

LEEDS PALLIATIVE CARE NETWORK						Leeds Palliative Care Network	
PROGRAMME OVERVIEW 20 /21							
Objective:	To capture progress of the LCPN projects during 20 -21 To enable monitoring of achievement and provide targeted support where required.				<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: Adam Hurlow	A Hurlow
					Start Date: March2020	April 2020	End Date:March2021
October 2020 Update Given the Covid -19 pandemic and impact on frontline capacity it is recognised that some projects have slipped over the recent months. All Project Groups continue to meet virtually and progress work where possible.							Progress
Project title and Purpose	Key Milestones	Project Lead	Update	Start date	End date	Funding?	add from dropdown
Education and training							
1. Palliative and EoLC Learning Outcomes Ensure a consistent approach and standard is used for delivery of EOLC education that is evidence based.	-Map city wide education to the outcomes where relevant. -Provide guidance on different ways to use; -Evaluate the impact of using the outcomes. - Leeds input to Regional work; benchmarking CNS roles to outcomes	Trish Stockton	Prof Taylor is undertaking an evaluation of how the outcomes are currently being used in Leeds and what challenges there are to implementation. Then we will review how we are going to use them citywide. 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;	Jul-17	Ongoing	N	on track
2a Communication Skills Training To develop a Pan Leeds Communication skills programme in Palliative and End of Life Care	- 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	Trish Stockton	Met with LTHT 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	Oct-20	Mar-21	N	on track
2b Communication Skills Training To deliver consistent and high quality training in communication skills for EOLC across Leeds - Strategy and Programme Content	-Update current training material. -Refresh Communication Skills Strategy	Trish	The training material is currently being developed to being delivered on line for the foreseeable future. To discuss training more facilitator with the education group.		Mar-21		on track
3. ECHO System To develop, support and promote a tele-education system citywide. (incl GP's, Care homes, EOL Teams and NHS Trusts).	- Engage with national roll out for use of ECHO -Secure Funding for staff time to support project -Complete training for initial ECHO team -Citywide Engagement event -Agree next steps and roll out -Start first ECHO course -Evaluate ECHO use -Agree next stage roll out - Recruit Admin Support	Jane Chatterjee	Commenced 2nd GP programme Feb 2020. ECHO Co-ordinator will increase to 2 days per week to meet demand. CNS regional ECHO programme in progress. Care homes programme - gone out for EOI in collaboration with EOLC facilitators. Discussions with key people about using the Hub for other areas of training e.g. Frailty and also working other regional hubs. Significant ECHO use during Covid -19 outbreak to enable access to training virtually	Sep-17	Mar-21	Funding made recurrent for ECHO Support Team	on track

Patient Experience & Quality Improvement							
<p>4. EOLC Metrics Agree and implement a suite of metrics across Leeds to measure the effectiveness and quality of palliative and EoLC</p>	<ul style="list-style-type: none"> - Full Metrics Report Produced - Understand links to other metrics / information systems (EG RAIDR) -EPaCCS report flowing routinely every quarter - Further Metrics agreed for next Leeds Strategy - Continue to pursue interoperability and influence LCR 	Adam Hurlow	<p>Hospital attendance and admissions in last 90 days data now available</p> <p>Metrics for Left Shift Blue Print Proposed to CCG. These will be same as in Strategy Document.</p> <p>2019-2020 EPaCCs Annual Report Received and published on website. Q1 2020-21 Received. Planned dates for remaining report production this year provided Q2 report expected 14th December 2020</p>	ongoing	Mar-21	N	on track
