



Palliative Care Steering Group Meeting

DATE: 17th November 2011

TIME: 2.00pm

VENUE: Boardroom, Udston Hospital

PRESENT:	Rosalie Dunn (Chair)	MCN Lead Clinician
	Helen Alexander	MCN Manager
	Karen Barber	Community Fundraiser, The Little Haven
	George Beuken	Pastoral/Spiritual Director, St Andrews Hospice
	Charles Clark	Consultant in Public Health Medicine
	Anne Cochrane	Physical Disability + Sensory Impairment, SLC
	Patricia Daniel	Macmillan Development Manager
	Jo Dunlop	Community Macmillan Nurse
	Donna Hegarty	Business Development Manager, Kilbryde Hospice
	Susan High	Community Nurse, Strathcarron Hospice
	Karin Hynes	Co-ordinator, The Little Haven/Staff Nurse, WGH
	Cathy Kelly	Community Nurse, Strathcarron Hospice
	Frances Leckie	Associate Director of Nursing
	Helen Mee	Spiritual Care Advisor, Monklands Hospital
	Helen Morrow	Care of the Elderly Consultant, Monklands Hospital
	Heather McDonald	Network Co-ordinator (minute taker)
	Gillian Muir	Hospital Macmillan Nurse, Hairmyres Hospital
	Brenda Parker	Specialist Nurse, The Haven
	Melinda Shakespeare	Older Adult Services, NLC
	Mhairi Simpson	Nurse Consultant, Cancer Care
	Chris Sugden	Medical Director, St Andrews Hospice
	Geoff Sage	Chief Executive, St Andrews Hospice
	Janice Williams	Manager, The Haven
	Kate Wilson	Senior Nurse, South East Unit
	Marie Young	Service Manager, Marie Curie

Minute	Action
<p>1. Apologies Marilyn Aitken, Jonathan Campbell, Gordon Canning, Julie Graham, Catriona Ross, Jan Smith</p>	
<p>2. Previous Meeting Minute – 18th August 2011 Agreed as accurate</p>	
<p>3. Matters Arising</p> <p>DNAcPR – Helen advised that she has emailed the resuscitation officer leading on the DNAcPR policy to request an update at the next Steering Group meeting. There have been no requests from community nurses to have local education around DNAcPR. It is understood that it Penny Brankin is now the resuscitation lead for this. Action: Helen to update.</p> <p>Hospital Cross Cover – Rosalie and Helen had met with Joan James and she was happy to support this. She advised Eileen Clarke would be the main contact. There had been some concerns that disclosure checks might block this but Joan thought the new disclosure procedures would not cause a problem. Rosalie asked who from hospital should be involved. Gillian suggested the link nurses would be interested. Action: Gillian to follow up. Frances said every pair of hands was essential when working in an acute ward and someone coming from a hospice background may not be used to working at the same speed. Kate said that an acute hospital nurse bringing back skills from the hospice may not be able to implement them as the acute hospital does not have the resource to support this. Rosalie advised that the suggestion of cross-cover was in response to the number of complaints from patients/relatives around terminal care. Kate suggested looking at deliverables, outcomes and objectives. Action: Kate agreed to help with objectives and outcomes. Frances said the Director and Associate Directors of Nursing needed to be involved. Rosalie/Helen advised Joan was fully supportive and other senior nursing staff would be kept informed. Mhairi said that she did some shifts last winter in an acute ward and it was striking how fast the pace was. Karin said that there are only two trained nurses on during the afternoon and what staff from the hospice could bring would be great but they would be included in staff numbers. Geoff advised that Susan Dillet and Eileen Clarke should be contacted to bottom out any issues. Action: Helen/Rosalie to contact them. Kate asked if this would be a rolling programme. Helen said it needed to be evaluated but may well be. Rosalie explained the aim was to improve attitudes and compassionate care.</p>	<p style="text-align: right;">Helen</p> <p style="text-align: right;">Gillian</p> <p style="text-align: right;">Kate</p> <p style="text-align: right;">Helen/ Rosalie</p>

