

**National Implementation Advisory Group for the Strategic Framework for Action on Palliative and End of Life Care
Wednesday 16 August 2017**

**Paper for Discussion
Palliative and End of Life Care Workplan**

Item status:

For information	X
For discussion	X
For decision	

Key issues:	Strategic Framework for Action on Palliative and End of Life Care (SFA) Workplan
Action/Outcome Required:	<p>Following comments from the last meeting of the NIAG in April 2017, this paper provides an updated version of the workplan based on the ambitions and commitments set out in the SFA.</p> <p>Members are asked to note the updates to this document including:</p> <ul style="list-style-type: none"> • Addition of age ranges to identify which actions are age range specific. • Addition of secondary RAG column to mark progress from previous NIAG. • New actions as provided by the commitment leads which will be covered under the relevant agenda items. • A dating format to provide clarity on how current the plan is. <p>It was suggested at the previous NIAG that bereavement work be included in the workplan. However, Officials are still at an early stage in considering how best to link the palliative care and bereavement policy areas and as such this has not been included at this stage.</p> <p>We ask the group to:</p> <ul style="list-style-type: none"> • Discuss the content of the workplan and agree if the content is helpful.. • As the intention is to publish the workplan, members will wish to consider whether there is any information that is not appropriate/clear enough for the public domain.
Handling at meeting:	Paper for information and discussion.

Strategic Framework for Action on Palliative and End of Life Care (SFA)

Policy Context

The Scottish Government Strategic Framework for Action on Palliative and End of Life Care (SFA), was published in December 2015 and contains a range of commitments designed to improve the range and quality of palliative and end of life care services for people across Scotland.

The core aims of the SFA are:

- Access to palliative and end of life care is available to all who can benefit from it, regardless of age, gender, diagnosis, social group or location.
- People, their families and carers have timely and focussed conversations with appropriately skilled professionals to plan their care and support towards the end of life, and to ensure this accords with their needs and preferences.
- Communities, groups and organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.

Background

In late 2016 it was suggested by several members of the group that it would be helpful to have one document that could be updated regularly that would show progress towards implementation the commitments in the SFA. This would support the group in prioritising areas for action.

A draft structure of a workplan was agreed at the meeting of the NIAG in December 2016. As agreed at this meeting, the workplan was subsequently populated with suggested actions to take forward the commitments in the SFA for further discussion.

Any changes to the structure or functioning of the workplan are noted in the Action Section at the start of this document.

The NIAG subgroups will take forward specific commitments set out in the SFA and are expected to have their own workplans to complement the overarching NIAG workplan. Subgroup Leads therefore provide updates on their work to the Secretariat to help inform the most recent version of the NIAG workplan. Subgroup workplans will be included as annexes on the overarching NIAG workplan document once agreed should this be found helpful.

Workplan discussion at NIAG

We would encourage colleagues to think about what actions/tasks they could contribute to and how this plan could be strengthened. Each Lead will discuss the relevant area of the workplan under the update item on the agenda.

To aid with this it would be helpful for members to regularly consider the following questions:

- Is this approach helpful in keeping members informed?
- Are there any tasks/actions that should be added?
- Are there any general changes you would suggest?

**National Implementation and Advisory Group
on Palliative and End of Life Care (NIAG)**

Workplan

2017

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NIAG Workplan

A key to the workplan content is set out below:

- Commitment – An abbreviated summary of the commitment contained in the SFA
- Actions/Tasks - Suggested tasks that may need to be undertaken by members of the group or the group as a whole to help achieve the commitment. It is expected that more tasks will be identified and added as work progresses.
- Lead – Member of the group/subgroup or individuals responsible for taking forward the action/task.
- Age range – This column is designed to indicate work that is for specific age ranges. This has yet to be developed fully but currently, a purple marker indicates the work is geared towards children and young people (under 18).
- Time – This identifies a timescale in which the action is expected to be completed.
- Progress – Over time this will contain updates on each of the tasks and will be completed by the Lead ahead of each meeting. Two small columns to the right contains a RAG rating to indicate whether each task is on track at each of the NIAG meetings. A workplan that covers the full year will have three columns.
 - B – Black – Not started
 - R – Red – Running significantly behind schedule or at serious risk of not being completed
 - A – Amber – Running behind schedule or at risk of not being fully completed
 - G – Green – On track
 - BI - Blue - Completed
- Evidence of completion – Sets out a rough guide as to when the action could be considered complete.