<p>5. Improving EPaCCs, its use and reporting Increase the use of EPaCCs across Leeds Providers to improve the coordination and management of Palliative & EOL Care.</p> <p>To improve the reporting of EPaCCs data to further improve use, monitor EOL outcomes and inform system planning.</p> <p>To include the use of and access to the ReSPECT document and process. (Recommended Summary Plan for Emergency Care and Treatment)</p>	<ul style="list-style-type: none"> -Develop PPM+ version of EPaCCS template and reports. -Pilot PPM+ version -LTHT launch -Explore options for shared palliative care view within Leeds Care Record -PC information leaflet updated and implemented -EPaCCs User Feedback -Patient consultation -Evaluate EPaCCs to inform further quality improvements required -Fully Review EPaCCs tool 	<p>Sarah McDermott</p> <p>Matthew Allsop</p>	<p>LTHT EPaCCs developed within ReSPECT; in use Reports development in progress.</p> <p>Primary Care added the ReSPECT form to current EPaCCS template in both System 1 and EMIS to support need for increased ACP and improve communication across system. LCH colleagues implemented same from end of April 2020. GP Training on ACP and use of ReSPECT ongoing</p> <p>ReSPECT programme reviewed; planning ahead template and education groups to resume; comms plan in discussion with public health.</p> <p>Planning Ahead working group revising template and version 3 Respect form ready for late November / early December launch – near completion; Agreement with Public Health to include link to Primary Care What Matters to Me template to support personalised care; Agreement that hospices will lead development of senior clinician ReSPECT signatory training to support planning Ahead template launch.</p> <p>Public awareness comms plan in discussion with public health.</p> <p>AUPC Audit of EPaCCs data report final draft shared with LPCN Group and Executive. Final amends being made in light of queries.</p>	Sep-17	Mar-21	N	on track
<p>6. 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>	<ol style="list-style-type: none"> 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 Wheatfields 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. 	Mike Stockton	<p>First meeting 4TH September very positive.</p> <p>Tony Deighton met with Simon Harris and team to review data available.</p> <p>Initial data set shared by Tony Deighton.</p> <p>Tony will liaise with Daniel Yates.</p> <p>Additional data sharing agreement may be required- Simon Harris reviewing the need for this.</p> <p>Meetings ongoing.</p> <p>Amend completion date to March 2021.</p>	Jul-19	Mar-21	N	on track
<p>7. Provision of 50 additional Syringe Drivers to core care providers To improve patient care and experience through increasing availability and access to equipment required for effective symptom management</p>	<ul style="list-style-type: none"> - Meet with LTHT medical Physics to explain bid and agree purchasing process - Order Syringe Drivers and lock boxes - Transfer fund to LTHT - Finalise numbers required with each provider - Medical Physic to check and label devices - Distribute to Providers - Work collaboratively as a system to manage risks and issues 	<p>Diane Boyne</p> <p>Liz Rees</p>	<p>Discussions via email in light of Covid 19 outbreak.</p> <p>Agreed to use syringe drivers in inpatient wards due to battery life risk in community. 35 = LTHT; 2=LYPFT; 7= St. Gemma's; 6= Wheatfields All Equipment delivered.</p> <p>Ongoing concerns across all providers about V3 of the T34 - e.g. life of battery. Monitor impact.</p> <p>LCH still short supply. Partners lending V2s</p> <p>On system issues log.</p> <p>New Field Safety Notice resulting need to use specific Duracell batteries, monitor when in use and not put in use those not yet started.</p> <p>System wide meeting - 22 October 2020.</p> <p>To collate numbers of syringe drivers across the system</p> <p>To ask BD if we can be reimbursed for 35 not in use</p> <p>To see if LTHT will put 35 into use and release 2nd edition model to LCH</p> <p>Medical physics to review practicalities of using Graseby model in community</p> <p>To consider other models available</p> <p>To request meeting with BD.</p> <p>LCH to swap 4 third editions models with hospices</p> <p>System to maintain collaborative working.</p>	<p>01/04/2019</p> <p>Sept 20</p>	<p>30/05/2020</p> <p>March 21</p>	<p>Y</p> <p>CCG Pipeline Bid</p>	on track
