

**Leeds Palliative Care Network
Group Meeting**

Actions of the meeting held on Wed 22nd May at St Gemma's Hospice

Attendees	Int	Role	Org.
Diane Boyne	DBo	Leeds Palliative Care Network Manager (Chair)	LPCN
Sarah McDermott	SMc	LPCN Clinical Executive Team Member	LCHT
Moira Cookson	MC	LPCN Medicines Management Lead	SGH/SRWFH
Adam Hurlow	AH	LPCN Clinical Executive Team Member	LTHT
Sue Waddington	SW	LPCN Clinical Executive Team Member	SRWFH
Suzanne Kite	SK	Palliative Care Consultant	LTHT
Clare Russell	CR	Head of Transformation	SGH
David Richardson-Whiteley	DRW	Service Manager/SACP	VILLA CARE
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Guests			
Emma Johnson	EJ	Chief Executive	St Leonard's Hospice York
Apologies			
Mike Stockton	MS	Director/Consultant and Chair	SGH/LPCN
Trish Stockton	TS	LPCN Education & Research Lead	SGH
Gill Pottinger	GP	LPCN Primary Care Lead	LCCG
Tom Daniels	TD	Senior Commissioner	LCCG
Kate Bratt-Farrar	KBT	Director	SRWFH
Kerry Jackson	KJ	Chief Executive	SGH
Hannah Zacharias	HZ	Consultant in Palliative Medicine	SGH
Debbie Borrill	DBor	Palliative Care Discharge Facilitator	LTHT
Elizabeth Rees	ER	Lead EoLC Nurse	LTHT
Michelle Evans	ME	Senior Nurse Health Facilitation Team	LYPFT
Julie Marshall-Pallister	JMP	Community Clinical Nurse Specialist	SRWFH
Elizabeth Messenger	EM	Head of Public Health (Older People)	LCC
Nicky Needham	NN	Consultant Practitioner, Dementia Care	LYPFT
Valerie Shaw	VS	Head of Comms and Day Services	SGH
Nicola Walmsley	NW	Clinical Supervisor ABL	YAS
Melody Goldthorpe	MG	Clinical Service Manager Continuing Care	LCCG
Lynne Russon	LR	Consultant in Palliative Medicine	SRWFH

No.	Action	Lead(s) for action
1. Welcome		
	<p>Diane welcomed everyone to the meeting and explained that Mike Stockton who usually chairs the meeting was off sick. Diane also welcomed Emma Johnson, Chief Executive of Leonard's Hospice in York, who was visiting St Gemma's.</p> <p>A large number of apologies were received at short notice due to work pressures across the system.</p>	
2. Approval of Previous Action Log and Matters arising		
	<p>There was one amendment to the notes of the previous meeting. The LTHT entry in item 13, Members' Updates should have read "Lisa Grant has been appointed as the new chief nurse for the Trust", not "Laura Hill". This was corrected in the minutes prior to their circulation for this meeting.</p>	

Prev Action 137 – DBo to approach the GP confederation to give a showcase presentation at a future meeting. The GP Confederation have agreed to give a showcase presentation at our next meeting on July 10th.

Other actions have been completed.

3. LPCN Exec Update

Diane updated the members concerning the discussions and decisions following the Executive Team Time Out on 27th March and recent Executive Team Meetings.

Executive Team roles - It has been agreed that the Executive Team role would benefit from a review. The balance of representation from the partner organisations is paramount. In practice, the alignment of a Team Member to a particular workstream as lead has not worked very effectively. Consequently the specialist subject leads will remain (Education & Research, Medicines Management and Primary Care) but the other members will be known as Executive Team Members. The job purpose and description are also being refreshed.

Annual Report – The LPCN is required to provide an annual report to NHS Leeds CCG at the end of the financial year. Diane is beginning to pull a first draft together, an interim report was provided in October 2018 so a large document will not be required.

Feedback from LPCN members - The Executive Team have agreed that feedback on how the LPCN is working should be sought from members. It is proposed that a survey- monkey style questionnaire will be distributed in July asking for comments.

LPCN Future – Work is underway to produce a citywide strategy for Palliative and EoLC services but thought also needs to be given to the future of the Network itself. The Executive team have agreed to begin looking at this in September.

Celebration Event and Forward Planning – the Strategy Event held in November 2018 was well received and the Executive Team are proposing to hold a similar day event in November 2019. This will include a celebration of the work undertaken so far and a session planning for the year ahead. The proposed date is Wed 27th November. This will be in place of the current LPCN Group meeting planned for November 20th.

Monitor Representation at the LPCN Group – It has been agreed to monitor organisational representation at the LPCN Group meeting to understand any gaps or issues and how these may be addressed.

Supporting Primary Care End of Life Care QOF - The Primary Care Quality Outcomes Framework for 19/20 contains an end of life care element. LPCN have offered to support the CCG to help support practices. It is hoped that Primary Care can work with LCH and be included in distributing the Bereaved Carers' survey from practices. This will support the QOF requirement to obtain feedback on services and will potentially increase the number of surveys returned.

