Greater Manchester, Lancashire and South Cumbria
Strategic Clinical Networks

Multi-professional Education and Training Funding (MPET) Investment Plans 2015-2016

Evaluation, Impact and Outcomes Assessment of MPET Funding

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1 INTRODUCTION

1.1 Aim

The aim of this report is to evaluate the impact of the MPET funding received by the 21 clinical commissioning groups (CCG's) covered by Greater Manchester, Lancashire and South Cumbria as part of the MPET investment plans for 2015-2016, specifically aiming to support the End of Life Care network within the SCNs in collaboration with Health Education North West.

1.2 Objectives

The objective of the End of Life Care funding identified through HEE NW was invested to meet the following National Priorities of which the North West priorities were finalised;

National End of Life Care priorities (EOLC) which are:

1. Embedding the Priorities for Care of the Dying Person within *One Chance To Get It Right* published by the Leadership Alliance for the Care of Dying People
2. Responding to NHSE Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life
3. Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning
4. Responding to *What's important to me: A review of Choice in End of Life Care* advise that staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems and communication skills
5. Report to HENW on actions detailed in 'One chance to get it right' and contribution to the one-year on report
6. Support the piloting and embedding of the HEE 'North' learning outcome competencies work.

North West End of Life Care priorities (EOLC) which are:

1. Embedding the Priorities for Care of the Dying Person within *One Chance To Get It Right* published by the Leadership Alliance for the Care of Dying People

2. Responding to NHSE Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources.

3. Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning.

4. Responding to *What's important to me: A review of Choice in End of Life Care* which advises that staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.

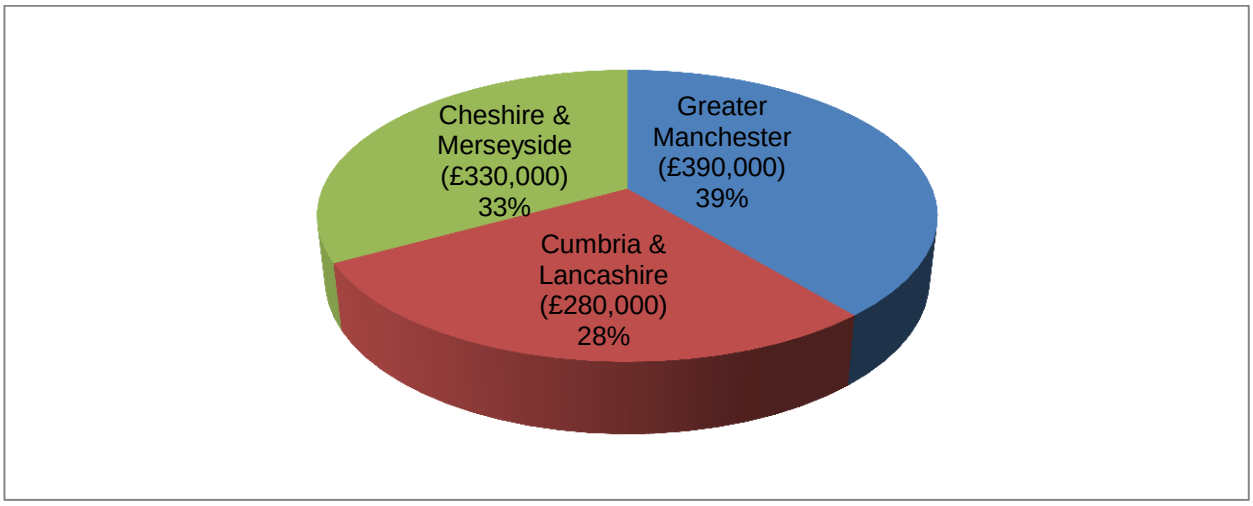
2 MPET PROJECT EXPENDITURE 2015-2016

The total expenditure was **£670,000**. The methodology for funding locality projects was based on per head of population by CCG area.

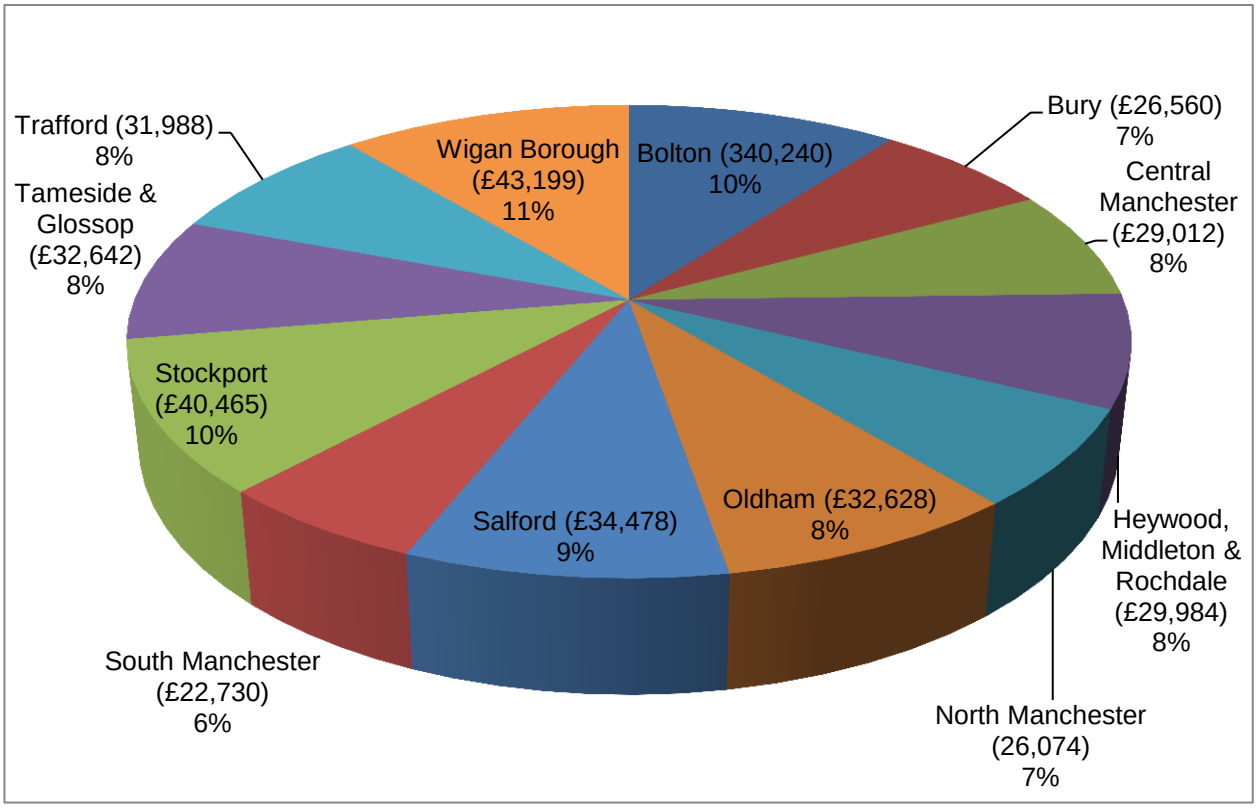
The confirmed MPET allocation for 2015/16 being £670k; of this £390k was allocated to Greater Manchester and £280k to Lancashire and Cumbria the remaining allocation being for Cheshire and Merseyside. The whole allocation was apportioned to individual CCGs, by applying a 'per head' of population methodology, based on submitted investment plans against a number of priorities, and a robust decision making process.

