

**End of Life Spring Commissioning Event**  
**Thursday 6 April 2017**  
**St Benedict's Hospice and Centre for Specialist Palliative Care**

**EVENT EVALUATION REPORT**

The Northern England Clinical Networks Regional End of Life Group facilitated a Spring Commissioning Event on Thursday 6 April 2017 at St Benedicts Hospice and Centre for Specialist Palliative Care. The aim of the event was to discuss meeting the national target “Support Commissioning to embed the specific Commissioning Tools for End of Life Care” and how to put this into practice.

This event was aimed at CCG Commissioners with contracting responsibilities in Specialist Palliative Care and End of Life Care and Specialist Palliative Care Clinicians and Service Leads, particularly those with responsibilities for Specialist Palliative care including Hospice care, social care, NEAS/ Clinical Hub.

On the day 38 people attended the event (a list of attendees can be found at Appendix A), out of which 26 completed an evaluation form although not all completed every question. The findings from these are shown below:

- **Welcome and introductions**
- **A review of the commissioning toolkit and SPC guidance**
- **Where are we now in the region?**

Rating	Poor	Average	Good	Excellent	No response
			18	8	
Comments: Liked the analogy in bridge – looks a beautiful structure too! Professional and informative Love the bridge and Isaac Newton’s quote! Good insight					

#### **Commissioning example of where the tools are being used**

Rating	Poor	Average	Good	Excellent	No response
		1	20	5	
Comments: Helpful Very good. Shame that the author could not attend. Will help in developing strategy with CCG					

## Commissioning Dashboard

Rating	Poor	Average	Good	Excellent	No response
		1	20	5	
Comments: Animated and engaging given a dry subject Was a bit basic – would have been good to see more data per region/locality Useful. Was hoping there would be more discussion about OACC. Will help in developing strategy with CCG Good Helpful					

## OOH Service Data

Rating	Poor	Average	Good	Excellent	No response
			11	14	1
Comments: Great data to support new services Very interesting – fabulous delivery and honest (always appreciated) Excellent Simple and to the point Food for thought to hear about the Sunderland service Interesting Good Really helpful to hear positive example from service Positive to hear					

### Group Work discussing the NICE Quality Standard for EOL care (statement 10)

Rating	Poor	Average	Good	Excellent	No response
		2	19	4	1
Comments: Very interesting – good opportunity to learn Well chaired groups Slight confusion with topic, possibly confused by facilitators, not enough time Little bit confused about the format initially! Slightly muddled in terms of organisation Good to hear opinions					

### Plenary

Rating	Poor	Average	Good	Excellent	No response
			21	4	1
Comments: Very similar themes Good session, pulled together well Useful feedback					

### Networking and discussion

Rating	Poor	Average	Good	Excellent	No response
			16	4	6
Comments: Very helpful Good opportunity Great to put names and faces together					

## Evaluation

Rating	Poor	Average	Good	Excellent	No response
			12	3	11
Comments: Really useful to get commissioners along – we haven't achieved this much (at all?) before for such an event Good event – thanks					

Those attending were also asked to rate the organisation and structure of the event as well as the location of the venue and its amenities. The findings for these were:

## Structure of the Event

Rating	Poor	Average	Good	Excellent	No response
			20	6	
Comments:					

## Organisation of the event

Rating	Poor	Average	Good	Excellent	No response
			17	9	
Comments:					

### Time for discussion

Rating	Poor	Average	Good	Excellent	No response
	1	1	15	9	
Comments: Very tight for time to allow discussion					

### Location of venue

Rating	Poor	Average	Good	Excellent	No response
			15	11	
Comments:					

### Amenities

Rating	Poor	Average	Good	Excellent	No response
			12	14	
Comments: Bit cramped parking Car parking not sufficient					

### Food and Refreshments

Rating	Poor	Average	Good	Excellent	No response
			13	13	
Comments:					

Finally delegates were asked which part of the event they found the most and least helpful and informative. The comments received were:

Which part of the day did you find the <b>most</b> helpful/informative?
<p>Networking with Commissioners</p> <p>More of these events – useful!</p> <p>Bringing people together – really useful</p> <p>Meeting commissioners and other service providers – very helpful networking</p> <p>Reminded of guidance tools</p> <p>Opportunity share ideas on developments</p> <p>Discussion / opinions / learning from others</p> <p>Local Authority background so great to have an insight into NHS thinking</p> <p>Group work to see what happening elsewhere</p> <p>Presentations allowed background</p> <p>Awareness of Palliative Care Ambitions self-assessment toolkit to use in locality group</p> <p>Seeing the regional variances</p> <p>LA commissioners being present</p> <p>OOH discussion – Sunderland example to strive for</p> <p>Presentations and networking opportunities</p> <p>OOH Sunderland</p> <p>Very useful to network and develop links</p> <p>All very useful – thank you</p> <p>All helpful</p> <p>Presentation from OOHs service and commissioning tools</p> <p>All good</p> <p>No resolution from group discussion however thought provoking – gets people talking – always helpful</p>

Which part of the day did you find the <b>least</b> helpful/informative?
<p>None really – bit hit and miss when moving tables but okay</p> <p>None</p> <p>Would have been good to know if —→</p> <p>Nothing</p> <p>Only a minor issue but some of the group work became very clinically focused, need to emphasise importance of whole system/social care</p> <p>None</p>
Questions / comments
Will there be any summary of today's thoughts/plenary distributed to Group and where will we go next? Is there a plan to have another follow on meeting?



**END OF LIFE CARE SPRING COMMISSIONING EVENT**  
**Group Work**  
**FLIPCHART NOTES**

**NICE Quality Standard for End of Life Care Statement 10. *People approaching the end of life that may benefit from specialist palliative care, are offered this care in a timely way appropriate to their needs and preferences, at any time day or night.***

**Group A – Access to Specialist Palliative Care advice in Hospitals at night times and weekends - Facilitated by Trish Sealy and Michelle Muir**

The Task:

Engage two groups as “expert advisers” to scope out what we need and what is already in place. Look at the need and current provision, and see what gaps, duplication and where redundant services there may be. Imagine a perfect solution(s). Then design a pragmatic solution, identify ways that current services could enable the solution and what remaining gaps would need commissioning. Allow commissioners and clinicians to work together through the task.

**Session 1:**

**Encourage “outside the box thinking” and “blue sky” thinking; Address the following,**

- 1. What is needed?**
- 2. What is currently in place?**
- 3. Imagine it better**

Currently:

Gaps one service 24/7 SPC – not hospital

Future:

Core service 7/7 SPC MDT

Not just urgent – but all SPC referrals


9-5	_____	nurse
<b>or</b>	_____	doctor
10 – 8	_____	AMP
Data dependent	_____	SW etc

Overnight / Evenings > telephone advice – SPC – nurse – consultant

Hospital infrastructure around us to allow core business  
 EPACCS  
 Education – to strengthen generalists

**Session 2 :**

- **Briefly revise session 1:** parts 1 and 2 with new group, fill gaps but no-reworking.
- **Imagine it better:** pick up from session 1 part 3 and develop it further. E.g. What is the model?
- **Design the fix:** design 1 or more potential model
- **Prepare your feedback**

SPC 9-5 F2F      7/7       nurse  
 consultant  
 AHP/MDT etc

Strengthen generic services 24/7

27/7 telephone advice    SPC nurse  
                                      SPC consultant  
                                      Regional rota  
                                      Data depend

Shared electronic record/portal

How?

1. Individual services providing?
2. Hospice based model?

Additional resource      -      F2F on SPC MDT

### Part 3

Face to face	Advice – professional (not commissioned)
(Sunderland) O+W+B	South Tees 24/h consultant
Newcastle W+B	North Tees 24/h consultant
Tees N BH (non commissioned)	Gateshead Hosp Advice Nurse and Consultant
Northumberland 7/7 8-10	Newcastle (non commissioned)
	North Cumbria 24/7 hospice nurse then consultant (non commissioned)
	Durham & Darlington – MCC hospital advice line
	Sunderland – advice line Sunderland
	Could have relatives/staff ringing hospice
	Feedback gaps or delays/hospice
	Durham & Darlington – new MCC/SOH hospital
	South Tyneside St Clares advice line – specially DCCS
	Northumbria – ??? weekend, no overnight

