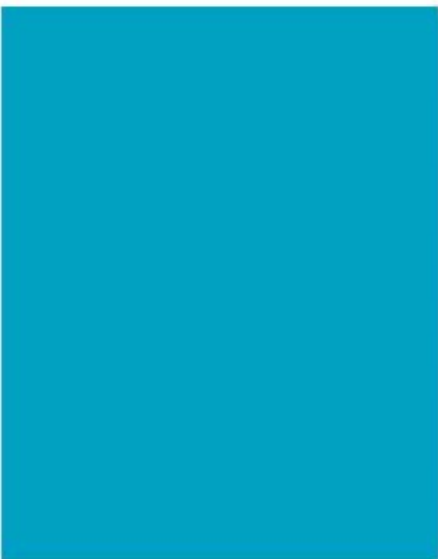


Northern England Clinical Networks

Palliative and End of Life Care Roadshow

Friday 9 December 2016



EVALUATION REPORT

Introduction

The Northern England Clinical Networks have collaborated with NHS England to host the second of a series of regional roadshow events focusing on the Department of Health's newly announced End of Life Care Commitment.

The aim of the event was to showcase innovative work in Northern England Clinical Network region representing the North East and North Cumbria and featured NHS England's Professor Bee Wee, National Clinical Director for End of Life Care, who discussed developments in national policy and James Sanderson, National Director of Personalisation and Choice, NHSE Who provided an overview on the work to promote personalisation and patient choice. The purpose of the event was:

- To discuss the challenges and resources available to realise the Ambitions for Palliative and End of Life Care
- To connect Northern England stakeholders with NHS England's national team to discuss realising the End of Life Care commitment from the Department of Health
- To showcase the Northern England region positively and reflect on patient experience and outcomes.

Throughout the event there was opportunity to learn from teams from across Northern England including regional presentations, workshops showcasing regional initiatives and a market stall exhibition available throughout the day with eleven different innovative practices showcasing "key features" in a dedicated "speed-dating" style session, providing six opportunities to repeat a key message to delegates visiting the stalls in a five minute period. The afternoon included an interactive workshop presenting an overview of the tools and resources currently available or coming out soon to support the commissioning and provision of Palliative and End of Life Care led by Prof Bee Wee and Nicola Spencer, Programme Support Manager - End of Life Care NHS England and a plenary Questions and Answer session brought the day to a close.

Summary of Presentations and Workshops

Synopsis: *please see slides for more detail*

National End of Life Care Programme – overview **Prof Bee Wee, National Director, End of Life Care NHSE**

Bee reminded us that since the Health & Social Care Act, DH gives NHSE a mandate for delivery of NHS priorities, and the EoLC mandate is to 'significantly improve patient choice at end of life'. This includes enabling those who wish to die at home. This is challenging in a society that will see >530k deaths each year (E&W), 75% of whom have non-cancer LTCs and/or frailty as their underlying condition, frequent poly-morbidities and noting that 25% people admitted to hospital in Scotland were dead within a year (1/3rd of whom never got home).

The challenges include the difficulty in engaging the public in a conversation about dying; lack of metrics; the need to take a whole of society view; the difficulties inherent in service redesign. There have been multiple health and social care publications around improving the experience of dying, and the Ambitions Framework brings together these recommendations and core aspirations as eight foundational principles to be translated into planning and action at a local level.

Nationally, there is an EoL Programme Board. This is chaired by NHS Medical Director, giving EoLC a platform at the 'top table.' The specific objectives of the Board are to deliver the NHS Mandate, the Ambitions framework, and the Government's response to the Choice Review. This has led to three specific workstreams, to be delivered nationally according to best local fit:

- Enhancing physical & mental wellbeing: living well while dying
- Transforming the experience of Hospital & Community care (includes res care, NH and hospice settings)
- Commissioning: co-design by commissioners and service providers, of models of service that offer integrated care that feels coordinated to both users and professionals.

Personalisation and Choice

James Sanderson, National Director of Personalisation and Choice, NHSE

The EoL Commitment by the Government to improve the sense of choice and coordination of care at the end of life requires local delivery ('how') of the National Commitments ('what'). The Commitment includes a call for a new right in the NHS Constitution for everyone to be offered choices, and for their choices to be recorded and remain accessible within their plans of care.

A variety of tools is available to help commissioning, planning and delivery of the right care. These include CCG Improvement and Assessment Frameworks and Personalised Health Budgets (PHBs).

A PHB is an amount of money, planned and agreed between patient and their local NHS team to support their identified health and wellbeing needs. This increases equality in patient-care team relationship, centres around a care plan that supports personal choice, focuses on outcomes of care and enables a wider range of possible solutions than traditionally commissioned services. The PHB promotes self-management and reduces reliance on NHS services. The 'win-win' hoped for is that better care is tailored to individuals' needs whilst reducing costs that enables sustainability of the model. Pilots are in place across the country and will report soon. Similarly, pilots of Integrated Personal Commissioning are running, to demonstrate that such commissioning can deliver 'personalisation at scale'. It is hoped that the pilots will produce clear programmes that new users (commissioners and providers) can pick up and run with. A video to illustrate the impact of PHBs can be found at <https://vimeo.com/191180157> using the password NCPC.

Changing Place of Death: North Tyneside Experience

Dr Kathryn Hall, Palliative Care Lead, North Tyneside CCG

Kathryn introduced the presentation by reminding the group of data of where deaths were occurring at the time of the publication of the End of Life Care Strategy (2008) in comparison with local data for North Tyneside.