As well as training delivered and supported through MPET monies, there were other palliative and end of life training also being delivered locally, in conjunction with the MPET plans.

Pie Chart indicating total expenditure for GM, Lancashire and Cheshire & Merseyside



Funding allocation breakdown for Greater Manchester locality



Greater Manchester, Lancashire & South Cumbria Strategic Clinical Network MPET Funding Table

Greater Manchester			
CCG	**Population**	**£'s**	**Rounded Sum - £'s**
Bolton	302,601	£40,240	£40,000
Bury	199,733	£26,560	£27,000
Central Manchester	218,165	£29,012	£29,000
Heywood, Middleton & Rochdale	225,475	£29,984	£30,000
North Manchester	196,076	£26,074	£26,000
Oldham	245,360	£32,628	£33,000
Salford	259,276	£34,478	£34,000
South Manchester	170,926	£22,730	£23,000
Stockport	304,296	£40,465	£40,000
Tameside & Glossop	245,466	£32,642	£33,000
Trafford	240,545	£31,988	£32,000
Wigan Borough	324,857	£43,199	£43,000
Total Population	**2,932,776**		
Total Funding	**£390,000**	**£390,000**	**£390,000**

Cumbria & Lancashire			
CCG	**Population**	**£'s**	**Rounded Sum - £'s**
Blackburn with Darwen	170,738	£23,221	£23,000
Blackpool	172,958	£23,523	£24,000
Chorley & South Ribble	178,089	£24,221	£24,000
Cumbria	522,138	£71,013	£71,000
East Lancashire	375,145	£51,021	£51,000
Fylde & Wyre	152,232	£20,704	£21,000
Greater Preston	212,682	£28,926	£29,000
Lancashire North	162,270	£22,069	£22,000
West Lancashire	112,501	£15,301	£15,000
Total Population	**2,058,753**		
Total Funding	**£280,000**	**£280,000**	**£280,000**

Total North West CCG Population	**7,315,300**
Greater Manchester %	39%
Cumbria & Lancashire %	28%
Total EOLC Funding	£1,000,000
Greater Manchester	**£390,000**
Cumbria & Lancashire	**£280,000**
Total for GMLSC SCN	**£670,000**

3 LOCALITY PLANS

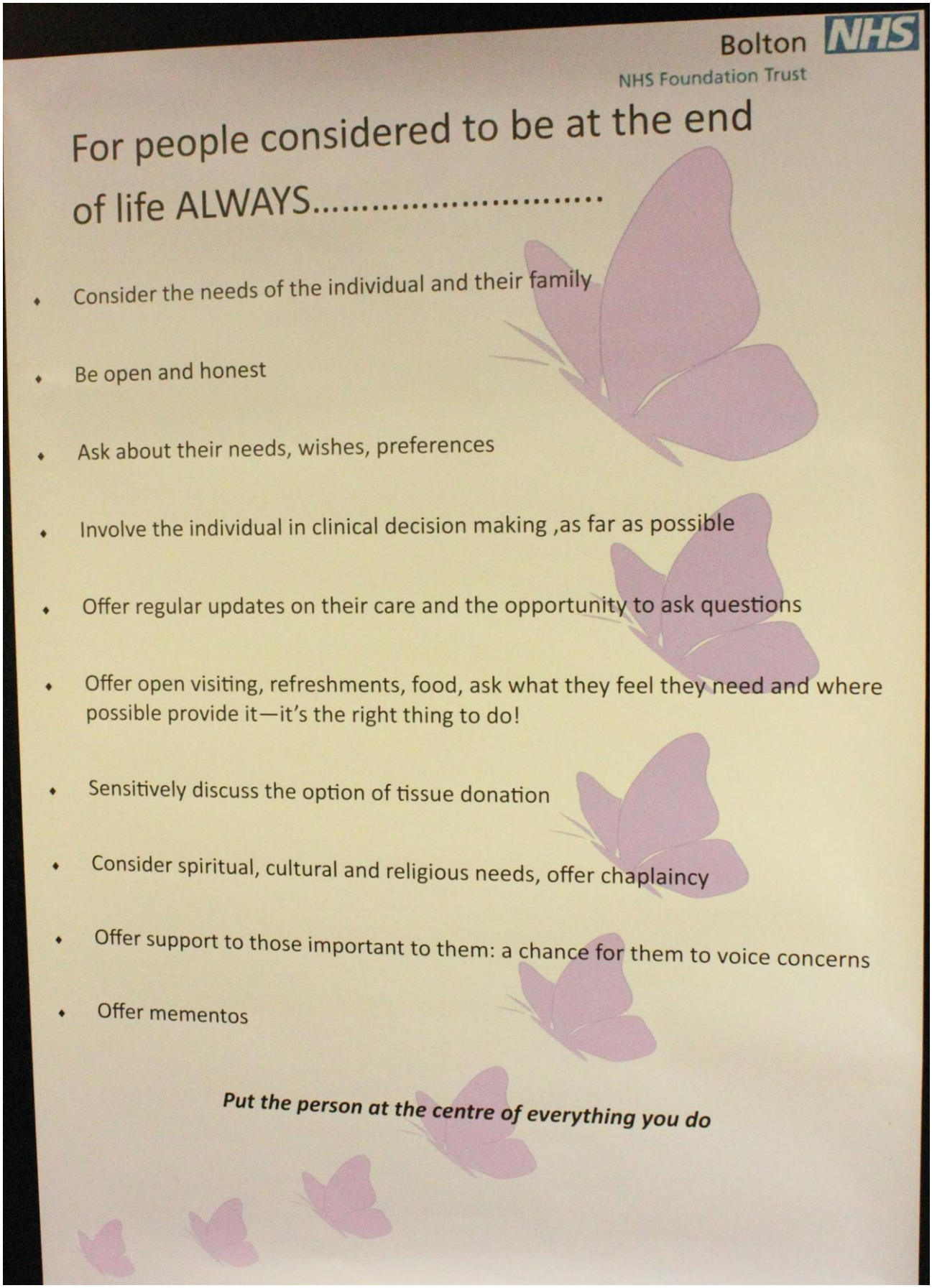
The allocated monies to the localities were to meet the locality plan; each locality plan is listed below, detailing their expenditure.