<p>Shaping Bereavement Care – Helen A advised the Shaping Bereavement Care Group was currently seeking representation from NLC and SLC. Melinda asked if the local authorities had responded and Helen said she would check with Marilyn. Action: Helen to check with Marilyn. Geoff has asked if someone could be invited along from the shaping bereavement care group to give an update on its progress. Rosalie wishes to encourage consideration of the national bereavement care booklet. Action: Helen to contact Shona Welton.</p> <p>Acute Hospital Project – Helen has emailed Eileen Clark to see if the paperwork has been approved by senior nursing staff. No response as yet. Action: Rosalie to contact Eileen</p>	<p>Helen</p> <p>Helen</p> <p>Rosalie</p>
<p>4. The Little Haven - presentation</p> <p>Karin Hynes, Co-ordinator of the Little Haven introduced her colleague, Karen Barber, Community Fundraiser. Karin advised that the Little Haven was a spin-off from The Haven had been running for six years. The Little Haven provides a place for people to talk and receive therapies. Karin explained that they have 36 volunteers most of whom have been involved since the start. They see 30-35 clients a week. Presentation attached.</p>	
<p>5. Kilbryde Hospice</p> <p>Donna Hegarty, Business Development Manager will represent Kilbryde on the Steering Group. She said they are doing similar work to the Haven and Little Haven. Donna advised that the new hospice is being built in the Hairmyres Hospital grounds and work is due to start in March 2012. It will take 12 months to complete and staff from the Red Deer drop-in centre will be transferring across. The move will be in two phases, with a focus on day services first and then in-patient beds planned for 2015.</p> <p>Donna advised that she is looking at the Kilbryde Hospice brand and has students analysing this. She is keen to meet with the Macmillan, Haven and Little Haven teams for advice on the way forward for Kilbryde Hospice. Kilbryde has previously been bed-orientated but day services will feature prominently in future. Fund raising activities will be increased. Rosalie said there was enthusiasm to provide care in the community and Donna said they were looking at future funding bids around this. She was asked how many shops they had (two at present but hope to have more in the future). She said new services will be added to their current provision e.g. benefits advice.</p>	
<p>6. Home Oxygen</p> <p>This had been discussed at the last meeting but Helen advised that the Respiratory MCN had been tasked with project managing changes to the service e.g. Respiratory Consultant management and centralised supply of oxygen. The Palliative Care MCN has been asked to meet with members of the Respiratory MCN working group and Rosalie, Chris, Jo and Gillian agreed to attend an initial meeting. Action: Helen to forward nominees to Maureen Carroll. Frances advised that the Fire & Rescue Service was trying to create a register of who has oxygen cylinders in their homes to provide advice on safe management, but they were struggling with this. The Respiratory MCN working group are also trying to find out the number.</p>	<p>Helen</p>
<p>7. Education</p> <p>Addressing the Great Taboo – George has suggested December 2011 dates for the second and third pilot sites. Action: Helen to arrange.</p> <p>Sage and Thyme training – Jo Dunlop, Jill Menzies and Janette Barrie attended the first session on 12th October 2011 and will attend the two day follow up in February 2012. Jo said the course is about communication skills training and is aimed at all grades of staff. Rosalie highlighted that the Scottish Government are very keen to encourage more open discussion of death and dying. Action: Jo to feedback to the group after the February session.</p> <p>Joined Up Thinking, Joined Up Care – Following Steering Group approval, the format of our joint health and social care non-malignant education was changed and the first session ran on 1st November. Feedback from 42 attendees showed that they found it very interesting, felt the information was handled sensitively and praised the quality of presenters. The number of people signing up for the event (n=65) was surprising, as was the level of attendance (n=52). Some people felt that it was too clinically-focused and more input will be sought from social care and care home staff for future sessions. Melinda suggested it would be useful to tailor sessions to specific grades of staff. The use of acronyms was criticised.</p> <p>Palliative Care Education for GPs and Community Nurses – four sessions ran again this year in different parts of Lanarkshire. Feedback has been very positive and the quality of the education provided was rated mainly as 'excellent.' GP attendance was lower than in previous years and has led to a trial of GP-only sessions (see below). Rosalie is happy to receive suggestions for future sessions.</p> <p>GP Education Sessions - Two sessions for GPs will take place on 17th and 24th November. The topics are 'New Drugs In Palliative Care' and 'Recognising End of Life in Respiratory Patients.'</p>	<p>Helen</p> <p>Jo</p>

