ESSEX PALLIATIVE, SUPPORTIVE AND END OF LIFE CARE GROUP

Thursday 27th September 2012
at
2.00pm-4.00pm
Kestrel House, Board Room
Chelmsford, CM2 5PF

MINUTES

Present:

Catherine O’Doherty (Chair) COD Palliative Care Consultant, BTUHFT
Alison Gray (on behalf of Matt Riddleston) AG CNS Palliative Care, MEHT
Ann Smits AS Head of Patient Care, Farleigh Hospice
Bridget Moss BM Education Director, St. Helena Hospice
Carolyn Doyle CD Lead Nurse for End of Life Care, SW Essex Community Services
Carol O’Leary COL Nurse Director, ECN
Janet Doghan JD Chief Executive Officer, Farleigh Hospice
Jane Elliott JE Q&S Director, St. Helena Hospice
Joan Howlett JH Clinical Lead, South East and South West Essex
Ken Aldred KA Chair, ECN Partnership Group
Karen Spurgeon KS EoLC GP Practice Education Facilitator, ECN
Michael Scanes MS User Involvement Facilitator, ECN
Stella Fletcher SF Inpatient Services Director, St. Helena Hospice
Sirupa Gupta (on behalf of Dr. Plunkett) SG Consultant in Palliative Medicine, Farleigh Hospital/MEHT
Sharon Quinn SQ Community Services and Development Manager, St. Luke’s Hospice
Tara Whitburn TB SpR Palliative Medicine, BTUHFT

In attendance

Jill Butten - for minutes JB Office Manager, ECN

1. Apologies

Rosy Stamp, Eileen Marshall, Michelle Stapleton, Lucy Archer, Claire Plunkett, Kate Patience, Janine Tickner-Phillips, Jo Tonkin, Michelle Hill, Matt Riddleston, Donna Booton, Debbie Sevant, Frances Rowe, Michelle Bath, Andy Smith, Julia McMinn, Christine Grinstead, Shamsul Shah, Wendy Warner

2. Previous Minutes - 19th July 2012

The minutes were recorded as a true record of proceedings.

3. Patient and Carer Issues

KA advised that the St. Helena Hospice Advanced Care Planning document was handed out at the ECN Partnership Group earlier this week, which is being used by Mid and North East Essex. South East and South West localities had been added to the circulation in order to see if there was any interest in their using said document.
4. **Matters Arising**

4.1 **Membership/ Terms of Reference**

This has been resolved and can be removed from future agenda.

4.2 **Update: NI CE Guidance – Supportive and Palliative Care**

**Specialist Palliative Care Peer Review Measures**

The group were advised that following several shifts in date Peer Review for SPC is now planned for February 2013 and would consist of Self-Assessment only. Although it was disappointing that the date had been moved, as a considerable amount of work had been completed, it was recognised that this would allow the Network Population-based Needs Analysis to be completed prior to February 2013.

COL advised that NCAT had indicated they would be happy to attend a future meeting of this group in order to provide information and assistance related to Peer Review Measures, especially for the hospices.

**Psychological Support**: Self-Assessment and Internal Validation had taken place last week on the Network Measures, which had achieved 100% compliance. COL thanked MS for his considerable involvement and work undertaken related to the Internal Validation. COD also thanked the Psychological Support Group for all their hard work which made it possible to achieve this result.

4.3 **Work Programme**

COD mentioned that the Work Programme would require a formal annual review prior to Peer Review and asked that this be put on the agenda for the next meeting.

**Action: COL**

In the interim some work had been started relating to audit and TB had led on a Network-wide Audit of Mouth Care. In addition JE, who has a key Audit role at St. Helena, had been invited to attend and she explained that perhaps one area to look at was whether to set up a cross locality audit group, particularly covering Acute, Community and Hospice sectors, to lead and co-ordinate Audits. It was acknowledged there are often problems in obtaining information for audits due to time constraints.

Following discussions it was agreed that this would be helpful to enable audit leads to meet on a regular basis, but although such individuals are easily identifiable within the hospice sectors the same could not be said for either the community of acute sectors. It was suggested that it might be easier for such a group to exchange e-mails rather than meet face-to-face. JE was requested to begin co-ordination and COD asked that members of this group send contact details of relevant individuals in each setting to JE, including ideas for future audits.

**Action: ALL**

KS advised that she is currently carrying out an Audit with Karen Chumley, End of Life Care Lead at the CCG, in North East Essex and would be happy to share the findings. It was also thought that Kate Patience was conducting an Equipment Audit for End of Life Care in order to assess who receives equipment and who does not and the basis for rejection.

**Mouth Care Audit Presentation by Tara Whitburn**

TB presented the Audit and a copy would be circulated with the minutes, and TB will forward to JE to forward to Audit Leads.

**Action: COL/JE**
4.4 Locality Updates -

**North East Essex:** St. Helena’s had been successful in obtaining funding from the PCT for a transition service to be run jointly with the J’s. The service will commence early in the new year for young adults. From the Macmillan exercise – Single Point of Contact – a lot of work is still to be done including roles and tenders. The Trust are moving ahead at Colchester with the Bereavement Suite, which includes having a Registrar on site. St. Helena’s Chief Executive has announced she will be leaving at the end of March 2013.