3.1 Bolton CCG

Locality: Bolton	**Allocation: £40,000**	**Lead commissioner for EOLC: Gill Baker**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 To support and embed the 5 priorites training in the hopsital supporitng the Transform programme. To sustain the use of the Amber care Bundle and Individulaised care plan	**£15k for 12 months £7.5k for 6 months post** To second a band 6 Staff nurse - 2 days a week to work on the areas who have implemented Amber care bundle and individualised care plan within the hospital working with the Eolc Educator	Audit of use of Amber Care bundle and individulaised care plan Training records	Jan 16- Jun16 /Dec 16
Priority 2 Support through education and training the principles of care for the dying patient by using the individulaised plan of care and support in the last days/hours of life	**£1k** To cover the cost of printing the the individulaised plan of care and support in the last days/ hours of life	Audit the use of the plan quarterly	Sept 15 – April 16
Priority 3 Supporting through education and training	**£1k** To support attendance for one	To maintain a skilled workforce who are credible in their lead	Sept 15 – April 16

staff personal developemment	member of staff to the following train the trainer courses Enhanced Communication Skills train the trainer Opening the Spirtual gate – train the trainer	roles as trainers and educators	
Priority 3 Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning.	**£2K** Sourcing Education Resources for Bolton Hospice's Library As well as providing education material electronically, there are a number of books required to bring Bolton Hospice's education library up to date and ensure it contains the same resources for end of life care training as available at the University of Bolton and Royal Bolton Hospital. The resources would be used by clinical staff at the hospice and EOLC module attendees. Modules are offered for all Healthcare Professionals from Band 2 – Band 8, Foundation to Masters level.	Number of people attending EOLC module – delivered by the University of Bolton and Bolton Hospice, at the hospice as a Specialist Unit in Palliative and End of Life Care.	From January 2016.
Priority 3 Responding to the recommendations within the House of Commons Health	**£3.5K** Primary Care education programme for End of Life Care,	Increase knowledge and skills in Primary Care around End of Life Care.	September & October 2015

Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning.	communication and Advanced Care planning. Covering 50 practices in Bolton.	Impact – Better quality end of life care for patients in Bolton. Measurables - % of practices involved in the primary care End of Life care Training.	
Priority 4 Responding to what's important to me: A review of Choice in End of Life Care which advises that staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	**£10K** 12 weeks of CCG Band 7 Post to support the roll out of EPacc's including training in the use of the system and support users in best use of the system.	Outcome – Better implmentation and use of EPaCCs in Bolton Impact – Improved co-ordinated care of End of Life Patients. Measurable - number of GP practices using EPaCC's.	From January 2016.


Bolton NHS
NHS Foundation Trust
For people considered to be at the end of life ALWAYS.....
Consider the needs of the individual and their family
Be open and honest
Ask about their needs, wishes, preferences
Involve the individual in clinical decision making ,as far as possible
Offer regular updates on their care and the opportunity to ask questions
Offer open visiting, refreshments, food, ask what they feel they need and where possible provide it—it's the right thing to do!
Sensitively discuss the option of tissue donation
Consider spiritual, cultural and religious needs, offer chaplaincy
Offer support to those important to them: a chance for them to voice concerns
Offer mementos
Put the person at the centre of everything you do

3.2 Bury CCG

Locality: NHS Bury	**Allocation: £43,000**	**Locality MPET plan lead: Nasima Begum**	
MPET priority	**Locality plan progress update (include breakdown of finance invested and dates of delivery of training.)**	**Outcomes and impact on care delivery (include numbers of staff trained and specific groups, e.g. GPs, social workers etc.)**	**Plans to complete 2014/2015 delivery plans, including timescales and any risks to delivery.**
Priority 1 Raising awareness of EOLC with health and social care professionals and the general public	**Dying matters** The EOL Facilitator held this annual event : At Bury hospice. Day centre which involved memory boxes the patients and their relatives At Clarence park with Learning disabilities team. Focused on tea, cake and a chat as part of their charity walk. Walked with balloons and wore Dying matters T shirts Resources £3,000 Joined forces with dementia group and had a stand at their event. Spoke to people from all backgrounds including people with early signs of dementia, their relatives, police, care home managers and staff. And the general public £1000 given to Pennine Acute to support Dying Matters. They have only	Raised awareness and helped in changing attitudes of the general public which meant that people are be better placed to have meaningful advanced care planning discussion. The hospice provided a safe environment to have open discussion around planning for the future and discussing death. The hospice staff and volunteers encouraged discussion with some patients writing biographies about themselves to put in their memory boxes. The inclusion of people with	Completed in community. Educational events awaited in Acute Trust with appointment of End of Life Care Facilitator.

	recently appointed their End of Life Care Facilitator and so will start some educational events within the Acute Trust shortly. £2,000 covered promotional materials £1,000 held by Acute Trust to use in forthcoming educational events.	learning disabilities was made easier with use of documents specifically designed for easy reading. Also encouraged Learning disability staff to have the discussion around planning for future care.	
Priority 2 Supporting through education and training the principles of care for the dying patient which reflect the Neuberger “More care, Less pathway” report recommendations and the Leadership Alliance response “One Chance To Get It Right”	**‘Find your 1%’** An end of life master class was held on the 11th February 2015. This 2 hour session was a well-attended event by both GPs and district nurses involved in end of life care in the community setting. The session was workshop based and interactive. Clinical cases of common issued raised around EOL care were the basis for discussion. The 4 workshops were 1. Identification of the dying patient, including find the 1% campaign 2. The mental capacity act 3. focus on 'more care less pathway'. Support to practices around EOL documentation The aim of the session was to highlight changes around care pathways and to ensure GPs and nurses had an understanding of the most up to date guidance on managing patients in the last year of life.	Feedback from the event was positive with clinicians stating they were likely to change their practice as a result of the session. As there is a lot of change and movement in the care of dying patients in the community further events are needed to reach other clinicians and continue to support primary care.	As part of 2015-16 plan further events planned with possible use of GSF Going for Gold Silver programme for all GP practices in Bury.

