

**Leeds Palliative Care Network
Group Meeting**

Actions of the meeting held on Wed 25th November 2020

Attendees	Init	Role	Org.
Adam Hurlow	AH	Consultant in Palliative Medicine and Chair	LTHT
Lesley Charman	LC	LPCN Clinical Executive Team Member	LTHT
Sue Waddington	SW	LPCN Clinical Executive Team Member	SRWFH
Sarah McDermott	SMc	LPCN Clinical Executive Team Member	LCHT
Diane Boyne	DianeB	Leeds Palliative Care Network Manager	LPCN
Tom Daniels	TD	Senior Commissioner	CCG
Elaine Hill	EH	Director	SRWFH
Heather McClelland	HMc	LPCN Clinical Executive Team Member	SGH
Julie Marshall-Pallister	JMP		SRWFH
Elizabeth Rees	ER	Lead Nurse End of Life Care	LTHT
Valerie Shaw	VS	Head of Day Services	SGH
Alex Irvine	AI	Practice Development Nurse	LYPFT
David Richardson-Whiteley	DRW	Service Manager/SACP	VILLA CARE
Amanda Storer	AS	Leeds Palliative Care Network Administrator (Notes)	LPCN
Guests			
Gill Warner		Clinical Service Manager	LCH
Luke Storey		Health Case Management	LCH
Anna Quinn-Martin		Service Manager	Linking Leeds
Apologies			
Mike Stockton	MS	Chief Medical Officer and Consultant in Palliative Medicine	SGH
Clare Russell	CR	Head of Transformation	SGH
Dave Green	DG	Head of PTS Service & Standards	YAS
Suzanne Kite	SK	Lead Clinician Palliative Care	LTHT
Debbie Borrill	DBo	Palliative Care Discharge Facilitator	LTHT
Jim Barwick	JBa	Leeds GP Confederation	GP conf
Andrea Dobson	AD	Head of Continuing Car	LCC
Gill Pottinger	GP	LPCN EoLC Lead for Primary Care	Primary Care /CCG
Nicola Walmsley	NW	Clinical Supervisor ABL	YAS

No.	Action	Lead(s) for action
1. Welcome and Apologies		
	Adam welcomed everyone to the meeting. Apologies were received from Mike Stockton, Suzanne Kite, Dave Green and Nicola Walmsley	
2. Approval of Previous Action Log and Matters arising		
	The Action Log of the Meeting held on 23 rd September were agreed as a correct record.	

Matters arising
 Prev action 165 – The Dying Matters Plan has been received and circulated
 Prev action 166/7 The systems Issues Log has been updated
 Prev action 168 – A citywide meeting to discuss the syringe driver issues was held on 22nd October
 Prev action 169 – The draft strategy was circulated to the Strategy Advisory Group for comment
 Prev action 170 – Jason Ward has now formed a group to review the Heart failure guidelines
 Prev action 171 – The flyer for the WSA workshops has been circulated to front line staff.

3. Chair's Update

West Yorkshire ICS
 The ICS subgroups are ACP, Workforce, Digital, metrics and Urgent care. We have reps for all of them except urgent care which Diane is currently attending. Elaine agreed to discuss providing representation on the group from Wheatfields -**action**
 Adam continues to attend the full ICS meeting and minutes and details of upcoming meeting are now being shared with LPCN Executive.
 Digital – The work is building on what was previously started through the Y& H care record. This is looking at how to share EPaCCs, ACP and ReSPECT data. Leeds may be a pilot. They are also looking at HELM which allows people to access their own health records.
 The group chaired by Rob O'Connell is still to be formally recognised within the ICS although an EOL Group has been mandated by Bee Wee nationally.
 A collaboration of 11 hospices has been formed and they have representation on the WY&H Programme Board and Leadership Board

Strategy
 The strategy has been submitted to the CCG and will be discussed by the CCG Executive Management Team. Adam will attend with Tom to present the Strategy. A date has not yet been arranged.
 There has been extensive engagement on the Strategy and it is unlikely that further amendments will be made.

172	Elaine to consider whether Wheatfields has capacity to provide representation on the ICS urgent care sub-group	EH
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4. Risk Register and Issues Log

Risk 2 – Capacity in Education Workforce
 The job description for an additional post is currently being finalised. The ambition is still to recruit into the post this financial year.

Systems Issue 1 – Palliative Care Ambulance
 A platform for the new ambulance is available, YAS have been liaising about the requirements. It is still hoped that the ambulance will be available this financial year.
 There have recently been some issues with capacity to transfer patients. Heather is liaising with Dave Green to understand this.

