



LPCN Group Meeting

Actions of the meeting held on Wednesday 27 March 2024

Members	Role	Organisation
Adam Hurlow (AH)	Chair and Clinical Lead	LTHT
Diane Boyne (DB)	LPCN Manager	LPCN
Jenny Baines (JB)	Senior Pathway Integration Manager (End of Life and Frailty)	Leeds Health & Care Partnership
Natalie Sanderson (NS)	LPCN Clinical Executive Team Member	SRWFH
Leigh Taylor (LT)	LPCN Education Facilitator	LPCN
Lindsay McFarlane (LF)	Programme Director - Long Term Conditions, Frailty and End of Life	WY ICB (Leeds)
Michelle Atkinson (MA)	Chief Officer	Leeds Carers Association
Chris Bonsell (CB)	LPCN Medicines Management Lead	Primary Care
Dawn Heron	Marie Curie Clinical Nurse Manager	Marie Curie
Liz Rees (LR)	Lead Nurse End of Life care	LTHT
Lesley Charman (LC)	Palliative Care Team - Team Leader	LTHT
Sarah McDermott (SMc)	Practice Development Lead for Palliative and End of Life Care	LCH
Ruth Gordon	Guest Speaker – Project Manager for Dying Well Leeds project	LPCN
Justine Ball (JBa)	LPCN Administrator	LPCN

1. Welcome & Apologies

AH welcomed everyone to the meeting. Apologies were received from Heather McClelland and Jo Neiland.

2. Approval of Action Log from Last Meeting & Matters Arising

The minutes of the meeting held on 24 January 2024 were accepted as a correct record of the meeting.

Previous Actions:

No.	Action	Owner
235	Share the WY ICS commissioned Healthwatch report into end of life care with the Group once received. Complete.	AH
236	Circulate the LPCN Finance Report for Qtr. 3. Complete	DB
237	Confirm if the Carers Leeds annual survey includes end of life care. C/fwd.	SC

3. Chair's Update

AH gave the Group an update on a request from the ICB for the LPCN to identify cost savings of up to potentially 15% from its recurrent budget. The LPCN Exec has considered different options and can identify efficiency savings up to 8.9% without impacting the core components of the LPCN. Any cuts above this would need to be referred to the End of Life

<p>Board. LH thanked DB/AH for the LPCN's cost saving proposal and advised that she expects to provide a response back to the LPCN before the next End of Life Board meeting on the 5 May.</p> <p>AH confirmed that he is due to start his 5th year as LPCN Chair which is the maximum term allowed in the terms of reference and that a replacement Chair will need to be sought. DB confirmed that the term of office for other LPCN Executive roles will also need to be reviewed.</p>	
<p>4. Network Manager's Update</p>	
<p>DB gave the Group an update on the 'What if things change' booklet developed by Leeds Public Health and funded by the WY ICB. Grant funding was allocated to community groups to promote the booklet and a report detailing the success of the initiative is available and will be circulated with the minutes of the meeting. Copies of the booklet can also be obtained from the LPCN website leedspalliativecare.org.uk/what if things change booklet</p> <p>The heart failure guidance for end of life care in Leeds has now been approved and will be published in the medicines management section of the LPCN website. A copy of the guidance will be circulated with the minutes of the meeting. AH stated that the guidance is also on Leeds Health Pathway.</p> <p>DB advised that the MOU, Terms of Reference and Annual Report is continuing as work in progress.</p> <p>The Leeds Planning Ahead Report for Q3 is available and will be published on the LPCN website here Leeds Palliative Care Network - LPCN Documents</p> <p>DB thanked JB for all her support to the LPCN over the years and wished her well in her new role.</p>	<p>DB</p> <p>DB</p>
<p>5. Project Update – Dying Well in the Community</p>	
<p>AH gave an update on the origin of the Dying Well in the Community project before RG gave the Group an overview of the scope and approach of the project which was focused on the Seacroft community. RG shared an update on how the project has progressed, its key outcomes and learnings to take forward. The project is at the final stage of project appraisal and AH asked that the project evaluation report is taken to the End of Life Board to consider how the work can be shared wider.</p> <p>Funding has been provided to the LS14 Trust to support the work of the core group who have committed to meeting monthly. DB advised that the LS14 Trust should continue to feedback to the LPCN on the progress of their work.</p> <p>DB confirmed that funding for an End of Life Care Coordinator in Seacroft may be made available through ARRS (Associated Roles Reimbursement Scheme) which is accessible through Primary Care.</p> <p>The Group discussed the challenges of sharing the learnings across Leeds as PCNs develop local services differently depending on the needs of their population. The work could be shared through the Leeds GP Confederation which is a central forum for bringing together the Clinical Directors from all the Leeds PCNs. SMC confirmed that Dr George Winder, Clinical Director of Seacroft PCN is also the Chair of this Group.</p> <p>RG confirmed that discussions are still on-going with Morley and District.</p> <p>Project management support ends on 31 March 2024 and DB acknowledged the efforts of James Woodhead in leading this work.</p> <p>A copy of the presentation will be circulated with the meeting minutes.</p>	