	Emphasis was put on identifying patients that are approaching EOL and initiating discussions around advanced care planning to ensure and increase in death on PPC. GSF prognostic indicator guidance and the 'dying matters' campaign information was used to support this. Clinicians from secondary care including a geriatric and the specialist palliative care nursing team supported the event and facilitated the discussion groups. Event funded by MacMillan so no cost involved so far. £6,000 underspend will be rolled forward to support 2015/16 plans to commission GSF Going for Gold Silver programme (see 2015/16 bid).		
Priority 3 Promoting through education and training the North West End of Life Care model to support people to live and die well in their place of choice	**Six steps training for care homes in Bury** Continued delivery of End of Life Care training and education into Care Homes including the Six Steps Programme The fund covers; • Stationary & printing costs £2000 • Other resources £1,500 • Venue hire £2,000 Total cost £5,500	Improve the resident and family experience of end of life care in a care/nursing home setting. Enhance care delivery within the care/nursing home at end of life. A skilled workforce A consistent approach to End of Life Care	Still in progress. This cohort is expected to complete early next year. Ongoing support given to other 18 care homes by holding Quartely forums. Also some of the MPET money has been used to start a Bury oral care champions care homes Group that have completed six steps and GSF training This should be

		throughout care homes in Bury	completed by September 2015. Outcomes will be wriiten officially in a paper. But initial progress has been great. Intention is to develop policy and care plan to support care homes to provide excellent oral care not only at end of life but during a residents time in care.
Priority 4 Mentoring, supporting and educating EOLC facilitators/SPC educators/ social care champions both in specialist and generalist roles	Pennine Acute Trust have now successfully appointed an End of Life Care Facilitator. Started in post in May 2015 and has formed working relationship with community End of Life Care Facilitator (funded permanent post) to look at rolling out education within the Acute Trust. Financed from money allocated in 2013/14. This post is currently funded till May 2016.	Further evaluation will be available once has been in post for 6 months	On track now to begin delivering training. £14,000 redirected from Priority 5 going forward to extend duration and security of this post by 4 months to try to provide continuity and ongoing training within the Acute Trust but also linking up with the community facilitator and End of Life care lead to share learning across boundaries.
Priority 5 Supporting through education and training the use of advance care planning enabling people to live and die well in the place of their choice	**Advance Care Planning Training** Some training around advanced care planning was covered in the GP master class and also in the Dying Matters event. However, a part time band 6 district nurse has not been appointed this year and so the £23,000 allocation remains outstanding to roll forward to next		£14,000 of this money to be redirected to extend the post of the Acute trust End of Life Care Facilitator by 4 months to tie the post in line with MPET dates for funding See priority 4). Remaining £9,000 used to support training in other areas but still in line with priorities of

	year.		SCN. See 2015/16 bid.
Priority 6 Supporting through education and training the use of Electronic Palliative Care Systems (EPaCCS) which enable patient preferences and wishes to be captured and communicated	The locality EPACCS system is still in development. The MacMillan EOLC Clinical Lead has been working with the IT lead and the software company to drive this forward. Hopefully a pilot will commence soon involving the EOLC Clinical Lead's practice and another practice in Bury to look at usability and functionality of the software. No cost so far.		Ongoing - pilot potentially in next few months.
Priority 7 Supporting health and social care staff through training in communication skills to be able to support patients and their carer's sensitively and initiate significant conversations contributing to developing individual plans of care	**Conversations for life training** It has not been possible to arrange these for this year so the £5,000 allocated to this area is being rolled forward to next year's budget where this training is included and will be on a larger scale than planned to cover more staff.		Rolled forward to 2015/16 plan but will be on a larger scale to utilise the under spend.

3.3 Central Manchester CCG

Locality: Central Manchester	**Allocation: £29,000**	**Lead commissioner for EOLC: Mohammed Abas**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 Continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources. Staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care	To extend the role of the Cancer & Palliative Care Improvement Facilitator hosted at the Acute Trust. **£24,000** Match funding of £12,000 would be sought to secure a further 12 month extension of the Macmillan programme in Manchester. The nurse qualified Facilitator has developed a postive and credible relationship with the Central Manchester GP practices. This has been the vehicle for modernisting and standardising End of Life care in Primary care.	**Registers** 1. The practice has an up to date GSF/ palliative care register aiming for 1% of the practice population and including cancer and non-cancer patients 2. The practice has MDT meetings at least once a month 3. Patients on the GSF register are stratified 4. Patients on the GSF register are contacted at least 3 monthly. 5. All patients on the GSF register have a lead GP (ideally with deputy to cover leave)	12 month programme to be undertaken in **2016** and evaluated in Q4 2017. EPACCS to go live with the soft launch end **of August / September 2015.**

planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	They have ensured attendance by practice staff on training and improvements in the GSF process. Change in practice has been steady and a 12 month consolidation period is required if it is not to be lost. EPACCS has been developed to be part of the existing Integrated care record to make inter-agency information sharing and care co-ordination more user friendly and less time consuming. The small number of Practices that have not engaged in the programme would be offered additional support to achive the identified standards for End of Life care and encorage to take part in the communications skills training.	and this is recorded on the clinical system. The Faciliator will attend meetings and check and audit registers **Advanced Care Planning** 1. The practice uses the Manchester proforma to record DNACPR 2. The practice reviews deaths and contacts bereaved relatives 3. EPaCCS will be used to evidence the following items: 4. The practice uses the Manchester Statement of Intent proforma 5. The practice prescribes anticipatory drugs in line with Manchester policy 6. The practice aims to develop advanced care plans on all GSF patients The Facilitator would train and support	EPACCS would be rolled out to all practices **from January 2016** to achieve CCG wide coverage

		practice staff in the use of EPACCSand stadard policy and proforma. **Key Performance Indictators:** • Total no of patient of patients who died who had an EPACCS • Total no of patient of patients who died who had an EPACCS stating the preferred place of care and preferred place of death • Number of people with an EPACCS record dying in their stated preferred place of death • Number of people with an EPACCS record dying in Hospital	
Priority 2 **Staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes**	Training for care home staff to ensure understanding of EPACCS and ability to access	1. The number of care homes trained in EPACCS & DNACPR policy	Roll out would start on allocation of the funding in 2015

advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	and use the record onsite. Training to ensure Care home staff comply with the unified DNACPR policy. **£3,000** Specific care homes would be given access via a token to the EPACCS to participate in the soft launch. This would then be extended to all Care homes and they would be offered insite training. Issue remain with The DNACPR policy as care home staff have not been trained to fully understand its implications. Training would be offered to minimise the risk of inappropriate practice.	2. The number of care homes using EPACCS 3. The number of incidents relating to the DNACPR policy	
Priority 3 **Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources.**	Dying Matters Week for public awareness and promotional materials. **£1000** DNACPR implementation across primary care. Packs containing the new	Will help the attitude / culture change toward towards discussing death and dying, which the Dying Matters Charity promotes. Will ensure effective advance care planning and co-ordination so people wishes on	Dying Matters week 2016 2016

	unified forms and leaflets. **£1000**	resucitation are respected.	