North Tyneside, in 2010, had the third highest emergency admission rate at approximately 140% above the England average, highlighting the importance of identification of people approaching the end of life and initiating discussions about preferences for end of life care; care planning; coordination of care; delivery of high quality services in all locations; management of the last days of life and care after death. A localised strategy was formulated which straddled the regional initiatives: Deciding right, GP Register Toolkit, Education, Local/Regional/National experience, Enhanced Summary Care Record and the key objectives to increase the number of patients dying in their preferred place of care and reduce inappropriate hospital admissions and the development of an initiative working closely with care homes in North Tyneside.

Kathryn outlined how locally North Tyneside addressed end of life priorities and shared periodic data to highlight the improvements achieved:

- Primary Care Registers finding the 1% of patients
- Education delivered along with Deciding right
- Improving quality of care for all patients enabling preferred place of care and death, reducing inappropriate admissions
- Sharing information within the primary care team and secondary care.
- A simplified dataset was developed for primary care consisting of one page of essential information which was useable and acceptable to use.

In 2012 local data recorded GP Palliative Care Registers 0.3% (national average 0.2%) and deaths at home in North Tyneside 49% (national average 41.6%). The care home model started to be implemented with phase 1 looking at just 7 local nursing homes, expanded after 3 months to 18 nursing homes.

In 2015 what was achieved: Data revealed improvements in GP palliative care registers at 0.52%, DNACPR in place for 87% of patients on register, deaths at home – 51.6%, Nursing Home residents dying at their home - 87%. The Specialist Palliative Care Team was now operational in 16/40 residential homes and in just 1 quarter April to July 2015. Deaths in usual place of residence for this population had risen from 58 to 79%. An End of Life Special Interest Group was initiated which was brought together from CCG Patient Forums.

Palliative/End of Life Care North Tyneside: Patient Carer Voice Survey June 2015 with the aim of hearing the live views of patients and carers living in North Tyneside who are in receipt of End of Life Services and the objective to provide an opportunity for patients and carers to be involved in the shaping of End of Life Services in North Tyneside. The results of the survey were extremely positive and formed the basis to develop services in keeping with the views of patients and carers. An overview was provided highlighting the provision for patients and carers in North Tyneside.

In conclusion Kathryn revealed the latest 2016 figures. Data revealed: GP palliative care registers at 0.52 %, DNACPR in place in 87% of patients on register, Deaths at home –53.7%, Nursing Homes residents dying at their home - 83%, Residential homes residents dying at their home – 60-77%.

Morning Workshops

Workshop A

Finding Patients in Hospitals

Dr Alex Nicholson – Consultant in Palliative Medicine: South Tees Hospitals NHS Foundation Trust

Alex provided a handout to all attendees at the table. Key points:

- Finding a universal system within the hospital to identify dying patients has enabled the Specialist palliative Care (SPC) team to improve the care to both patients and carers. They are now seeing more than 50% of the expected deaths which is a doubling of the numbers previously seen.
- All patients identified have a nutrition, nursing, medication and hydration plan in place using universally recognisable forms.
- An outcome of an earlier intervention has been recognition of the needs of carers with the start-up of the Dragonfly carer support scheme.

Key learning by staff on wards:

- Knowing that the withdrawal of patient observations will be flagged to the SPC team prompted the initiation and use of plans by ward staff before an SPC team intervention.

The need to improve the identification of the dying patient was driven by the failure of the hospital to satisfy the Care of the Dying Patient Hospital audit. The trust is now exceeding the set targets.

Workshop B

Advance Care Planning in Care Homes

Pam Ransom – Clinical Nurse Specialist and End of Life Development Lead, Northumbria Healthcare

Pam described an Innovative Palliative Care Nursing model developed by North Tyneside CCG and Northumbria Healthcare to improve End of Life Care for people in care homes utilising evidence based approaches to ensure person-centred care and improve choice and quality of care delivery and reducing unplanned/crisis admissions at the end of life.

Two month set up period:

- key stakeholders were addressed
- Training needs analysis in each Nursing Home completed.
- 'Buy-In' established

Six Steps to Success Model used and the Core Competency Education Framework for Health & Social Care.

Initially two Six Steps programmes delivered every 3 months plus stand-alone bespoke training sessions eg Verification of Death, Syringe Driver training, Ethical dilemmas at End of Life, Pain Assessment etc.

- Palliative Care Register established in each Nursing Home utilising Prognostic Indicator Guidance from the Gold Standards Framework (2005).

- Introduction of the 'Deciding right' initiative.
- Embedding the Five Priorities of Care of the Dying Person.
- Fortnightly Multidisciplinary team meetings in each Nursing Home established/ mechanism for referrals to the team.
- Weekly data collected on patient Admissions, Deaths and Discharges.
- After Death Analysis embedded in each home as a mechanism to significantly reflect on positive and negative outcomes of the episode of care.

Impact

- Better prognostication
- Evidence based care
- Better co-ordination
- Communication
- More skilled, competent/confident workforce
- Almost ¼ million saving in first ¼

Challenges

- Training needs tailored
- Language barriers
- Equipment available in homes
- Communication
- Solo working
- Transient workforce
- Amount of 999 calls from homes

Workshop C

Personal Health Budgets and End of Life Care

Suzanne Jones- Personal Health Budgets Manager NHS England - Suzanne provided a handout for those at the table

Personalisation is key to achieving the six Ambitions for Palliative Care:

- Personalisation is a person centred approach to decision making
- Recognising the person's experience is socially constructed
- It depends on who they are, personal history and context
- Requires professionals to actively listen and value the person's experience and expertise.
- Sees the person as an asset rather than a need
- Based upon shifting the balance of power from the professional to the individual.
- Professionals are required to adapt their approach to communication.