Workplan Monitoring and Usage

Identified Leads (Annex A) will complete a progress update associated with their actions ahead of each meeting of the NIAG or on request from the Secretariat. This will be submitted to the Secretariat within the timescales set out in the table below. A table containing the deadlines for submission is set out below.

NIAG Meeting Date	Workplan Update Deadline	NIAG Papers issued
16 August 2017 (14:00 to 17:00)	2 August 2017	9 August 2017
13 December 2017 (14:00 to 17:00)	29 November 2017	6 December 2017

Ahead of each NIAG meeting, completed actions will be removed from the workplan and stored in an Annex. This will help ensure that the workplan stays current but that there is a way of tracking progress across years if required. This will be held by the Secretariat. This will commence from 2018 onwards to provide members a view of a full year’s monitoring to allow any changes in this process to be made.

Risks and Issues

If there is slippage in any area of the workplan then the agreed Lead should register either the risks or issues associated with the slippage in the associated NIAG risks and issues logs (Annex B). These will be held by the Secretariat and circulated to members with the workplan ahead of meetings.

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Commitment 1 - Support Healthcare Improvement Scotland in providing Health and Social Care Partnerships with expertise on testing and implementing improvements in the identification and care co-ordination of those who can benefit from palliative and end of life care.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
1.1	Identify H&SCPs which to be used as test sites and agree funding for HIS	SG	Complete	A	B	By May 2017	Number of HSCP agreed to become test site – 6. HIS received funding - Yes.
1.2	Recruitment of national support team.	HIS	In progress. PEOLC Social Services lead delayed – filled in the interim by LWiC Social Services National Lead	G	G	By May 2017	Number of national posts in recruitment - 5 Number of national support team in post - 4
1.3	Build local capacity for palliative care improvement.		National improvement advisor, project officer and clinical leads are in post.	A	A	By July 2017	Number of local sites starting analysis - 3. Number of local sites identified local opportunities for change - 1. Number of local AIA in post – 4.
1.4	Identify local opportunities for palliative care improvements		In progress but behind schedule.	A	A	By Sept 2017	Number of local sites starting analysis - 3. Number of local sites identified local opportunities for change - 1.
1.5	Improve the identify of people who would benefit from palliative care		Four advisors expected to be in post by August 2017.	G	A	By May 2017	Number of identification projects started. Number of identification projects complete. Percentage of identification projects that improved the identification of people with palliative care needs.

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1.6	Improve the co-ordination of palliative and end of life care	HSCPs	Dundee and Western Isles recruiting, expected to be in post by end of September 2017.	G	G	Ongoing	Number of co-ordination projects started. Number of co-ordination projects complete. Percentage of co-ordination projects that improved the co-ordination of palliative care. Number of co-ordination projects focused on anticipatory care planning. Number of co-ordination projects focused on advanced model for dementia Number of co-ordination projects focused on community-based co-ordination of care at home. Number of co-ordination projects focused on acute and hospice-based co-ordination of care.
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Commitment 2 - Provide strategic commissioning guidance on palliative and end of life care to Health and Social Care Partnerships.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
2.1	Form short life working group to support the drafting of the strategic commissioning guidance	SG	Completed	B	B	By October 2016	Group formed and have met
2.2	Agree main themes to be included in the commissioning guidance		Completed	B	B	By December	Areas to be covered in guidance discussed with SLWG
2.2.1	• Create initial draft of guidance		Completed	B	B	By Spring 2017	Draft composed and discussed with SLWG
2.2.2	• Reflect with SLWG on changes needed to draft Guidance		On track	G	B	Spring 2017	
2.3	Create final draft of Guidance for engagement with HSCPs		Current version being developed by Tim Warren and Mark Hazelwood.	G	G	By October 2017	Final draft agreed with SLWG for further engagement
2.4	Hold SG Directorate meeting to discuss draft guidance and ensure messages are consistent with policy		Yet to be held but expected in late August 2017	G	G	By September 2017	
2.5	Invite Hospice Chief Executives to present at Chief Officers meeting to set out what support they provide to local communities		Cancelled by HSCP Chief officers – due to increased awareness of dysfunction of short presentations – PEOLC SLWG, convened by Ron Culley CO Western Isles will attend to this.	G	G	NA	NA

