

Leeds Palliative Care Network Group Meeting

Actions of the meeting held on Wed 15th November 2023 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	EC	LPCN Clinical Executive Team Member	SRWFH
Jane Robinson	JR	Manager	Leeds Bereavement Forum
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Sarah Mitchell	SM	Clinical Associate Professor of Palliative Care	AUPC
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Laura Speight	LS	Head of IPU	SGH
Jenny Baines	JB	Senior Pathway Integration Manager (End of Life and Frailty)	Leeds Health and Care Partnership
Chris Bonsell	CB	LPCN Lead for Medicines Management	LPCN
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Dawn Heron	DH	Marie Curie Clinical Nurse Manager	Marie Curie
Michelle Atkinson	MA	Chief Officer	Leeds Care Association
Elizabeth Rees	ER	Lead Nurse End of Life	LTHT
In attendance			
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Apologies			
Trish Stockton	TS	LPCN Education Lead	SGH
Gill Pottinger	GP	EOLC Lead for Primary Care	ICB in Leeds
Natalie Sanderson	NS	Head of Clinical Services	SRWFH
Suzanne Kite	SK	Consultant in Palliative Medicine	LTHT
Leigh Taylor	LT	LPCN Clinical Practice Educator	LPCN
Sarah McDermott	SMc	LPCN Clinical Exec Team Member)	LCH
Felicity Wood	FW	Consultant Psychiatrist	LYPFT
David Whitley - McDermott	DWM	HR Project Manager	LTHT
Clare Russell		Director of Information & Culture	SGH
Andrea Dobson	AD	Head of Continuing Care	LCC

1. Welcome and Apologies

Adam welcomed everyone to the meeting. Apologies were given as shown above.

2. Approval of Previous Action Log and Matters arising

The Action Log of the Meeting held 12th September was agreed as a correct record.

Matters Arising – see below

231	Adam agreed to liaise with Lucy, to arrange to come and present to the AUPC about the work of the LPCN- <i>Adam is still finalising a date with Lucy</i>
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3. Chair's Update

The LPCN is continuing to gradually progress the pieces of work on the programme. There have been some leadership challenges but these have been addressed on the whole.

A small bid has been approved to support the work on the Seacroft project.

We continue to operate within a harsh financial climate, which will affect all partners in LPCN.

4. Network Manager's Update

Education Lead

The Exec Team are grateful to Leigh as she continues to provide interim oversight of the education work for the LPCN. It was agreed at the last Exec Team meeting to go out for expressions of interest for the Education Lead role in the new year.

LPCN Schedule

The contract discussions are still ongoing. The St Gemma's contract, which cover the LPCN as they host us, is still being discussed and refreshed. A draft has been shared with the Exec Team and the group will be updated when the contract is agreed.

5. End of Life Doula updates

Jenny gave an update on the End of Life Doulas project, which was commissioned to provide support to the system in May 2022.

Clare, one of the directors had recently given an update to the LCH Exec Team and the Respiratory Team.

There have been approximately 200 referrals across Leeds and over 120 people have been supported. There are now 10 active doulas.

The project is about half way through the time and money, which was non recurrent funding.

It is a responsive service, which is being used well.

Health case Management Teams have helped the service be well utilised.

There has been an increase in referrals from St Gemma's which may be down to increased awareness following a presentation to the Family support team. One staff nurse is also an EoL doula

Going forward, there is an acknowledgement that people are being supported at the very end of life and there would be benefit in trying to bring in the service earlier.

Some case studies have shown that there may be role in supporting the anxiety around respiratory conditions.

There is a recognition that it is a bit of premium service and some fundraising is being considered so it is not an exclusive service once the funding ends.

The LCH Exec observed that the offer resonates with people who are isolated from their family and community and require help make sense of multiple appointments.

The Group discussed the update, points raised included:

There may be a role for the doulas in supporting discharge as well as admittance avoidance.

There is a danger service would quickly be overwhelmed if it was involved with respiratory.

The doulas have clearly had an impact; a plan is needed for when the funding runs out. It is worth bringing back to the EoL Population Board and continuing to keep the profile of the service high.

It is important to understand where the service sits and what it is adjacent to in terms of other support.

A new referral form has been designed (attached) and it was agreed to add information about the service to the LPCN website to further promote it, as there was still funding available. – **Action 232**

Jenny agreed to share the interim report if she can obtain it – **Action 233**

6 Winter Planning

The LPCN are not intending to run separate meetings this winter. Winter Planning and System Pressures remains a standing item on the Agenda of the LPCN Exec Team meetings.
The poster of access to SPC services will be circulated once all contact details have been confirmed. Gill will also circulate via the Primary Care bulletin
The hospices will continue to use a joint list and slightly relaxed criteria for transfer to hospice EOL nurse led beds.

7. EOL Population Board

Last Board took place on 26th October.

Finance remains the most significant issue. Jenny is doing some work looking at medium term solutions for the Inclusion (Homelessness) service. It is clear that the service has become embedded and integrated with the Health Inclusion team, which sits under the Healthy Adults population. Conversations have also happened with Primary Care and Bevan healthcare.
Leeds Bereavement Forum has the contract in place until March 24.
The internal ICB is still under consultation for the restructure.

All organisations have received a letter stating there will be a 3% cut on all contracts. Forum Central are representing the third sector. Conversations at PEG are ongoing about how that might be implemented.

Respiratory work – a suite of meeting are ongoing with LCPs to focus on people at EOL with regard to hospital attendance and admissions. Gill Pottinger also want a focus on length of stay. Jenny is pulling together a table, which will be circulated to help understand what is already going on in the system now. There is no additional funding for services but it is one of the priorities in the Healthy Leeds plan.