"A Personal Health Budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team"

Five Pilot sites are identified across the country to deliver Personal Health Budgets in End of Life Care with an aim to test over a year the advantages of using Personal Health Budgets with individuals and their families in the final stages of life.

The Devon Experience:

- Refining existing Continuing Healthcare Fast Track process - shortening the pathway and processes
- Link to local Hospice to identify people early to ensure continuity of care
- Looking at joint care navigator role between health and social care.

Discussion points and questions:

- NHS – still has a duty of care.
- How can we support people to live and die in place of care?
- Based on what the individual needs
- Empowerment
- Facilitate – health needs, but not whole package

Afternoon Programme

Dedicated End of Life Care Transport

Andrew Airlie; Project Lead North East Ambulance Service [NEAS]

Andrew provided an overview and data from the dedicated transport service introduced by North East Ambulance Service to take dying patients to their preferred place to die. The End of Life Transport scheme gives terminally ill patients the option to be transported by ambulance with a specially trained crew to their preferred place to die within the region. The initiative, a first in the North East, helps patients plan where they want to end their life and ensures they get there in the most caring and comfortable way possible - reducing stress levels at a difficult time.

The service initially was funded for 6 months, October 2015 to March 2016. 1,037 patients had been transported; Net out flow of patients to Community was 471, 84% of all patients were picked up within 2 hours, 95% of patient requests were during the working week. The cost of project was £300,000 with benefits to the health economy estimated at £554,918, a return on Investment of 85%. However resilience funding ended and future funding progressed through contract negotiations.

In April 2016 dedicated vehicles stood down and core emergency care resources deployed to respond if available. Data from a survey of service users carried out during this period reported:

- 62% of respondents saw an increase in waiting times to over 2hrs
- 37.5% stated the number of patients being moved had dropped, with 25% seeing a drop of over 50%
- Increase in use of private ambulances and families using own vehicles
- 75% of the costs were picked up by charities and families.

Dedicated vehicles were reinstated from May 16th 2016 following an agreement reached with commissioners funding 50% of the service. Payment to be made in Quarter 4: 2016/17 after evidence of savings/ costs avoided made by the service. At the end of November 2016 the service has transported more than 2,303 patients, 82% requested were responded to in under two hours, net out flow from hospital to community based care of 1,094 patients, 93% of requests are made during the working week. The data supports a considerable cost savings to the Health Sector.

Going forward Andrew stressed the importance of raising awareness of the service. There have been several opportunities to do so including an opportunity with National radio: part of a Radio 4 programme 'We need to talk about death' presented by Joan Bakewell. More communication is required, still untapped demand as well as closer working with stakeholder partners to ensure best possible care for the patient.

The majority of patients using the service were picked up from hospital and taken home to die; however comprehensive data revealed that many specifics and variables to place of death exist and there was an overwhelming sense that crews will go over and beyond their call of duty to meet the needs of patients and families.

Afternoon Workshops

Workshop A

Working with National Outcome Measures - PHE Palliative Care Clinical Data Set **Dr Rachel Quibell and Michelle Muir, Newcastle upon Tyne Hospitals NHS Foundation Trust**

Pilot Background - 11 pilot sites, 3 Acute setting, Hospices (+/- Community teams), PHE leads, team and expert reference group, 1 year

Why?

- One of the foundations of Ambitions for Palliative and End of Life Care is Evidence and Information
- Nationally recognised data set (MDS+) – a common language
- Preparation for Palliative Care Funding
- Activity and Complexity measures – business cases, commissioners, public
- Validated outcome measures – demonstrate impact at an individual and service level.
- Streamlining practice (MDTs, handovers)

Clinical Data set

Data is collected at beginning of each spell of care eg hospital admission and then additional data collected at each phase change. Standardised data is also collected including the reason for referral, diagnoses, usual place of residence, discharge outcomes:

- Phase of Illness – Unstable, Stable, Deteriorating, Dying
- Australian Karnofsky Performance Status [AKPS] – 0-100%
- Integrated Palliative care Outcome Scale 5 [I POS] 1 open question and 5 others around Pain, Shortness of Breath, Peace, Anxiety and Information Needs. Scale 0-4
- Preferred Place of Death
- Carer Support question scale 1-5

Implementation – adapt the system you currently have

- Newcastle Community – SystmOne mobile. Changes made by Trust IT and TPP
- Newcastle Hospitals – paper notes changed, excel spreadsheet.

Recommendations for implementation

- Sign up to OACC – costs £150, resources and support oacc@kcl.ac.uk. OACC has additional measures as well as the PHE Clinical dataset.
- Introduce measures 1-2 at a time, support with whole team training. Use prompt cards either laminated A5 or A4 or business card sized to carry with ID badge.
- Involve IT at the beginning to help with data collection tools, collation and reporting.
- Quality control - review notes/data base, attend MDTs, regular Q&A with team members to ensure consistency and quality.
- How long? – Introduction of measures takes 4-5 months in a phased approach. Embedding into daily language and improving quality -12 months. Good data reporting takes up to 18 months to establish.

Workshop B

EPaCCs and the Great North Electronic Care Record **Dr Kathryn Hall – Chair Regional EPaCCs group**

What would an interoperable model look like to EOLC?

- Flagging System that can be viewed and written in (including a safety mechanism)
- Real time
- Accessibility (including Social Care and Patients and Carers)
- Alert system when patient changes location and when things change in record.

North East EPaCCS:

- One solution doesn't work
- MIG usage is different across the patch
- Great North Care record (interoperable record) MIG part of it uses 4 point consent model (available online)

Challenge: Patients don't stay within trust boundaries therefore there needs to be a regional solution for sharing education and information.

