ScottishCare

The voice of the Independent Care Sector in Scotland

CARE HOMES: A GOOD PLACE TO LIVE - A GOOD PLACE TO DIE

Report on a Scottish Care hosted national conference on palliative and end of life care

30 September 2010, Glasgow Marriott Hotel

"The conference has left me as a care home manager content that we are going in the same direction, whilst also motivating me to continuously improve our delivery of end of life care."

care commission

NHS Education for Scotland

Scottish Partnership for Palliative Care

The Scottish Government

CARE HOMES: A GOOD PLACE TO LIVE - A GOOD PLACE TO DIE

Report on a Scottish Care hosted national conference on palliative and end of life care

30 September 2010, Glasgow Marriott Hotel

Background
On 30 September 2010 providers, managers and trainers in the private, voluntary and statutory social care sectors and managers and educators in the NHS attended a focussed palliative care and end of life conference. The event was fully endorsed and partly funded by the Scottish Government with support from NHS Education for Scotland, the Care Commission and the Scottish Partnership for Palliative Care. It was hosted by Scottish Care. 270 delegates attended. The programme is shown at appendix 1.

Following the publication of 'Living & Dying Well: a national action plan for Scotland' to deliver palliative and end of life care, Scottish Care invited a group of key stakeholders to be part of a Palliative Care in Care Homes Steering Group. The aim is to develop the capacity of care homes to deliver good quality palliative and end of life care, consistent with Scottish Government policies, regulatory requirements and good practice guidance, ensuring that people can make a positive choice to remain in their care home unless there is a need to access specialist care in another environment. A set of objectives was also created, shown at appendix 2.

The conference arose from an objective of the Steering Group to inform providers of legislative and regulatory developments, to share good practice and to listen to the views of all stakeholders in shaping future practice.

Programme
There were inputs to the conference from Ranald Mair of Scottish Care, Robbie Pearson from the Scottish Government, Marcia Ramsay of the Care Commission and Liz Travers from NHS Education Scotland.

During the morning, seminars were delivered by:

- Strathcarron Hospice (Advanced/Anticipatory Care Planning)
- Marie Curie Cancer Care/NHS Lothian (National DNACPR Policy)
- Alzheimer Scotland Palliative Care Project (Beyond Barriers)
- Care Commission (Better Care Every Step of the Way)
- Macmillan (Palliative Care: Practice and Education).

Feedback from the seminars are shown in appendices 3 to 7.

In the afternoon a number of organisations showcased their practice in palliative and end of life care. These were:

- Midlothian Gold Standards Framework for Care Homes Project
- NHS Greater Glasgow & Clyde (Developing Care Home Practice)
- Highland Hospice (Care Home Programme)
- Accord Hospice (Care Home Partnership)
- BUPA (End of Life Care Pathways).

The content of the presentations to the conference from the speakers and in the seminar sessions are available from the Scottish Care (www.scottishcare.org) and the Workforce Initiative websites (www.workforceinitiative.co.uk). Details of the speakers and presenters are shown at appendix 8.

Key messages
At the end of a busy and stimulating day, a panel responded to questions arising from the morning seminars and addressed key areas for further action by Scottish Government and the regulator.

The panel comprised speakers from the morning session, namely Robbie Pearson and Marcia Ramsay. They were joined by Kenny Valentine, Director, Bupa Care Homes Scotland. The session was chaired by Ranald Mair.

The **key areas from the seminars** included:

- Promoting better and stronger relationships with wider primary care sector in the sharing of information, collaborative practice and in decision making – particularly with GP's
- Increasing the capacity of the sector to deliver on the increasing range of demands and expectations to improve services
- Ensuring that staff supporting palliative and end of life care have the skills and knowledge to be competent and confident in what they do
- Sharing and pooling of resources across NHS and social services in relation to education, training and facilitation to improve and transform services
- Clarifying the definition of and difference between palliative care and end of life care in the context of living well
- Facilitating and signposting relatives and friends to appropriate information at the point of diagnosis
- Raising public awareness and promoting more open discussion regarding end of life care
- Access to information on the national DNACPR policy with clear direction on the decision making process.