What do we need – equity, SPC, 7/7, advice only, F2F evening overnight  
Depends on strength of generalist services

### Group B

**NICE Quality Standard for End of Life Care Statement 10. *People approaching the end of life that may benefit from specialist palliative care, are offered this care in a timely way appropriate to their needs and preferences, at any time day or night.***

**Group B– Access to Specialist Palliative Care advice in Community at night times and weekends - Facilitated by Denise Slark and Nikki Miller**

#### The Task:

Engage two groups as “expert advisers” to scope out what we need and what is already in place. Look at the need and current provision, and see what gaps, duplication and where redundant services there may be. Imagine a perfect solution(s). Then design a pragmatic solution, identify ways that current services could enable the solution and what remaining gaps would need commissioning. Allow commissioners and clinicians to work together through the task.

### Session 1:

Encourage “outside the box thinking” and “blue sky” thinking; Address the following,

1. What is needed?
2. What is currently in place?
3. Imagine it better

Durham: 24/7 - D/Ns, GP OOHs, Rapid Response Marie Cure, SP Medicine Advice (Newcastle Marie Curie) for OOH

South Tees: OOH SPC Nurse, OOH SPDr Advice Line

North Tees/Hartlepool: 24hr hospice advice (not commissioned)

Newcastle: Hospice Advice Line (professionals only). 24/7 P/N, rapid response – 9-5 Sat/Sun

Carlisle: Hospice Advice Line (professional and patients)

Teesside: Cons PPH advice for professionals (uncommissioned). Rapid response discharge (nurses)

Variable – Commissioning, Governance, Visiting – face/face v nil

(Shared service is OOH advice line Newcastle)

### Session 2:

- **Briefly revise session 1:** parts 1 and 2 with new group, fill gaps but no-reworking.
- **Imagine it better:** pick up from session 1 part 3 and develop it further. E.g. What is the model?
- **Design the fix:** design 1 or more potential model
- **Prepare your feedback**

Session 2 – What is needed?

Robust service with governance arrangements for handover, audit etc

HR, budget (managed and resourced/service)

Advice line 7 days after 5pm

Tiered approach with opportunity for access

Blue Sky

Model to access social care including development of sitting service/meet and greet, HCA, Chaplains

Visiting service F2F nursing service 24/7

Telephone support – families / professionals

Nursing (CNS mini call centre), ECH – S/W, OOH collaborative

Mid Grade medicine needed?

PC consultant – area?

Part 3

F2F Consultant

Nursing Triage (mix meds etc)

Escalate to mid grade DRs

Consultants

Use of telemedicine

- Governance
- Clinical Guidelines
- EPACCS

## Group C

**NICE Quality Standard for End of Life Care Statement 10. *People approaching the end of life that may benefit from specialist palliative care, are offered this care in a timely way appropriate to their needs and preferences, at any time day or night.***

### **Group C– Access to Specialist Palliative Care advice via Clinical Hub**

**Facilitated by: Alison Kimber and Hannah Gunn**

#### The Task:

Engage two groups as “expert advisers” to scope out what we need and what is already in place. Look at the need and current provision, and see what gaps, duplication and where redundant services there may be. Imagine a perfect solution(s). Then design a pragmatic solution, identify ways that current services could enable the solution and what remaining gaps would need commissioning. Allow commissioners and clinicians to work together through the task.