<p>8. Bereaved Carer's Survey: To gain feedback on experience of EOLC delivered from carers of recently deceased patients.</p>	<ul style="list-style-type: none"> -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 	<p>Liz Rees</p> <p>Helen Syme</p>	<p>Completed Action Plan from 2018-19 Survey placed on website.</p> <p>A unified quality measure for city proposed. Healthwatch to help calculate.</p> <p>Agreed to defer next survey until Spring 2021 given Covid impact and time required to plan and revise.</p> <p>2019-20 Survey Report Completed and shared with LPCN Executives and Group.</p> <p>To formally accept at next LPCN Executive meeting then distribute widely and add to website</p>		Mar-21	<p>Y</p> <p>Recurrent funding Request annually</p>	on track

Workforce & Service Development							
<p>9 Transfer of Care - Hospital to Hospice</p> <p>To improve the transfer of patients between hospital and hospices to improve continuity of care and patient experience.</p>	<ul style="list-style-type: none"> - Monitor impact of daily patient transfer meeting process. - Agree new areas for improvement and prioritise - Refresh Terms of Reference - Monitor ED transfer pathway impact 	Clare Russell	<p>Meeting Dates Set for 2019-20.</p> <p>Priorities will be:</p> <p>Hospital : Hospice</p> <ul style="list-style-type: none"> - Optimise use of Hospice EOLC Beds - Monitoring implemented changes and TOC data. - Scoping Trusted Assessor Models - Silver Command responses - ED TOC project <p>Group met 4th February 2020.</p> <p>To review and update the TOC process guidance following - ongoing.</p> <p>Catherine Malia to meet with ED consultants regarding ED TOC process.</p> <p>Hannah leading the Trusted Assessor pilot.</p> <p>Arranging date for next meeting.</p>	Oct-19	Mar-21	N	on track
<p>10. TOC - Community Flows Improvement</p> <p>To improve the transfer of patients between all providers to improve continuity of care and patient experience</p>	<ul style="list-style-type: none"> - Establish new working group - Agree Scope for the project - Agree TOR including membership - Understand current service provision / models of care - Agree best way to improve model of care - Agree actions required and way forward - Implement changes agreed. 	Ruth Gordon	<p>A series of virtual "table" meetings events have been planned for November to start the first phase of the WSA work. The dates have been shared widely and the response has been incredible with most events now full with a wide range of professionals signed up to attend.</p> <p>A workbook has been created and sent to participants ahead of the meetings allowing them to see the stakeholder map, which they can annotate for return to the central team. Work to engage primary care, care homes and the public will take place as focused table events.</p> <p>Healthwatch has launched a short survey to better understand the experience of people caring for those at the end of their life. They are also undertaking a more detailed piece of insight work into the experiences of families and carers who have had a loved one receive end of life services. Approval has been given for all relevant governance processes including ethics.</p>	Oct-19	Mar-21		on track
<p>11. Improving EOLC for people with Heart Failure</p> <p>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 LTHT Cardiology and Community Heart Failure Nurses - Agree priorities for 19/20 workplan - 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 	Jason Ward	<p>Report with recommendations written and circulated.</p> <p>Funding to support MDT and further Quality Improvement work agreed by CCG for 2019-20.</p> <p>Meeting to agree high level plan for 19/20 complete.</p> <p>Review against Hospice UK standards ongoing.</p> <p>Guidance on S/C diuretics in community implemented.</p> <p>Reviewing guidance - see Medicines</p>	Apr-19	Mar-21	Y Recurrent funding	on track
<p>12. Leeds Palliative Care Ambulance</p> <p>To provide support to the operational Group and deliver service improvements identified</p>	<ul style="list-style-type: none"> - Agree the new Terms of Reference - Establish formal reporting into LPCN - Develop Quarterly Activity Report for LPCN - Develop a Stand Operating procedure for the service - Ensure SOP is adopted by YAS formally - Agree service improvement plan for 19/20 (Contracting and Commissioning with CCG) 	Dave Green	<p>SOP added to LHP - staff view only</p> <p>Training to crew delivered. Investigating virtual training options.</p> <p>Still pursuing procurement of replacement ambulance.</p> <p>YAS now liaising with manufacturer about internal design and specification.</p> <p>Service promotional Poster and information leaflet produced.</p> <p>To support YAS with distribution.</p> <p>Activity Reports being received regularly.</p> <p>Ongoing discussion about how to receive patient feedback.</p> <p>YAS to create Palliative Care Ambulance page on their website using leaflet content.</p> <p>Date of Next meeting 8th December</p>	Apr-19	Mar-21	Y CCG funded service	on track