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2.6	Create plan for roll out of strategic guidance and support mechanisms to support HSCPs		Medium to long term and ongoing.	B	B	By October 2017	Evidence of use of the guidance to inform commissioning activity by the boards – leading to shifts in health and wellbeing indicators and any agreed measures regarding end of life care.
Commitment 3 - Support the development of a new palliative and end of life care educational framework.							
Key Public facing message -							
REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
3.1	Undertake learning needs analysis of health and social services workforce -focus groups, rapid review of literature, mapping of existing learning & development frameworks.	NES/S SSC	Completed	B	B	By Nov 2016	Summary reports
3.2	Co-create framework - engagement with partners by NES/SSSC team, expert groups to develop domain content and consultation with health, social services and education workforce through local workshops and online survey.		Completed	G	B	By Mar 2017	Framework published
3.3	Create year 2 work plan - implementation and embedding		Completed	G	B	By	Agreement by Education Advisory Group and detailed workplan submitted to SG
3.4	Promote awareness and facilitate user engagement with the framework		<ul style="list-style-type: none"> Working with partners in awareness raising, dissemination through conferences, regional and local events and social media and sector newsletter Commenced presentations - including hospices, prisons, care homes, Meetings with HSCP and service leads, educators, and learning and development leads to support mapping of current and proposed activity in organisations against framework Development and testing of 3 realistic evaluation questions to capture national data set on response to the framework, local implementation of the framework, and anticipated impact of the framework 	G	G	June	Report on responses from questions with recommendations for future work

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3.5	Work with sector to develop targeted education/development responses to support the health and social service workforce		<ul style="list-style-type: none"> • Started to identify resources to support learning and development related to domain content • Specific resource for informed level – work commenced on identifying content. (NB funding to take this work forward is not confirmed) • Collaboration with local IJB and HSCP leads and Scottish Care to agree specific learning and development activities eg in care homes and day centres, • Work with national Care Home and Care at Home organisations to support mapping of framework with own training programmes • Developing a suite of open badges supporting achievement of framework domains at Informed Level • Initiating discussions around learning and development support for registration requirements 	G G	2017	
3.6	Strengthen connection with workforce activity and models of care and support across related policy areas		<ul style="list-style-type: none"> • Collaboration with national Death, Dying and Bereavement work stream to raise awareness of PEOLC with bereavement leads across Scotland and identify potential collaborations • Participation in national Personal Outcomes Network to connect outcomes focused support planning to PEOLC • Collaboration with national Dementia work stream to embed PEOLC content in selected educational initiatives • Collaboration with HIS ACP work stream to promote connections across ACP and PEOLC 	G G	By Mar 2018	Scoping report on learning resources aligned to framework

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3.7	Enhance knowledge sharing, learning opportunities and networking to support palliative and end of life care education, learning and development		<ul style="list-style-type: none"> • Event planning initiated (NB funding to take this forward is not confirmed) • Further and higher education sectors engaged in initial discussions about mapping framework against PEOLC education provision – link to NMC new standards of proficiency for the future registered nurse • National practice educator and care home educator networks engaged in supporting local presentations and awareness raising • Engagement with higher and further education national groups to identify curriculum leads and identify any priority areas for education/development support 	B	A	Ongoing	
3.8	Work with other commitment teams to offer workforce and education perspectives and identify opportunities for collaboration		<ul style="list-style-type: none"> • Engagement in HIS programme meetings and with Improvement Advisors to support test sites with PEOLC learning and development • Participation in Research Forum (research synthesis, event, event report and follow-up activities) • Collaboration with Research Forum to support dissemination of research findings through educational resources 	B	G	By March 2018	Content of informed resource (Format of resource dependent on available funding)

