

**PALLIATIVE END OF LIFE CARE-NATIONAL IMPLEMENTATION ADVISORY GROUP (NIAG)**

**SCOTTISH GOVERNMENT HEALTH QUALITY AND STRATEGY DIRECTORATE**

**MINUTE OF MEETING**

**Date:** 13 December 2017  
**Time:** 2:00 – 5:00 pm  
**Venue:** Conference Room 3, Victoria Quay, Edinburgh

**Present:**

Christina Naismith (Chair)	Head of Integration Implementation - Integration Division
Lesley Whyte	Programme Director, NES
Richard Meade	Head of Policy and Public Affairs, Marie Curie
Maria McGill	Chief Executive, Children's Hospice Association Scotland
Sandra Campbell	Royal College of Nursing Fellow
Mark Hazelwood	Director, Scottish Partnership for Palliative Care
Amy Dalrymple	Head of Policy, Alzheimer Scotland
Donald Macaskill	CEO, Scottish Care
Ron Culley	Chief Officer, Western Isles Integration Authority (by video link)
Scott Murray	Primary Palliative Care Research Group, University of Edinburgh
Alison Upton	Scottish Social Services Council – Deputising for Phillip Gillespie
Scott Murray	University of Edinburgh
Anne Finucane	University of Edinburgh
Bridget Johnston	University of Glasgow
Jackie Stone	Hospice Chief Executives
Ag Iyayi-Igbinovia	ISD
Tim Warren	Policy Lead, Palliative and End of Life Care
Catherine Devlin	Policy manager

Apologies:

Geoff Huggins	Director for Health and Social Care Integration
Thomas Monaghan	Healthcare Improvement Scotland (HIS) – Deputising for June Wylie
Paul Leak	Integrated Resource Framework Lead, Scottish Government
Phillip Gillespie	Scottish Social Services Council
Marjory Marshall	Health Economist, Scottish Government
John Nugent	Senior Medical Officer for Primary Care, Scottish Government
Alpana Mair	Deputy Chief Pharmaceutical Officer, Scottish Government
Alison Taylor	Head of Health and Social Care Integration, Scottish Government
Peter McLoughlin	Strategic Planning Manager, NHS Lothian
Jeremy Keen	CMO Specialty Advisor for Palliative Medicine
Sally Shaw	Service Manager Strategic Inspection (Adults), Care Inspectorate
Ann Holmes	Chief Midwifery Advisor & Associate Chief Nursing Officer
Helen Stevens	Senior Policy Manager, Palliative and End of Life Care

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

**1. WELCOME AND APOLOGIES**

- The Chair welcomed everyone to the meeting. Introductions were made and apologies were received as noted.

**2. MINUTES OF PREVIOUS MEETING, MATTERS ARISING**

**3. Scottish PEOLC Research Forum presentation and discussion**

- Scott Murray introduced Anne Finucane, who set out the Review of 10 years of Scottish research on Palliative and End of Life Care, which highlights lessons for policy, learning and service developments nationally and internationally
- There was discussion about approaches to the dissemination and exchange of knowledge, including:
  - use of video, and the generation of 'learning objects'
  - trigger questions for the consideration of palliative care
  - use of research in informing public discourse
  - computerisation of the SPICT, and the use of Anticipal as an algorithm to run against GP records, which has been refined and now identifies typically between 0.8 and 1% of the list – which is about what should be expected.
- Progress on Jo Hockley's et al proposal to develop a teaching care home of excellence, supporting satellite care homes etc
- Ron Culley noted the association of having conversations leading to a KIS of good quality, receiving good care, and the ability to sustain people in the community, as was evident in the North of Harris.
- The possible impact of the new GP contract, the use of KIS and the place of learning as the emphasis switches to clusters and quality. The fact that GPs will no longer be data controllers was viewed as making GPs more comfortable with sharing KIS data.
- The Steering group, and a request for resource to support work of the research forum, which is with Scottish Government.
- Donald Mackaskill highlighted the significant and growing significance of care homes and care at home as locations of care and of death – and the paucity of research on this.

**4. Dementia - David Berry**

- David Berry from the Dementia Policy Team led a discussion on dementia, the new Dementia Strategy and the advanced practitioner model. The importance of the issue (of the c57k who will die this year, around 20k will die with dementia, of whom perhaps 1k are getting specialist input – as well as the lack of traction of the advanced practitioner model with test sites.
- The discussion which followed approved the creation of a short life working group, and David agreed to work on the terms of reference with Tim. The outputs of this group would, be fed into the Chief Officers group. Volunteers for this group included
  - Alzheimer Scotland (Amy Dalrymple going on maternity leave)
  - Clinical leads (Paul Baughan and Sandra Campbell)
  - Scottish Care (Donald Mackaskill said he would identify a representative)
  - SPPC (Mark Hazelwood)
  - Ali Upton