<p>13. Improving EOLC for people living with Dementia</p> <p>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 	Ruth Gordon	<p>The End of Life dementia group continues to deliver three key work streams:</p> <p>End of Life Admiral Nurse post(s) for Leeds – a subgroup has been meeting and has agreed that we wish to bid for funding for Admiral nurses and have agreed that LCH is in the best position to support these roles for the Leeds system; whilst maintaining strong links to specialist palliative care services. A working group is now meeting to develop the business case with support from Dementia UK.</p> <p>Pain and symptom subgroup has developed an easy read pain tool (available online) and a template for Pain Assessment CI for use in SystmOne.</p> <p>Advance Care Planning - workshop report completed and shared with the End of Life and Dementia meeting in October. ACP guidance has been added to the website. St. Gemma's Hospice is a Hub for the WYH ICS dementia pilot to deliver a train the trainer programme for ACP facilitators</p>	Jan-18	Mar-21	Pipeline bid	on track

Medicines Management							
<p>14. Anticipatory Medications To provide consistent advice and access to Network member organisations on the prescribing and use of anticipatory medicines</p>	<ul style="list-style-type: none"> - 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 	Moira Cookson	<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</p>	Sep-17	Mar-21	N	on hold
<p>15. Review and Refresh Existing Guidance Ensure all existing and approved guidance is updated within agreed timescales and redistributed across the system</p>	<ul style="list-style-type: none"> - Ensure all approved guidance have review dates agreed - Establish review groups for guidelines as required <p>Review and update Liver and Renal Guidance</p> <p>Review and Update Heart failure Guidance</p>	Moira Cookson Rachel Sorley Jason Ward	<p>Ongoing</p> <p>Previous author group met to update documents. Minor amends required. Moira to update community renal guidance in line with above document. Circulated to LPCN group for comments; documents amended in light of comments received. Rachel to agree amends with Liver and Renal teams and share final document. Final amends made; waiting for formal approval prior to being added to LHP and website.</p> <p>Y&H guidance requires updating. Jason has agreed to lead this for Leeds as Y&H author group no longer exists</p>	Ongoing Sept - 20	Mar-21 Mar - 21	N	on track
<p>16 Electronic Prescribing in the Out Patient / Community setting Improve prescribing and recording of medicines prescribed so reducing risk of medication errors</p>	<ul style="list-style-type: none"> - Produce internal LPCN bid for funds to support pharmacist time - Link with TPP to identify if System One developments required in order to plan timescale of 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 	Moira Cookson	<p>Will request LPCN funding as / when required. Capacity due to Covid requires project be temporarily put on hold</p>	Mar-20	Mar-21		on hold
Corporate							
<p>17 Palliative Care Website: To maintain LPCN website for public and professionals to provide advice and support regarding EOLC.</p>	<ul style="list-style-type: none"> - Oversee input and website content - Quarterly oversight and review group meetings - Manage associated promotional materials - Maintain links with BML who support management and development of website. 	Diane Boyne	<p>Website Group to oversee further developments established. Activity on website significantly increased Agreement for BML support for 2020-21 agreed. Invoice paid. Added banner to front page to direct to key content Developed Covid-19 pages and guidance for public and professionals. Added Annual Report. Added additional training information and flyers. Added EPaCCs report. Reviewed Covid pages to ensure still relevant and up to date.</p>	Jun-19	Mar-21	Pipeline bid Recurrent Funding to maintain from 20-21	on track
