




# Central Region Palliative Care Network


## 8<sup>th</sup> July 2009


**Attendees:** Karen Anderson, Clare Randall, Brenda Hall, Tom Scott (via teleconference), Robert Lewis, Kevin Nielsen (Chair), Lindsay Tanne, Nancy Harp, Adrian Broad, Rodger McLeod, Heather Spence, Jean Clarke, Ria Earp, Elizabeth Paske, Theresa MacKenzie, Dianne Keip, Mike Harris, Joy Percy, Monica O'Reilly, Lisa Burch, David Taylor, Kate Gellatly, Puhou-Wahine Tipple

**CCN attendees:** Ali Hamlin, Stephanie Fletcher (minute taker)

**Apologies:** Jo Anson, Barry Keane, Simon Allan, Saskia Booiman, Wayne Naylor, Craig Tamblyn, Teresa Read, Jonathan Adler, Brian Ensor, Bidy Harford, Pam Diamond, Nancy Harp

Items	Discussion/Comments	Actions
Welcome and Introductions	The Chair welcomed attendees to the meeting and introductions were made	
Previous Minutes	Minutes (8 <sup>th</sup> April 2009) had been circulated and approved by email.	
Matters Arising	There were no matters arising	
National project updates	<p><u>Specialist Palliative Care Service Specifications</u> Kevin Nielsen (member of the Purchase Unit subgroup of the Specialist Palliative Care Service Specifications Group) provided a brief overview of the two year programme of development of specifications, implementation, gap analysis and development of purchase unit. New specifications will specify generalist and specialist services which will have implications. Standing along side this project is the National Dataset project.</p> <p><u>Syringe Driver Update</u> Clare Randall provided an update on the syringe drivers and providers. There concerns re: Alaris AD taken to Medsafe. Upshot is that the device meets safety criteria and required standards so with good education should be ok for roll out.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>■ Concern with people moving between regions where different drivers used. Health and Disability Commissioner had concern regarding dual platforms where the difference between two drivers was vast. AD and T34 more similar so shouldn't be an issue.</li> <li>■ Whanganui hospice to progress the issue of different drivers in hospital and hospice by organising meeting with DHB, District Nurses, hospital, Palliative care and hospice to ensure all aware of purchase decision</li> <li>■ Syringe Driver group to be disbanded until final date of Graseby use (31 December).</li> <li>■ Guidelines for syringe drivers by mid-July 2009.</li> </ul>	
CCN update	<p>Ali gave a presentation on current CCN projects. See attached.</p> <p>Ali spoke of the work plan developed for 09/10 with respect to addressing inequalities for Maori and Pacific people. It should be noted that this work plan is in draft only.</p> <p>The CCN Strategic plan in draft format was attached to agenda items and Kevin encouraged feedback to Jo as it was an important part of the process.</p>	 CCN update Jul 09.ppt   Work Plan specific to Maori and Pacific Peop
Focus on addressing inequalities in palliative care	<p><u>Mary Potter Hospice – Maori and Pacific Peoples Plans</u> Ria Earp presented a paper on the development of the Maori and Pacific Peoples Plans. See attached.</p> <p><u>Discussion</u></p>	 Mary Potter Hospice Presentation

