Stakeholders Views on the SPPC

Scottish
Partnership
for Palliative Care

The Partnership is close to those at the point of care as well as in academia and policy

I trust the [SPPC] team to bring me up to date with the matters that mean most to me and our organisation

[SPPC is] wrongly viewed as a body for the specialist world

[SPPC should] broaden membership to reflect social care focus of palliative and end of life care

[SPPC] is not resourced at a level that is necessary for it to undertake all that it should be doing

[SPPC] is truly representative of all sectors of care but is independent at the same time

[SPPC appears to be] very Central Belt focussed

[SPPC should prioritise] thinking more about palliative care in the context of integration....with most people spending most of their time in the community

[SPPC should] promote and engage care workers across all areas that palliative care is everyone’s business

Such a valuable organisation making a huge contribution in the field of palliative care with relatively small funding

Results of Survey of Stakeholders on Future Direction of SPPC

Purpose of this Paper

To present a summary of a recent online survey of SPPC stakeholders in order to inform Council thinking on future direction of SPPC.

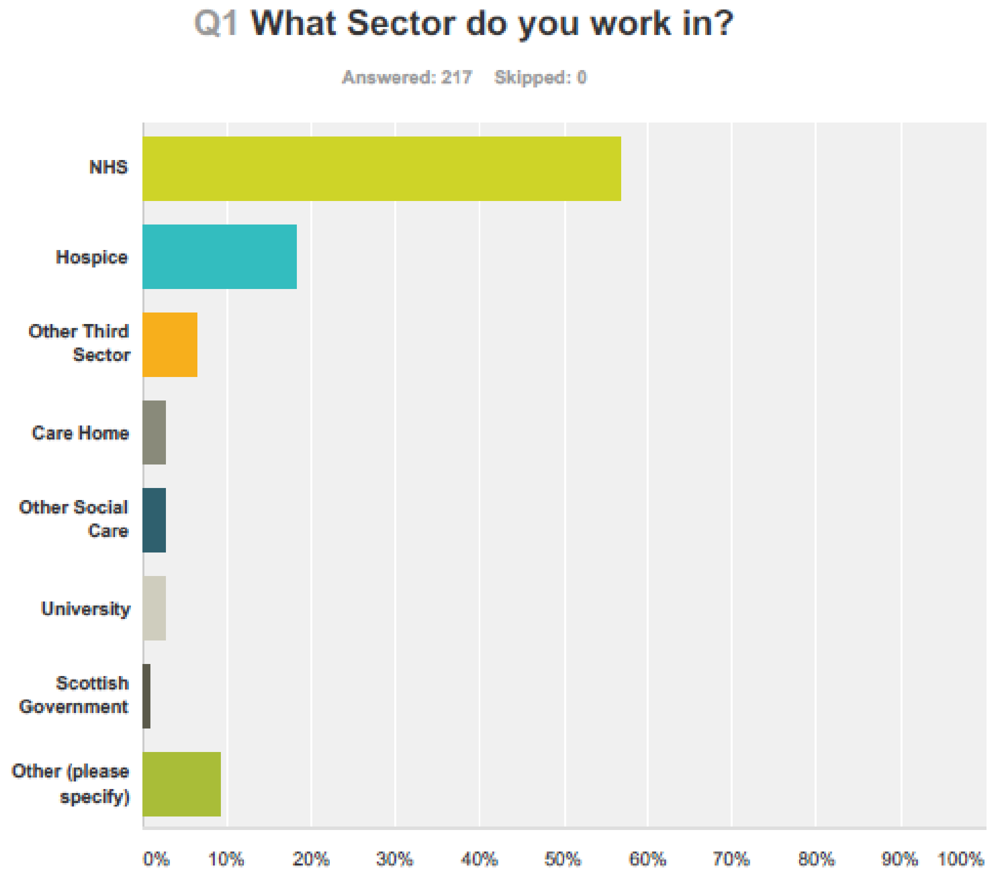
Background

To inform development of a new strategy for SPPC a short online survey was sent to stakeholders, via the eBulletin distribution list.