<p>18 Strategy Development To inform and develop the next Strategy for Palliative and EOLC for Leeds</p>	<p>Develop draft Strategy in partnership with CCG and agree Key Authors Circulate Draft to Strategy group and LPCN executive Final comments and content from partners. Share final Draft with NHS Leeds CCG Executive share with CCG Comms for finalisation ready to publish Publish and share. Place on LPCN Website</p>	Adam Hurlow	<p>Impact of Covid-19 extended timescales. Approved final amend to Outcomes. Updated version put on website.</p> <p>Recognise system will be in different operational position post Covid and will impact on actions.</p> <p>Updated Document circulated for final comments to Strategy Group and LPCN Execs; Due back 2nd October Final draft will go to CCG Executive for Sign off. PA will then finalise ready for publication Group to meet again November.</p>	Feb-19	Mar-21	Core LPCN	on track

<p>18 Frailty Ensure palliative & EoLC is represented in plans for development of Population Management Approach to Frailty and EOL</p>	<p>Maintain LPCN links to working groups and ensure mechanism for feeding back</p>	<p>Adam Hurlow Sarah McDermott Gill P</p>	<p>LPCN maintaining involvement. Working groups formed: Training & Culture; Proactive Care; Virtual Ward; Rapid Response; Discharge. Links with 2 LCP's made regarding Advance Care Planning. Virtual Ward due to go live 4.11.19 for Beeston and Middleton NTs. Initial focus will be on hospital avoidance. Frailty agenda remains complex and variable so Adam H will continue to liaise via Frailty Strategy Group. Contact made with Emma Fraser - CCG project lead. New Frailty Support Service to commence in response to Covid-19 demands.</p>	<p>n/a</p>	<p>ongoing</p>	<p>CCG PHM £6k</p>	<p>on track</p>
<p>19 Single Point of Access (SPA) Ensure Palliative & EoLC is represented in plans for Citywide SPA.</p>	<p>Better understand the citywide work.</p>	<p>Sarah McDermott Diane Boyne</p>	<p>No update received since Covid outbreak. Remains an aspiration within P&EOLC strategy</p>	<p>n/a</p>	<p>n/a</p>		<p>on track</p>
<p>20. Respiratory /Breathlessness Pathway Ensure Palliative & EoLC is represented in plans for COPD pathway(s).</p>	<p>LPCN contribute to citywide agenda and service redesign.</p>	<p>Chris Kane</p>	<p>Partner agreement there should be full service redesign for all breathless people from diagnosis to death. In meantime EOLC group to focus on redesign of an integrated service for people with advanced breathlessness in Leeds. Chris Kane to be Clinical Lead. Group interested in developing a website. Alison Boland to liaise with DB for advice and support. Single point of referral for breathlessness management group established and to be rolled out incrementally whilst reviewing capacity to ensure this meets demand. Additional Palliative Care Consultant sessions funded to support.</p>	<p>n/a</p>	<p>n/a</p>	<p>Y WF Recurrent Therapy Post</p>	<p>on track</p>
<p>26. Care Homes To provide Palliative and EOLC support to the citywide Care Homes agenda</p>	<p>- Contribute to the citywide Care Homes Groups - Ensure Care homes are represented within the LPCN</p>	<p>Helen Smith (CCG) Diane Boyne</p>	<p>Citywide Care Homes Oversight Group meeting regularly again virtually. DB attends System reviewing support required by care homes in future. LPCN website linked from LCC Quality Team Care Homes website. ECHO training plans shared with the March Oversight Group. Mike S on Silver Command Care Home Group representing P&EOLC. Community Covid Group shares information about support into Care home regularly.</p>	<p>01/08/19</p>	<p>01/03/21</p>		<p>on track</p>