3.4 Haywood, Middleton and Rochdale CCG

Locality: Heywood Middleton and Rochdale	**Allocation: £30,000**	**Lead commissioner for EOLC: Andrea Goodall**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 - Embedding the Priorities for Care of the Dying Person within *One Chance To Get It Right* published by the Leadership Alliance for the Care of Dying People	0.4 WTE end of life educator to Support existing Education lead with priorities 1 -4 £14,000 Patient information leaflet & Patient/carer diary, developed In electronic format for downloading/ printing £400 Raising awareness for hard to reach groups including Ethnic Minorities and homeless people, to encourage accessing End of Life Care Services and Advance Care Planning Resources £300	To develop skills of those working with EoL patients To provide information for patients and carers, to compliment face to face discussion, and to increase communication between them and professionals through use of the diary By attending user/support groups and linking with specialist agencies to raise awareness of Palliative Care Services and promoting Advance Care Planning	Ongoing throughout 12 month period

Priority 2 - Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources.	Development of GP Palliative Care Meetings To continue to assist practices in identifying patients for the palliative care register including those with long term conditions, improving the coordination of care and communication between services. Sharing best practice, intitatives and discussing significant events. Resources £300.00 GP, Community Nursing & Allied Professional Education Event 1x full day Venue Hire (including refreshments, PA hire, room hire) £800 GP back fill (part payment of £200 per GP practice x 20) = £4,400 Guest speaker & printing = £1000 Total cost = £6,200	To promote a time effective useful meeting that promotes effective discussion between GP's, Community Nurses and Specialist Palliative Care Nurses when discussing palliative patients, and formulating a plan of care the team can follow. By discussing significant events and developing through lessons learnt Open to all GP's, practice/community nurses and disease specific specialists Aims and Objectives - Practice therapeutic support and compassionate end-of-life communication; - Assess spiritual needs and provide culturally sensitive care; - Develop and demonstrate a patient and family-centered approach to care; - Analyse the completed care plan/Advanced Care Plan and advocate to uphold the patient's wishes; - Practice interdisciplinary collaboration as death approaches and at the time of death; - National/regional/locality support and working practices - Cancer and Non-Cancer specific pathways, pain and symptom control.	Ongoing throughout 12 month period March 2016
Priority 3 - Responding to the recommendations within the	The Palliative Care Education Passport aims to provide a series of 5 educational sessions aimed at Nursing/Care	Supporting care staff to provide quality, person centred care, for palliative residents. Promoting dignity and increasing staff confidence when caring for residents at EoL Reduction in innapropriate	Ongoing throughout 12 month period

House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning.	home staff and dommicillary agency staff in line with the Common Core Competencies Document (and priority 1) Avg 8 staff per home for 30 care/nursing homes = 240 staff (year one) There are 10 Domicillary agencies on the approved providers list – it is expected that each agency would commit 6 staff for the PCEP training = 60 staff Resources = £3,000 Delivery of 4 Sage & Thyme sessions with avg of 28 attendees = £450 Yearly licence fee = £1,000 Delivery of 2 x Finding the words sessions, to develop the communication skills required to have advance care plan discussions. avg 50 attendees = £700 Delivery of 2 x Verification of Death & uDNACPR training (3 hours session)	hospital admissions/deaths Increase communication skills of those involved in caring for palliative patients, and also through bereavement, Now being offered to funeral directors in order to give them the skills to identify when additional support may be required Increase in Advance Care Plans being completed Promote confidence in staff to start difficult conversations Learning objectives: • Who can diagnose death • Definition of death - clinical diagnosis of death • uDNACPR (incorporating changes following Mrs Tracey ruling), policy & procedure • Procedures for expected death / unexpected death • Actions by GP • Medical Certificate of Cause of Death (MCCD) • Release form for the Undertaker • The Next Steps - if no valid special notes, or patient's own GP is unable to issue & the role of the Coroner	To fit with PCFT implementation of policy

	2 x Facilitator x £450 = £900 1 x refreshments & room hire = £180 Delivery of 1 x refresher Verification of Death & uDNACPR training (updates) X 1 hours = £250 1 x refreshment & room hire = £90 Total cost = £2140 For Senior Community Nursing Staff.		
Priority 4 - Responding to *What's important to me: A review of Choice in End of Life Care* which advises that staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	GP forum 5 x sessions hosted by Palliative Care Consultant, providing GP's with specialist education and encouraging development of palliative care initiatives in HMR Resources £860.00 Specific training events covering Learning Disabilities, Dementia and Long term conditions, open to all community/hospice staff Expected attendees 35 per session £400 Delivery of 1 x Opening the	Improvement in symptom management and identification of palliative care emergencies To develop a highly skilled workforce that whilst specialising in certain groups, also have skills to care for them at EoL To encourage early conversations around Advance Care Planning Increase confidence in staff to open conversations about what is important to their individual residents/patients	Ongoing throughout 12 month period

	Spiritual Gate sessions to develop communication skills of the workforce including Community Nurses and Care Home Staff to identify patients spiritual needs = £250		

Springhill Hospice

3.5 North Manchester CCG

Locality: North Manchester	**Allocation: £26,000**	**Lead commissioner for EOLC: Moneeza Iqbal**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 **Continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources.** **Staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.**	To extend the role of the Cancer & Palliative Care Improvement Facilitator hosted at the Acute Trust. **Funding: £16,000** Match funding of £20,000 would be sought to secure a further 12 month extension of the Macmillan programme in Manchester. The nurse qualified Facilitator has developed a postive and credible relationship with the Central Manchester GP practices. This has been the vehicle for modernisting and standardising End of Life care in Primary care. They have ensured attendance by practice staff on training and improvements in the GSF process. Change in practice has been steady and a 12 month	**Registers** 6. The practice has an up to date GSF/ palliative care register aiming for 1% of the practice population and including cancer and non-cancer patients 7. The practice has MDT meetings at least once a month 8. Patients on the GSF register are stratified 9. Patients on the GSF register are contacted at least 3 monthly. 10. All patients on the GSF	12 month programme to be undertaken in **2016** and evaluated in Q4 2017. EPACCS to go live with the soft launch end **of Ausgust / September 2015.** EPACCS

	consolidation period is required if it is not to be lost. EPACCS has been developed to be part of the existing Integrated care record to make inter-agency information sharing and care co-ordination more user friendly and less time consuming. The small number of Practices that have not engaged in the programme would be offered additional support to achive the identified standards for End of Life care and encorage to take part in the communications skills training.	register have a lead GP (ideally with deputy to cover leave) and this is recorded on the clinical system. The Faciliator will attend meetings and check and audit registers **Advanced Care Planning** 7. The practice uses the Manchester proforma to record DNACPR 8. The practice reviews deaths and contacts bereaved relatives 9. EPaCCS will be used to evidence the following items: 10. The practice uses the Manchester Statement of intent proforma 11. The practice prescribes anticipatory drugs in line with	would be rolled out to all practices **from January 2016** to achieve CCG wide coverage