Results

From which sectors did respondents come?

217 individuals responded to the survey during November/December. The biggest group of responders worked for the NHS.



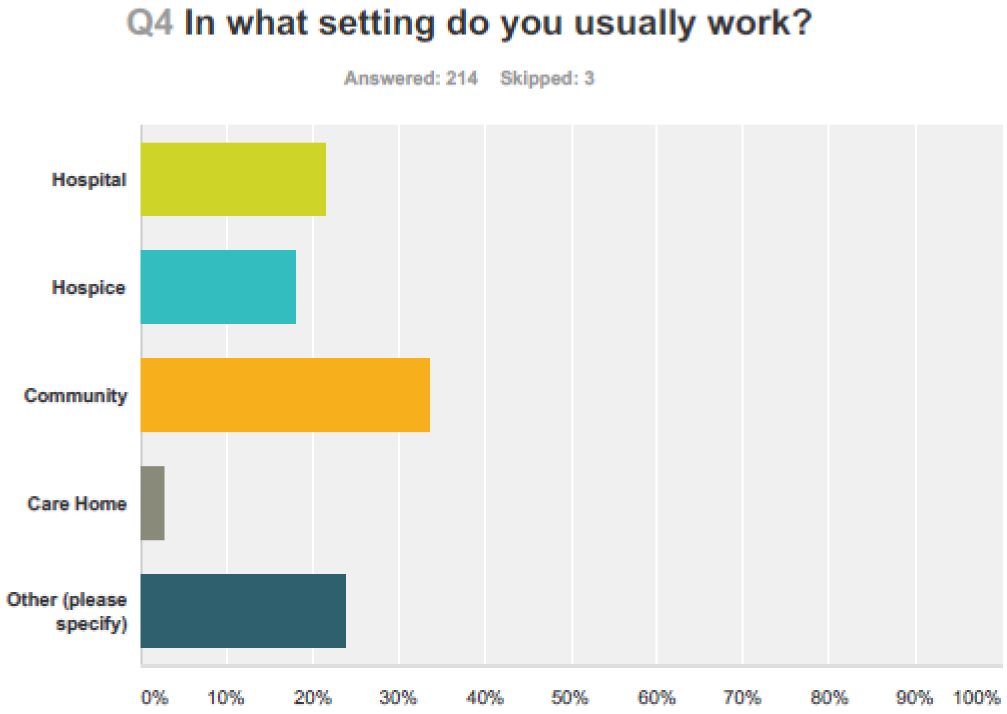
What roles were responders doing?

In terms of the roles of responders there was a wide spread. Only 30% of responders identified themselves as palliative care specialists of some sort. The biggest group was nurses (in a great variety of non-palliative care specialist roles [some were specialists of other kinds]).

ROLE	%
Nurse other	31
Other	27
Palliative Care Nurse Specialist	15
Other Palliative Care Specialist	8
Service Manager or CEO	8
Palliative Care Medical Specialist	7
GP	2
Social Care Worker	1

“Other” roles were very diverse and included scrutiny, psychologist, member of the public, oral health educator, QI advisor, chaplain, respiratory & general physician, public health consultant, civil servant, professor, head of planning, unpaid carer.

