

**Greater Manchester & East Cheshire Palliative and End of Life Care Advisory Group in  
Partnership with Manchester Cancer**

<b>Date and Time</b>	<b>Tuesday 19<sup>th</sup> July 2016, 3-5pm</b>
<b>Venue</b>	<b>Humphrey Booth Lecture Theatre, Room 1, Salford Royal Hospital</b>

<b>Present</b>	
<b>Name</b>	<b>Organisation</b>
Dr Dave Waterman (Co-Chair) (DW)	Greater Manchester & East Cheshire Strategic Clinical Network Clinical Lead /Consultant in Palliative Medicine Stockport NHS Foundation Trust
Carole Mula (Co-Chair) (CM)	Pathway Director - Manchester Cancer / Consultant Macmillan Nurse in Palliative Care - The Christie
Christine Taylor (CT)	Quality Improvement Senior Project Manager – Greater Manchester & East Cheshire Strategic Clinical Network
Claire O'Rourke (COR)	Palliative Care Pathway Manager – Manchester Cancer
Dr Lesley Allsopp (LA)	Consultant in Palliative Medicine, East Cheshire NHS Trust
Cath Byrne (CB)	Macmillan Palliative Care Lead Nurse, Stockport NHS Foundation Trust
Dr Mariam George (MG)	Consultant in Palliative Medicine, Tameside Hospital NHS Foundation Trust
Dr Kirsten Baron (KB)	SpR Palliative Medicine, North Western Deanery
Dr Gurs Purewal (GP)	SpR Palliative Medicine, North Western Deanery
Alison Walters (AW)	Patient/User Representative
Wendy Allen (WA)	Patient/User Representative
Dr Stephanie Lippett (SL)	Community Specialist Doctor, Springhill Hospice
Dr Philip Lomax (PL)	Hospice Representative (Consultant in Palliative Medicine - St Ann's Hospice)
Dr Ashique Ahamed (AA)	Consultant in Palliative Medicine, Central Manchester
Mohammed Abas (MA)	Commissioning Manager, Manchester CCG
Dr Sophie Harrison (SH) (R & A SIG Co Chair)	Macmillan Consultant in Palliative Medicine, South Manchester
Anne-Marie Raftery (AMR)	Team Leader and Macmillan Clinical Nurse Specialist in Palliative Care, Christie Hospital
Dr Lindy Brooks (LB)	Consultant in Palliative Medicine, North Manchester
Dr Tim Jackson (TJ)	Consultant in Palliative Medicine, Salford Royal NHS Trust
Dr Paul Cook (PC)	Consultant in Palliative Medicine, Oldham
Andrea Lightfoot (AL)	Service Improvement Manager (Long Term Conditions)
Dr Krista Williams (KW)	Macmillan GP Facilitator

Jennifer Gallagher (JG)	Hospice Nurse Specialist Team Manager, Wigan Hospice
Dr Amélie Harle (AH)	Consultant Oncologist, Christie Hospital
Dr Debbie Alexander (DA)	Medical Director, East Cheshire Hospice
Lucie Francis (LF)	User Involvement Manager
Delwyn Wray (DW)	Project Manager , Bury
Dr Emily Parry-Harries (EPH)	ST5 SpR Public Health

Apologies	
Kim Wrigley (KW)	Quality Improvement Programme Lead (Dementia & Palliative and End of Life Care)
Stephen Burrows (SB)	EPaCCS Project Lead
Shahid Mohammed (SM)	BME Health and Wellbeing
Dr Gillian Hirst (GH)	Associate Specialist Renal (Central Manchester University Hospital NHS Foundation Trust)
Dr Barbara Downes (BD)	Consultant/Medical Director
Debbie Hartley (DH)	GP Macmillan EOLC Lead
Dr Alison Roberts (AR)	Consultant in Palliative Medicine
Andrea Goodall (AG)	Commissioning Project Manager
Dr Tin Aye (TA)	Salford CCG
Rev Canon Ann Edwards (AE)	Chaplaincy and Spiritual Care Manager Wrightington, Wigan and Leigh Foundation Trust
Margaret Hayes (MH)	Macmillan Team Leader, Tameside

### 1. Welcome, Apologies and introductions

DW opened the meeting and introductions were made. Apologies were noted as above.