**Mid Essex:** Working to get the Information Pod up and running in MEHT, staffed jointly by Farleigh and MEHT, it was hoped this would commence in the new year. Welfare Benefit Service, funded for two years, will also start in the new year based at Farleigh. A bed census had been carried out and the results would be available shortly. Interestingly AS advised that a 12 day wait post “fast track” to go home had been highlighted.

**South East:** Lot of tendering process going on and a lot of uncertainty on how community palliative care services will develop, but more will be known shortly.

**South West:** 7 day working bid had gone in for the community Macmillan Team, and now has to go to the CCGs. Macmillan Team are also looking to put a triage bid together. They had also completed a PPC audit, which measured the last six months against six months two years ago. The stats on PPC’s completed two years ago were 102 against 330 now, which was a huge increase.

Electronic Registers will hopefully roll out from January 2013.

SQ advised that confirmation from Commissioners relating to a host for the South Essex Lymphoedema Service was still awaited. Hospice has just gone to advert for an Information Support Assistant, funded by Macmillan for eighteen months, in order to embed Information Prescriptions in the acute settings, as well as community and GP settings.

St. Luke’s are also shortly going out to advert for the Specialist Physiotherapy Team, and are just waiting for paperwork to be returned from Macmillan. The team will consist of a full-time Physiotherapist Service Co-ordinator, a part-time Physiotherapist for 30 hours and a full-time Physiotherapy Assistant, both for SW Essex.

COD reported that 7 day working had finally commenced in BTUH, in tandem with running the Acute Oncology service at the weekend. All appeared to be working well and was very busy.

4.5 End of Life Care

**Education Facilitators ABC and GP Education**

KS advised that she had been doing an audit in the North East locality on End of life Care in GP practices. Unfortunately only five practices had been interested in being involved but it was hoped that more would take part following a re-audit. There are issues around processes and who decides when to place a patient on and end of life care register. She is in the process of feeding back the results to practices with a view to carrying out some teaching around prognostic indicators and processes. KS confirmed she will have separate discussions with each individual practice to assess their future needs.

CD informed members that where MDTs are held, those attending now feel more confident having conversations with patients. The End of Life Care Register has now been re-named the Co-ordinated Care Register.

In Mid Essex KS had discussed a more co-ordinated approach to End of Life Care education and the package for care homes, GPs and End of Life Care Teams, with Eva Lew, Nicky Caskey, Patrick Parsons and Liz Towers. If the GPs are agreeable they are going to pilot a model of education, to ensure care homes are trained and GPs receive some training, on emergency admissions to the acute sector. Liz will write to GPs which cover Manor Lodge. If this proves positive they would roll out across Mid Essex.
**ABC Education Programme** - CD circulated copies of a leaflet for East of England End of Life ABC Programme. This is going very well including workshops with ARU students. EPIC for care home education is also going extremely well and the East of England model has been nominated for an award. EPIC are also starting a Train the Trainer programme.

**Quality Markers Measures:** This item can be removed from future agenda.

**Action:** COL

4.6 **Palliative Care Funding Review**

This item can be removed from future agenda.

**Action:** COL

4.7 **Research**

Ashley Solieri had provided a written up-date which had been circulated to all members. It was generally agreed that most trials shown were Supportive Care studies rather than Specialist Palliative Care, however, the report was seen to be informative and further up-dates should continue to be received.

5 **New Business**

5.1 **Network Audit Group**

Discussed previously under item 4.3.

5.2 **VOI CES bereavement survey results.**

At the last meeting KA had mentioned this National survey, which had been undertaken to inform national guidelines, and the discrepancies between North and South Essex. He had since looked at the survey in more depth in order to assess the percentage differences which proved to be very small i.e. only 1% or 2% difference between red and amber. Further analysis proved difficult due to the structure and coverage of the questions.

KA therefore suggested that there was a possible need to carry out a “local” bereavement survey and the group may like to consider what the local questions could be. Various discussions took place and it was ultimately agreed that this should be progressed, with a standard set of questions across Essex and that certain standard questions used in the national survey could be utilised.

COD asked that this be added to the agenda for the November 2012 meeting.

**Action:** COL

4.3 **Rehab Needs Assessment**

Deferred to the next meeting as KP was unable to attend today's meeting

5 **Any Other Business**

5.1 **Network Up-date**

COL advised there would be four Strategic Clinical Networks which would be supported by eight staff - a Medical Director, Assistant Director, 3.5 Network Managers, PA and Team Assistant - hosted by the Anglian Commissioning Support Unit - with a likely base in Cambridge. There will be project teams to work on initiatives. It is still unclear what the Networks will look like and also not known if there will an Essex Cancer Network.
A “simulation exercise” will take place nationally on Wednesday 26th September for certain individuals, in an attempt to assess how they will work together. The National Lead on Network Development is Paul Watson in the role of Regional Area Team Director.

It was thought that the impending changes will result in more input from clinicians and hospitals with less support from a “network”. However, this is subject to further information becoming more forthcoming.

6. Date of Next Meeting

All 2.00 pm - 4.00pm - Kestrel House, Board Room

Thursday 15th November

Dates of Meetings for 2013

All 2.00pm - 4.00pm, Middle and Annexe, Swift House

Thursday 31st January
Thursday 7th March
Thursday 9th May
Thursday 4th July
Thursday 26th September
Thursday 14th November