

Palliative Care Board – Minutes of Meeting

27th November 2014

Location: UHSM Education Centre

Time: 4:30 - 6pm

Attendance	Representation
Carole Mula	Pathway Director
Wendy Allen	Patient Lead
Margaret Hayes	Macmillan Team leader, Tameside
David Waterman	Consultant in Palliative Medicine Stockport NHS Foundation Trust
Sophie Harrison	Consultant in Palliative Medicine UHSM
Alice Davies	Macmillan Associate Lead Cancer & Palliative Care Nurse PAT
Hodan Noor	Pathway Manager
Phil Lomax	Consultant in Palliative Medicine, SRFT/Medical Director St Ann's Hospice
Anne-Marie Rafferty	Team Leader & CNS Palliative Care, The Christie
Fran Mellor	Macmillan Associate Development Manager
Elaine Parkin,	SCN
Apologies	
Iain Lawrie	Consultant Lead Clinician for Specialist Palliative and End of Life Care, PAT
Ursula Haworth	AHP CMFT
Barbara Downes	Medical Director/Consultant in Palliative Medicine Bolton Hospice
Kimberley Steel	Consultant in Palliative Medicine Bolton FT
Jenny Wiseman	Consultant in Palliative Medicine WWL
Ashique Ahamed	Consultant in Palliative Medicine CMFT
Stephanie Gomm	Consultant in Palliative Medicine SRFT
Julie Whitehead	Macmillan Pharmacist, East Cheshire NHS Trust
Jennifer Gallagher	Macmillan Palliative Care team Leader WWL FT

In attendance

Catherine Fenson on behalf of Julie Whitehead

Agenda Item	Action
<p>1. Apologies/ welcome and Introductions</p> <p>Apologies were noted.</p>	
<p>2. Minutes from the last meeting</p> <p>Minutes from 25th September confirmed by members as being accurate</p>	
<p>3. Matters arising</p> <p>No matters arising from the last meeting, items included in the agenda to be discussed.</p>	
<p>4. Objective 1- Improving outcomes/survival rates</p> <ul style="list-style-type: none"> - MDT working – Mapping findings <p>CM reported on the progress of MDT working mapping findings, to identify the gaps across the network against the peer review guidelines. A report is to be drafted; the proposal is to aim for representation on those disease groups where specialist palliative care is a core requirement, for the other MDTs, there should be a clear mechanism to referral from MDT into palliative care.</p> <p>CM shared the view of the Lead Managers’ meeting presentation and their interest to resolve the gaps to fulfil peer review requirements of specialist palliative care representation.</p> <p>Members of the board raised concerns in relation to meeting peer review guidance and MDT attendance due to the current shortage of capacity and requested CM to share the reservation. Until this capacity issue is resolved it is unlikely the all Trusts will be compliant with MDT attendance.</p> <p>Members highlighted that the proposed model of working where site specific MDTs are fully aware of the referral mechanism to specialist palliative care is currently in existence. However, effective and regular involvement of specialist palliative care at site specific MDTs requires engagement and resources to achieve this.</p> <p>DW suggested the board identify the key MDTs and frequency and length of meetings to establish the specialist palliative care hours required against current activity to highlight the gaps.</p> <p>PL proposed the board needs to also highlight the outcomes and the difference early palliative care engagement has on patient outcomes although this evidence should already be available in the peer review literature. Other might include the identification of representatives from the tumour groups with an interest in palliative medicine to link with a palliative care member to build skills in this area and to be a representative at MDTs.</p>	

<p>5. Objective 2- Improve Patient Experience</p> <ul style="list-style-type: none"> - EPaCCS <p>SB has provided an update on the development of the training templates, Vision templates to be shared once completed. HN confirmed once all training templates are received this will be uploaded on Manchester Cancer website.</p> <p>Members highlighted the current gap in engagement with EPaCCS in St Anns and The Christie and proposed to put forward an innovation fund application to the Living With and Beyond Pathway Board to fund an interoperability solution for both organisations.</p> <ul style="list-style-type: none"> - 7 day working mapping <p>CM shared the report on 7 day working mapping. There has been significant improvement compared with the national audit, however, this also highlights the capacity issues. CM suggested following publication of the commissioning guidance for Specialist Palliative care, whether there is value to map the current capacity against the guidance and provide a report to the Provider Board.</p> <p>DW confirmed the SCN is currently developing this information to evidence the need. However there is a need to identify what are the minimum standards for nursing and medical provision.</p> <p>Members are happy to support this work however with the current shortfall in capacity, concerns were raised around the investment needed in developing a minimum standard that ultimately may not be addressed by the Provider Board but be forwarded to individual CCGs which previously has resulted in disparity.</p>	<p>Members to send relevant information for HN to draft application</p>
<p>6. Objective 3- Research and clinical innovation</p> <ul style="list-style-type: none"> - Clinical trials report – for information only 	
<p>7. Objective 4- Improving and standardising high quality care across the whole service</p> <ul style="list-style-type: none"> - Living with and Beyond Cancer and Palliative Care event update <p>The event was held on the 25th and was well attended. Thank you to the members who supported this event</p> <ul style="list-style-type: none"> - Living with cancer and Palliative Care sub group update <p>The group have met and identified key themes. Focus groups have been identified to discuss with patient and carers these themes including suggestions of services which meet their needs.</p> <ul style="list-style-type: none"> - Manchester Cancer Palliative Care Standards <p>To incorporate as part of the agenda at the next meeting to develop a plan for next year</p> <ul style="list-style-type: none"> - Working with other pathway boards and expectations <p>To incorporate as part of the agenda at the next meeting to develop a plan for next year. CM highlighted that HPB has request support on developing palliative care guidelines for HPB. CM advised she will be referring back to the SCN referral criteria for specialist palliative care and the pain and symptoms control guidelines.</p>	
<p>8. A.O.B.</p>	

Dr Jane Younger has resigned from this board as she has got a new role outside of Manchester Cancer, HN to contact the Psychological support group for a new representative.		
9. Meeting dates for 2015		
Tuesday 10 th February	4.30-6.00	
Tuesday 17 th March	3.00-4.30	
Thursday 21st May	4.30-6.00	
Tuesday 14 th July	3.00-4.30	
Thursday 24 th September	4.30-6.00	
Tuesday 24 th November	3.00-4.30	