### 2. Standing Agenda Item – Conflict of Interest

Any conflict of interest forms should be submitted to the Strategic Clinical Networks (SCN) office for filing. Those members who are attending on behalf of another member should declare any conflicts of interest at the beginning of the meeting. It was agreed to keep this as a standing agenda item.

**Action: Re-issue COI forms on return of EoLC administrator.**

### 3. Notes and Actions from the Meeting held on 17 May 2016

The meeting notes were agreed as a true record of the meeting.

#### Action Summary

- DW agreed to leave the Conflict of Interest item as a standing agenda item and to circulate the Conflict of Interest form for any future submissions.
- The NWAG and Care of Dying Audit are to be discussed as agenda items today.

- 6.1 COR and CM are to present the Annual Report as an agenda item today.
- 6.2 Enhanced Supportive Care is to be discussed as an agenda item today in brief.
- 9. The Innovation Group was discussed at the last meeting – DW advised that there is a plan to draw out the new structures related to the changes in the SCN and in the Special Interest Groups. Currently there are only Education & Training and Research & Audit Special Interest Groups supporting this. The Coordination has now ceased and Transform sub-group has now been incorporated into the Education and Training SIG.

There are likely to be Task & Finish groups sitting under the partnership group, taking on some of the individual innovation areas and this is in the process of being pulled together.

**Action: All to contact KW if considering participation in the Task and Finish groups.**

- 13 MPET 2016/ 2017 money – please can people send ideas for how this money can be spent regionally to support education and training as there haven't been many responses so far.

**Action: MPET 2016/ 2017 suggestions for regional spending options to be sent to DW**

- 14 DIUPR was due to be discussed at this meeting – deferred to next meeting.
- 15 Cordotomy to be discussed at this meeting.

#### 4. Matters Arising

- 4.1 Liver Disease and End of Life Care – there was an initial meeting set up by the Medical Director for Mastercall; there is a plan for a further meeting to discuss Last Days of Life drugs around Liver Disease, and other associated guidance. The aim is for this to be more of a national piece of work as opposed to a regional one.

**Action: Any interest in involvement please contact DW**

- 4.2 Manchester Cancer Annual Report – CM discussed the final draft, requesting any final comments to be emailed over by the end of this week before ratification as the final plan, and acknowledged feedback already received, confirming that the final report will be distributed in a separate email by COR.

**Action: COR to distribute the Manchester Cancer Annual Report for comments to be returned by the end of the week - Final version attached**

- 4.3 Regional Funding – Regional funding via NHS England has become available and a case has been put forward for a Primary Care Clinical Lead which has been identified as one of the gaps; this is likely to be 1 session per week for 12 months to work alongside DW and CM.

**Action: DW requested that his contact details be passed to any local GP's who may be interested in this position. Initial interest to be expressed only, further details to follow.**

- 4.4 Cordotomy Comments and Update – Following an update on cordotomy and interventional pain service, a request was made to the group in order to provide evidence that this service is needed. PC will provide a paragraph to distribute for the group members to comment on key questions and provide any evidence the services need.