Regional Priorities - EPaCCS

- Applicable to child/young people and adults
- Read/write access – real time
- Share across organisations– including DH and Social Care
- Reporting mechanism/ data
- Patient satisfaction
- Patient access/input
- Update Patient location, information changes as well as previous information being captured – flagging system
- User friendly
- Avoiding double entry

Next Steps:

- Review dataset – agree short dataset that secondary care find useful
- Review EPaCCS Solutions available
- Identify education programme and user support

Workshop C

Deciding Right – Regional Education Project

Gail White - Education and Development Lead St Benedict's Hospice and Centre for Specialist Palliative Care

The Clinical Networks sought across the region for ideas and suggestions for the ongoing implementation of Deciding Right. A proposal by St Benedict's Hospice and Centre for Specialist Palliative Care was accepted and St Benedict's Education team were invited to lead an Education Project across the Region. The starting point was a mapping exercise which demonstrated a variety of approaches in each locality for education and training of Deciding Right.

The project has brought together a group of like-minded professionals to discuss and share good practice; the group consult on the education materials that can be used and work together

to standardise an approach to Deciding Right Education across the region. As the resources are finalised they are shared and the project has scope to provide coaching to educators across the region where required and Training for Trainers if required.

St Benedict's Hospice has an eLearning module for Deciding Right Awareness training which was developed in conjunction with North East Commissioning Support Unit [NECSU]: a usable tool for professionals to use to raise their awareness to Deciding Right, this tool is now being made accessible to all localities across the region.

Resources to date from the project include:

- Deciding Right eLearning Module – awareness training resource
 - plans are in place to update the resource to include ReSPECT [once published]
 - Establish a mechanism with NECSU to share the eLearning module with all organisations across the region
- A Deciding Right Awareness Workbook – aimed to support a target group in the workforce where IT and eLearning is not an option [such as care home staff]
- Public facing Power-point and audio – aimed at outreaching to the general public, tested with patient and carers and general public.
- 1 hour classroom awareness training resource and lesson plan
- ½ day classroom/workshop training resource and lesson plan [to be completed]
- Train the trainers programme [to be developed]

Gail finished the session by taking any questions and comments and shared with the group members a Pledge Card, asking group members to pledge to encourage their organisations and localities to continue to engage with Deciding Right.

Market Stalls

The market stalls offered a chance for delegates to hear key messages and ask questions about regional service developments. A selection of 11 market stalls were available and delegates had opportunity to visit 6 for a 5 minute period before moving on to the next.

1. North Tees palliative care register letter
2. Exemplars of advance care planning
3. Dedicated transport case story – North East Ambulance Service
4. Weekend working for specialist teams: - Newcastle Upon Tyne Healthcare; Northumbria
5. End of Life Care hospital support team - Newcastle Upon Tyne Healthcare
6. Marie Curie at Northumbria
7. The Dragon fly Scheme
8. Facilitating primary care registers – Newcastle Community PCT
9. Hospice Education Hub
10. EoL 'just in case' medications - Cumbria
11. Dying Matters – Partnership work Sunderland South Tyneside and Gateshead

Professor Bee Wee, National Clinical Director, End of Life Care, NHS England and Nicola Spencer, Programme Support Manager, End of Life Care, NHS England led an interactive workshop

Nicola's presentation provided an overview of the tools and resources currently available to support commissioning and provision of palliative and end of life care – including tools and resource soon to be published.

Table top discussions were held in small groups and feedback from each table was taken.

Key Discussion Points:

- Palliative care dataset- link to palliative care currencies
- Primary care data – need for more robust data
- Improving quality and transformation
- Impact of Personal Health Budgets
- Value of network group and regional leadership

Plenary Q&A for National team

Led by Dr Kathryn Mannix

- Issues were raised about end of life care in care homes – national team updated they are developing Commissioning Guidance for Structured health care support in care homes, including a section on end of life care. The aim is to develop guidance which helps operationalise the Vanguards' Enhanced Health in Care Homes Framework and any other key issues for Care Homes that may not already be identified in the Framework. National team to consider concerns raised regarding providers being incentivised in particular areas and this causes real confusion. There should be a minimum requirement to provide good care and not incentivising certain areas
- Issues were raised about a lack of focus on reducing inequalities in end of life care – national team updated on several pieces of working including:
 - The launch of a community of practice aimed at people commissioning or providing palliative and end of life care for people in secure and detained settings. The purpose of the community is to benchmark and share best practice activity across the secure and detained estate to enable the national spread of local innovation.
 - Stakeholder workshops are planned for people commissioning and providing palliative and end of life care for homeless people, following this a joint action plan will be developed with partners outlining a clear plan for 2016/17.
 - A workshop was held for people commissioning and providing palliative and end of life care for people with learning disabilities - a follow-up workshop is due to take place in February. The aim of this work is to develop a guidance document including examples of good practice from across the country.
- Support and commitment expressed from people in the room about changing the conversation with service users from “what you will get is this...” to “what do you need?”
- Update from the room: There is a new bill coming in March 2017 around the Deprivation of Liberty
- Attendees would like to know more about the Ambitions self-assessment framework. This will help localities RAG themselves and will be available on the knowledge hub; no single organisation can be responsible for this [attached]
- Enabling patient's to acknowledge they are dying

National Team learning points

From the event NHSE team took away:

- Regions need to be able to access useful information more easily.

