

Leeds Palliative Care Network Group Meeting

Actions of the meeting held on Wed 17th May 2023 via Zoom

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Diane Boyne	DianeB	Leeds Palliative Care Network Manager	LPCN
Emily Curran	EC	LPCN Clinical Executive Team Member	SRWFH
Jane Robinson	JR	Manager	Leeds Bereavement Forum
Leigh Taylor	LT	LPCN Clinical Practice Educator	LPCN
Natalie Sanderson	NS	Head of Clinical Services	SRWFH
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Suzanne Kite	SK	Consultant in Palliative Medicine	LTHT
David Whitley - McDermott	DWM	HR Project Manager	LTHT
Michelle Atkinson	MA	Chief Officer	Leeds Care Association
Andrea Dobson	AD	Head of Continuing Care	LCC
Joan Nelson	JN	Palliative Care Clinical Quality Lead	LCH
Sian Cartwright	SC	Head of Health and Development	Carers Leeds
Lynn Russon	LR	Consultant in Palliative Medicine	SRWFH
Rosanna		Registrar	SRWFH
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 Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care / Leeds Health and Care Partnership
Sarah McDermott	SMc	LPCN Clinical Exec Team Member)	LCH
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Jenny Baines	JB	Senior Pathway Integration Manager (End of Life and Frailty)	Leeds Health and Care Partnership
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Clare Russell		Director of Information & Culture	SGH
Mandy Gash		Palliative Care Clinical Quality Lead	LCH
Chris Bonsell	CB	LPCN Lead for Medicines Management	LPCN
Laura Speight	LS	Head of IPU	SGH
Jo Neiland	JN	Head of Community Services	SGH

No.	Action	Lead(s) for action
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 23 rd March was agreed as a correct record. Matters Arising – see below	
222	Jenny will speak with Jane and Gill Pottinger outside the meeting to discuss a message about bereavement services capacity going out in the Primary Care bulletin. <i>This has happened, information on waiting times was shared. Jenny sent an update to Diane. A message will go in the Primary Care Bulletin directing people to Jane for signposting.</i>
223	Diane and Adam will consider reinstating Partner presentations as part of the LPCN Group Agenda – <i>Sarah and Diane are meeting Lucy Shuttleworth, hopefully someone will be able to attend the next meeting to give an update on the hubs/urgent care service.</i>
3. Chair's Update	
There were no updates not already on the meeting Agenda	
4. Network Manager's Update	
The annual report is being prepared, a draft should be ready for the Exec Team by the end of May with a view to publish it in June.	
5. Celebration Event	
The Event is planned for 15 th June at the Mercure Parkway Hotel. It will coincide with the meeting of the EoLC Population Board giving us a chance to meet them and showcase some of our work. Please contact Amanda if you have not been invited or know someone you would like to invite. – Action 224 The aspiration is to hold the event on an annual basis, as it was pre- pandemic.	
6. Planning Ahead Report	
We have recently had the Q3 report. Data is now flowing but there is still some delay. The report is based on a data sharing agreement of a limited number of data items which is still fairly comprehensive in terms of drivers of inequality. It is not a whole city data set but is improving. We are not just confined to patients with an EPaCCS record and can now see everyone who has died. We are now also able to see patients with Planning ahead and ReSPECT Plans are beginning to look at some comparisons and what we would like in the whole year report. Key findings were:	
<ul style="list-style-type: none"> • 45% (in Q3) of adults who died in Leeds had an EPaCCS record which is at par with previous year. (EPaCCS Deaths / All Deaths) 2022/23: Q1 (703/1537), Q2 (663/1492) , Q3 (800/1780) (EPaCCS Deaths / All Deaths) 2021/22: Q1 (685/1431) , Q2 (726/1654) , Q3 (833/1842) and Q4 (736/1566) • 81% achieved their preferred place of death in current reporting period compared to 79% for the previous year; with 71% dying outside of hospital compared to 70% in the previous year. • The proportion of patients whose EPaCCS record was started more than 3 month before they died is at 54% in current reporting period compared to 50% the previous year. • The proportion of patients without an actual place of death recorded has increased in current reporting period to 15% from 14% last year. • Percentage of patients who died and had a RESPECT Code recorded on the system: 2022/23: Q1 (76%), Q2 (78%), Q3 (76%) 2021/22: Q1 (48%), Q2 (59%), Q3 (65%) and Q4 (69%) • Deaths at home recorded in the current reporting period : 2022/23: Q1 249 deaths (35%), Q2 227 deaths (34%), Q3 238 deaths (30%) 2021/22: Q1 263 deaths (38%), Q2 261 deaths (36%), Q3 282 deaths (34%) and Q4 267 deaths (36%) 	