Commitment 4 - Support and promote the further development of holistic palliative care for the 0-25 years age group.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION		
4.1	Explore with relevant stakeholders what high quality palliative care for children and young people should look like.	SCYP PEX/R CPCH	C	SCYPPEX/RCPCH hosted an event in March 2017 to explore this. Feedback from the event will be available in due course for further consideration/discussion of next steps. Discussion has commenced with NSD as to how best take forward a 'network approach'.	G	G	By June 2017	Take advice from relevant stakeholders and form a proposal for further consideration.
4.2	Identify a mechanism to support discussions between HSCPs and CHAS to develop services and supports to meet local needs.	SG	C	SG colleagues are exploring with Child Health Commissioner colleagues how to take forward this work.	G	G	By Summer 2017	Influence on central commissioning of CHAS by HSCPs
4.3	Establish effective commissioning arrangements to support	SG	C	These have been established for 2017/18 with		G	By summer	CHAS commissioned

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	Children and Young People's palliative care.		the aid and assistance of NHS Lothian and its child health commissioner Sally Egan.		2017	
Commitment 5 - Support the establishment of the Scottish Research Forum for Palliative and End of Life Care.						
Key Public facing message -						
REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
5.1	Establish Research Forum	SG	The next meeting of a sub-committee of the research forum will be on 29th August, and our next full meeting is scheduled for October/November 2017 which will incorporate further knowledge transfer.	B I	By Winter 2016	Forum established and initial meeting held
5.2	Develop plan to harness the work of the Forum to routinely inform policy and practice in improving palliative and end of life care across Scotland.	Scott Murray	The forum had a very well attended meeting on the 23rd February when various researches most relevant to the strategic framework were presented. Copies of the power points will be available at the Palliative Care in Scotland Website.	G G	Ongoing	
			On the 11th May we had a meeting convened by the Research Forum and Marie Curie where leaders from HIS, NES and other clinical areas presented an analysis of what they felt as the most important papers that would inform government policy. This knowledge-transfer event was evaluated very positively and a full report will be available soon. The Research Forum received strong support from the Cabinet Secretary for their work.	G	By Autumn 2017	
			The scoping review which has been commissioned by the government and supported by Marie Curie will soon be submitted for publication and a further paper will be written to explain how our innovative knowledge transfer mechanism has worked.	G	By the end of 2017 (indicative)	
			Smaller meetings continue between researchers and our national policy leads, HIS and NES, so that education and teaching materials may help support the ongoing work, especially with	G	Ongoing	

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			respect to anticipatory care planning and the support and training of social care workers and family carers.			
Commitment 6 - Support greater public and personal discussion of bereavement, death, dying and care at the end of life, partly through commissioning work to facilitate this.						
Key Public facing message -						
REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
6.1	Develop a proposal to take forward this workstream for discussion with SG colleagues	SG/SP PC	Initial proposal and funding agreed	G B I	By March 2017	Proposal produced and funding secured.
6.2	Discuss agreed way forward with NIAG to best utilise all available resources to inform the development of a rolling workplan for this workstream.	SG/SP PC	Invite discussion from group at April NIAG and begin development of workplan following meeting.	G B I	By April 2017	
6.3	Recruit to new post at SPPC to support work around this commitment	SPPC	Appointment to post made	B I	End June 17	Post filled
6.4	Develop and implement work plan	SPPC/ SG	Now that the new post holder is in post we are firming up on more detailed plans, in discussion with SG colleagues and other stakeholders. Items 6.4.1-6.4.3 (below left) are the key areas of work which the funding for the post is designed to support..	G G	By Autumn 2017	Workplan formed and agreed
6.4.1	Scale up and build on existing areas of work, including: <ul style="list-style-type: none"> Running annual awareness weeks in May, accompanied by information resources and small grants schemes to support individuals and organisations to identify and address local issues. Running annual To Absent Friends festivals, capitalising on these as opportunities to engage with audiences outwith traditional 'health and social care audiences', and making specific efforts to engage with communities which are often excluded or overlooked. Promoting and modelling more open and supportive cultures relating to death, dying and bereavement in Scotland. For example, as we undertake activities such as those above we will also explore opportunities to create media coverage as this is an important way of bringing these issues to people's attention and illustrating that it is 	SPPC	Scaling up is starting now that the new post is filled. The additional capacity is already proving very valuable.	G	Ongoing	Metrics around activity and reach as part of GLGDGG routine reporting.