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	<ul style="list-style-type: none"> <li>■ Different approach between Maori and pacific staffing. Stronger Maori workforce ensures services not being duplicated. Smaller Pacific workforce requires more coordination.</li> <li>■ Question asked about how much research has been done on Maori and Pacific palliative care plans. Answer – several hospices have done research.</li> <li>■ Asked whether Hospice NZ have helped guide hospices in developing their plans – No.</li> <li>■ Linsday Taane of Te Omanga Hospice acknowledged a Pacific Persons point of view is lacking in developing palliative care plan. Liaising with Siloma Masina at HVDHB as networks and connections are there but no formality.</li> <li>■ Hawkes Bay now has a full time Kaitakawaenga for Cranford Hospice. Looking at broadening from family liaison to liaising further with other providers.</li> </ul> <p><u>CCDHB Palliative Care / Chronic Disease Services for Maori</u> Ria Earp spoke to this presentation in absence of Pam Diamond. See attached.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>■ Population statistics in regions were discussed with the focus on ethnic statistics.</li> <li>■ Suggestion that this forum have a session on statistics to compliment the excellent work by CCN on the HNA.</li> </ul>	 <p>July 2009 powerpoint presentat</p> <p>Jo to follow up</p>
CRPCN	<p><u>Terms of reference</u> Kevin tabled the terms of reference and advised of the need to finalise this document.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>■ Agreement that this forum was more like an interest group than a steering group.</li> <li>■ Whanganui had elected representation however Hawkes Bay found that process didn't work because generalist providers could rarely afford the resource to get to the meetings. A group of specialist palliative care providers who meet regularly decided to send two group members – a clinician and a planning manager.</li> <li>■ Concern that the group could not be called an advisory group when members not elected. No transparency when members are not elected.</li> <li>■ Acknowledged that the changing membership at each meeting provides a different view or opinion but also results in loss of authority to represent.</li> <li>■ Forum not mandated to speak for their regions.</li> <li>■ Local cancer networks should provide feedback with clinician advise coming through.</li> </ul> <p><u>Outcomes</u></p> <ul style="list-style-type: none"> <li>■ <b>Purpose</b> – second paragraph amended to read; "To provide a <i>conduit</i> to expert advise on palliative care issues to planners and providers of services (<i>including the Central Cancer Network</i>) across the region"</li> <li>■ <b>Objectives</b> – second bullet point change to read; "to <i>discuss</i> on service developments ..."</li> <li>■ <b>Objectives</b> – third bullet point; Remove the word expert so that the sentence reads " to act as a resource group for service providers in the region"</li> <li>■ Seek opinion from Tom Scott as to the benefit (or not) of teleconferencing into the forum.</li> <li>■ Confirmed Terms of reference to be circulated.</li> <li>■ Terms of reference to be revisited annually.</li> </ul> <p><u>Palliative Care and End of Life Planning Stocktake</u> Document to be completed July/August once 09/10 work plans for the various groups</p>	<p>Jo to follow up</p> <p>Jo to action</p> <p>Jo to action</p>

Items	Discussion/Comments	Actions
Regional Round Up	<p>are incorporated. Jo to circulate once completed.</p> <p><u>Hawkes Bay</u></p> <ul style="list-style-type: none"> <li>■ Presentation by Dianne Keip on Hawkes Bay activity.</li> <li>■ LCP taken off well– being project managed by Cranford Hospice. Theresa McKenzie acknowledged the LCP facilitators in the region who have done an awesome job.</li> <li>■ Syringes Drivers – considering central hub (or 2) for distribution, redistribution and collaboration within Hawkes Bay.</li> <li>■ DN/PCC – refining service agreements. COOs on board along with ADONs. Patient mapping for a Palliative care journey is planned. Dianne to share TOR when completed.</li> <li>■ Hawkes Bay PHO have been managing a project from the HBDHB Palliative Care Strategy for a patient held record. Out for consultation at the moment.</li> <li>■ Mike Harris advised that he aims to meet all GPs in the region. To date this has proved a valuable exercise.</li> <li>■ Monthly clinics at Wairoa re-established.</li> <li>■ Discussions with Tairawhiti re; memorandum of understanding around supporting hospice and LCP in the region.</li> <li>■ Meeting with Oncology department at HBDHB re: information transfer, shared care and memo of understanding.</li> <li>■ Evaluating syringe driver prescribing in the community. Acknowledge that database is shocking.</li> </ul> <p><u>MidCentral</u></p> <p>Rodger McLeod MDHB</p> <ul style="list-style-type: none"> <li>■ Integrated care project being framed currently for Horowhenua regarding equalities and kidney disease supported with MOH \$.</li> <li>■ DHB region data project. Stocktake of information done. Lots of data collected for business purposes not population health data.</li> </ul> <p>Clare Randall Arohanui Hospice</p> <ul style="list-style-type: none"> <li>■ Strategic plan out in draft and now working on operational plan.</li> <li>■ Allied team strengthened with part time social worker and part time pharmacist.</li> </ul> <p>Theresa McKenize</p> <ul style="list-style-type: none"> <li>■ LCP doing really well in MidCentral region. 50% hospital-level aged care residential facilities now have it.</li> <li>■ Different levels of care between hospital-level and rest home only residential care facilities impact on LCP.</li> <li>■ 55% of deaths in PN hospital have been on LCP, compared with 15% in UK as reported in UK National Hospital LCP Audit from previous 12 months.</li> <li>■ Patient movement from hospital to community on LCP with a change of thinking regarding moving to preferred place of care within the last few hours.</li> </ul> <p><u>Whanganui</u></p> <ul style="list-style-type: none"> <li>■ LCP working really well with a firm process. In four sites within the hospital and moving into 3 more.</li> <li>■ Patient held record has been developed and printed.</li> <li>■ Draft memorandum of understanding waiting for board approval. Working on Tikanga guidelines and a closer working relationship with the Whanau Ora team.</li> <li>■ MRI scans can now be accessed via palliative care doctors.</li> </ul> <p><u>Wairarapa</u></p> <ul style="list-style-type: none"> <li>■ Into the 11<sup>th</sup> month of the new service and it is going well. All GPs have attended training.</li> <li>■ Issues around primary and secondary interface.</li> <li>■ Clinical assessment tool working well.</li> <li>■ Patient held diary a good communication tool.</li> <li>■ Working with NGOs to ensure no duplication but meeting everyone's needs.</li> </ul>	 <p>Hawke's Bay Update_jul09.ppt</p> <p>Dianne to circulate ToR when completed.</p>