## 5. The NIAG Workplan - Christina Naismith, as Chair

- A wide ranging conversation followed, including the following
  - The group found the summary format, as set out by Helen Stevens helpful.
  - Christina set out the arrangements regarding the Ministerial Strategic Group (MSG), the role of the Chief Officers and how progress is being made on measuring progress against the National Health and Wellbeing Outcomes. Reporting arrangements, focused on 6 indicators, including one on where people spend the last 6 months of life, established for the MSG should also assist the NIAG in gaining an appreciation of progress. Christina suggested that the NIAG may wish to be updated on this work at its next meeting. The NIAG agreed this would be very useful to monitoring progress.
  - Support for **bereavement** – Janice Turner proposed that a future NIAG meeting consider how support for bereavement should be accommodated within the SFA work
  - Sandra – four key principles – and always raised. Asking the test sites – and there could be a better emphasis
  - Lesley – **commitment three** had been fulfilled, in that the framework has been published, and the use of the framework as a basis for broader work is emerging
  - The work on commitment 7 (eHealth support for the effective sharing of Anticipatory Care Planning conversations) and the planned workshop which is looking to build on the work on the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process in working towards a successor to the Key Information Summary.

## 6. Commitment 2 – Strategic Commissioning - Tim Warren

### The discussion highlighted the following

- The NIAG keen to see the final version.
- The status of the advice note was noted – as the statutory guidance has already set out who should be involved in the commissioning process, being a wide range of partners including independent and third sector, along with service users and their carers. In the context of palliative care, in addition to the support of hospices, this will likely include care home and care at home providers.
- The interdependence of specialist and generalist provision.
- The opportunities offered by integration, with a single pot of money available to work out how best to meet the needs of the whole population, making use of both specialist and generalist as judged appropriate. And the need to approach matters from the commissioning not the service end.
- The need to strengthen, recognise and promote the role of social care.
- The importance of palliative care in acute settings – as highlighted at the recent Cross Party Group.
- The positive impact of the training framework on the context of commissioning.
- The significance of the definitions
- The desire for having local leads for PEOLC and for Bereavement

## 7. Commitment 1 – Identification and Coordination Improvement

- Paul Baughan/Sandra Campbell set out progress on the 6 partnerships
  - **East Ayrshire**
    - Focus on COPD and community model for PEoLC and a care home with a palliative care bed, and the use of a COPD ACP
  - **Perth and Kinross**
    - focus on Comrie – enhanced community support model – with early identification – crisis management in a rural context

- **Glasgow City**
  - Identification of older people at acute discharge and in care homes – Using three tools – ACP SPAR and using the My ACP doc, focusing on a large residential unit
- **Dundee**
  - Advanced Dementia Care practice model in a large care home.
- **Fife**
  - looking at telehealth, the use of telemedicine and video conferencing for out of hours care (not much research on this in general and regarding OoH in particular) – normal services not present – and how might help – and perhaps bypass NHS 24 –
- **Western Isles**
  - Planning to develop commissioning strategy – but not drawing down the money - Difficulty in recruiting, but no lessening of interest in supporting PEOLC
- **Also linking in with SAS – NES and NHS 24**
  - KIS and the quality thereof, linking with care inspectorate – reduced numbers of registered nurses in care homes, and how best to prevent unwarranted admission of people to hospital from care homes –
- **Discussion**
  - Ron – he explained that he was keen to remain involved but there had been some challenges in getting the improvement work underway.
  - Sandra – noted the work with Bridget Johnston and their work with nurse leads group – they have established contacts with most of the areas.
  - Scott – interested in links with areas not supported by the non-test site support.

### 8. SFA Commitment 4 – Support for Children and Young People (information only)

Maria McGill gave a very fast overview of current work including links with Project ECHO, Diana Nurses, a refresh of the CHISP report (due to be completed in July) and the work with Pat Carragher as SCYPPEX chair on endeavours to establish an MSN for children and young people.

### 9. Commitment 3 – Education Framework (Information only)

Lesley Whyte/ Ali Upton gave a quick update

- Activity to date is set out in the work plan
  - outreach to support usage of the framework – and the mapping of workforce development plans against it – IJBs have expressed interest
- 'Informed level' resource request
- Event planned for February – seeking a national network to be formed de facto.
- Legacy work being considered.
- Also work going on with assessors of care home staff and care at home staff so flexibility of approaches are vital.

### 10. Commitment 6 – Greater Public Discussion (information only)

Mark Hazelwood updated the group.

- The funding of the GLGDGG Development Manager post has already supported scaling up of some existing activities. An evaluation report on the 2018 iteration of To Absent Friends will be made available to NIAG members.
- Work to inform future decision making around commitment 6 is going well. SPPC has established 5 thematic groups (schools, media, inequalities, legal and compassionate communities) to identify current work, challenges, examples of progress and options for future direction. Other themes will be covered through desk work/other networks. A Report will be brought to NIAG at its first meeting in 2018.

**11. Any Other Business - Chair**

**Health and Social Care Integration Directorate  
December 2017**