From the **panel discussion some areas were specifically identified** which were thought to be essential to improving palliative and end of life care services. These were:

- The importance of communication and collaboration between all involved in providing any aspect of care to people
- Multi-disciplinary team working to break down silos, so that palliative care is seen as everyone's business
- The criticality of care homes having the capability to deliver training and education, that staff have the capacity themselves to facilitate the learning of others and that they also have the ability to access and share information electronically
- Greater emphasis needed at the recruitment stage on applicants possessing suitable social skills/behaviours.

Feedback from evaluation returns
187 delegates returned feedback forms and these are summarised at Appendix 9. Noteable from the evaluations are:

- Strong support for quality of overall programme and relevance to the delegates
- 98% scored very good or good (fair and poor being the other options). All delegates would welcome such events in the future
- The seminars run by Marie Curie Cancer Care/NHS Lothian (National DNACPR Policy) on DNACPR and by Alzheimer Scotland Palliative Care Project (Beyond Barriers), were the most favourably commented on. In relation to the inputs, that given by the Accord Hospice received the most acclaim.

In relation to how **Scottish Care could take forward some of the issues** raised in the conference, the most common were (in decending order, the most commented on first):

- Engaging with GPs on promoting a more shared, proactive and inclusive partnership with care homes
- Access to and sharing of relevant education and training
- Promoting integrated care and support planning
- Facilitating understanding of and practice in end of life care with people who have a learning disability
- Involving service users and carers in events and in education and training
- Lobbying for funding to support service improvement.

In relation to **the most popular suggested topics for future events** the most common were (in decending order, the most commented on first):

- Dementia (by far the most significantly supported)
- Partnership working across NHS/social services/care homes in statutory and independent sectors
- Nutrition
- Pain management
- Challenging behaviour
- Tissue viability

- Care and support planning
- Communication skills
- Human rights
- Infection control
- Long term conditions.

There is consistent call for events to be multi-agency, across health and social care services.

Extracts from the evaluations:

- "Very well put together, good balance of networking and information."

- "Thank you for delivering this informative event .... in these constraining financial times this is much appreciated and demonstrates/conveys a sense of valuing staff."

- "Maintains the challenge for recognition of what care homes do and promotes the amalgamation of health and social care funding required to make it work."

- "It is important to keep the cost down and attendance will continue. The afternoon sessions were fabulous linking into practice."

- "A well organised and thought through conference. Exceeded my expectations. Good to see multi-agency presentations."

- "Excellent conference .... well planned and organised."

Conclusions
This was a conference which exceeded expectations in relation to the numbers attending. There was a high level of engagement on the issues evident from the enthusiasm and commitment shown throughout.

The format of the event and the relevance and quality of the inputs and seminars were positively commented on by delegates.

The key messages which arose were consistent, including feedback from the delegates through the evaluation forms. These are summarised above. Perhaps those which came through the most were with regard to:

- the need for primary care and care homes to improve their sharing of information, their collaborative practice and their decision making. The care home relationship with the GP is seem as the most critical and the one which is most inconsistent in practice

- the challenge for the care home sector to deliver the required education and training to staff. A sharing of resources across NHS and social services has the capacity to significantly improve this.

There was a willingness from delegates to participate in such events in the future, providing the cost is right. They should be multi-disciplinary and there was a strong suggestion that themes around integrated practice and partnership working in the context of the care and support of older people was essential. Dementia was the topic most highlighted from evaluations.

The outcomes from the conference were fed into the meeting of the Palliative Care in Care Homes Steering Group on 26 October. Ongoing developments will be reported on the Scottish Care and Workforce Initiative websites.