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	<ul style="list-style-type: none"> <li>■ Developing service directory for patient information.</li> <li>■ Discussions continuing regarding hospice beds.</li> </ul> <p><u>Hutt Valley</u></p> <ul style="list-style-type: none"> <li>■ Mary Potter Hospice, CCDHB and Te Omanga have formerly advertised regional palliative care medical training position. Indicative of good regional thinking.</li> <li>■ Te Omanga have had a strategic planning day and are now keeping the momentum going.</li> <li>■ The medical team is being re-credentialled on 13<sup>th</sup> August.</li> <li>■ Syringe drivers – training at the moment with change over in September.</li> <li>■ Long term condition think tank proving successful to date. Meet monthly with the mandate that each meeting has to come up with one thing that will make a difference in the next month (e.g. key WINZ person).</li> <li>■ CCN funded project – if confirmed will result in the translation of palliative care hospital based information translated into pacific language.</li> </ul> <p><u>Wellington</u></p> <ul style="list-style-type: none"> <li>■ Work on ‘do not attempt to resuscitate’ for ambulance service complete.</li> <li>■ Community setting aged care and primary care research has commenced.</li> <li>■ Attempting to roll out LCP but funding issues.</li> <li>■ Joint work between hospice and CCDHB regarding alert if palliative patient enters hospital thru ED or any other way.</li> <li>■ Syringe drivers – working with DHB. Training to commence shortly.</li> <li>■ PDRP completed and MOU almost ready for signing.</li> <li>■ Primary care liaison going well. 1 year project with great uptake and growth.</li> </ul> <p><u>Taranaki</u></p> <ul style="list-style-type: none"> <li>■ Initial meeting on 30<sup>th</sup> June to progress the LCN. Agreed TOR and which organisations will be represented. Now in process of getting nominations.</li> <li>■ Link nurse programme going well.</li> <li>■ LCP timeframe pushed out to later in the year.</li> <li>■ Credentialing of medical team this year.</li> <li>■ Regional medical specialist position looking promising. Clarification of specifications now needed. Potential for appointment later in the year.</li> </ul>	
<b>LCP National Office</b>	<p>Theresa McKenzie provided an update.</p> <ul style="list-style-type: none"> <li>■ Sustainable funding has been granted by MOH.</li> <li>■ First national office in the world and now providing advice to Australia and Netherlands.</li> <li>■ Feedback on LCP to be provided to World health organisation.</li> <li>■ Letter of support for LCP from Health and Disability Commissioner.</li> <li>■ Restructuring governance group to reference group and expert advisory group.</li> </ul>	
<b>General items</b>	<ul style="list-style-type: none"> <li>■ Palliative Care national / regional position off the agenda as the position got no support.</li> <li>■ Palliative care Council still considering nurse Chair position but \$ have been re-diverted. It is on the PCWG agenda for further discussion.</li> <li>■ Nursing representation needed on PC Council.</li> <li>■ Concern around Oceania facilities wanting to do LCP through residential care facilities without sufficient \education for staff and GPs. No assurances that guidelines will be followed. Proceeding with caution.</li> </ul>	
<b>Next meeting</b>	<ul style="list-style-type: none"> <li>■ Suggestion that Denise Robbins from Cancer Voices could do presentation regarding consumer representation on this forum</li> <li>■ NZPCWP update on work plan</li> </ul>	<p>Jo to follow up</p> <p>Barry Keane to present</p>
	<p>Next meeting 11<sup>th</sup> November 2009 at Arohanui Hospice, 10am to 3pm. Agenda to be set by the steering group one month prior.</p>	

Meeting closed 3.00pm