- National team updated on the new and expanded knowledge hub [Ambitions website - <http://endoflifecareambitions.org.uk/>] as a platform for sharing information, tools and resources across the country.
- We need to continue with the network groups as a means of support and should continue using these forums to share what is happening regionally as well as nationally. The national team would echo these messages and have bid for funding in the 2016/17 business planning round to enable the network to continue.
- Regions are keen to know more about PHB's in terms of eligibility including details not covered in the roadshow workshop - National team to look into running a webinar on this topic.
- Need to focus on improving access to data and making it more robust – National team have developed a metrics working group to focus on this area.

National team agreed to share the Ambitions self-assessment tool

Conclusion

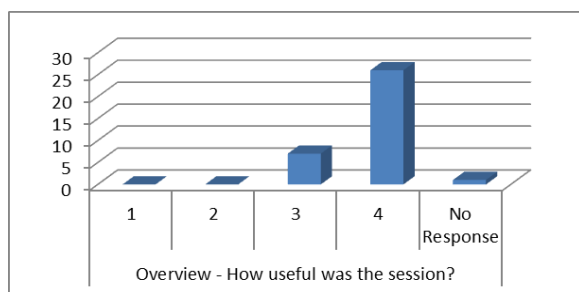
This was a successful Roadshow event. The National Lead Team was highly impressed with the diversity and creativity of initiatives in the Network area, and with the interaction and sharing of good practice apparent regionally.

The evaluations showed that participants enjoyed the day, found content informative and helpful, and went home with new ideas to try and useful 'how to...' information.

The organisers, Louise Watson and Kathryn Mannix, are very grateful to everyone who agreed to present, and to all the attendees whose contributions to discussion ensured a lively and informative day.

On behalf of the Northern England Clinical Networks appreciation goes out to all those who participated in making the event a success.

Overview



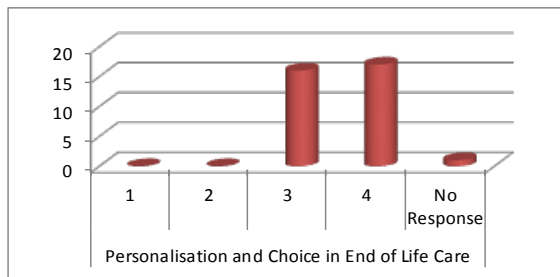
Professor Bee Wee

Comments:

- Excellent session as always
- Revision of some documents but interesting new information.
- A little too quick
- Very interesting and informative
- Very dynamic and enjoyable
- Liked analogy to place in Wales
- Very useful for a national perspective
- Always useful although the webinars were also helpful to keep us up to date

Personalisation and Choice in End of Life Care

James Sanderson

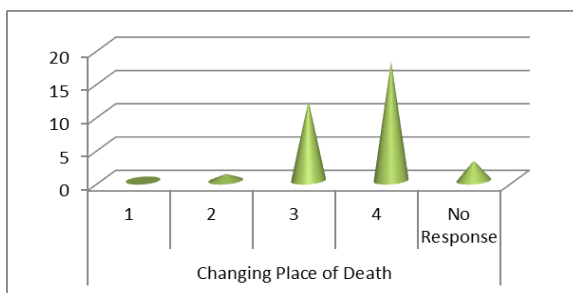


Comments:

- More explanation of IPC would be helpful for this
- Still do not fully understand
- More details needed
- Consolidated some of my knowledge – help put in perspective

Changing Place of Death

Dr Kathryn Hall

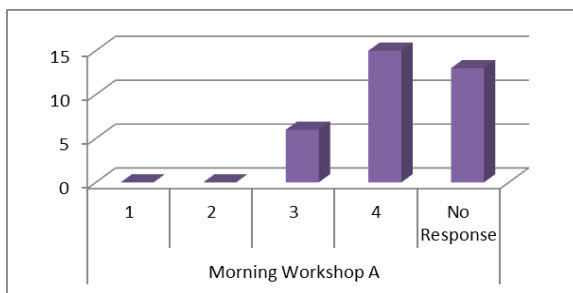


Comments:

- Very informative
- Aware of most aspects but good revision

Morning Workshop A

Alex Nicholson



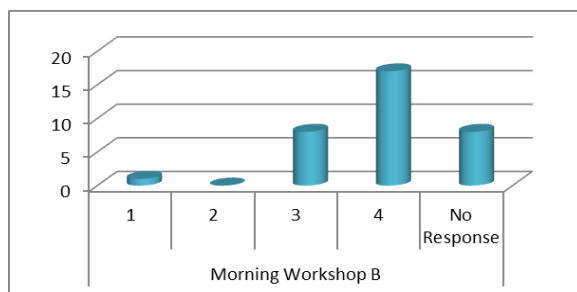
Comments:

- Excellent Session
- Positive Session
- Thank you. Lots of useful ideas
- Really interesting, very practical ideas
- Interesting innovation, benefits patients and staff alike.

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Morning Workshop B

Pam Ransom



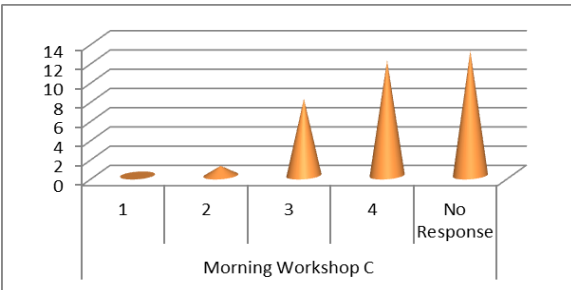
Comments:

- Very useful, great model which can make a real difference to patients
- Helpful tips for my community colleagues
- I couldn't hear, group too big, background noise of other groups
- Excellent, really informative, food for thought

- Informative, I have been involved in several initiatives of this kind but none successful, well done.