If you wish further information on the above contact David Rennie on 07946 607532 or david.rennie@workforceinitiative.co.uk

APPENDIX 1

CONFERENCE PROGRAMME

Care Homes: - A Good Place to Live - A Good Place to Die

Thursday 30 September 2010

Glasgow Marriott Hotel

Programme

08.30	**Arrival, Coffee & Registration**
09.30	**Ranald Mair:** CEO Scottish Care - **Welcome from the Chair**
09.50	**Robbie Pearson:** Scottish Government – **Living & Dying Well – Building on Progress**
10.10	**Marcia Ramsay:** Care Commission – **Delivering Improved Outcomes**
10.30	**Seminar Sessions** 1. *Strathcarron Hospice - Advanced/Anticipatory Care Planning* 2. *Marie Curie Cancer Care/NHS Lothian - National DNACPR Policy* 3. *Alzheimer Scotland Palliative Care Project - Beyond Barriers* 4. *Care Commission - Better Care Every Step of the Way*) 5. *Macmillan - Palliative Care: Practice and Education*
11.30	**Seminar Sessions (repeated)** 1. *Strathcarron Hospice - Advanced/Anticipatory Care Planning* 2. *Marie Curie Cancer Care/NHS Lothian - National DNACPR Policy* 3. *Alzheimer Scotland Palliative Care Project - Beyond Barriers* 4. *Care Commission - Better Care Every Step of the Way* 5. *Macmillan - Palliative Care: Practice and Education*
12.30	**Lunch & Networking**
13.30	**NHS Education Scotland** **Liz Travers:** Educational Project Manager (Palliative Care)
13.45	***Showcasing Good Practice*** 1. *Midlothian Gold Standards Framework for Care Homes Project* 2. *NHS Greater Glasgow & Clyde - Developing Care Home Practice* 3. *Highland Hospice - Care Home Programme* 4. *Accord Hospice - Care Home Partnership* 5. *BUPA - End of Life Care Pathways*
15.00	**Panel: The Challenge of Turning Aspiration into Reality**
15.30	**Close**

APPENDIX 2

PALLIATIVE CARE IN CARE HOMES STEERING GROUP

Aim
To develop the capacity of care homes to deliver good quality palliative and end of life care, consistent with Scottish Government policies, regulatory requirements and good practice guidance*, thereby ensuring that people can make a positive choice to remain in their care home unless there is a need to access specialist care in another environment.

Objectives
1. Promote the principle that people in care homes can receive effective and appropriate care to the end of life, consistent with assessment of needs and personal choice

2. Encourage all care homes to incorporate palliative and end of life care as part of their remit and to evaluate the services they offer against the national practice statements

3. Support care homes to provide information to residents, families and carers on the palliative and end of life care they can expect in order that they can make informed choices as to the care they would wish

4. Inform the public that care homes can provide a high quality physical and person-centred care service at the end of life

5. Identify the appropriate staffing and skills levels for care homes to deliver palliative and end of life care; and pursue appropriate sources of funding to resource this where necessary

6. Facilitate the delivery of education and workforce development within all care homes in meeting the identified skills needs to provide good palliative and end of life care

7. Work with the appropriate parties on the consistent development and delivery of local community health supports for palliative and end of life care in care homes, including services and medication

8. Promote the practice of people receiving palliative and end of life care in care homes having access to 24 hour advice and specialists as required

9. Develop baseline models of care and support planning to incorporate anticipatory and advance care planning, ensuring the integrated use of systems such as DNACPR and the palliative care e-summary, across health and social care delivery

*****These include - *Living and Dying Well: A national action plan for palliative and end of life care in Scotland* (Scottish Government, 2008); *Shifting the Balance of Care* (Scottish Government, 2009); *Reshaping Care for Older People* (Scottish Government, Joint Improvement Team, 2009); *Better Care Every Step of the Way* (Care Commission, 2009); *Making Good Care Better* (Scottish Executive, 2006)

APPENDIX 3

STRATHCARRON HOSPICE - ADVANCED/ANTICIPATORY CARE PLANNING

Session 1, Key messages

1. There has to be improved communication and shared partnerships throughout the care team
2. There as to be stronger links with the GP and the primary care team to ensure partnership working
3. A standardised approach to ACP documentation may be useful
4. Communication skills training and access to other training resources are required to progress ACP in care homes
5. Concerns were also highlighted around the need for clarification on what options would be available for resident, otherwise ACP could be a potentially meaningless activity.