4. Risk Register /Issues Log

Risk Register

Risk 1 - Lack of Capacity – Trish is preparing a bid to the LPCN for additional capacity to help with the project to produce a new communication skills strategy for the city.

Issues Log

Issue 1 – Palliative Care Ambulance – The LPCN have formally assumed governance of the Palliative Care Ambulance Group. The CCG will remain the commissioner /contracts manager. YAS are still undergoing the procurement process to purchase a new ambulance but contracts managers have agreed to clarify timescales.

Issue 2 – OOH handover forms – The decision has been made regionally to move to the web portal from June 2019. This will only be visible to Primary care. It is hoped the regional solution will be ready and can address this in September.

Issue 3 – System wide capacity – this remains a challenge for all partners.

Issue 4 – ReSPECT – work to extend sharing of ReSPECT form electronically in the community via EPaCCs is ongoing. A meeting is planned for this afternoon 22nd May where options will be explored. There is not timescale for training at present.

It was requested that “Medication Shortages” be added to the Issues Log. There is a problem with manufacture of Diamorphine 5mgs which is resulting in shortage of Morphine 10mg and Diamorphine 10mgs. Moira advised prescribers to check what is available to dispense with the pharmacists before prescribing.

138	Medication shortages to be added to the LPCN system Issues Log	DBo
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5 Finance Report

The 18/19 Finance Report was shared with members. Diane asked members to note that the budget lines have been rebalanced for 19/20. The Pipeline bid “coaching to develop Exec Team” has now been completed and will close. All funding for EoL Dementia Care will merge into one line.

6. CCG funding for 19/20

The members considered a paper compiled by Tom Daniels which outlined the recurrent and non-recurrent funding secured for End of Life Care in Leeds for 2019/20.

- New Recurrent Schemes- Four
- New non-recurrent Schemes- Three
- Continuation of Existing Non-Recurrent Schemes- One
- Conversion of Existing Non-recurrent schemes into recurrent schemes- Six

In total over £875k in additional funding has been secured for End of Life Care in Leeds of which over £635K is on a recurrent basis.

The members were positive about this investment and noted the importance of demonstrating the impact of the additional funding.

7. Programme Update

Palliative Care Education Overview – This project is currently on hold. Following discussions at the Exec Team it has been agreed to close the project in this form. It is envisaged that providing information on the courses offered through the website will help achieve the aim of identifying gaps and demand.

Communication Skills Training – The group are looking to renew the strategy for training. A bid will be submitted to the LPCN for additional capacity.

EoLC Metrics – the 17/18 EPaCCs report has been received.

AH noted from a draft version that

Key findings of the 2018-2019 report are:

- 45% of adults who died in Leeds had an EPaCCS record compared to 42% the previous year.
- 73% achieved their preferred place of death compared to 72% last year; with 67% dying outside of hospital compared to 62% last year.
- The proportion of patients whose EPaCCS record was started more than 3 months before they died has increased to 53% from 34% last year.
- The proportion of patients without an actual place of death recorded has fallen to 13% from 22% last year.

The report also notes:

This report covers a period of unprecedented demand across the health and social care environment: particularly the winter period. It is a considerable achievement the proportion of patients being supported in their preferred place has been maintained whilst the overall proportion of people with an EPaCCS

record has increased. This marks a sustained improvement on 2016-2017 when 33% of adults who died had an EPaCCS record.

Once finalised the 18/19 citywide report will be shared with the group. Individual reports will be distributed to GP Practices to assist with their Quality Improvement Scheme.

Provision of Syringe Drivers – the syringe drivers have been ordered and Medical Physics at LTHT have agreed to label, check and help distribute them. Those internal to LTHT will have a tracker.

Bereaved Carers' Survey - The report from the 18/19 survey is now being compiled. Some qualitative analysis has been provided by the AUPC. Each organisation is providing a section on lessons learned from their own responses. The final report should be available in July. It is hoped that Healthwatch will be able to continue to support the survey as this has been very successful. It is also hoped that Primary Care will be involved in the next round. The wording of the next survey is being reviewed; a question about use of the Palliative Care Ambulance may be added to avoid YAS having to circulate an additional survey for feedback.

Transfer of Care – the group now has regular meetings in place for the remainder of the year. The ToR and workplan are being reviewed

Leeds Palliative Care Ambulance - A draft ToR for the group has been written and a SOP is being developed for inclusion in the YAS contract. A quarterly summary activity report will also be developed.

Dementia at EoL – The Advance Care Planning sub group has arranged a workshop for 22nd July, to identify all the resources used within organisations that support ACP.

Anticipatory Medicines – a meeting has now been planned to look at the data from the recent audit and discuss ideas/issues from the two national study days recently run in London and Cambridge.

Guideline for self/carer administration of S/C medication - This has now been uploaded to Leeds Health Pathways and Moira agreed to circulate the link as it is not straightforward to find. The guidance is also available on the LPCN website.