		Manchester policy 12. The practice aims to develop advanced care plans on all GSF patients The Facilitator would train and support practice staff in the use of EPACCSand stadard policy and proforma. **Key Performance Indictators:** Total no of patient of patients who died who had an EPACCS Total no of patient of patients who died who had an EPACCS stating the preferred place of care and preferred place of death Number of people with an EPACCS record dying in their stated preferred place of death Number of people with an EPACCS record dying in Hospital	
Priority 2	Training for care home staff to ensure	4. The number of care	Roll out would start

Staff responsible for the delivery of end of life care has training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	understansing of EPACCS and ability to access and use the record onsite. Training to ensure Care home staff on the unified DNACPR policy. Specific care homes would be given access via a token to the EPACCS to participate in the soft launch. This would then be extended to all Care homes and they would be offered insite training. Issue remain with The DNACPR policy as care staff have not been trained in home to fully understand its implications. Training would be offerd to minimise the risk of inappropriate practice. **Funding: £3,000**	homes trained in EPACCS & DNACPR policy 5. The number of care homes using EPACCS 6. The number of incidents relating to the DNACPR policy 7. The number of care homes trained	on allocation of the funding in 2015
Priority 3 **Staff responsible for the delivery of end of life care has training focused on the key issues identified within the Dying without Dignity document published 20th May 2015.** **The document identified a range of issues with end of life care from its casework:** • **Poor communication with families losing the chance to say goodbye to their loved ones,** • **Poor planning leading to uncoordinated care,** • **Inadequate out-of-hours and**	All nursing/care homes in north Manchester have undertaken palliative care training which covers the key issues raised within the Dying without Dignity document The training will complement the '6 Steps' programme and provide a standard across all care homes and will include an understanding of the new North Manchester MacMillan Palliative Care Support Service and St Ann's Helpline, how to contact them and how to access	1.The number of care homes trained 2.The number of care homes contacted NMMPCSS and St Anns Helpline 3.The number of incidents relating to the EoLC policy	Roll out would start on allocation of the funding in 2015

• **Poor pain management meaning that people spend their last days in pain when it can be avoided**	support and advice. funding be used to recruit/second a further EOL facilitator (0.5WTE) to work with the North Manchester Macmillan Palliative Care Support Service (NMMPCSS) Macmillan nurse lead for care homes and '6 steps' programme, the current EOL Facilitator and the 4 Assistant Practitioners. The Facilitator will also work with St Ann's Hospice clinical lead and Alexian brothers Care Home Manager to develop and deliver a programme of education and training including a resource packs with information on the NMMPCSS team and St Ann's Helpline. **Funding £5,000 (6 months)**		
Priority 4 **Dying matters week** **The aim of Dying Matters Awareness Week 2016 is to get as many people as possible thinking and talking about what they want for the end of life, and putting plans into place.**	Hire a pop up community café/shop on Cheethamhill Road, well used community café. Facilitated workshops with: • Posters • Provisions • Tea and Coffee /juice • Cakes/sweets • Cups and plates • Balloons • Flags for children • Pencils for children • Books • Face painting	The NMMPCSS team continue promoting : Talk, Plan, Live During the week, we will encourage members of the public to take five simple steps to make their end of life experience better, both for them and for their loved ones. These are: • Write your will • Record your funeral wishes • Plan your future	This in itself is a step to towards improving the quality of end of life care in the community setting.

	The Macmillan bus or key 103 bus if available **Funding £2,000**	care and support • Consider registering as an organ donor • Tell your loved ones your wishes	

3.6 Oldham CCG

OLDHAM CCG	**Allocation: £ 33,000**	**Lead commissioner for EOLC: Nadia Baig**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 Embedding the Priorities for Care of the Dying Person within *One Chance To Get It Right* published by the Leadership Alliance for the Care of Dying People	**Education and Training** – End of life, Capacity care planning , and advanced care planning. Areas of known non compliance within a multiprofessional area to be prioritised • Introduce 'Individual plan of care and support for the dying person in the last days and hours of life.' • Recognising dying • Documentation of discussions to all those involved in the persons care • Robust palliative EOL registers, to include benign disease to improve - • Advanced care planning/ shared decision making • Communication skills Traing to be delivered to- • All GP practises (44). Each session lasting approximately 3 hours . GSF meetings, will be used as a target for multprofessional learning, GP'S nursing and social care • Secondary care. Training analysis to identify designated areas to adress group B, nursing,	Each person is offered choices in their care and has their holistic needs met. Increase of patients dying in their usual residence 2% Patients experience, treated with compassion and care A training needs analysis will be scoped prior to delivery of sessions to prioritise, staff groups Identify further bespoke educational needs within individualual practises / professional. Data collection 1.Registers 2. Increase in advanced care planning • Competent workforce., evidenced	Up to end of July 16

	and medics. Costings- Funding for a 0.6 Band 7 Specialist Nurse £30,062	within portfolios, PDR's • Evidence/ Monitering of e-ELCA modules • Professionals attending the sessions will complete an evaluation to capture heightened competence and confidence	
Priority 2 Responding to *What's important to me: A review of Choice in End of Life Care* which advises that staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communicatio n skills.	**Eol Steering group to facilitate health and social care to work in closer partnership with voluntary sector and hospice to achieve better co-ordinated care** To introduce 'The Oldham Support Plan ' to enable all care providers acess and view of peoples choices and preferences All Stakeholders to contribute within the EOL steering group to a lessons learned. Adopt 'experience based design' to further learn from system failures educational needs. Patient / family will be included in the engagement to better understand the journey Costings. Twelve 1.5 hour sessions and Two experiece based design cases = £3000	Successful adoption across stakeholders (Secondary care, Dr Kershaws Primary and Social Care) Action plans from Lessons learned shared on a monthly basis Improve patient experience using comparitive existing data Qualitative data. Reduce complaints.	July 2016