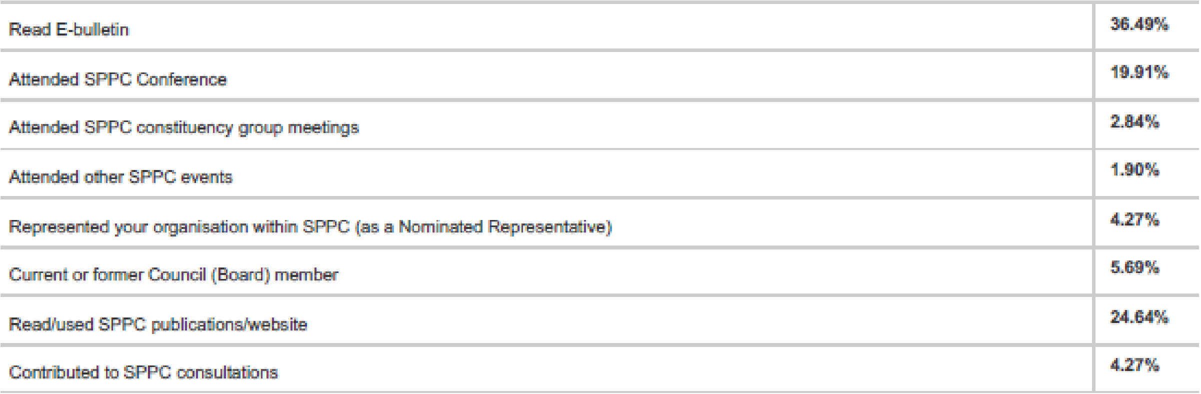
In which settings did responders work?



Most of the 24% who replied “other” described themselves as working across multiple settings. Other settings included academia, Scottish Government and prisons.

How well informed were responders about SPPC’s work?

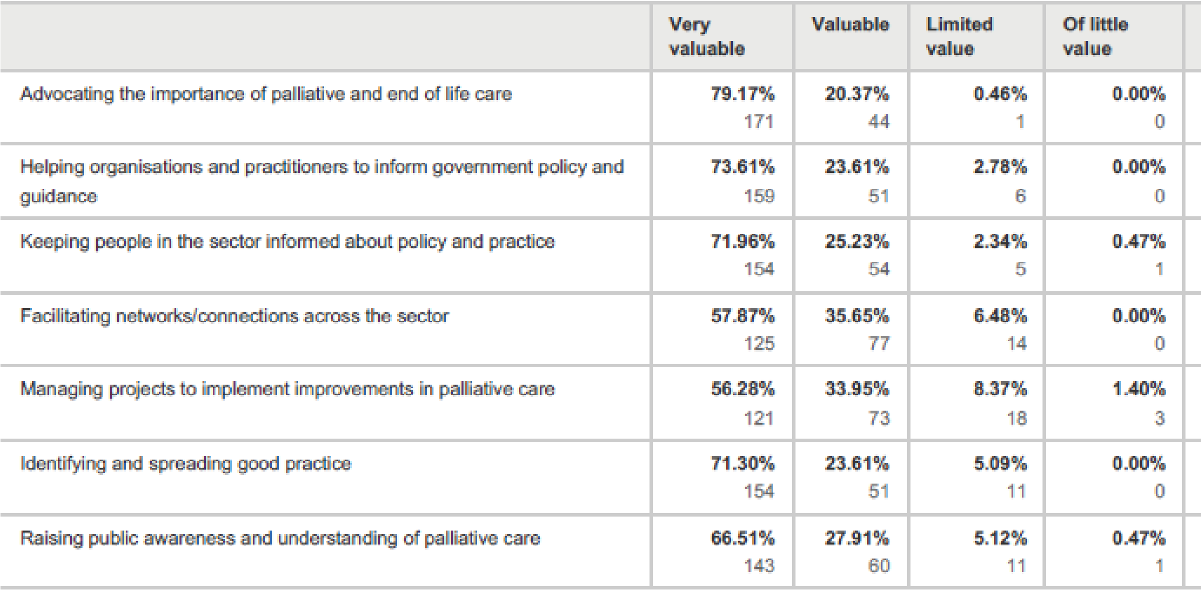
62% of responders described themselves as quite well informed about the work of SPPC and 25% as very well informed. Asked to choose their most significant involvement with SPPC, the ebulletin and use of SPPC publications were the most common.