**Action:** *PC to provide a paragraph on Cordotomy Services to be distributed to the membership for response.*

## 5. Information Sharing

- 5.1 Weekly Run – DW highlighted that the weekly run contains a lot of information and requests that if there are particular areas not covered, for people to bring these items to attention at the meetings for further discussion. This should negate the need for an in depth discussion at each meeting, and will allow focus on those items that do require further discussion.
- 5.2 Education and Training – over the next week, there are 3 documents that will be distributed by the SCN:
- An adopted document from London SCN 'Overarching Principles for End of Life Care Education and Training'
  - GMLSC SCN 'Recommended Competencies for Trainers and Educators in Palliative and End of Life Care'
  - GMLSC SCN 'Facilitator/ Educator roles in Palliative and End of Life Care' Results from scoping exercise.
- 5.3 MPET Evaluations for HEE 2015/ 2016 – DW thanked the group for their participation in the MPET Education & Training Evaluation and confirmed that it has now been sent to HEE and is one of the mechanisms that helped to secure funding for 2016/ 2017.
- 5.4 NW EoLC Operational group – No feedback for this meeting.
- 5.5 EPaCCS Update – shared with the group via PowerPoint presentation.

**Action:** *EPaCCS Dashboard to be circulated with the minutes.*

- 5.6 Quality Outcome Indicators (Peer Review) for Palliative Care – DW reported that the new QOI documents do NOT have any Specialist Palliative Care (SPC) Measures within it. It was agreed to explore whether standards could be agreed across GMEC.

**Action:** *For the Advisory Group to consider next steps for GMEC in the context of agreed Standards, taking into account the following documents/guidance:*

- Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020
- Ambitions Self-Assessment Tool, NW Coast SCN
- NHS England Specialist Level Palliative Care: Information for Commissioners April, 2016  
Manchester Cancer Palliative Care Board Vision and Standards Draft 2015-17

**Action:** *To agenda item for discussion at the September meeting.  
Attach the above documents for perusal NB// below link may be useful;*

There has been a 'State of the Nations Report' released from Marie Curie and Sheffield Hallam University which highlights the current numbers of national policies and guidelines;

<https://www.mariecurie.org.uk/globalassets/media/documents/policy/reports-in-partnership/state-of-nations-sheffieldhallam-full-report-june2016.pdf>

## 6. Patient Carer Update

- 6.1 WA raised the issue of poor participation in some tumour specific surveys. Some users had expressed concern, that a contributory factor maybe that some of the questions were unfit for purpose and could not be answered with a simple yes/no. It has been suggested that prior to release of any surveys, that they are distributed to users for comment. This can be done via Manchester Cancer, where impending surveys can be reviewed by the Steering Group or a Focus Group or via the Greater Manchester Cancer Partnership Group of which she is a member.
- 6.2 Palliative Care should have a voice on the Manchester Cancer Pathway Boards and there is a meeting arranged with user reps and CM to discuss the next steps regarding this.

## 7. Discussion Topics

- 7.1 Last Days of Life (LDoL) Care - It was noted that each locality involved in the National or NWAG Care of the Dying Audits will have received their own individual site reports as well as the overarching reports. SH focused her presentation on the NWAG Regional Audit Results.

**Action: The presentation will be distributed with the minutes**

The NWAG overarching report is also to be distributed as well as the Royal College of Physicians National Care of the Dying Overarching report

**Action: To agenda a discussion re individual care plans at the September meeting.**

**Action: Individual Care Plans to be included in next agenda.  
DW will feedback from the Facilitators Group at the next meeting.**

## 8. Group Workshop and Actions

- 8.1 There is a Cancer Vanguard National Project - one Vanguard site is the Christie working in partnership with UCH and the Royal Marsden. The aim of the vanguard work, in year 1 is to look at different innovative models to deliver a Specialist Palliative Care model 7/ 7. It was noted that year 1 is for modelling not delivery.

A draft PID was shared with the group but is still work in progress and is being discussed with the Vanguard team.

It is aimed for a Task and Finish Group to be set up to support the Advisory Group to undertake this work. The consensus of the group is to undertake this work. If funding is agreed for specific project support then volunteers will be needed to support a Lead Clinician and Project Support Manager.

NB- Cath Bryne from Stockport volunteered.

**Action: Any other volunteers for 7/ 7 task and finish group should express interest to CT.**

**Action: CT to create a volunteer list.**

- 8.2 Ambitions Template was discussed at Agenda item 5.5 with an action for CT.

