

Progress Report

End of Life
Steering Group

Green

Bristol Clinical Commissioning Group

Clinical lead: Dr Kate Rush
Lead Director : Alison Moon

Date: 19 March 2014

Achievements In Period

End of Life Care Steering Group established.
Clinical lead appointed.
3-5 year plan agreed.

Risks

High Risk:

Medium Risk:

Low Risk:

Issues

Functionality of the End of Life Care Palliative Care
Coordination system.

Next Steps

Commence projects
Identify Project Team

Action required of the Steering Group

Date of next Report:

Meeting Summary Sheet

Meeting: End of Life Care Steering Group

Clinical Lead: Kate Rush

Date: 11/03/2014 – Inaugural Meeting

Key Decisions /Messages

- Terms of reference agreed with some amendments. Agreed to invite Brisdoc to join group.
- The outcomes for 3-5 year plan and work plan for 14/15 were agreed as follows:
 - Outcome1:** Patients with poor prognosis are helped to understand their condition so that that they can make informed choices about their future care and treatment
 - Outcome 2:** Patients views are sought and used to inform future service developments
 - Outcome 3:** All patients (who want it) are offered the opportunity to have an advanced care planning discussion
 - Outcome 4:** Patients are clear about their care plan, helped to make decisions and understand the what services they can expect and receive
- The EOLC CSG will oversee a number of transformation projects which will be supported by the Bristol Primary Care Agreement (BPCAg) and the EOLC whole systems CQUIN which will be used to incentivise providers of services to support achievement of the outcomes described above The contribution to the BPCAg was agreed as follows:
 - Nurses and GPs to attend training in advanced care planning and communication skills for EoLC and ACP shared decision making consultations offered to patients who have been identified as having a poor prognosis to support patients with a poor prognosis being helped to understand their condition so that that they can make informed choices about their future care and treatment .
 - To ensure that patient and carer views are sought and used to inform future service development, practices are asked to identify current feedback mechanisms used and to participate in the development of a BNSSG methodology for collecting and sharing feedback
 - Practices are asked to ensure that patients identified as having a poor prognosis are provided with an information leaflet and asked for their consent for primary and secondary use of data. Their advanced care plan to then be entered on the Electronic Palliative Care Coordination System (EPaCCS) and that this information is kept up to date. They should ensure that a criteria based decision process for entering patients onto the EPaCCS and GPs should provide clear documented evidence of the consent conversation prior to entering the patient onto

Meeting Summary Sheet

the EPaCCS

The 3-5 year plan was discussed and priority projects for 14/15 were agreed

1. Care Co-ordination

Clinical Lead: Kate Rush
PM. Lizanne Harland

- The End of Life Care co-ordination project is progressing. This is a test and learn pilot to establish infrastructure services i.e. Single Point of Access and coordination services integrated across sectors that relieve healthcare professionals of administration and coordination tasks thereby releasing their time back to clinical work. It includes embedding the key worker concept into all roles so every EoLC patient has someone who is managing their journey, co-ordinating their care and to whom they refer questions for advice. The pilot will run for one year through collaboration between St Peters Hospice and Bristol Community Health. A stakeholder event for wider engagement and communication is planned in April.

2. Anticipatory prescribing project

Clinical Lead: Dida Cornish
PM: Babs Williams

- This project will produce Anticipatory Prescribing Guidance and a community drug chart which will be implemented across BNSSG. Both are to be piloted in Bristol for three months commencing in April.

3. EPaCCS Project

Clinical Lead: Kate Rush
PM: Babs Williams

Work continues on improving the functionality of the EPaCCS but specific work with primary care colleagues in Bristol needs to be defined in more depth

- It was agreed that all documents produced must specify if they are related to children, young people or adults.

Date of next meeting: 15th April 2014