<p>21 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 The work is coordinated by the Leeds Dying Matters Partnership</p>	<p>Carol Clarke Liz Messenger</p>	<p>Dying Matters Partnership met on 5th November; Chris Singleton from Brave Words attended re performance - 'How to be a Better Human'. Chris made offer of free workshops to organisations working to facilitate conversations about grief, loss and mental health. It was noted at the partnership that the second lockdown has heightened anxieties. In BAME communities, not being able to attend funerals is the greatest anxiety. Promoted and supported the Grief Series Day of the Dead inspired Ofrenda on display at the Centre For Live Art Yorkshire, ending 8 November. Funded a photographer to take photos of the Ofrenda which can be used by the wider partnership. Looking at how we develop Leeds PEOLC Outcome Statement 7 through more engagement with the third sector. Proposals to be considered at our December partnership meeting. Will include an information session about Dying Matters which will be available for partners to use. Also considering ideas for how we reach out to men and BAME communities.</p>	<p>01/10/19</p>	<p>01/03/21</p>		<p>on track</p>
<p>22 Shared Decision Making Pilot</p>	<p>This is an NHSE supported pilot within Supporting People Living with Cancer in Leeds.</p>	<p>Gill Pottinger</p>	<p>Gill P is the LPCN and primary care representative within this pilot. The main focus of the trial is within oncology in LHHT engaging with patients that are living with cancer. Karen Henry is main lead for the Project. 2nd workshop focused on patient engagement. Next steps are looking at specific training available for clinicians on SDM. Also looking at patient groups to get involved. Also consultant letters - now informing GPs it is a palliative approach. No recent meetings or updates available.</p>	<p>01/08/19</p>	<p>Mar-21</p>		<p>on track</p>
<p>23 Rotational Nursing Posts To pilot recruiting newly qualified nurses to an 18 month rotational post opportunity between the hospices and LHHT (Respiratory Unit)</p>	<p>Project between both Hospices and LHHT led by SR Wheatfields LHHT will be the lead recruitment and employing body</p>	<p>Sue Waddington</p>	<p>Initial meetings held. Challenge with capacity due to Covid pandemic impact on services</p>	<p>0/12/19</p>	<p>March 21 TBA</p>		<p>on track</p>
<p>24 Learning Disability EOLC Service Improve EOLC, including support at home, for people living with a Learning Disability</p>	<p>Not a formal Project. Group are building links and engaging with LD patients about their needs and choices.</p>	<p>Margaret Deardon Chris Stothard</p>	<p>Presented at Celebration event- slides on website Easy Read documents produced and shared. Julie Royle Evatt now lead work in LYPFT. Dr Sam Browning CCG interested in ACP for people with LD so introductions made.</p>			<p>N</p>	
<p>25 Gypsies and Travellers Supporting individuals at EOL to access care and remain in their own home.</p>	<p>Not a formal project. Hannah Wilson CNS at Wheatfields has developed links with the Liaison Officer for the Cottingley Springs Gypsy and Travelers Site: https://www.leeds.gov.uk/residents/housing/housing-options/gypsy-and-travellers</p>	<p>Hannah Wilson</p>	<p>Highlighting issues with fair access to care and GP registration. Presented at celebration event - slides on website.</p>				
<p>26 Prison EOLC MDT Providing Specialist Palliative Care advice and support to the Armley Prison Health</p>	<p>Consultant and therapist attend 1/12 MDT to discuss advanced illness and complex cases.</p>	<p>Chris Kane</p>	<p>Ongoing input to MDT virtually or as required. Support given for managing dying patients during COVID. Prison staff now able to give PRN medication to people in the last days of life making supporting patients dying in the prison more possible. Developing links as liaison with other specialties such as Parkinson's team to enhance care Inmates would like to be able to die in cells not on healthcare unit - Challenges. Developing Education Programme for Prison Health and Care Staff.</p>	<p>Apr-18</p>		<p>Yes CCG R</p>	

<p>27 Homelessness Widening access to palliative and end of life care for homeless and vulnerably house people in Leeds.</p>	<ul style="list-style-type: none"> • 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. 	<p>Catherine Malia</p>	<ul style="list-style-type: none"> • Next steering group meeting planned for 22nd October • Teaching has been developed for hospice staff regarding Homelessness and Travelers which will be delivered early 2021. • Practice Enquiry planned for 2021 • Marketing strategy being developed • Project being discussed at key GP Gold Standards meetings to encourage referrals • 2 new referrals received this months 	<p>Apr-20</p>	<p>01/09/21</p>	<p>N</p>	<p>on track</p>
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