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	<p>socially acceptable to discuss them in public.</p> <ul style="list-style-type: none"> • Providing opportunities for people & organisations working in this field to share learning and work together, for example by publishing e-bulletins, running stakeholder networking events, and providing web-space for members to share activities. This community of practice can help to inform HSCPs wishing to adopt public health approaches to palliative and end of life care. 					
6.4.2	<ul style="list-style-type: none"> • Explore and exploit opportunities to link with, inform and support other relevant work streams such as ACP, Realistic Medicine, Dementia Strategy, and the Health Literacy Action Plan. 	SPPC/SG	Early stages and needs more discussion with other work streams to understand opportunities.	A	Ongoing	Examples of linkage/collaboration
6.4.3	<ul style="list-style-type: none"> • Explore in more detail the other potential areas of work outlined in the aforementioned NIAG paper (eg Schools, Compassionate Workplaces), reporting back to the NIAG within 6 months of new staff capacity being in place at SPPC. 	SPPC	A series of working groups with relevant stakeholders have been scheduled to inform the production of the report back to NIAG (early 2018).	G	Ongoing	Report to NIAG

Commitment 7 - Seek to ensure that future requirements of e-Health systems support the effective sharing of individual end of life/Anticipatory Care Planning conversations.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG		TIMESCALE	EVIDENCE OF COMPLETION
7.1	NSS to review the use of ACPs across the country as part of out of hours review.	NSS	NSS has produced a report on the use of key information summaries across Scotland. This has taken longer than initially anticipated due to the complex nature of gathering this info.	A	Summer 2017	Reports on use of ACPs and KIS published
7.2	Increase use of ACPs across Scotland	SG/NSS	See below.			
7.2.1	<ul style="list-style-type: none"> • Include ACP as part of relevant SG strategies to increase awareness and use of ACPs 	SG	Ongoing. The Health and Social Care Delivery Plan, published in December 2016, emphasises the importance of using Key Information Summaries and the recently published Mental Health Strategy also recognises the importance of supporting people to not only live well but die well.	G	Ongoing	Key policy areas support the use of ACPs as a key component of care planning

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7.2.2	• Mobile device application “ACP APP for Scotland’ to be developed to increase public awareness of ACPs, support capability for patients to record information about their own future health and care needs, and encourage the public to take some responsibility in their own health care.	HIS		App launched at event in June 2017 as expected.	G	B	By June 2017	App completed and rolled out
7.2.3	• Work with Children’s Hospice Association Scotland (CHAS) and other representatives of children’s palliative care services to develop an Anticipatory Care Plan for children and young people.	HIS	C	Work on-going involving key parties	G	G	By December 2017	ACP for children and young people agreed and rolled out
7.2.4	• New version of Children and Young Persons at risk of Acute Deterioration Management (CYPADM) to be developed to support better planning of care.	APP M	C	Final version being developed for consideration by the SG legal team. The ALLIANCE are lined up to review when a suitable draft is ready.	G	A	Autumn 2017	CYPADM agreed and rolled out
7.2.5	• Lead subgroup on ACP for people with COPD	SG		Tim Warren and Blythe Robertson are leading a new subgroup on increasing ACPs for people with COPD as part of wider COPD workstream. Initial work reported to steering group in July 2017. The group last met in early August and agreed to work with NSS to hold a session focussed on developing an agreed spec.	B	G	Ongoing	Increase the number of people with COPD with a care plan in place
7.3	Move towards adopting the RESPECT process across Scotland by trialling implementation in one locality in the coming year covering both primary and secondary care services.	SG/ Marie Curie		On track. Juliet Spiller leading on this work and planning commenced to support Forth Valley as a test sites, with other Board areas – Fife, Lothian – recently expressing also interest.	G	G	Over 2017	Progress towards adopting the RESPECT process across Scotland.

Commitment 8 - Support clinical and health economic evaluations of palliative and end of life care models.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG	TIMESCALE	EVIDENCE OF COMPLETION
8.1	Establish baseline dataset to support this work	SG	Not started as data work to be further developed before work is possible.	B B	
8.2	Develop a workplan to take forward this workstream using new routine datasets to support robust economic evaluations.		Not started as data work to be further developed before work is possible.	B B	

Commitment 9 - Support improvements in the collection, analysis, interpretation and dissemination of data and evidence relating to needs, provision, activity, indicators and outcomes in respect of palliative and end of life care.

