - just awaiting the DSCRO process sign off and Leeds BI capacity to support. All the Data columns have been defined Creating the Data Sharing Agreement – Susheel is drafting with IG Team.</p>	<p>Jul-19</p>		<p>Popn Needs</p>	<p>N</p>	<p>off track</p>
<p>25 Evidence into Practice / Research</p>	<p>Determine best way forward</p>		<p>Medicines Lead</p>	<p>Dr Karen Neoh and colleagues attended LPCN Exec in October to initiate discussions. LPCN Executive have considered this further and have agreed in principle for a citywide group to be formed to review how evidence can be moved into practice across organisations. The LPCN Executive / Project Lead will be the new medicines management lead.</p>			<p>3</p>	<p>N</p>	<p>on hold</p>
<p>26. Care Homes Support</p>	<p>TBA</p>						<p>3</p>		<p>on hold</p>