## 9. Consensus with Localities

- 9.1 Partnership Group Structures and Links – to go on next agenda
- 9.2 uDNACPR/ECTP – E&T Implementation needed  
Policy Review was deferred due to the ongoing development of REPECT/ ECTP through the National Resuscitation Council working group. The next NW meeting is on 27<sup>th</sup> September 2016.

**Action: An update re: current position re: uDNACPR to be distributed to group Post meeting note, this correspondence went to Advisory Group Members 3<sup>d</sup> August, 2016**

- 9.3 CQC Shared Learning – to go on next agenda
- 9.4 MPET Programme 2016/17 – Core Themes - to go on next agenda
- 9.5 DiUPR Data - to go on next agenda

## 10. Innovation Programmes

- 10.1 Lung/ Palliative Care Pilot – AH presented feedback

**Action: Lung/ Palliative Care Pilot Presentation to be distributed with the minutes**  
**Action: Any comments to be sent to SCN for collation then to be sent to AH, CM and COR.**

- 10.2 MND Joint Clinics and Outcomes – It was noted that from September, the 1<sup>st</sup> Satellite MND Clinic will be held at St. Ann's Hospice at Heald Green as a joint clinic between DW and Dr Ealing once a month. At the same time, this reconfiguration means that Dr Tim Jackson will be providing palliative care input monthly to the Salford's Tertiary Centre clinic.

These clinics will be evaluated with the support of EPH, Public Health SpR, currently linked to the SCN. It is the aim for this to provide evidence for further satellite sites to then be developed.

## 11. AOB

- 11.1 To consider the link between Amber Care Bundle and the new RESPECT guideline and documentation once it is available.

**Action: Amber Care Bundle to be added to the agenda for the uDNACPR Task and Finish Group on 27<sup>th</sup> September.**

## 12. Date and Time of Next Meetings

- 12.1 Tuesday 20 September 2016 (3pm to 5pm) at Birchwood Conference Centre – Room to be advised

Tuesday 15 November 2016 (3pm to 5pm) at Seminar Room 6, Mayo Building, Salford Royal NHS Foundation Trust

Agenda item	Action	Action to be taken by	Date for completion
2.	Re-issue COI forms on return of EoLC administrator.	DWo	
3.2	Conflict of Interest form to be circulated with the minutes	DWo	
3.9	All to contact KW if considering participation in the Task and Finish groups.	All	
3.13	MPET 2016/ 2017 suggestions for regional spending options to be sent to DW.	All	
4.1	Any interest interested parties should contact DW.	All	
4.2	COR to distribute the Manchester Cancer Annual Report for comments to be returned by the end of the week.	COR	
4.3	DW requested that his contact details be passed to any local GP's who may be interested in this position. Initial interest to be expressed only, further details to follow.	All/ DW	
4.4	PC to provide paragraph on Cordotomy Services to be distributed to the membership for response.	PC	
5.5	CT to send out the EPaCCS Dashboard.	CT	
5.6	CT to distribute the ambitions template, and the snapshot for baseline, Information for Commissioners and Manchester Cancer Draft Standards comments from the group ahead of the next meeting.	CT	
7.1	CT to circulate Minutes and add to the next agenda.	CT	
7.3	Individual Care Plans to be included in next agenda. DW will feedback from the Facilitators Group at the next meeting.	CT DW	
8.2	CT to create a volunteer list. Any other volunteers for 7/ 7 task and finish group should express interest to CT.	CT All	
9.2	An update on the current position regarding uDNACPR to be distributed to the group.	CT	
10.1	Lung/ Palliative Care Pilot Presentation to be distributed with the minutes. Any comments to be sent to SCN for collation then to be sent to AH, CM and COR.	CT All	
11.	Amber Care Bundle to be added to the agenda for the uDNACPR Task and Finish Group on 27 <sup>th</sup> September.	CT	