Other points identified in the group feedback regarding the benefits of adopting ACP included the view that ACP supports a person-centred approach, allows residents to remain in the care home, causes less distress to residents, relatives and staff - but there needs to be some work around clarification of roles in relation to ACP. It was also seen as supporting best practice statements, acting on residents wishes, promoting team work, affirming relationships.

The main challenges identified were the current culture around issues of death and dying, resources to train, resources to care, issue of reduced cognitive function of many residents. The issue of poor engagement from GPs was raised with every group.

Session 2, Key messages

1. Ensuring engagement and involvement of GPs
2. Supporting the development of communication skills for the full team
3. Incorporating the use of the single shared assessment
4. Clarity needed around the legal issues including power of attorney
5. NHS24 and OOH need to be included and informed of ACP discussions – whose responsibility is this, the care home or the primary care team.

Other points identified in the feedback included:

- The acknowledgement that ACP needs the support of the multi-disciplinary team and that early discussion is required
- The need to make appropriate use of the single shared assessment was highlighted
- The need to move away from crisis discussion and to incorporate regular review into the process
- Could the NHS and GPs offer an ACP service with advice available prior to admission eg leaflets
- The need to ensure that ACP and DNACPR information is transferred to the care home
- Advice is required regarding the core components of ACP documents, particularly for those care homes who do not have existing links with NHS services
- clarity around the issue of capacity is required
- The issue of access to education and other training resources was highlighted repeatedly in order to raise confidence and competence.

APPENDIX 4

MARIE CURIE CANCER CARE/NHS LOTHIAN - NATIONAL DNACPR POLICY

Key messages

1. Need for education and training (and the challenge of resourcing this)
2. Need for development of relationships with GPs

Notes from groups

Question 1 How can we engage with the GPs that support the care home to ensure best practice around DNACPR decision-making?

- Advance decisions, advance directives and planning comes first (DNACR set in context)
- Make it part of the multidisciplinary liaison with the GP engaged in the process
- Contact the GPs about this new legislation and accessing/completion of the DNACPR forms
    - Part of general engagement and planning and wider need to develop relationship (ie DNRCPR not always in insolation)
- Accessing supply of forms could act as trigger to start engagement with GP
- Need guidance on who can take clinical decisions in relation to DNACPR.

Question 2 How can we engage with the acute hospitals to ensure best practice on admission to and discharge from acute hospitals to care homes?

- Work in partnership to improve communication
- Ensure documentation is update to date and signed
- Access to intranet – access to our own clients admitted in hospital
- Joint working group with discharge planning
- Sometimes when discharged to care home for the first time the process is better than subsequent admissions and discharges
- Inclusion in transfer documentation to and from hospital
- Can review family involvement when a form comes out from hospital with patient
- Better information if coming in on initial admission due to assessments prior to admission and social work inpu.
- If person is coming out of hospital after stay when they have already been a resident information the Care Home receives can be very limited.
- Joint working group – better communication
- Hospital discharge co-ordinator involvement
- Notification on transfer documentation about DNACPR
- To ensure DNACPR form travels with resident
- Ensure DNACPR is reviewed
- Education for all staff.

How can we empower staff to understand and address DNACPR decision-making in the context of anticipatory care plans as standard best practice for residents?