Read E-bulletin	36.49%
Attended SPPC Conference	19.91%
Attended SPPC constituency group meetings	2.84%
Attended other SPPC events	1.90%
Represented your organisation within SPPC (as a Nominated Representative)	4.27%
Current or former Council (Board) member	5.69%
Read/used SPPC publications/website	24.64%
Contributed to SPPC consultations	4.27%

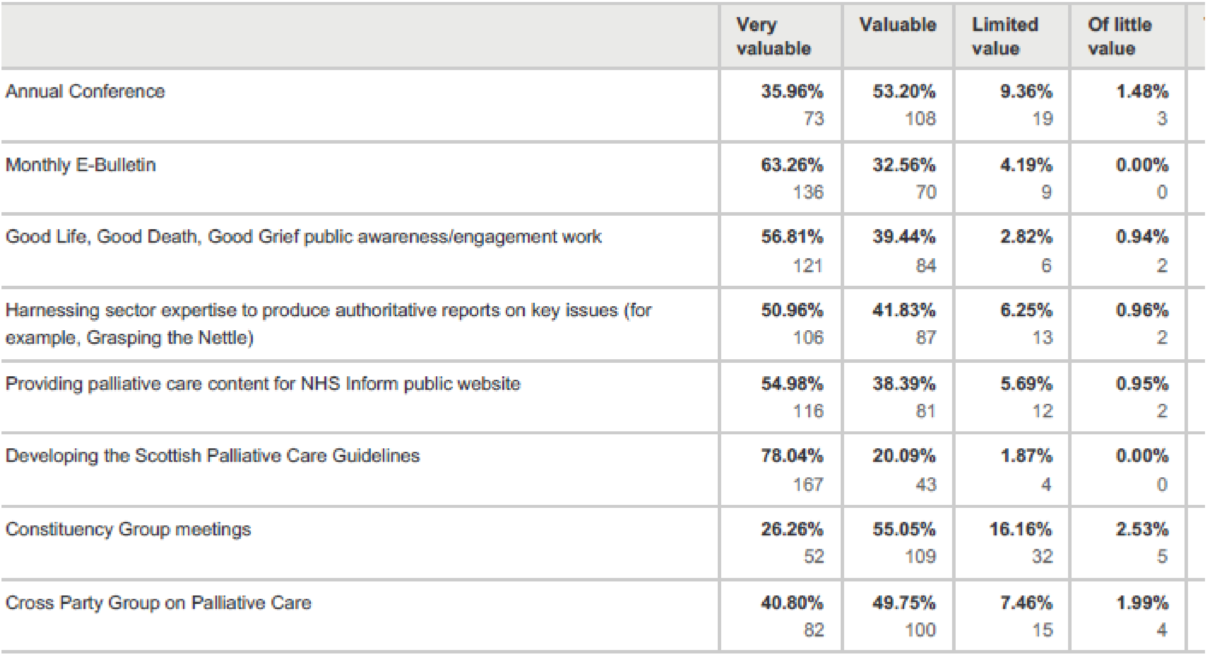
Views on the functions and activities of SPPC

Responders were asked to place a value on 7 ***functions*** of SPPC. All the functions were viewed as valuable or very valuable (average 95%).



	Very valuable	Valuable	Limited value	Of little value
Advocating the importance of palliative and end of life care	**79.17%** 171	**20.37%** 44	**0.46%** 1	**0.00%** 0
Helping organisations and practitioners to inform government policy and guidance	**73.61%** 159	**23.61%** 51	**2.78%** 6	**0.00%** 0
Keeping people in the sector informed about policy and practice	**71.96%** 154	**25.23%** 54	**2.34%** 5	**0.47%** 1
Facilitating networks/connections across the sector	**57.87%** 125	**35.65%** 77	**6.48%** 14	**0.00%** 0
Managing projects to implement improvements in palliative care	**56.28%** 121	**33.95%** 73	**8.37%** 18	**1.40%** 3
Identifying and spreading good practice	**71.30%** 154	**23.61%** 51	**5.09%** 11	**0.00%** 0
Raising public awareness and understanding of palliative care	**66.51%** 143	**27.91%** 60	**5.12%** 11	**0.47%** 1

A similar question asked for views on 8 ***activities*** of the SPPC. All the activities were viewed as valuable or very valuable (average 92%). The range was wider than with functions, with the development of the Scottish Palliative Care Guidelines getting the top rating, and constituency groups the lowest.



