Palliative Care: How can we make a difference?

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Making a difference through network collaboration

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Network Collaboration

1. Advantages of network collaboration
2. Challenges to network collaboration
3. Examples of how we have made a difference through network collaboration
Palliative Integrated Symptom Assessment and Goal Setting Flow-chart

‘PISA GSF’
How could network collaboration have made a difference?
What is a network?

‘An extended group of people with similar interests or concerns who interact and remain in informal contact for mutual assistance or support’
Flow chart for information sharing between different networks
What is collaboration?

‘Working in association with another group’

‘Assisting or co-operating with (an enemy)’
1. Advantages of network collaboration

- Reduces risk of overlap and wasting of resources by different networks progressing similar ideas
- Sharing of ideas and taking account of a wide range of views
- Sharing of workload for big projects
- ‘Ownership’ and ‘Buy-in’ from different networks especially if project has implications for them (can also help with implementation)
Specific advantages for Palliative Care & Primary Care collaboration

- Both networks where symptom control plays an important part of patient care.
- Most people requiring palliative care are living at home in community setting
- Up-skilling of generalists by specialists and allowing specialists insight into realities of busy community palliative care
2. Disadvantages and challenges to network collaboration

- Projects moving more slowly

- Too many people wanting to comment and then harder to gain consensus

- Who is accountable or responsible?

- Often focused on cancer – what collaboration needs to take place with non-malignant care
Successful collaboration requires a common motivation to develop a project and the trust to exchange constructive criticism.
3. Examples of how we have made a difference through network collaboration
Examples of where collaboration helps

Carers project

- Objective - assess Aims L&DW
- Feed back from Carers
- WOS Partnership Forum
- WOS Primary Care Network
- WOS Palliative Care MCN
- Regional perspective identifies ‘experts’
Examples of where collaboration helps

2. Psychosocial reference group
   - Patient satisfaction
   - Patient distress screening / assessment
   - Ideas
   - Utilising ‘local’ expertise regionally
Examples of where collaboration helps

3. MDT referral to GP or Specialist palliative care

- Across all settings
- Different models
- Consider all involved
- Local/regional/national communication
Examples of where collaboration helps

4. Living and Dying Well Group 3

- National collaboration of existing networks
- Assessment tools
- Prognostication
- Anticipatory care planning
5. Guidance for Out of hours GPs on management of symptoms

...although collaboration has delayed roll out, it has allowed wider perspective
Examples of where collaboration helps

6. Regional Specialist Pharmacy Advisory group
   - Morphine diamorphine debate
   - Methylenealtrexone guideline
   - *Fast acting Fentanyl formulations*
Examples of where collaboration helps

7. MacMillan Regional Advance Planning Coordinator

- Joint steering group
- Objectives
- Anticipatory care planning
Summary

- Allows SLWP to input for greater good of larger nos. patients
- Promotes understanding of issues affecting others
- Reduces duplication/promotes sharing
- Need agreement from local MCNs
- Requires trust
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