The full report can be found on our website

<https://leedspalliativecare.org.uk/wp-content/uploads/2023/05/2022-23-Q3-Leeds-Planning-Ahead-Report-EoL.pdf>

We are working with the ICB BI Team and the AUPC to look at doing an analysis of everyone who has died in a year using the Leeds Data model. The hospice data has recently begun to flow into this and Continuing Care data should come nationally.

7. EOL Population Board

Board met on 4th May. LPCN colleagues gave overview about the community palliative care improvement work with PCNs in Seacroft and Morley - The Board were keen understand how impact would be demonstrated and asked about baseline data.

Catherine Sunter presented the Health & Wellbeing Strategy. There are 2 main outcomes, to reduce unplanned admissions to acute services and earlier recognition.

An analysis of ED attendance by the population segments was also presented.

The Board had some concerns about the usefulness of this way to look at the data.

OHID data on 3 or more unplanned attendances in the last 90 days of life shows we are lower than the rest of West Yorkshire and below the national average.

The Board were also shared a document about priorities and asked to comment. As this was not pre circulated the Board members stated they would need time to discuss the suggestions with their organisations. A whiteboard has been opened for members to leave comments.

The Group discussed the importance of accurate data which was utilised appropriately. Discussions are underway with the AUPC to potentially work with the ICB to provide an academic advisor to the Board. This would add some rigor and would be mutually beneficial.

The financial situation continues to be very difficult. The cost savings plan submitted by the ICB was rejected. They are working on a revised plan. Savings that are required will be spread across the population groups.

8. Finance report

The Q4 finance report was shared with the Group.

The inflationary uplift was agreed by the ICB in February so there will be a small amount to be added.

Quite a significant amount of investment has been made over the year.

The projects have been spending.

The latest bids approved are £30K to support LTHT to train the backlog of care support workers who still require EoL training and £5.5K to the Inclusion service to run some EoL awareness training sessions for 3rd sector staff providing support to the homeless or vulnerably housed.

There is unlikely to be any additional income next year but we still do hold a small amount for any citywide projects that members may wish to bid for.

There are some projects which have not spent their budget lines. The appropriate groups are being asked to discuss if the money should remain in the project line or be released for another purpose.

9. Risk Register/ Systems Issue Log

There were no changes to the LPCN Risk Register. Capacity issues remain a concern. The data team at the ICB are currently under capacity and the EDI group are meeting to discuss capacity

Systems Issues Log

Financial Pressures – This has been added to the Log as there may be some impact on services available. As a Partnership we want to provide an opportunity to learn about and understand the impact of any changes.

Interoperability – There is still work on going at Y&HCR to attempt to share some data items. Leeds was looking at PEGA as an interim solution.

Syringe Driver Group – The last meeting had to be cancelled but is being rearranged.

Lack of Palliative Care Drugs in Community – This is now being overseen by the West Yorkshire Urgent Care Group who have circulated a spreadsheet to gather evidence.

Anticipatory Drugs project – The data has now been collected and is being looked at with input from the academic team at the university.

The Homeless Service has changed its name to the Inclusion Service.