#### **Session 1:**

**Encourage “outside the box thinking” and “blue sky” thinking; Address the following,**

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- 3. Imagine it better**

#### PART 1

##### Sunderland

DOH services and St Benedicts and St Oswalds (paeds) (info not known by all)  
1700 – 0915 Mon – Fri 24/7 w/e and BH

NEAS have a ‘form’ palliative care services can use to inform NEAS of patients (info not known by all)

EPACCS – when? ) info not known

Paed services? ) by all

County Durham and Darlington

Commissioned tel advice

Newcastle

Advice lines – unfunded and insufficient

North Tyneside in partnership with Marie Curie

7/7 0800 – 2200

Mixed skill mix

Nurses Bd 3-7

Direct referral rights to pall care bed need to unpick unexpected and to NSECH

South Tyneside

St Clare's Hospice

Nil 24 hour telephone helpline

Hartlepool

Alice House – 24 hour helpline

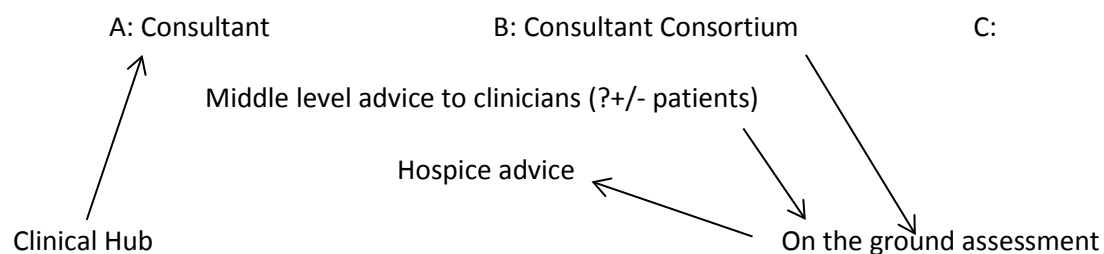
## PART 2

30 min F2F from call by SP

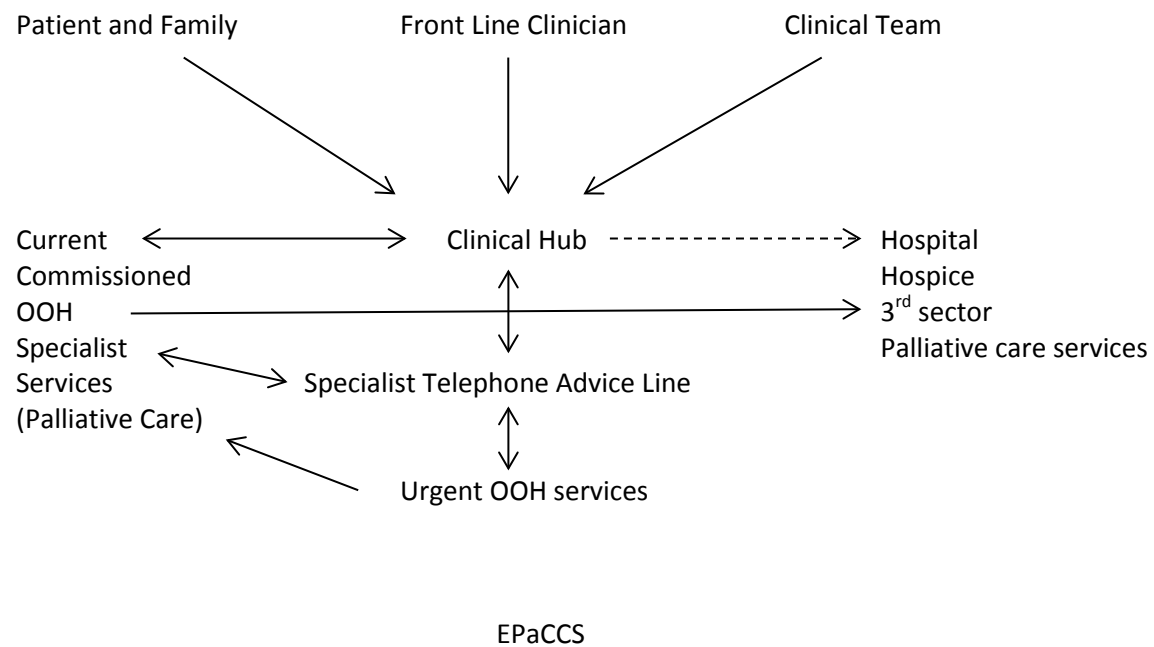
Sustainable telephone advice line

Fully functioning EPAaCCS system

Continually updated Directory of Services



Resilient Service = direct admission to pall care (or to their place of care)