- education and training
- GP and other agency support
- Understanding policy and communication
- Training
- Local role clarification
- IT access/communications
- Good communication and relationships
- Clarification that:
    - not a tick box exercise
    - timing important
    - sensitivity important

- Care Home staff have an understanding of the policy and have confidence within this area to discuss it
- Communication re review of an existing form on admission
- Education
- Training
- Support of groups, local agencies
- Understanding DNACPR policy
- Communication
- Education and training
- To improve team working with care home staff, GPs, DNs and other relevant bodies so that appropriate conversations at the appropriate time can be undertaken.

APPENDIX 5

ALZHEIMER SCOTLAND PALLIATIVE CARE PROJECT - BEYOND BARRIERS

Key messages:

1. Better education for relatives at the point of diagnosis of dementia; about the journey of the illness and what to expect. Better diagnosis in the care home too. Should involve a more open approach and start preparing families for end of life as soon as possible. *(This was a common message from many groups)*
2. Using the Liverpool Care Pathway
3. View DVD of people with learning disabilities
4. Need more clarity about what palliative care means for people with dementia
5. Relatives' charter…. simply lay out relatives' rights when their family member is in care (should be a simple, concise document)
6. Open door policy for relatives to be involved in care and also have access to education regarding dementia and palliative care philosophy
7. Sharing from start to finish, making time
8. Improving communication early with families and wider team
9. Effective training leads to confident staff
10. The relative should be viewed as 'an extra' resident in terms of tailoring involvement to them as an individual
11. people with learning disabilities, additional needs that medical staff do not understand
12. Enabling carers (family) to be part of someone's life when in a care home environment
13. Clarity still required around palliative care and what it means - talked about as being the care given when someone is dying, instead of this being 'end of life care'.

Examples of good practice (regarding inclusion of relatives within palliative care picture):

- Pre-engagement therapy shared with relative
- Relatives phoned with positive news rather than with negative news
- Involve relatives in care (check how much involvement wanted) e.g. giving of medication, feeding, personal care
- Relative has role within the team e.g. who's who notice board; activities
- Involvement in review meeting
- Involve relatives in recruitment
- Keeping resident at centre, relationships are developed with their significant other/carer (at home), as much as is possible
- Early intervention – community support to engage carers/relatives prior to admission
- Educating staff/carers/relatives how they can work together in a valuable way to support the individual
- Support group in dementia unit
    - Relative forum….feel they are now listened to; involved in care; open door policy to manager
- Newsletters
- Involved in training to help with understanding of dementia

APPENDIX 6

CARE COMMISSION - BETTER CARE EVERY STEP OF THE WAY

Session 1

Key messages

1. Resources - care home as a positive place:
    - Improving care homes as a positive solution to appropriate end of life
    - care, is <u>much</u> more cost-effective than the current status quo. This,
    - however, must mean that funding agencies have to work together with
    - this end in mind, rather than protecting/preserving local arrangements
2. Relationships and understanding of roles:
    - GP approach and partnership
    - Acute hospital
    - Improving communication
3. Education/Training considerations:
    - <u>Capability</u> of care home to deliver (including elearning)
    - <u>capacity</u> to embrace the changes
4. Barriers to involvement:
    - DNACPR discussions taking place but not all the right people involved, or the right time and right place
5. Expectation of care and support (public, scrutiny bodies and care services):
    - Recognition of challenge of budget restraints
6. Set benchmark of what would be acceptable levels of education and service delivery:
    - Should/could that be from the new scrutiny body??
    - Palliative care standards to be developed (QIS for all care settings)

Feedback from the small groups (unedited):

