

**North Tyneside CCG Patient Forum
End of Life Working Group Notes**

Tuesday 3 September 2019

10.00am

Linskill Centre
Linskill Terrace
North Shields
NE30 2AY

Attendees

Dr Kathryn Hall	Chair
Hazel Parrack	49 Marine Avenue
David Hall	Northumberland Park
Val Telfer	Wellspring Health Centre
Patrick Mayne	Collingwood Surgery
Gillian Bennett	Wellspring Health Centre
Carole Reed	Community and Health Care Forum (CHCF)

Apologies

Michele Spencer	Community and Health Care Forum (CHCF)
Donna Sample	Clinical Commissioning Group (CCG)

Welcome and Introductions

Notes of last meeting Tuesday 14 May 2019

Agreed as a true record.

Matters Arising

The Palliative Care leaflet is still not currently available it is printed but there seems to be a problem; Dr Hall will raise this and politely prompt the Palliative Care Team.

The Rapid Response palliative care team is going really well and is continuing to meet expectations. Services run from 9am to 10pm and reviews are currently taking place to look at whether this needs to be extended ; this kind of coverage can help reduce pressure on the Out of Hours service; the most recent figures from the team show a drop-in hospital admissions.

Bereavement Presentation

Dr Hall showcased her bereavement presentation which included:

- Bereavement Care Standards shared by Northumbria trust
- Key drivers

- Scope of the six standards
- Further links of information

In Dr Hall's experience staff are extremely respectful of the deceased and a review and training is being undertaken with all staff starting with the mortuary staff but will be extended throughout all departments.

The work on Bereavement is being led by Jeremy Rushmer, Executive Medical Director at Northumbria Healthcare NHS Foundation Trust. This will include training on the bereavement stages from shock, grief, denial, anger and frustration. It includes looking at bereavement care alongside end of life care. There must be effective communication with patients who are dying and their families and carers. Care after death is to be performed to the highest standard, formerly known as last offices; it can be a challenge for mortuary staff. Loved ones are offered the opportunity to wash and dress their family member after death. The role of the coroners and registrars proves they are excellent in dealing with unanticipated death such as a sudden cardiac arrest and can help organise the issue of the death certificate (which is an important official document) if there are no suspicious circumstances and a post mortem is not needed. Death cafes are being held by the trust to help staff come together to discuss death and dying and bereavement.

The Palliative Care, Care Home Team go into nursing homes and 50% of residential homes. These homes have regular input to support their own internal palliative care register to look at patient needs.

Funding is available from Macmillan Cancer Support to enhance this service extending it to extra supported accommodation in North Tyneside.

Electronic Palliative Care Co-ordination System (EPaCCS)

Shared Palliative Care Summary

Dr Hall explained that a lot of her professional time has been taken up being the lead on EPaCCS which went live in April 2019 and works in conjunction with Vocare and the North East Ambulance Service (NEAS). It is about sharing information for Palliative care patients across the healthcare system that can be accessed in a timely manner. It has been quite a complicated challenge but has progressed significantly recently receiving funding through NHS England from July 2019 through to March 2020. Dr Hall shared some of the early outcomes of the project to date.

Current state of play in North Tyneside

- 0.67% on palliative care registered national average is 0.49% of adult population.
- 65% of deaths occur at the patients home national average 46.4%
- 87% nursing home residents die at home.

Quotes were also taken from patients, paramedics and GPs and their experiences.

Evaluation

Assessments have shown that patients who are on the palliative care register raise their quality of care. 16% of deaths are unpredictable which leaves the other 84% of patients with expected deaths.

The trend is rising on the Advance Care Planning the latest set of figures shows an increase. Also, the NEAS data on the North Tyneside graphs show a huge increase in their knowledge of sharing patients' records.

Vocare

28% of their work is palliative which is huge and 19% of their visits need revisits. Care reviews are being shared, inappropriate admissions are being reviewed and the dialogue improved.

Video Demonstration

Dr Hall showed the members a video demonstration of how the System One software package works in GP surgeries, all patient data is readily available and the system is quick and easy to use.

Dr Hall gave a second presentation outlining Palliative Care and the End of Life Education Event for GPs

The Quality and Outcomes Framework (QOF) contains three main components known as domains which are Clinical, Public Health and Public Health Additional Services where they are measured against the indicators of points that GP surgeries are judged upon on the basis of achievement. QOF contains a larger number of points that practices can work towards regarding Palliative and end of life care. Dr Hall offered support and tools to practices to review their work and work towards these standards in the QOF. The Daffodil Standards run by Marie Curie is a free, evidence based structured approach to help GPs to practice consistently and offer the best End of Life care for patients. This was also discussed by the practices as a tool they could use.

Practice Activity Scheme

This year this also involves practices increasing the documentation of the use of the Care of the Dying Patient document. GPs now have an electronic version of the form where GPs complete one section and the nurse practitioners complete the other. A hard copy of the document is kept at the patients' bedside.

End of Life and Palliative Care Strategy

There has been work on a joint strategy between Northumbria and NT CCG looking at a 5yr plan of work and development. This is just being finalised then can be shared with the patient group for any feedback. It will also be shared with other service providers such as NEAS Vocare, NUTH and the local hospice services. It is based on the national 6 Ambitions of Care for Palliative and End of Life Care. It includes the work on Bereavement care taking place.

Actions

1. Dr Hall to send out the 5yr Strategy for the group to consider and feedback on.
2. Dr Hall to chase Northumbria re the patient leaflets
3. Michele to extend an ongoing invitation to members of the Patient Forum to this meeting.

Date of Next Meeting**Tuesday,4 February 2020****10.00am to 11.30am****Linskill Centre****Linskill Terrace****North Shields****NE30 2AY**