3.7 Salford CCG

Locality: Salford	**Allocation: £34,000**	**Lead commissioner for EOLC: Andrea Lightfoot**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 Supporting through education and training the use of advance care planning enabling people to live and die well in the place of their choice	Creation of a post to continue the launch and roll out of the Salford ACP document including: awareness raising and education and training of staff in ACP best practice, across the ICP. **Costings** The cost of are for a 1WTE Social work post for 6 months would be £20,831 (includes on-costs, essential care user allowance and mileage costs) **<u>Materials Supporting Education</u>** As well as providing education material electronically, there are a number of leaflets and guidance that would need to be printed and sourced to support professionals in the delivery of Advance care Planning. These materials would include: • Salford ACP	**Measurable** The setting up of launch events to champion the Salford Advance Care Plan (ACP) that has been developed via the Integrated Care Programme (ICP). Promote the use of the ACP as an individualised care plan with Salford practitioners Ensure documentation is ready in order to train clinical staff in it's use Obtain evaluation and feedback from carers and patients on the Salford ACP Produce an action plan to demonstrate sustainability Obtain feedback on whether the Salford ACP is being used and the quality of the plan and it's content	**6 months from recruitment by March 2016**

	paper document • Salford ACP electronic document • EPaCCS Training Manuals • Macmillan , Your Life and your Choices: Planning Ahead- booklet • Dying Matters leaflets • Advance Care Planning Training Information • Promotional Materials **Costings** £669	Provide numbers of who is promoting the plan and how many patients have an individual copy	
Priority 2 Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning	**Advanced communication skills training** To support health and social care staff through training in nationally recognised communication skills programmes to be able to support patients and their carer's sensitively and initiate significant conversations contributing to developing individual plans of care by purchasing: • **Advanced Communications Skills Training for GP's** Cost of 2-day ACS course Total Cost = £9375 • **Advanced Communications**	GPs will be more responsive to cues from patients and will initiate conversations about Advance Care Planning (ACP). Medical and nursing staff from exemplar wards/ areas will conduct a proactive approach to ACP discussions will result in more patients being offered choices for care at the end of life and place of death. Discussions and decisions made by the patient will be recorded on Communicate my Care and communicated to appropriate services across	**March 2016**

	Skills Training for clinical staff from Exemplar wards/areas (incuding community district nursing team) Cost of 2-day ACS course £625 Total Cost= £3125 **Total Cost = £12,500**	Salford. **Measureable:** Obtain numbers of staff attending the courses and feedback on it's content and dissemination of information Produce a report at the end of the period to identify who has attended the training and the numbers/details of any staff who dropped out of the sessions. Prepare an evaluation form for staff attending the training and report back on it's findings.	

3.8 South Manchester CCG

South Manchester Clinical Commissioning Committee	**Allocation: £23,000**	**Lead commissioner for EOLC: Jane Melvin**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1,2, 3, 4	Fund band 6 End of Life Care Facilitator for four days per week for six months (0.8WTE) at a cost of **£14,662.**	The Six Steps Programme is a recognised national programme with outcomes as follows. • More people having a "good death" in their preferred place of care • Fewer complaints about end of life care from relatives or friends • An improved reputation for the home • Fewer unplanned hospital admissions • A skilled workforce with improved morale and retention. The programme covers the Priorities for Care of the Dying Person within Once Chance to Get it Right published by the Leadership Alliance for the Care of Dying People and through the following steps impacts on the quality of care for those approaching end of life. Against each step there	The current faciltator's post finishes on 31.10.15. The request for funding for a further 6 months would mean a continuance of her contract to the end of April 2016. This 6 months of additional work with residential and nursing care homes would ensure that SMCCG cover 100% of homes in the south Manchester area and therefore achieve standardisation of quality care for people at the end of their lives.

		are National Quality Markers which achieve the recommendations within the House of Commons Health Select Committee report improving competence of workforce. **Step 1** Discussions as the end of life approaches. ***National Quality Marker:***: • Families and carers are involved in end of life decisions to the extent that they and the resident wish. **Step 2** Assessment, care planning and review ***National Quality Markers:*** • There is a mechanism in place to discuss, record and (where appropriate) communicate the wishes and preferences of those approaching the end of life • The resident's needs for end of life care are assessed and reviewed on an ongoing basis. **Step 3** Co-ordination of care ***National Quality Markers:*** • Have an action plan for end of life care which is congruent with the strategic plan developed by the local CCG. • Nominate a key	

		worker, if required, for each resident approaching end of life. **Step 4** Delivery of high quality care in care homes ***National Quality Markers:*** • A process is in place to identify the training needs of all workers • Take particular account of the training needs of those involved in discussing end of life care with residents, families and carers • Be aware of available end of life care training including around the use of the Individual Plan of Care. **Step 5** Care in the last days of life ***National Quality Markers:*** • A process is in place to review all transfers into and out of care homes for residents approaching end of life • Residents who are dying are entered on to a care pathway. **Step 6** Care after death ***National Quality Markers:*** • Other residents are supported following a death in the home • The quality of end of life care in the care home is audited. **Measureables:**	

		• Facilitator audit • Admissions / readmissions data • Numbers of care homes adopting the Six Steps certification • Numbers of workforce having received the education and training element of the Six Steps programme • Surveys pre / post death for patients and their loved ones and also for the workforce	
Priority 1, 2, 3, 4	The balance of the allocation of £23,00 = **£8,338** would be support funding to the continuance of the Cancer & Palliative Care Improvement Facilitator currently in post (to 2.5.16) South CCG intend to collaborate with North and Central CCGs together with the Macmillan programme to understand the potential for pooled funding arrangements to support this post going forwards from May 2016. This post has already developed a relationship with south Manchester practices. This has been the vehicle for modernising and standardising End of Life Care in	**Outcomes:** ***Registers:*** • The practice has an up to date Paliative Care Register aiming for 1% of the practice population and including cancer and non-cancer patients. • The practice has MDT meetings where palliative care patients are discussed. • Patients on the register are stratified • Patients on the register are contacted at least 3 monthly • All patients on the register have a named lead GP. • The facilitator will attend MDT meetings and check and audit registers. **Advanced Care Planning:** • The practice uses the Manchester proforma to record	Macmillan LCS to be implemented from January 2015. Consolidation during 2016. EPaCCS soft launch in August / September 2015. EPaCCS roll out to all practices from January 2016

	primary care. The post holder has ensured practice attendance on training events and improvement processes. Change in practice has started and a consolidation period is required if it is not to be lost. EPaCCS has been developed to be part of the existing integrated care record to allow the sharing of care records across health and social care organisations.	DNACPR • The practice reviews deaths and contacts bereaved relatives. • EPaCCS will be used to evidence the following items: ➢ The practice uses the Manchester Statement of Intent proforma ➢ The practice describes anticipatory drugs in line with Manchester policy ➢ The aims to develop advanced care plans on all palliative care patients. ➢ The facilitator would train and support practice staff in the use of EPaCCS and standard policy and proforma. **Measurables:** • Total number of patients who died who were recorded on EPaCCS • Total number of patients who died who had an EPaCCS record stated the preferred place of care • Number of patients with an EPaCCS record dying in their preferred place of care. • Number of patients with an EPaCCS record dying in hosptial.	