	Very valuable	Valuable	Limited value	Of little value
Annual Conference	**35.96%** 73	**53.20%** 108	**9.36%** 19	**1.48%** 3
Monthly E-Bulletin	**63.26%** 136	**32.56%** 70	**4.19%** 9	**0.00%** 0
Good Life, Good Death, Good Grief public awareness/engagement work	**56.81%** 121	**39.44%** 84	**2.82%** 6	**0.94%** 2
Harnessing sector expertise to produce authoritative reports on key issues (for example, Grasping the Nettle)	**50.96%** 106	**41.83%** 87	**6.25%** 13	**0.96%** 2
Providing palliative care content for NHS Inform public website	**54.98%** 116	**38.39%** 81	**5.69%** 12	**0.95%** 2
Developing the Scottish Palliative Care Guidelines	**78.04%** 167	**20.09%** 43	**1.87%** 4	**0.00%** 0
Constituency Group meetings	**26.26%** 52	**55.05%** 109	**16.16%** 32	**2.53%** 5
Cross Party Group on Palliative Care	**40.80%** 82	**49.75%** 100	**7.46%** 15	**1.99%** 4

SPPC's Strengths

A free text question invited respondents' views of what they considered the greatest strength of SPPC. An informal analysis identified six commonly occurring themes:-

Breadth – the diversity of organisations and individuals with which SPPC engages, the network of interests and expertise.

Impartiality – the independence and balance which SPPC brings to representing a multitude of organisations and individuals.

Voice – joining-up, unifying and providing a national focus/locus. Raising public awareness and having links to government.

Credibility – drawing on expertise/experience drawn from multiple perspectives which include the coal face.

Informing – sharing information and good practice.

Quality & Innovation – well organised, strong staff team, producing outputs of good quality, sometimes innovative.

SPPC's Weaknesses

A free text question invited respondents' views of what they considered the greatest weakness of SPPC. This question received 40 fewer responses than the question about strengths. An informal analysis identified five commonly occurring themes:-

Capacity – small and uncertain funding limits the contribution of SPPC.

Positioning – although most respondents were positive about the breadth of SPPC engagement a minority made comments about a low profile and/or being perceived as “specialist palliative care” “cancer” or not enough generalist (eg hospital specialist) involvement/engagement.

Social Care – linked to “positioning” was a view that SPPC’s main focus was health care, at the expense of links with social care.

Accessibility – some respondents said SPPC events are too central-belt located, and others wanted more local hands-on support/activity and “more relationships with people on the ground”.

Governmental Influence – SPPC should do more to ensure the government heeds the expertise in the sector.

Looking to the future of SPPC

The final two questions of the survey asked how SPPC might work differently with members and stakeholders, and about whether there is new or different work that SPPC should prioritise. Similar themes emerged across these two questions and so are presented together (and these also link to the identified strengths and weaknesses): -

Carry on as you are – a large number of respondents expressed satisfaction for SPPC’s current approach, activities and role.

Integration – the need for SPPC to play a role in supporting palliative care in the context of integration reforms were frequently highlighted.

Strategic Framework for Action – SPPC to influence and support implementation of the SFA. Some references also to *Realistic Medicine*.

Palliative care everyone’s business – support to better awareness & care outwith specialist palliative care.

Miscellaneous – education, volunteering, carers, legal issues & independent advocacy all given as examples of area where SPPC might do more.