Key Public facing message -

REF	ACTION/ TASKS	LEAD	PROGRESS/RAG	TIMESCALE	EVIDENCE OF COMPLETION
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9.1	Produce work plan for remainder of 2016/17	ISD	Completed	B I	B I	By October 2016	Submitted to NIAG.
9.2	Produce initial report on data currently available to support PEOLC framework		Completed	B I	B I	By October 2016	Submitted to NIAG.
9.3	Produce report outlining recommended work to be undertaken during 2017/18, covering routine analytical outputs and data gaps that need to be filled		Completed	B I	B I	By April 2017	Submitted to NIAG.
9.4	Develop routine analytical outputs		Following approval at the meeting of the NIAG in Spring 2017, work is ongoing to develop the code for the analyses.	G G	G G	Ongoing	

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9.5	Work towards filling data gaps, some of which will involve initial scoping work and collaboration with a variety of organisations	<p>Progress as follows:</p> <ul style="list-style-type: none"> • Inpatient Hospice Data - Review of hospice ISD submissions to identify gaps with a view to provide support to hospices. A letter will be issued to all hospices highlighting the importance of their data, informing them of the PEoLC outputs that will be available and offering support from ISD. • Hospice at Home data - Hospice UK is running a summer survey to all hospices in Scotland and the team has linked with this to include questions to support the work plan. • Third Sector community work - A short-list of third sector organisations providing end of life support is being produced with a view to approaching them to obtain a volunteer to work with the team to review data availability. • Quality of Care - Pending an update on progress with the VOICES pilot, a proposal for collaboration will be made to NHS Lothian. • Routine access to ACP via SPIRE - Contingent on the SPIRE roll out timetable. In the meantime a number of pilots will be progressed with volunteer Practices. • Key Information Summary - Contingent on development of a new e-KIS system. Liaison with SG ongoing. • Others - Work continues to support Strathcarron Hospice evaluation project and the results so far have been positive. 	G G	Ongoing	
9.6	AD-HOC support for relevant projects which could help meet aims of framework	<ul style="list-style-type: none"> • Link with LIST analysts to support to partnerships in developing their PEoLC commitments of the delivery plan. • Ongoing support provided to research led by David Clark, into imminence of death in hospital patients. 	G G	Ongoing	

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Commitment 10 – NIAG							
REF	ACTION/ TASKS	LEAD	PROGRESS/RAG			TIMESCALE	EVIDENCE OF COMPLETION
10.1	Form an Implementation Advisory Group	SG	Completed	B	B	By Summer 2016	
10.2	Develop a workplan for the SFA to support the NIAG in taking forward this work	SG	A draft workplan has been produced for the NIAG.	G	B	By April 2017	
10.2.1	• NIAG to advise on next steps for developing the workplan	NIAG	For consideration by NIAG	G	B	April 2017	
10.3	Develop a system of routinely communicating implementation progress to stakeholders	SG	A draft workplan has been produced and advice to be sought from NIAG on how this can be used to routinely report progress.	G	G	Ongoing	
10.4	NIAG website/communication options to be developed for discussion at the next meeting.	SG	A skeleton website has been developed and further advice on improvement to be sought from the group.		G		Website and sustainable reporting in place by end of 2017.

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ANNEX A

Commitment	Lead Name/ Enquiries to	Contact Email
1. HIS and Local Change	Michelle Church	michelle.church2@nhs.net
2. Strategic Commissioning	Christina Naismith	Christina.Naismith@gov.scot
3. Educational Framework	Lesley Whyte	lesley.whyte@nes.scot.nhs.uk
4. Palliative care for 0-25s	TBC	
5. Research Forum	Scott Murray	scott.murray@ed.ac.uk
6. Public Discussion	Mark Hazelwood	mark.hazelwood@palliativecarescotland.org.uk
7. e-Health	Blythe Robertson	Blythe.Robertson@gov.scot
8. Clinical and Economic Evaluations	Tim Warren	Tim.warren@gov.scot
9. Data	Paul Leak	Paul.Leak@gov.scot
10. NIAG	Tim Warren	Tim.warren@gov.scot

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