6. End of Life Care and Support in Leeds – LPCN Leaflet	
<p>DB gave an update on the End of Life Care and Support in Leeds leaflet which has been produced collaboratively by LPCN partners for patients and carers. The leaflet will be hosted on the LPCN website and the content will be available for translation here https://www.leedspalliativecare.org.uk/end-of-life-care-and-support/</p> <p>SMc asked if some leaflets could be printed and LR stated that LTHT would also find this helpful. AH stated that the leaflet addresses feedback from Healthwatch to provide useful information on the whole service offer and if disseminated in the right way could help to raise awareness and support inclusivity. The Group agreed to refer to the LPCN Exec team as there are cost implications, albeit small.</p> <p>An easy read version of the leaflet will also be developed.</p>	DB
7. End of Life Population Board	
<p>JB gave an update on an incident in December 2023 relating to handovers between professionals and stated that the incident wasn't raised as a complaint but an opportunity to identify improvements and share learnings. DB advised it was a unique and isolated case and all relevant practitioners have been involved in the case review.</p> <p>LR asked how organisations find out about complaints received directly by the ICB and if processes are in place to share learnings. DB confirmed that the ICB complaints process is to investigate Primary Care complaints; any other complaints would be referred back to the lead responsible organisation and for multi-agency complaints, the lead agency would involve relevant partner organisations as necessary.</p> <p>AH stated that the LPCN doesn't investigate complaints but partners of the LPCN Exec can raise system learnings from complaints to share back to the End of Life Board if appropriate.</p> <p>AH advised that the Board discussed the progress of the city wide respiratory and end of life project and still consider this a valid piece of work to continue with. DB confirmed that she is also supporting Catherine Sunter to organise the MDT and the design and structure of the clinical reviews and patient surveys.</p> <p>AH confirmed that the CRUSE contract is still under review and discussions are on-going with regards to the future of the Dying Matters Partnership.</p>	
8. Systems Pressures & Industrial Action	
Nothing to note.	
9. Finance Report	
<p>The Finance Report for Q3 was circulated ahead of the meeting and reviewed by the Group.</p> <p>DB confirmed that a funding request for £16k to extend capacity to support the CSW palliative and end of life care training in LTHT has been received. The business case is outstanding with the Education Group and will be added to the LPCN Exec Team agenda in April.</p> <p>DB is expecting the LPCN's core budget for the year to be fully spent and also the budget for the End of Life Dementia Care programme which will close at the end of this financial year.</p>	

10. Risk Register and Systems Issue Log	
The risk register was reviewed by the Group and no new risks were raised.	
The system issues log was reviewed and no new issues were raised. AH confirmed that the lack of palliative drugs in the community has been raised with the End of Life Board.	
11. Programme Overview	
The Programme Overview document was reviewed with key updates by exception as follows:	
LTHT ReSPECT Audit – The Academic Unit of Palliative Care (AUPC) team has been supporting the project to analyse LTHT ReSPECT data and the findings will be published shortly.	
EDI Group – A Task and Finish Group has been set up by SMC to look at gaps in LD patient information and easy read versions.	
Timely Recognition Tool – This is a screening tool within electronic patient records piloted in Primary Care. The project is progressing as planned and the team are currently revisiting practices to see what has happen to the people who were identified by the tool 12 months earlier.	
Bereaved Carers Survey – NS confirmed that the Group met on 12 March to review where the gaps in assurance are in relation to feedback for end of life care. LTHT and the Hospices are reasonably assured from the existing feedback mechanisms in place and it was agreed that future effort should be focused on targeted feedback on gaps such as care homes. The update from the Medical Examiner, Lucille Winter was really insightful and she confirmed that the Medical Examiners will contact every bereaved family and are happy to work with the LPCN going forward. A replacement Chair for the Bereaved Carers Survey Group is required following the imminent departure of NS.	
Heart Failure Guidelines – CB is arranging for these to be published on Leeds Health Pathway.	
Liver and Renal Guidelines – CB anticipates that SMOM will sign these off in April after which they will be published on Leeds Health Pathway.	
Transfer of Care Hospital to Hospice – LC confirmed that the amended guidance on prescribing for TTO's going out of hospital to hospice has been launched.	
Whole City Linked Data – AH confirmed that data is now flowing into the Leeds Data Model and updated that he will follow up to understand progress on reporting.	
EoLC Metrics – Q3 report yet to include LTHT ReSPECT data. SMC confirmed that we are seeing an increase in ReSPECT with 83% of patients having an EPACCS/Gold Standard Framework/ReSPECT.	
12. WY&H ICS Updates	
WY ICS Health Needs Analysis report is written up and AH/DB have reviewed several iterations of the document. The final version will be shared when published.	
13. Members Update	
No further updates.	

14. Actions Agreed		
No.	Action	Owner
238	C/fwd Confirm if the Carers Leeds annual survey includes end of life care.	SC
239	Circulate the Advance Care Planning Community Grant Evaluation report with the minutes of the meeting.	DB
240	Circulate a copy of the heart failure guidance for end of life care in Leeds with the minutes of the meeting.	DB
241	End of Life Care and Support in Leeds – LPCN Leaflet – refer the request for leaflets to the LPCN Exec team for agreement.	DB