Systems Issue 7- Syringe drivers
 Medical Physics have confirmed that they are implementing the v3 drivers in oncology and will look to release v2 s to the community as soon as they can.
 There needs to be procedures to ensure no patients leave the hospital with a v3 driver.
 Diane will ask Gerry for a timeline for releasing the pumps to LCH - **action**
 Diane has also spoken to the national lead from NHSE/I. They are continuing to advise the MHRA of issues and the MHRA are continuing to influence BD to improve the software which is thought to be what is draining the battery.
 A national audit is taking place on feedback about the Micrel pumps. Currently they are not favoured due to the risks of mixed models in practice.
 Moira is conducting an audit in St Gemma's to try to understand the battery issues since the last guidance. LYPFT are also monitoring the batteries as they are likely to have both of their pumps in use soon.

173	Diane to ask Gerry Holliday from LTHT medical physics for a timeline of when v2 drivers can be released to LCH	DB
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5. Finance Report

The LPCN is in a good financial position.

Members were reminded that they can make internal bids for small amount of funds from the LPCN using a simple bid form.

Moira will be making a bid when the next stage of the EPMA projects is ready to progress.

A bid may also be made to support the drawing down of ReSPECT data from LTHT into citywide reports.

7. Programme Update

Community Flows Improvement

Work for this project has managed to continue and the workshop sessions have been held via Microsoft Teams. Attendance has been relatively good considering the circumstances (100+) and a broad range of the system has been represented. There may be an additional session for those who were unable to attend if there is enough demand.

Dementia and EoLC

Consultation has continued on how the Admiral Nurses posts might work. A business case is currently being prepared.

Education

A lot of education is being delivered including the next phase of Planning Ahead Training.

Metrics

EPaCCs reports are now being regularly received. The Group is about to review the data sharing agreement.

Heart Failure

A nurse at LTHT who is keen to do some research is linking with Jason Ward.

8. Member's Updates

LTHT

Currently the numbers in beds is higher than in the first wave, other services have continued although some day surgery has had to be suspended due to pressure on critical care.

The palliative care workload is busy but currently sustainable.

Plans and backup for Christmas bank holidays is being developed.

St Gemma's

IPU turnover is high. Demand in community is very high, this is a mix of Covid and non Covid patients needing complex specialist care.

There is some impact from staff self-isolating.

LCH

The Neighbourhood Teams have been under pressure from reduced capacity due to staff isolating. This has now improved.

The trend from the first wave which saw a 30% increase inpatients requesting to go home has continued

The virtual ward is now citywide.

The number of fast track patients had increased significantly but is now calming down slightly.

Work is underway to review all the fast track patients, 87 patients have currently been reviewed.

Some teams have also been supporting the delivery of Flu jabs.

The EoLC facilitators are now back in post and looking at how to work with the Neighbourhood Teams.

The GP care home scheme has also now gone live.

Lesley expressed a concern that clinicians on the 'hot' wards in LTHT may not be making full use of fast track referrals. It was agreed to see what information is available from the fast track data on the source of the referral to understand how clinicians in LTHT are engaging with the process. **-action**

Sue Ryder Wheatfields

Wheatfields has seen more Covid patients than the first wave. There is a separate 'hot' ward with a separate team. Referrals have now dropped again. Turnover in IPU is high.

Community is very busy.

LYPFT

Support from the wider network has been amazing. There have been 4 EoLC patients recently, one was supported to get home.

Care Homes

Managers are feeling supported with people from different services available to help. They have been positive about these interactions. There has been an impact on staffing through track and trace.

CCG		
Work has been underway to reduce pressure on LTHT. Referrals from LTHT to the Hospices have reduced. There are peaks and troughs. The hospices are holding regular meetings with LTHT to try and support referrals.		
CCG Finances		
Tom highlighted that the CCG would not currently be asking for commissioning intentions for non-recurrent projects. Due to Covid there was a much more challenging financial position. Unfortunately over the next few years there may be much less opportunity to invest in new areas.		
174	Gill Warner to look at the data available on the source of fast track referrals and liaise with Lesley to understand the uptake from LTHT.	GW
9. Presentation from Health Case Manager Service and Fast Track		
Gill Warner and Luke Storey gave an interesting and useful presentation on the Health Case Management Service giving an overview of the Fast Track Process and their role within it. (slides attached)		
10. Presentation from LL Links		
Anna Quinn-Martin gave a very useful overview of Linking Leeds which is a citywide social prescribing service for anyone aged 16+ and registered with a GP surgery in Leeds. (slides attached) The members saw a lot of opportunities to link further with this service and it was agreed to hold a follow up meeting with Linking Leeds and the LPCN Executive in the New Year. Gill Warner will also link with the service.		
175	To arrange a further meeting with LL Links and the LPCN Executive	AS/DB
11. AOB		
It was suggested that it would be interesting to invite someone from LCH to talk about the Virtual Ward at the next meeting.		
176	Sarah to ask if someone from LCH could give a presentation about the Virtual Ward at the next LPCN Group Meeting.	SMc
12. Future Meetings		
The next meeting will be held on Wednesday 27 th January 2021 10:00-11:30		
Meetings are currently being held via Zoom and joining details are circulated shortly before the meeting.		