- Need effective & co-ordinated primary care service within this context. Able to ensure communications across the services is up-to-date and appropriate for the <u>person</u>
- Capability of care homes to deliver
    - only 9% use e-learning
    - focus on "cascade" model
    - Improve people skills
    - Improve technology (skills and availability)
- Increasing needs - greater need for education - greater need for resource
- Solutions: Invest in skills to ensure robust delivery. Underpins future success
- Need clear Scottish priorities
- Stop duplication
- Recognition of capacity to train and learn and set priorities accordingly
- How can we ensure consistent approach:
    - from GPs including Locums and NHS 24
    - Regarding decision making in palliative care and at end of life
- Can the Care Commission set the benchmark for good practice and then offer a pool of information and resources? For providers to access and not leave providers to guess what the Care Commission wants.
- Barriers to care:
    - GP/hospital involvement
    - DNR's (for hospital/ambulance transfer)
    - Adult/learning disabilities
    - More training/advice/support
    - Effectiveness/speed of providing professional assistance in a care home environment i.e. (end of life) medication, dressings
    - Alzheimers "This is me" brochure to inform and guide on a small scale the important of information.
    - Lack of GP involvement (some not recognising the importance of LCP
    - Joint practice so everyone is working towards the same standards (community and acute sector)
    - Different practice within different communities

- Issues for rural communities – e.g. Macmillan nurses unable to share best practice with some care homes due to resources, unable to commit time
- Verification of death – different practices – some care homes not allowed to verify deaths until GP certifies death. New practice of nurses verifying death will help resolve this matter.

What would make a difference?

- At learning events it would be beneficial to have all groups involved (nurses, GPs and other professionals, pharmacists) so agreeing/sharing practice to avoid barriers when implementing practice
- There has been progress e.g hospice facilitator for LCP sharing with care homes best practice. Also opportunity to work in hospice to put best practice in action
- PASS team (prevention and support team) provide support to care homes
- Education access to resources. E-learning access to all
- Facilitation – small homes finding the facilitator and supporting same – champions
- More facilitators – to sustain ongoing training.
- Requirement vs recommendation
- Where is the commitment from Care Commission/SCSWIS?
- Everybody's business. Let's include everybody – across professional boundaries
- Budget managed pain relief.
- Breaking down barriers – language used extending the team, care home, palliative care nurse, CHLN and GP working together, one goal, teaching/sharing
- GP ownership of their responsibilities
- More opportunities for training (funded)
  - Joint training
  - Structured approach
- Funding for care homes – equitable
- Shared – common standards
- Good communication Networks – IT systems, across NHS – GPs – Social Work/social care – District Nurses

---

SESSION 2

- Education
- "Agreed" standards of training that delivers on consistency
- Framework that considered the importance of:
  - what is meant by Palliative Care
  - competencies
  - that reflects the time required to do it well
  - that recognises the crucial role relatives, people/services have to play (there was a strong feeling in the session that relatives / friends and family have a significant role to play)
- Resources and Training
  - Know what is available and make better use
  - Funding to support training
  - That has a focuses on carers and service users
- Policies and Procedures in place that meet the needs across all care settings
- Information on pathways, families (SLWG)
  - should be a priority
- Improved Partnership/working across care settings
  - specifically consideration to "care planning" training idea
  - supported by public awareness
  - cultural change (TV soap, schools etc awareness of positive experiences)
- National Care Standards review
  - considers the role of Relatives
  - links to other national drivers, e.g., Dementia Strategy
- Palliative Care "mandatory" training as an option

Feedback from the small groups (unedited):

3 factors to influence policy and regulation:

- Provision of funding to ensure training can be a factor
- Accessing an information pack for relatives of service users with regard to end of life issues. To gain access to a collaborative information pack which gives direction and resources to all involved in provision, caring and support of service users and relatives.
- Better access to services and resources at point of crisis to prevent admission;
    1. Integrated DNA CPR
    2. Open Door policy/communication
    3. Inter-agency involvement/inclusion and understanding (GPs)

Key priority:

- Increasing public awareness and perception about care homes and palliative care
    - Soaps – storyline and information line, including good points
    - Schools
    - Discussion topics on radio/tv
    - If awareness if improved before diagnosis, this will benefit into future.
    - Also be sensitive to carers' feelings