Morning Workshop C

Suzanne Jones

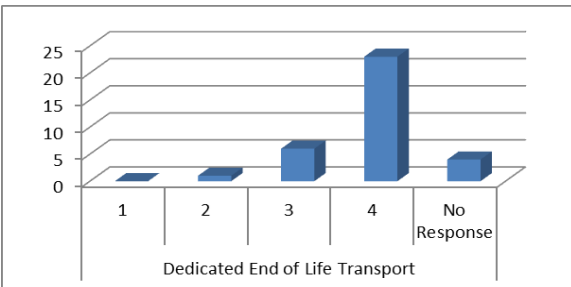


Comments:

- Excellent, very useful, would appreciate a Network Briefing in detail of all pilots
- Don't understand!
- Still remain very confused but at least I know about them now
- Excellent, informative
- I use all Deciding Right documents and also teach Year 3 Medical Students. No new information.

Dedicated End of Life Transport

Andrew Airlie

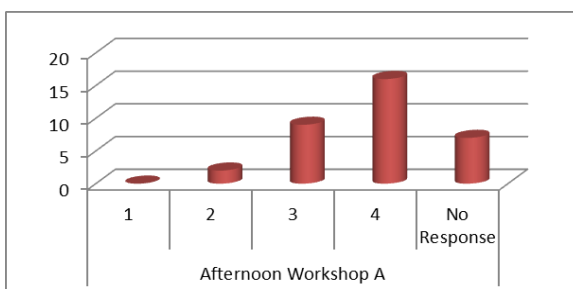


Comments:

- Fantastic pragmatic approach that improves care and saves money
- Excellent
- We love Andrew Airlee
- Excellent, keep up the good work
- Compassionate presentation, excellent service
- This is a very worthwhile service
- Brilliant, well done.

Afternoon Workshop A

Michelle Muir



Comments

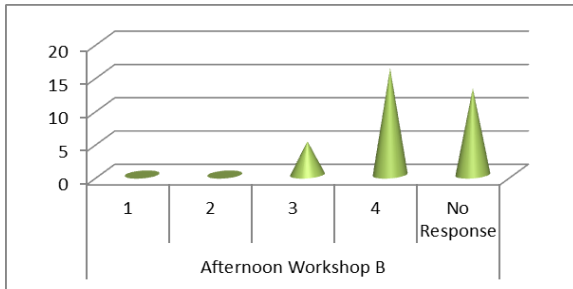
Already doing this but useful to hear other experiences

- This will change my daily life
- Very useful
- Excellent overview

- Useful ideas
- CACC – aware of tools but not using yet. Very useful and reassuring.

Afternoon Workshop B

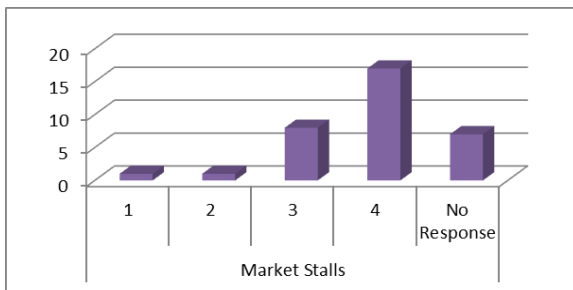
Dr Kathryn Hall



Comments

I need to tackle my IT department
Very informative

Market Stalls

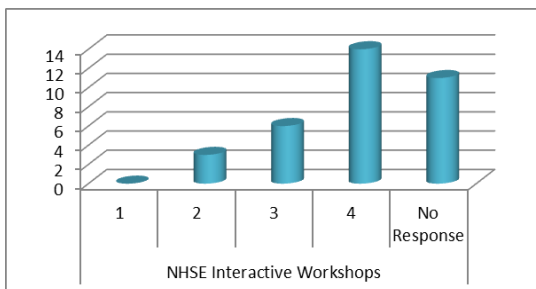


Comments

Probably better over lunch
Loved PC letter to patient and relatives
Lots of ideas and examples of best practice
Informative for surrounding areas
Very interesting
No new information, but thank you

NHSE Interactive Workshops

Professor Bee Wee, Nicola Spencer

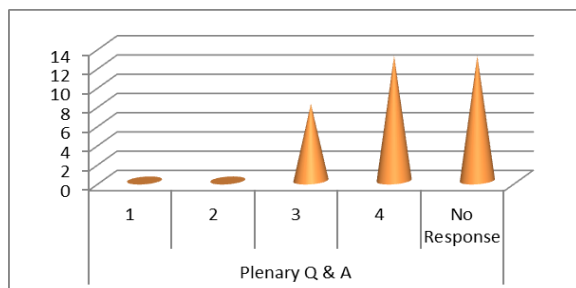


Comments

Held too late on a Friday afternoon, hot room
Informative
Excellent

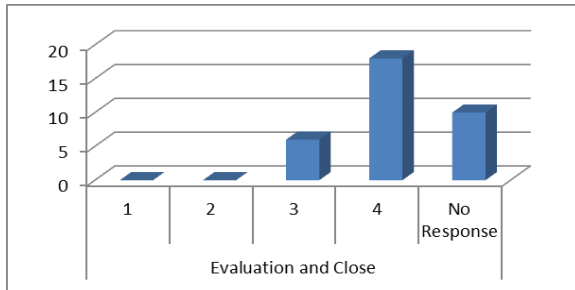
Plenary Q & A

Dr Kathryn Mannix



Comments

- Helpful
- Again a bit late in the day, hot room
- Excellent



What part of the day was most informative/helpful?

