

North Tyneside CCG Patient Forum End of Life Working Group Notes

Tuesday 14 May 2019 10.00am – 11.30am Linskill Centre Linskill Terrace North Shields NE30 2AY

Attendees

Dr Kathryn Hall Chair

Dr Deepta Churm Palliative Medical Consultant

Donna Sample Clinical Commissioning Group (CCG)

Patrick Mayne Collingwood Surgery Hazel Parrack 49 Marine Avenue

Val Telfer Wellspring Health Centre
Gillian Bennett Wellspring Health Centre

Carole Reed Community and Health Care Forum (CHCF)

Apologies

Michele Spencer Community and Health Care Forum (CHCF)

Welcome and Introductions

Dr Hall introduced Dr Deepta Churm, Consultant in Palliative Medicine.

Notes of last meeting Tuesday 29 January 2019

Agreed as a true record.

Palliative Care Leaflet

The Palliative Care Leaflet is still at the printers added suggestions are on the finished draft. It has been delayed and this may be due to Northumbria Healthcare NHS Foundation Trust (NHCT) governance issues. Deepta will chase Maureen Evans who is leading on this for an update. It is over a year since it was started.

Care of the Dying Patient Audit

Dr Hall has not yet seen the Care of the Dying Patient Audit actual report. Outcomes of the audit are already in place. The Care of the Dying Patient document is not being widely used. Dr Hall explained that 33 patient notes have been reviewed in the audit. The outcome of the audit shows that it is clear the document is not being filled in well enough and is found to be time consuming for GPs to complete; however electronic versions are now available and some patient information is automatically populated which saves a lot of time. A copy of the

1

document is saved to the GP Practice's The Care of the Dying Patient Form has a section that GPs complete and a separate section that nurse practitioners complete. A hard copy of the document is kept at the patient's bedside and an electronic copy will be saved on the patient practice record system using the electronic version.

IT Systems

North Tyneside uses two main IT systems, SystmOne and EMIS. This is not as big an issue as it used to be due to interoperable software which means both systems can communicate with each other to a degree when needed. The computer packages are different in Scotland and other parts of the UK.

Rapid Response Service

The Rapid Response Service continues to do a good job keeping people out of hospital. They are currently recruiting which will incur staff changes. This service is designed for patients on the Palliative Care Register. Family members and carers are encouraged to ring the Rapid Response Service rather than 999. However, some families may ring 999 in a crisis if they are not aware of the service or they are not sure what to do. The service is definitely helping to greatly reduce admissions to hospital for this population which have plummeted in North Tyneside.

Action: Dr Hall to invite Pam Ransom to a future EOL Working Group meeting. After further discussion it was agreed to invite Pam to the Patient Forum to discuss a number of issues and provide a palliative care update. Dr Hall will discuss this with Michele.

Do Not Attempt CPR (DNACPR)

Historically there have been some issues around the DNACPR but nothing has been raised recently.

Bereavement

The Bereavement Survey was carried out in North Tyneside in 2016. The Survey asked practices if they had a Bereavement Policy and which services they were aware of. Palliative Care Registers undertook a similar service across the region. Dr Hall will conduct a presentation summarising their work later in the meeting. She will also attend the new NHCT Bereavement Policy meeting. Dr Hall would like to ensure a Primary Care Bereavement Policy is developed which aligns to the NHCT policy. There are no firm timescales for completion of this project but NHCT are working on this now and it is a significant step forward. There are issues that Bereavement Care in both primary and secondary care is done inconsistently. There has never been a formal Bereavement Policy until 18 months ago so things have come some way.

Death in Ambulance

Ambulance crew can only return a deceased person home if the appropriate section of the DNACPR form is completed correctly. If this is not in place the body will have to be taken to the hospital morgue. If a person arrests in the ambulance on the way home a different decision might be made. In most cases of anticipated arrest the issue should have been previously considered and the correct form completed. Ambulance crews have access to THE Medical



Information Group (MIG) if the DNACPR form is in place there will be a flag up on the system they can also get information from the care home for example. Currently it is medical staff that fill in the forms. In the future Dr Hall would like patients to be empowered to ask about the forms DNACPR and EHCP (Emergency health care plans) and to have routine discussions and annual review regarding this advanced care planning.

Strategy

The CCG End of Life and Palliative Care Work Plan is developed and shared with the NHCT. This is an overarching strategy which runs from 2019, the duration is still to be decided and will be discussed in detail at tomorrow's North Tyneside Palliative Care and End of Life Development Group meeting.

Action: Donna will circulate a copy of the work plan to the End of Life Working Group following tomorrow's meeting and after the plan has been shared with other service partners.

Newspaper Article

Hazel shared an article that appeared in the Mail on Sunday regarding palliative care in London where patients needs are not being met and they are not dying at home. It was confirmed that the North Tyneside equivalent of the software mentioned in that article is the Electronic Palliative Care Co-ordination System (EPaCCS) which is based on the same principles but better for this regions services.

GP Incentive Scheme

The Incentive Scheme proposal around the Care of the Dying Patient document has been approved by the CCG and will be rolled out to all practices. The scheme will run for one year.

Action: Dr Hall will bring an update on the scheme to the Patient Forum in 12 months' time.

Quality Markers in Primary Care

GP Practices get paid via the Quality Outcome Framework (QOF). Previously there were only three points for palliative care but from April 2019 there are now 40 points. In North Tyneside and the North East in general there are already very high standards in relation to palliative care but this opens another opportunity for Dr Hall to raise awareness in primary care.

Mortality Review

NHCT already conducts an audit of deaths in hospital and are looking to duplicate this for palliative care although this already happens in relation to care homes.

EPaCCS

The system went live in April 2019 and GPs are uploading plans for palliative care patients. Once the Shared Palliative Care Summary is saved in the I-Cloud a message is automatically sent to Vocare and the North East Ambulance Service (NEAS) advising them of this. This will also be used within Community Services. The number of Special Patient Notes (SPNS) sent to NEAS has now doubled and there are 66% on the Palliative Care Register. They are also capturing more DNACPRs and EHCPs.



Action: Dr Hall will bring feedback to the next EOL Working Group.

Bereavement Project

The results of the audit are sitting with the Palliative Care Network which is made up for Palliative Care Leads to do with as they wish. Both the CCG and NHCT have bereavement care on their strategies. They are also currently working on this via the Bereavement Policy Group, this project was one of the triggers for a joint piece of work with NHCT.

Dr Hall gave her presentation on the Bereavement Project which includes background, NICE guidance, literature, timelines, surveys and responses. Please see attached copy. She thanked the members for attending and ended the meeting.

Date of Next Meeting Linskill Centre Linskill Terrace North Shields NE30 2AY Tuesday, 3 September 2019 10.00am to 11.30am