Education:

- information to people/relatives about the end of life stages/care
- helps relatives and residents make informed decisions/choices
- offer training to relatives to support them
- public awareness about palliative care/end of life
- funeral etc choices
- families to talk about choices
- Make discussions a positive experience for carers/relatives
    - Special privilege being with one leaving the world
- GP trained and "on-board" with ATP and DNA CPR
- National Training Programme
    - Minimum standards – like or linked to National Care Standards
    - National Competencies
    - Using "Gold Standards", "Making Good Care Better" etc
    - What staff need i.e. ½ day? 2 hours?
    - How often?
    - By who?
- With QIS taking on palliative care standards
    - Difficulty accessing QIS website/training

Key messages:

1. Government education on what palliative and end of life care actually is (dispelling myths)
2. Mandatory training for all care homes (an agreed percentage at any given time)
3. Shared resources and e-learning

APPENDIX 7

MACMILLAN - PALLIATIVE CARE: PRACTICE AND EDUCATION

Key messages

1. Finding a way to work collaboratively across the multi-disciplinary team within local care settings. Sharing resources and expertise
2. Clarification of palliative care and end of life care needed
3. Ethos of care within the care home setting is different – compassion and hope, not just medical care
4. Common understanding of LCP needed between primary care and care homes
5. More focus required on degenerative diseases other than cancer
6. Resources for training the trainers required with commitment from managers and ongoing support to sustain
7. Increase sharing of training between organisations and sectors. Will reduce duplication of effort and enhance consistency of approach. Share facilitators and use learning networks better
8. Releasing some NHS funding to enable better end of life care in care homes
9. Reframing of budgets to allow resources to be shared
10. Funding, access to, and time for education require greater recognition
11. Carers could be involved more in developing care plans. Often know individual best. Value of this knowledge needs to be acknowledged and facilitation/communication required to increase input from this group.

Other messages

- Macmillan facilitators seen as beneficial for educator support
- More educators and support required
- More Macmillan nurses possibly funded by government
- Include Macmillan 'Foundations of Palliative Care' pack as module in SVQ levels 2/3. Would help future training cost, quality of care and pressure on NHS and provide some accreditation for training. Could be mandatory to ensure buy in from provider
- Nationally training would be a useful resource in reducing hospital admissions. Require release of NHS funding to help this
- Support to maintain/sustain education and training required
- Commitment and support from management required
- Cohesive approach locally and nationally – tying everything together. Improve collaborative working
- Encourage training – verification of expected death
- Wider training for carers.

APPENDIX 8

SPEAKERS AND PRESENTERS

SPEAKERS

Ranald Mair: CEO Scottish Care - Welcome from the Chair
Chief Executive of Scottish Care, the representative body for independent health and social care in Scotland.

Robbie Pearson: Scottish Government – Living and Dying Well – Building on Progress
Joint Chair of the National Advisory Group on Palliative and End of Life Care.

Marcia Ramsay: Care Commission – Delivering Improved Outcomes
Director of Adult Services Regulation at the Care Commission.

Liz Travers: NHS Education for Scotland
Educational Project Manager (Palliative Care) with NHS Education for Scotland.

SEMINAR PRESENTERS

Strathcarron Hospice - Advanced/Anticipatory Care Planning

Dr Erna Haraldsdotter
Head of Education at Strathcarron Hospice.

Marie Curie Cancer Care/NHS Lothian - National DNACPR Policy

Dr Juliet Spiller
Clinical lead for the NHS Lothian integrated Do Not Attempt Resuscitation policy.

Alzheimer Scotland Palliative Care Project - Beyond Barriers

Jenny Henderson
Development Manager with Alzheimer Scotland.

Care Commission - Better Care Every Step of the Way

Elaine MacLean
Care Commission Adviser in Palliative Care.

