

## MINUTES



Palliative Care  
Managed Clinical  
Network



### CLINICAL GOVERNANCE GROUP MEETING

DATE 27 Oct 2011

TIME 2 – 3.30pm

VENUE McNicol Room, St Andrews Hospice

PRESENT **Catriona Ross (chair), Helen Alexander, Jonathan Campbell, Rosalie Dunn, Julie Graham, Linda Johnstone, Gillian Muir, Jan Smith, Kate Wilson, Fiona Young**

APOLOGIES None

#### Action

#### 1 Matters arising

Gillian noted a change to the previous minutes (Matters arising, Item 6 AOCB, para 2). There was not 'much better use of the acute pain tool in Monklands' but there was more audit being done. Fiona will change the minutes.

**Fiona**

#### **Respite needs**

Catriona wondered why 'respite needs' was not on matters arising or the agenda. Rosalie and Helen noted that they had not taken this forward since the last meeting of the group. Although they had received some feedback, there really wasn't much information available. They were hoping to gain some insight into respite from the 'Carers interviewing other carers' project.

#### **'Carers interviewing other carers' update**

Helen said this project was taking longer than they expected. Four former carer interviewers had been trained by Stirling University and the first two interviews with current carers have been conducted. They were doing the interviews in pairs so that one could work the digital recorder and the other could ask the questions. There is a debriefing meeting in two weeks and it is hoped that the other eight planned interviews will be before Christmas. More funding had been awarded from the Carers Strategy Information Group (£12.5k) to interview carers of people who had been on the LCP. The four carer interviewers will be asked if they wish to be involved.

#### **McKinley pump group**

Gillian noted she and Wendy had met with key members of this group recently and there were still ongoing issues of training and condemned pumps. Kate said that Liz Cunningham's computer had been located and she would email Tom Bryce to organise getting the McKinley pump group information from this computer. There were now 16 of the original 20 McKinley pumps in Hairmyres which had all been serviced but Monklands were still using big pumps. Kate said that in primary care it was up to each locality to replace faulty McKinley pumps. Rosalie said that some GP practices had bought their own. Linda noted that Marie Curie planned to produce a DVD on the McKinley pump (one of a series of films). Helen wondered if it would be possible to put this new one on Learn Pro (was not with original one). She will ask Margot Russell.

**Kate**

**Helen**

#### 2 LCP audit

Helen said there was a lot of data and audit work on LCP but it needs to be pulled together, particularly since the LCP team is coming to the end of its three years. Julie said they now had admin support for data entry and she and Jonathan were starting to think of how they can link different domains to answer specific questions. Julie asked the group to forward any questions they wished to have investigated using the LCP data. They were currently working on Section 3 (Care after death) because this was rarely filled in but was an issue nationwide. Often the staff do Last Offices but it is not documented. Jan noted that Macmillan sent a letter out six weeks after a death and that prompted bereavement care. She said the district nurses do really well with the paperwork up to the death but then the case notes go back and work is not documented. Julie said they are usually told when LCP is in place and follow it up by looking at the case notes which the DNs and care homes store. Catriona said that they put the onus on the junior doctors at the Hospice when a patient is on LCP to make sure part 3 is done and if

**All**

not they give the form back to the nurses. Maybe the hospital doctors should do this. This might be a safety net. Compassionate care costs nothing, but some people have to be told. Julie has suggested having the LCP self-audit on a web portal. Jan noted there was a web based system for patient safety and LCP might fit there. Julie said not many wards were doing their own audit but the LCP needs to continue and if standards fall senior nurses should follow this up. Helen said that if it was a clinical indicator that was reported to the Board it would be high on the agenda. Julie said she was hoping for this as part of the exit strategy and Pam Milliken was very keen. Kate noted the LPCAT was a dropdown on MIDAS and it would be good if LCP was there too. Julie said there was an LCP Steering Group meeting in two weeks and they would be discussing the proposed plans. Helen asked what data Julie had and Jonathan said he would send the group some of the reporting he had done on LCP.

**Jonathan**

Rosalie and Julie agreed that the LCP numbers were great in the care homes but it would be valuable to get data from care home GPs about numbers of people not being sent to hospital as the LCP data is only deaths that have been audited and not all deaths. Has there been any impact on hospital admission? How do we find that out? Kate said it was difficult establishing the lessons learned in the last three years. Rosalie said the real value was the follow up from the LCP team. Helen said they had to find some way before March, when the project ends, to marshall the LCP data people need to know about. Otherwise it would be too late to influence what happens next re LCP in Lanarkshire. In relation to hospital admissions, Julie said that if 160 LCPs had been used that was potentially 160 avoided hospital admissions. Kate noted when looking for funding that 'potential' was not enough. Julie said she felt from her charts on the wall that usage was going down, which may be because staff are not doing the self-audit or they are not so well supported now. Catriona wondered if anyone else, perhaps Liverpool, had reported on the percentage of hospital admissions avoided by LCP use. Julie will check this.

**Julie**

### **3 Acute hospital project**

Helen said she didn't have much of an update on this but it had been agreed they would run the pilot in wards 7 and 8 at Wishaw General. The volunteers' role had been approved by the MCN Executive Group and sent to the Senior Nurses, via Eileen Clark. The Senior Nurses need to agree it before they can bring in the volunteers. They already had some volunteers because Katrina Murray had put it in a volunteers' bulletin. Helen will contact Eileen.

**Helen**

### **4 Just in case box audit update**

Jonathan said data entry was ongoing. He had 157 forms entered so far but there were more to add. The Just in case box had been used 129 times, 60 hospital admissions were thought to have been prevented by the boxes and 88 calls to OOH had been avoided. There were lots of positive comments added on the forms. Jan wondered how quickly they could move into other areas and Helen felt they now had enough data to approach the Primary Care Medical Director and convene another meeting of the Just in case group to plan the roll out. Helen said she would need drug costs from Linda to write up the report. She will circulate this to the group.

**Linda/Helen**

### **Poster presentation**

The poster had been presented at NHSL R + D conference and SPPC conference and it was felt that in future posters should be A0 size instead of A1.

### **5 DNACpR audit considerations**

Rosalie said she had attended the national meeting for William Lannigan and she had asked him about auditing DNACpR but had received no response. Julie said she had heard Penny Brankin had taken over from William. Kate said she was trying to organise training for the DNs as more was needed. The group decided a short telephone audit of hospital consultants would provide useful data and Catriona agreed to draft the questions. She will email them to Jonathan with a cover letter and a start/end date. She will circulate first for comment.

**Catriona**

### **6 Palliative care needs assessment**

Helen said Marilyn had mentioned that the previous Palliative Care Needs Assessment should be updated. The MCN has offered to be involved and Helen will liaise with Marilyn on this.

**Helen**

### **7 AOCB**

Helen tabled the LADW Building on Progress report which she had submitted to the Scottish Government on 7 October 2011. She noted that the ePCS data in the appendix supplied by the Government was from March and out of date. Helen will circulate this report to the group.

**Helen**

## **2012 meetings**

15 March

27 September  
2 - 3.30pm, St Andrews Hospice