10 Programme Overview
<p>ReSPECT audit – the data analysis is now nearing completion. The next stage is a survey to capture patient/user experience of the form.</p> <p>Timely Recognition Tool – The Emis search has been implemented and the SystemOne search has been refined and is on the verge of being piloted.</p> <p>Bereaved Carers’ Survey – the survey is still live for responses until the end of June. Please encourage.</p> <p>Respiratory Group – The Group held a successful workshop looking at updating the previous pathways and look at where development work could be done.</p> <p>Evidence into Practice. – The Bleeding and Seizure leaflets have been updated and are about to go to SMOM. The Liver and Renal guidelines are currently being reviewed.</p> <p>The Group also had a presentation on an academic review of anticipatory medicines and are looking at current practice in Leeds.</p> <p>Equality Diversity & Inclusion – Data monitoring for sexuality & gender. The member of staff recruited to undertake this has now left. The data quality lead is has stepped in and the project is continuing.</p> <p>Transfer of Care – The pharmacists are meeting to discuss TTOs.</p> <p>Planning Ahead – Sessions continue throughout 2023 and more will be planned for 2025.</p> <p>Echo – The GP/PCN programme begins in June. The AHP programme is still open. Leigh will circulate the flyer (attached). A curriculum setting day is planned for June.</p> <p>Dates are being planned for 6 homelessness training sessions.</p> <p>Electronic Prescribing in the Hospice. – This has now been escalated to NHS digital.</p>
11. West Yorkshire ICS
<p>Discussions continue on the HNA using the SCN template.</p> <p>There is some work being done on peolc currencies.</p> <p>Jamilla Hussain spoke about her work on inequalities.</p> <p>The Healthwatch work is continuing.</p> <p>Adam has had some discussions about data and metrics with the ICB BI team who can collate information from each area.</p>
11. Updates from the Members
<p>Leeds Bereavement Forum –Dying Matters week was 8th-14th May. Approximately 30 events happened across Leeds most funded by Dying Matters Partnership and were well attended.</p> <p>The Leeds Bereavement Forum been placed on a temporary contract until September. Jane has been informed that the decision regarding the contract will be made by an ICB panel rather than the EoL Population Board. It was agreed to add Leeds Bereavement Forum to the Systems Issue Log – Action 225</p> <p>Adam agreed to write to Jenny Barnes to highlight concerns about the process to consider the Leeds Bereavement Forum contract. – Action 226</p> <p>SGH – The AUPC have appointed a new clinical associate professor Sarah Mitchell. Sarah has now been made interim clinical director replacing Bee Wee. This puts Leeds in a positive position nationally.</p> <p>A band 6 post to support research is being recruited.</p> <p>It was agreed to invite Sarah Mitchell to a future Group meeting. – Action 227</p> <p>LTHT – The band 6 post to train clinical support workers is currently being advertised. Anna Schubert, a Registrar, is having a session a week for 6 months to develop the links between the AUPC and the hospital.</p> <p>Continuing Care – the Fast Track mapping information has been sent to Diane. Referrals are down slightly but still remain high with the average stay now being 72 days.</p> <p>Some research is needed about what happens to people who have the funding rescinded.</p> <p>How anticipatory drugs are provided for patients on Fast Track also needs review considering the longer time patients are remaining.</p> <p>A piece of work has been done looking at where people live and their age. Further work is needed as the data has required some cleansing and the categories of illness need to be collated.</p> <p>Andrea will present on the Fast Track information at a future group when the data has been analysed.</p> <p>Carers Leeds The survey results have recently been published. There were no big surprises but the negative impact on both the physical and mental health of on carers was very prominent.</p> <p>Carers Leeds have also had to close their waiting list for bereavement support for the first time.</p> <p>Leeds Care Association – A play has been commissioned dealing with the experience Covid from the perspective of residents, family members and care homes. The play does cover EoL experiences. A reading has taken place in Leeds which was attended by some of the councillors. The Q&A session was also very thought provoking. The play is being taken to the House of Commons.</p>

12. AOB		
There was no further business.		
13. Actions Agreed		
224	Members will contact Amanda if they have anyone they would like to invite to the LPCN Celebration Event.	ALL
225	The Leeds Bereavement Forum contract will be added to the Systems Issue Log	DB
226	Adam will write to Jenny Barnes to highlight concerns about the process to consider the Leeds Bereavement Forum contract	AH
227	Sarah Mitchell will be invited to attend a future meeting of the LPCN group.	DB/AS
14. Next Meeting		
The next meeting is planned for Wednesday 19 th July 10:00-11:30 via Zoom		