Respiratory has been chosen, as it is a significant driver of utilisation of hospital services. There is already a respiratory group in the LPCN, which is currently mapping the offer from each service.

The Seacroft project group has also agreed to support respiratory work at PCN level.

There is a matrix team at the ICB for the respiratory work.

The mental health challenge is a theme from this work. There are some themes, which could be brought together.

The pathway work /gap analysis from the LPCN group has created a list of possible actions, which have been shared with Jenny.

There are clear overlaps with long term conditions and frailty populations.

WYICB have conducting a **gap analysis**, Jenny has been coordinating the response from Leeds.

8. Finance report

The Q2 report has been circulated There is still a small amount of underspend in the LPCN budget. A small bid has been approved for the Seacroft project to extend the funded project management time until April. (update on the project in Programme Overview)

9. Risk Register/ Systems Issue Log

Risk 1 Capacity challenges - Emily will be taking maternity leave. There is a meeting planned to discuss representation with Wheatfields.

The Inclusion service has already been discussed, (item 7).

Systems Issue 2 Patient information systems – there have been some provisional conversations through the frailty agenda to look at creating documents within Leeds Care Record that are read/write for everyone in Leeds. It makes sense to add ReSPECT as a second phase. If it could be achieved it would create a single ReSPECT for the city.

10 Programme Overview

The members reviewed the Programme.

The Respect Audit - work continues with the AUPC. Results should be available soon and will hopefully be publishable.

Improving Planning Ahead – We are now looking at a process for interviewing people within the Trust about their experience of having ReSPECT conversations. Work is also progressing to access the data from the community.

Equality, Diversity & Inclusion Group – There is a meeting tomorrow (16th). The Group has a new Chair, Temba Ndirigu from LCH.

Timely Recognition Tool – The tool has been run in practices and they are now being revisited to validate the tool to assess if the correct people were identified.

Bereaved Carers' Survey- The report is in its final stages and should be available before Christmas. Alternative ways of delivering the survey are being discussed as feedback has suggested the current method of using the Registrars is not an effective one. The survey will be raised with the EOL Population Board to understand what they would like to know from the survey.

Heart Failure – Some refreshed guidelines have been approved. These are in the process of being approved for Leeds Health Pathways.

Ambulance Group – A new ambulance is expected to be in service very soon.

Evidence into Practice Group - The Liver and Renal guidelines are close to final approval. These will then be formatted as an LPCN document. They will then be sent to SMOM.

Transfer of Care – Work has been done on a cost and time saving initiative looking at the drugs transferred with patients to hospices. This has been a good piece of joint work and in addition has highlighted the medicines optimisation tool on Leeds Health Pathways.

Leeds Dying Well in the Community Phase 2 – There are 2 main strands continuing in Seacroft; Clinical analysis of respiratory case studies to look at the impact on admissions and developing content for the Seacroft community website about dying well and bereavement.

The bulletins from the project have now been added to the LPCN website.

<https://www.leedspalliativecare.org.uk/professionals/resources/leeds-dying-well-in-the-community-project-resources/>

LTHT CSW Education – This programme is progressing well.

Electronic prescribing – The mechanism to share information has been developed. Capacity is now needed to implement the change, which will be a significant piece of work.

Patient Leaflet – A draft leaflet is now out for comment. A bereavement page has also been added to the LPCN website with links to bereavement support both locally and nationally.

Dying Matters – Dying Matters will struggle without the support of Leeds Bereavement Forum.

Linked data – Many of the gaps in Leeds data model have been filled and data is flowing.

Conversations are ongoing with ICB BI Team about which data to select for analyses. Adam had developed an SBAR for the EoL Board to consider.

11. West Yorkshire ICS

The West Yorkshire Group is largely on hold as Charlotte Goulding has left. There is still an aspiration to undertake an HNA – funding to lead the project is also being sought.

12. Updates from the Members/AOB

SGH – Mike is trying to identify a Trust fund that would be able to fund the Mental Health therapy post. Availability of medication is still an ongoing issue, the causes are varied but it is a continuing challenge.

There are Daffodil standards for community pharmacies, which were launched in May 2023. These might be a way to engage with pharmacies. The Evidence into Practice Group could potentially discuss them. The standards can be accessed using this link [Daffodil Standards \(rpharms.com\)](https://daffodilstandards.rpharms.com)
 St Gemma's have a psychiatry trainee with a special interest in dementia and EoL who will be working to develop a practical toolkit to support EoL with dementia in the community.

Chris Whitty's report for 2023 is very important for the group as it covers many of the key issues the LPCN is involved in. (attached)

SRWFH - A locum is starting next week to replace Ellie Kane. Emily will start her maternity leave in approx. 8 weeks. A locum advert may not go out, as there may not be anyone to apply.

Sue Ryder have sold off their neurological centres to focus on Dying and Grief. This will require some logos to change.

Leeds Bereavement Forum – Jane updated that it is very likely that LBF will close completely in March 2024. The ICB funding does not even cover salaries and it is not feasible to keep hoping to fundraise the deficit every year. They have already had to dip into their charity reserves this year. If anyone want any more information, please contact jane.robinson@lbforum.org.uk

Marie Curie – Dawn offered to discuss any ways Marie Curie could support bereavement provision with her manager – **Action 234**

LTHT - The in-reach work continues. There is a new piece of work with haematology to look at building in advance care planning to some of their more high risk groups and critical care. There is still a consultant vacancy.

13. AOB

There was no further business.

14. Actions Agreed

232	Information about the EoL Doulas will be added to the LPCN website	DB
233	Jenny agreed to share the interim report from the EoL Doulas	JB
234	Dawn will discuss with her manager if there are any opportunities for Marie Curie to support bereavement provision.	DH

15. Next Meeting

The next meeting is planned for Wednesday 24th January 2023 10:00-11:30 via Zoom