## Appendix A

END OF LIFE COMMISSIONING SPRING EVENT : LIST OF ATTENDEES				
Prefix	First Name	Surname	Job Title	Company
Mrs.	Christine	Allen	Information and Clinical Admin Manager	St Oswalds Hospice
Mr.	Darren	Archer	Senior Commissioning Manager	NECS
Dr.	Sundar	Balasubramanian	Locum Consultant in Palliative Care	Eden Valley Hospice
Dr.	Jane	Bentley	Consultant in Palliative Medicine	North Tees & Hartlepool NHS FT
Mrs.	Sheila	Brown	Patient Represenative	Network
Mr.	Tom	Dunkerton	Commissioning Manager	North Tyneside CCG
Prof.	James	Ellam	Chief Executive	St Oswald's Hospice
Dr.	Ruth	Frostwick	Locality Commissioning Manager	Sunderland CCG
Mrs.	Florence	Gunn	Clinical Lead End of Life	Sunderland CCG
Dr.	Hannah	Gunn	Consultant Palliative Medicine	Marie Curie Hopsice, Newcastle
Dr.	Kathryn	Hall	GP Clinical Lead for Palliative Care	North Tyneside CCG
Ms.	Carolyn	Harper	Head of Cancer and Palliative Care	Gateshead Health NHS FT
Mr.	Neil	Jarvis	Strategic Commissioning Manager	Durham County Council
Mrs.	Alison	Kimber	Clinical Services Manager	North East Ambulance Service
Mr	Keith	Kocinski	Assistant Delivery Manager	Scarborough and Ryedale CCG
Dr.	Yifan	Liang	Consultant paediatrician	NE paediatric palliative network
Dr.	Sarah	Louden	GP Lead for End of Life Care Gateshead Locality	Newcastle Gateshead CCG
Dr.	Kathryn	Mannix	Lead Clinician	NHS Northern Clinical Networks
Mr.	Paul	McAdam	Commissioning Policy & Planning Officer	Durham County Council
Dr.	Matthew	McCloskey	EOL Lead	ST CCG
Mr	Angus	McLellan	Business Manager	South Tyneside NHS FT
Dr.	Nicky	Miller	Macmillan Cancer and End of Life clinical Lead	South Tees CCG

Mrs.	Michelle	Muir	Lead Nurse	Newcastle Hospitals NHS FT
Dr.	Alex	Nicholson	Consultant in Palliative Medicine	South Tees Hospitals NHS FT
Dr.	David	Oxenham	Consultant in Palliative Medicine	County Durham & Darlington NHS FT
Dr.	Ann	Paxton	Consultant in Palliative Care	South Tyneside Foundation Trust
Dr.	Rachel	Quibell	Consultant in Palliative Medicine	Newcastle upon Tyne Hospitals NHS FT
Ms.	Avril	Robinson	Chief Executive	St Clares Hospice
Mrs.	Susan	Rutter	Principal Social Worker	Stockton Borough Council
Dr.	Trish	Sealy	Consultant Palliative Medicine	South Tees Hospitals NHSFT
Mr.	John	Sheridan	Macmillan Lead Nurse, End of Life Care	North Tees & Hartlepool NHS FT
Mrs.	Denise	Slark	Out of Hours Manager Sunderland	St Benedicts Hospice
Ms.	Jill	Smith	Strategic Workforce Development Manager	Health Education England - North East
Miss	Elizabeth	Stainthorpe	Senior Commissioning Support Officer	NECS
Mrs.	Cate	Swift	Senior Commissioning Manager	NECS
Dr.	Ruth	Ting	Consultant in Palliative Medicine	Gateshead Health NHS FT
Mrs.	Louise	Watson	Network Delivery Team Lead	Northern England Clinical Networks
Mr.	Paul	Whittingham	Commissioning Manager	North of England Commissioning Support
Mrs.	Jeanette	Willis	Head of Strategic Commissioning Adult Services	Hartlepool Borough Council
Ms.	Kirsty	Wright	Matron	South Tyneside NHS FT