<p>8. Palliative Care and the Change Fund – Haven / St Andrew’s bid</p> <p>Geoff outlined the background to ‘Reshaping Care for Older People’ commonly referred to as the ‘Change Fund.’ £7.8m has been allocated to Lanarkshire, £4m for the south and £3.8m for the north. 80% of the funding is overseen by local authorities, 10% is for care homes and 10% for the voluntary sector. ‘Reshaping Care for Older People’ is ultimately about changing the way older people receive services, keeping people in their own homes and getting them out of hospital quickly by offering other services in different settings e.g. care homes. Hospital admissions for people with palliative care needs could be avoided if more community support was in place. VANL and VASLan (Voluntary Action North/South Lanarkshire) are reviewing voluntary sector bids for funding and Geoff is in contact with them.</p> <p>Frances reminded the group that change fund projects need to be self funding after the first four years and be able to demonstrate how they will influence the closure of 210 acute hospital beds in Lanarkshire.</p> <p>Janice highlighted that this is an extremely complex system involving health and social care which meant being very focussed about what could be achieved with a funding bid. The agreed model in the Haven/St Andrew’s bid is based on Haven@Home, which has been developing over the past 18 months. Essentially it takes the type of support provided at The Haven out into the community. It can also be viewed as an enhancement of the day service at the hospice. Nurses, Complimentary Therapists and Volunteer Befrienders with palliative care expertise go to the homes of people who cannot come in to the service.</p> <p>The bid was endorsed by the MCN.</p>	
<p>9. Just in Case Boxes – the case for roll-out</p> <p>Helen said the pilot had now been running for 16 months and 166 audit forms have been returned. In 137 cases the boxes were used and only 29 were not. Kate asked if we knew why they had not been used but Helen said that this was not indicated on the form. Of the 124 people who had not been admitted to hospital it was felt that the just in case boxes had prevented 63 admissions. Of the 119 for whom an Out of Hours (OOH) call was not made, it was felt that 94 OOH calls had been prevented by having the JIC box. Frances noted that the OOH Community Service was now operating two teams (one north, one south) and this may affect their ability to respond to calls. Rosalie said that it was disappointing that the OOH service was being reduced but Frances said that there had been low usage of the overnight service. The new structure had just started this month and Lorraine Smith was monitoring it closely. The group agreed it was now time to make the case for Just in Case box roll-out, especially in light of demand from the non-pilot areas. Action: Helen will prepare a paper for roll-out.</p>	<p>Helen</p>
<p>10. LCP</p> <p>Kate gave an update in Julie Graham’s absence. The three year project ends in 2012 and after next week Julie will be the only remaining member of staff. Administration support to enter audit data is now in place to ensure the project can be fully evaluated. The recent focus has been on embedding the LCP in care homes as the reduced team has not had the capacity to cover acute hospitals as well. District Nursing teams are being encouraged to self-audit and it is hoped the LCP audit will be included in the MIDAS IT system and the Lanarkshire Quality Improvement Portal (LanQIP). Julie has been in discussion with Joan James and Pamela Milliken to progress this before the project ends. Helen asked if there would be LCP cover until Julie’s return and Chris highlighted the danger of undoing the huge effort put in by the team if this was not put in place so near to its end. It was suggested that a former LCP team member could be approached to provide cover in the coming weeks as there is project funding left due to the staff who had already left. Action: Kate will explore this.</p>	<p>Kate</p>
<p>11. AOCB</p> <p>Macmillan/Citizens Advice Bureau Project - Patricia Daniel highlighted that the service was being reshaped and that they envisaged as little as disruption as possible to service provision for the clients, apart from changing the telephone number. Referral processes will be much the same and a briefing will be circulated. North and South Lanarkshire Councils will each have a named co-ordinator.</p> <p>Good Life, Good Death, Good Grief Alliance – This project was developed following recommendations from the <i>Living and Dying Well</i> short life working group on Health Promotion/Public Health. The SPPC has convened this alliance and are keen to encourage open discussions across society. More information is available on the website: http://www.goodlifedeathgrief.org.uk/</p>	
<p>14. Date of next meeting – Thursday, 26th April @ 2pm Boardroom, Board Headquarters, Kirklands Hospital</p>	