Comments

- Workshops on personal budgets
- Care home project and outcome measures
- Fantastic opportunity to see others practices and ideas
- Whole day very helpful, workshops particularly
- End of Life transport
- Presentations
- Listening to what was going on in other areas and update from Professor Wee
- All of it
- Workshops
- Workshop A & B very informative
- MDT information sharing of service
- NEAS
- National update. Sharing local best practice ideas
- All good
- Found all a great opportunity to share
- All of it very helpful and rewarding. Learning all the time.
- Changing Place of Death
- Identifying patients in hospital NEAS
- End of Life dedicated transport

What part of the day was least informative/helpful?

- NEAS – useful to hear about but because in place and working so not something I can develop locally – still good!
- None of it
- Personal health budgets
- National outcome measures
- Market stalls
- Market stalls – more time given than needed and already familiar with local work/projects/ innovations.
- Enjoyed it all

This event is the second in a series of roadshow events held across the country – to help us learn, please let us know if there's anything we should consider doing differently?

- Workshops – information to take away on the day
- I thought it worked well as it was
- Very well organised
- Break up market stalls. As manning a market stall I could only briefly view others during breaks and the holder was not always present to answer questions
- Continue to have these seminars. Great to hear of innovative projects in the region
- More discussion re capacity – education for health, who seem often to be risk aware
- More space around workshop tables and in different rooms
- Difficult to stay focussed as unable to see speaker, distracted by other tables
- Great showcase of really good and positive projects across our Region, lots of potential for transferable ideas to local services

Please add any comments about the event organisation e.g. booking process, venue, location, parking, catering etc.

- Overall very useful day and valuable use of time
- Very well run
- Very good location, easy booking, room too warm
- Excellent event, thank you
- A well planned, enjoyable networking event, which showcased a lot of outstanding work which could be replicated in our own areas
- 10/10, look forward to MDT work being so seamless
- Room too hot, airless
- Excellent venue, parking and catering
- Everything ran smoothly
- All very good
- Only issue was workshops very close together so difficult to follow conversation as felt there were interruptions from other groups.

Market stallholders

A market stall exhibition was available throughout the day with eleven different innovative practices showcasing “key features” in a dedicated “speed-dating” style session, providing six opportunities to repeat a key message to delegates visiting the stalls in a five minute period. The market stalls and their holders were:

Stall	Stall-holder
North Tees palliative care register letter: information for patients on discharge from hospital, who are recommended for primary care Palliative Care Register	Mel McEvoy, Nurse Consultant, North Tees and Hartlepool Trust
Exemplars of advance care planning: Deciding right in action	Kathryn Mannix on behalf of Deciding right Implementation Group
Weekend working for specialist teams. Models and impact of seven day working for specialist palliative care teams in hospital and community	Ellie Grogan Northumbria Healthcare Trust Michelle Muir Newcastle upon Tyne Hospitals
End of Life Care hospital support team - deploying Band 4 HCAs to support dying hospital in-patients and their families	Elizabeth Zabrocki Palliative Care Clinical Nurse Specialist
Facilitating primary care registers - the planning, the implementation and the frustrations of time-limited funding	Alexa Clark, Consultant, Newcastle Community team (Newcastle Upon Tyne Hospitals FT)
Marie Curie @ Northumbria: taking hospice values into a hospital setting	Karen Torley, Regional Lead, Marie Curie Cancer Care Michelle McKidd, Matron and Hannah Gunn, Consultant, Northumbria FT
The Dragon Fly Scheme James Cook University Hospital	Laura Graham, Palliative and End of Life Support Sister
NE Palliative Care Education Centre: a proposal to develop a regional palliative and end of life care educational resource, pooling support of palliative care, NHS, University and HEE resources.	Lisa Rippingale Hospice Education Project Lead St Oswald's Hospice
Just in Case Medications and Syringe Driver Documentation in Cumbria.	Jayne Denney, Lead nurse in Palliative care
Community audit and recommendations – tools and plans following on from audit	Dr Teresa Storr, Consultant in Palliative care
Dying Matters and The BIG CONVERSATION. Partnership work - Sunderland, South Tyneside and Gateshead	Louise Watson Palliative Care Modernisation Facilitator
Dedicated transport case story: the personal impact of NEAS courageous decision to run a service at risk of 50% funding.	Andy Airlie, Project Lead, NEAS Dawn Orr, Education Facilitator NEAS