Leeds Health Pathways - <http://nww.lhp.leedsth.nhs.uk/common/guidelines/detail.aspx?id=5925>

LPCN Website - <https://leedspalliativecare.org.uk/professionals/medicines-management/647-2/>

Seizure and Bleeding Guidance - Lisa Nicholson and Suzie Gillon are meeting to review the guidance in light of the comments from the consultation.

Electronic Prescribing – the system has now been launched in Kirkwood hospice, a formulary has been built. It is hoped the two Leeds hospices will go live in September.

Respiratory/CoPD pathway – Suzie Gillon has agreed to give a presentation about the CoPD work at the next LPCN Group meeting on July 10th.

139	Moira to circulate the link to the Guideline for self/carer administration of S/C medication, on Leeds Health Pathways.	MC
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7. Strategy Development

The initial meeting of the Palliative Care Strategy Advisory Group was well attended and the need for the group was confirmed. A workshop is planned for 12th June to look at producing an Outcomes Framework for the strategy. This will be facilitated by CCG and public health colleagues. If needed, there may be some funding for extra capacity to produce the strategy.

8. Optum

A further meeting with Optum was held on 16th May. They have agreed to produce a further analysis based on

the local care partnerships (LCPs). The need for the hospice data to be included in the Leeds data set was also recognised by NHS Leeds CCG. A meeting with Simon Harris is planned to take this forward.

9. Website and Communications

The website launch was well attended and received coverage in a number of newsletters and social media streams. Emma Marshall has prepared a press release to send to partner organisations for their newsletters. Work is now underway to increase the content on the website, including the addition of a news page. Moira requested a copy of the press release to send to the pharmacy bulletin.

Emma will attend the next LPCN Group meeting on July 10th to give an presentation about the LPCN communications strategy

140	Diane to ask Emma Marshall to forward the press release to Moira
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DB/EM

10. Palliative Care Ambulance Governance

The LPCN has been approached to take on oversight and governance of the Palliative Care Ambulance. The ambulance will have a separate schedule in the YAS West Yorkshire contract and will be included in the NHS Leeds CCG annual contract meeting.

The LPCN have agreed to take on the role subject to written assurances from the CCG concerning the scope of the responsibilities.

11. How Does something become an LPCN project?

Following discussion at the LPCN Team Time Out the members were asked to reflect on the processes around LPCN projects. Diane shared some slides with initial thoughts

Types of project

- Directly owned projects - the LPCN sponsor and support
- Indirect projects – a system wide impact – the LPCN Supports
- For Awareness – Related to LPCN business, citywide - LPCN receives updates

These groups are all included in the Programme Overview and updates are given at the Group.

It was suggested that regional, WY&H and national projects could also be recognised, such as national pilots or the mortality review.

How projects are identified.

- Identified by LPCN groups and sub groups
- Someone has a new idea and approaches LPCN Group / Office
- Work is happening, it expands its remit and LPCN 'adopts'

The members' updates section of the meeting is important for this, sometimes good projects get bigger and the Exec Team members hear about them. It was acknowledged there are challenges to keeping surveillance of what is going on to ensure an opportunity is not missed.

Project checklist

- Influence & benefit to Palliative & EoLC system
- Project would benefit from LPCN support
- Citywide population e.g. Prisons or LD work

It was noted that 'citywide reach' could have a number of meanings as, for example LTHT provides services for the whole city so has a citywide aspect to all its work. Is it citywide population or citywide provider? Consensus in the room was it should be citywide population.

The members discussed the use of a template to record LPCN projects. It was noted that it is important not to stifle a good idea with bureaucracy but members did need to also offer challenge and encourage reflection through supported conversations. The LPCN Office is also available to help.

Diane agreed to share the template supplied to Trish to bid for funding to support the communication skills project.

Emma Johnson stated that a similar process had been undertaken in York and bids had been made to the Better Care fund. She agreed to share the template

Suzanne noted that there is a current risk at LTHT as there is a lack of capacity in the Palliative Care Team. An internal business case has been made and acknowledged but currently no source of funding can be identified.

141	Diane to share the LPCN Bid template with the Group	
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142	Emma Johnson to share the Better Care fund Template being used in York	
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12. Sue Ryder Wheatfields Showcase

Sue Waddington gave a presentation giving an overview of the services and work at Sue Ryder Wheatfields Hospice

The presentation included information on the Services provided at Wheatfields and the staff and volunteers, 18/19 activity, Quality improvement measures, changes to improve patient experience, feedback from staff and service users and priorities for 19/20.

The members enjoyed the presentation.

13. Members Updates

LTHT – have put in a bid for winter pressures money to help with capacity in the team.

LCHT – CQC are visiting on 1st June

14. AOB

There was no other business

Future Meetings

Future meetings have been finalised as below:

Wed 10th July 2019	9:30-12:00
Wed 25th September 2019	9:30-12:00
Celebration Event	
Wed 27th November 2019	9:30-16:00
Wed 22nd January 2020	9:30-12:00
Wed 25th March 2020	14:00- 16:30

All the meetings are currently booked in the Lecture Theatre, St Gemma's Hospice except 27th November