Macmillan - Palliative Care: Practice and Education

Karen Orr
Macmillan Learning and Development Manager for Scotland.

Jan Aimer
Macmillan Cancer and Palliative Care Educator for CHP’S in Fife.

SHOWCASING GOOD PRACTICE

Midlothian Gold Standards Framework for Care Homes Project

Rhona Moyes
Community Palliative Care Nurse Specialist with Marie Curie, Edinburgh.

Barbara Stevenson
Community Palliative Care Nurse Specialist with Marie Curie, Edinburgh.

NHS Greater Glasgow & Clyde - Developing Care Home Practice

Dr Jean Hannah
Clinical Director of the Nursing Homes Medical Practice (NHMP).

Highland Hospice - Care Home Programme

Paula McCormack
Director of Clinical and Education Services at Highland Hospice.

Accord Hospice - Care Home Partnership

Lorna Reid
Education Liaison Nurse at Accord Hospice.

BUPA - End of Life Care Pathways

Elizabeth McKeegan
Regional Manager with Bupa Care Services.

APPENDIX 9

EVALUATIONS OF CONFERENCE

Of the 270 participants, 187 returned evaluation forms. This briefly summarises the responses.

How satisfied were you with the overall programme of the conference?

Very Good: 79%
Good: 20%
Fair: 0.5%
Poor: 0.5%

Please comment on speakers' presentations?

All inputs were given positive feedback and in particualr the seminars run by Marie Curie Cancer Care/NHS Lothian (National DNACPR Policy) on DNACPR; and by Alzheimer Scotland Palliative Care Project (Beyond Barriers), were the most favourably commented on. In relation to the inputs, that given by the Accord Hospice received the most acclaim.

There were a few comments about it being difficult to hear some of the seminar presenters due in part to the level of voice and also the air conditioning noise in the hotel.

How would you rate the event in terms of interest and value to you?

Very Good: 81%
Good: 18%
Fair: 1%
Poor: 0%

Please give some ideas on how you think Scottish Care could take forward some of the issues raised in the conference?

A very wide range of feedback.

The most common were (in decending order, the most commented on first):

- Engaging with GPs on promoting a more shared, proactive and inclusive partnership with care homes
- Access to and sharing of relevant education and training
- Promoting integrated care and support planning
- Facilitating understanding of and practice in end of life care with people who have a learning disability
- Involving service users and carers in events and in education and training
- Lobbying for funding to support service improvement.

We have had an overwhelming response to this event, would you like to see more events of this nature?

Yes: 99%
No: 1%
....and if so please suggest some topics for future seminars?

A very wide range of feedback

The most common were (in decending order, the most commented on first):

- Dementia (by far the most significantly supported)
- Partnership working across NHS/social services/care homes in statutory and independent sectors

- Nutrition
- Pain management
- Challenging behaviour
- Tissue viability
- Care and support planning
- Communication skills
- Human rights
- Infection control
- Long term conditions.

There is a consistent call for events to be multi-agency.

Other comments:

"The conference has left me as a care home manager content that we are going in the same direction, whilst also motivating me to continuously improve our delivery of end of life care."

"Enjoyed format very much."

"Very well put together, good balance of networking and information."

"Thank you for delivering this informative event in a lovely setting with lunch. In these constraining financial times this is much appreciated and demonstrates/conveys a sense of valuing staff."

"Maintains the challenge for recognition of what care homes do and promotes the amalgamation of health and social care funding required to make it work."

"It is important to keep the cost down and attendance will continue. The afternoon sessions were fabulous linking into practice."

"Overall, an interesting, reflective study day."

"A well organised and thought through conference. Exceeded my expectations. Good to see multi-agency presentations. But please stop the government people calling residents patients."

"Excellent conference, very good venue and lunch, well planned and organised."

Some delegatres commented that they would have liked some questions from the floor during the final panel session.

There were a small number of negative comments which will be fed back to individual presenters.