Attendees List

NORTHERN ENGLAND CLINICAL NETWORKS END OF LIFE ROADSHOW : 9 DECEMBER 2016 AT THE RAMSIDE HALL HOTEL				
LIST OF ATTENDEES				
Prefix	First Name	Surname	Job Title	Company
Mr.	Andrew	Airlie	Project Lead	North East Ambulance Service
Dr.	Nousha	Ali	Clinical Lead End of Life Care	South Tyneside CCG
Ms.	Nicola	Allen	Clinical Lead for Community Services	Gateshead Health NHS FT
Mrs.	Victoria	Ashley	Governance lead	St Teresa's Hospice
Dr.	Lisa	Baker	Consultant in Palliative Medicine	South Tyneside NHS FT
Mr.	George	Bell	Clinical Services Manager	St Cuthbert's Hospice
Dr.	Jane	Bentley	Consultant in Palliative Medicine	North Tees & Hartlepool NHS Trust
Mrs.	Vicky	Bracey	Clinical Nurse Manager	St Clare's Hospice
Mrs.	Sheila	Brown	Volunteer	Network
Dr.	Alexa	Clark	Consultant in Palliative Medicine	Newcastle upon Tyne Hospitals NHS FT
Dr.	Pamela	Coipel	Palliative Care and End of Life Lead	Newcastle CCG
Mrs.	Kirsty	Curran	Matron	South Tyneside NHS FT
Ms.	Elaine	Curry	Safe Care Lead District Nurse	Gateshead Health
Ms.	Lynne	Davies	Nurse Specialist	Newcastle Hospitals NHS FT
Ms.	Sheila	Dawson	Nurse Consultant	St Teresa's Hospice
Ms.	Jayne	Denney	Palliative Care Lead Nurse	Cumbria Partnership NHS FT
Dr.	Petronela	Dima	Palliative care speciality doctor	St Clare's Hospice
Rev.	James	Ellam	Chief Executive	St Oswald's Hospice
Ms.	Maureen	Evans	Palliative Care Operational Manager	Northumbria Healthcare NHS FT
Mrs.	Alison	Featherstone	Network Manager	Northern England Clinical Networks
Ms.	Ruth	Frostwick	Locality Commissioning Manager	Sunderland CCG
Mrs.	Laura	Graham	Macmillan Support Sister	S Tees Hospitals NHS Foundation Trust
Mrs.	Florence	Gunn	Clinical Lead End of Life	Sunderland CCG
Mr.	David	Hall	Chief Executive	St Clare's Hospice
Dr.	Kathryn	Hall	GP and Clinical lead for End of Life Care North Tyne	Collingwood surgery
Mr	Paul	Harte	Social Worker	Sunderland Council
Mrs.	Katherine	Henderson	Business Manager	South Tyneside NHS FT
Ms.	Paula	Hewitson	Local Authority representative	Redcar & Cleveland Council
Ms.	Suzanne	Jones	Personal Health Budgets Senior Manager for end of life pathway	NHS England
Ms.	Cheryl	Kennedy	Patient Safety Lead	Willowburn Hospice
Ms.	Cheryl	Kennedy	Patient Safety Lead	Willowburn Hospice
Mr.	Keith	Kocinski	Delivery Manager	Hambleton, Richmond and Whitby CCG
Dr.	Kathryn	Mannix	Clinical Lead for End of Life Care	Northern England Clinical Networks
Mr.	Mel	McEvoy	Nurse Consultant for Cancer & Palliative Care	North Tees & Hartlepool NHS FT
Ms.	Michele	McKidd	Palliative Care Operational Manager	Northumbria Healthcare NHS FT

Mrs.	Adrienne	Moffett	Network Delivery Team Manager	Northern England Clinical Networks
Mrs.	Michelle	Muir	Lead Nurse for Palliative Care	Newcastle upon Tyne Hospitals
Mr.	Mark	Nevins	Market Stall representative	Teesside University
Ms.	Helen	Newton	Social Worker	Gateshead Council
Dr	Alex	Nicholson	Consultant in Palliative Medicine	S Tees Hospitals NHS Foundation Trust
Dr.	Lucy	Nicholson	Consultant in Palliative Medicine	County Durham & Darlington NHS FT
Mrs.	Teresa	O'Donnell	Lead Nurse for End of Life and Bereavement Care	Newcastle upon Tyne Hospitals
Ms.	Veronica	Oliver-Jenkins	Consultant Clinical Psychologist	Newcastle Hospitals NHS FT
Ms.	Dawn	Orr	Macmillan End of Life Care Facilitator	Gateshead Health NHS FT
Ms.	Dawn	Owen	Community Specialist Palliative Care Nurse	Gateshead Health NHS FT
Dr.	David	Oxenham	Consultant	County Durham and Darlington Foundation Trust
Dr.	Ann	Paxton	consultant palliative medicine	South Tyneside foundation trust
Dr.	Rachel	Quibell	Lead Clinician for Palliative and EOL Care	Newcastle upon Tyne Hospitals
Ms.	Pam	Ransom	EOL Development Lead for Nursing	Northumbria Healthcare NHS FT
Ms.	Katie	Rigg	Northern Children's Palliative Care Network	South Tees NHS FT
Ms.	Lisa	Rippingdale	Project Lead for Education Audit	St Oswald's Hospice
Ms.	Karen	Robinson	Palliative Care Operational Manager	Northumbria Healthcare NHS FT
Ms.	Lesley	Robson	Palliative Care	Newcastle upon Tyne Hospitals NHS FT
Ms.	Susan	Rutter	Local Authority representative	Stockton Borough Council
Mr	James	Sanderson	Director of Personalisation and Choice	NHS England
Mr.	John	Sheridan	Lead Nurse for End of Life Care	North Tees and Hartlepool NHS FT
Ms.	Jill	Smith	Strategic Workforce Development Manager	Health Education England - North East
Ms.	Nicola	Spencer	Programme Support Manager	NHS England
Dr.	Teresa	Storr	Consultant in Palliative Care	Cumbria Partnership NHS FT
Mr	Tim	Straughan	Head of Patient Choice	NHS England
Ms.	Annis	Tasker	Comms Lead, Patient Choice Team	NHS England
Dr.	Ruth	Ting	Consultant in Palliative Care	Gateshead Health NHS Foundation Trust
Ms.	Karen	Torley	Divisional General Manager	Marie Curie Cancer Care
Mr.	Chris	Walker	Chair	Northumbria Cancer Patient and Carer Group
Ms.	Dawn	Walker	Senior Manager	Northumbria Healthcare NHS FT
Dr	David	Warriner	Clinical Fellow	NHSE
Mrs.	Louise	Watson	End of Life Care Network Lead	Northern England Clinical Networks
Prof	Bee	Wee	National Clinical Director for End of Life Care	NHS England
Ms.	Gail	White	Education Lead	St Benedict's Hospice
Mr.	Paul	Whittingham	Commissioning Manager	HaST CCG
Ms	Elizabeth	Zabrocki	Nurse Specialist	Nuth