3.9 Stockport CCG

Locality: Stockport	**Allocation: £40,000**	**Lead commissioner for EOLC: Mark Chidgey**	
MPET Priorities	**Locality plan details**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 and 2 Embedding the Priorities for Care of the Dying Person within *One Chance To Get It Right* published by the Leadership Alliance for the Care of Dying People Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources.	**Support for Mandatory Last Days of Life Training for Community and Hospital Trust Professionals and additional follow up to other Palliative Care and Communication Skills Education** This funding would provide additional hours within Stockport Specialist Palliative Care Team that would enable one Clinical Nurse Specialist Band 7 in the community and one Clinical Nurse Specialist Band 7 in the Hospital to each facilitate 7.5 hours per week of additional clinically supported education and training for one year each. This would allow the provision of 1:1 follow up support to professionals who have completed palliative and end of life care training **Costings** Additional day (7.5 hrs or 0.2 WTE) of Band 7 Clinical Nurse Specialist in Hospital and	This type of support has already been funded previously and those receiving this support made improvements to patient care and therefore we are keen to extend this work. The aim of this support would be to: • To confirm if objectives set following training are being achieved • To observe any change in practice and check if using evidence based practice • To discuss any palliative and end of life care issues or concerns and provide education, advice and support • To re-enforce importance of training given and priorities for care These objectives and their achievement will be monitored over the period of the funding	One year of funding for additional CNS in Palliative Care 7.5 hours per week education and training hours in both hospital and community (15hrs/ week in total)

	Community (top of scale) for 1 year **= total of £20,000**		
Priority 2 Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources.	**<u>Additional Capacity for Care Home EoLC Project Facilitator (post to work an additional 15 hours per month – until March 2016</u>** As part of this current role of Care Home Facilitator, the additional funding would provide capacity to identify and support Care Homes further re: delivering care to those residents approaching end of life. The post holders would support the education of professionals to embed the skills in their practice as well as focusing on end of life care including communication skills, 6 STEPS and last days and hours of life care. **<u>Costings</u>** 15 hours per month for post holder is equivalent to 3.75hrs or 0.1 WTE of Band 7 Clinical Nurse Specialist (top of scale) per week - for 6 months **= total of £2,500**	There is a steering group already in place to monitor operational and outcome issues related to this post. Post holder to continue to complete regular reports and updated action plans to monitor impact. Outcomes will include: • DIUPR • Reduction in inappropriate hospital admissions • Numbers of Care Homes completing 6 STEPS or modules within this overall programme	Up to end of March 2016
Priority 2 and 3 Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and	**<u>Additional Session of Current GP EoLC Educator Post – until March 2016</u>** To continue to work alongside Stockport EoLC Project Facilitators providing GP education and training support specifically linked to DNACPR and the associated wider	Supporting the implementation of a DNACPR policy within Stockport Community and also supporting the discussions re: linking this as a unified DNACPR policy (NW uDNACPR policy), communication skills, last days of life training and advance planning	To be available up to March 2016

resources Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning.	decisions around ceilings of care and advance planning – as well as the communication around these decisions Delivery of GP practice peer education both in and out of hours **<u>Costings</u>** One additional GP Educator Post sessions for six months (1 sessions per week) including on-costs = **total cost of £10K** **<u>GP Led evening sessions for in-hours and out of hours primary care and community professionals – over 6 months</u>** **<u>Costings</u>** **Total cost of £2.5K** for evening sessions to fund venues/ facilitators for sessions	The uptake and appropriate use of the DNACPR documentation will be monitored during this funding period To support primary care education for those professionals who are unable to attend other training or receive peer education at other times. Areas to be covered to include Recognition of Deterioration/ Last Days of Life Care/ ACP/ DNACPR and other palliative and end of life care topics	To be available up to March 2016
Priority 4 Responding to *What's important to me: A review of Choice in End of Life Care*	This priority is already supported by other posts and work streams within the locality and also will be supported by some of the work and funding outlined above		
To support all Priorities	. **<u>Group A – Specialist Palliative Care Professional Training</u>** Two specific sessions for the locality to offer opportunity for Group A professionals across Stockport providers	To develop skills and updates around palliative care issues including legal and other issues related to delivery of care in practice/ also to explore own facilitation	To be available up to March 2016

	<u>Costings</u> Venue costs and costs of facilitation of sessions **= total of £3.5K** **<u>Printing Supporting Education Materials</u>** As well as providing education material electronically, there are a number of leaflets and guidance that would be printed to support professionals within each provider within the locality. These materials would include: • Stockport Last Days of Life Prescribing Guidance • EPaCCS Training Manuals • Advance Care Planning Training Information **<u>Costings</u>** Printing costs of other materials **= total of £1.5K**	skills and learning styles of trainees. Other paper training materials to be available as outlined	To be available up to March 2016
	The total cost of the priorities outlined above will be £20K + £2.5K + £10K + £2.5K + £3.5 + £1.5K = **£40K** The key elements and principles outlined within this bid have been discussed and agreed with the Stockport Local Provider Group for Palliative & End of Life Care and the Lead Commissioner There is work ongoing in Stockport within the other SCN Priority Areas that are not identified within this submission and these areas of work will also continue to be monitored and assessed by the Stockport Local Provider Group for Palliative and End of Life Care. Evaluation of the priorities of funding will be undertaken through Stockport Local Provider Group for Palliative and End of Life Care.		

3.10 Tameside & Glossop CCG

Locality: Tameside and Glossop	**Allocation: £33,000**	**Lead commissioner for EOLC: Philippa Robinson / Ali Lewin**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 – embedding priorities of care 'One Chance to Get it Right'	Care homes continuation of six steps programme *£ongoing* TTC end of life care programme *£2000* GSF programme across primary and secondary care, and care homes *£ongoing* End of Life Care for Dementia and Learning Disabilities £to be sourced	Improved quality and engagement in care homes, measured by reduced admissions to hospital Earlier identification of patients who are in the last 12 months of life. Measured by the number of people on the palliative care register. To improve care equally for all of our service users and carers, including advance care planning, communication and experience.	March 2016 December 2015 March 2016 Nov 2015
Priority 2 – raise awareness of best practice 'Actions for End of Life Care'	Website development Training podcasts / videos for staff and patients Newsletter Macmillan GP *£27,000* Peer education and support from Willow	Richer information for service users, carers and staff working in all settings Peer support and training in end of life care and cancer. Increased GP knowledge around cancer diagnosis and	March 2016

	Wood Hospice to GPs, nurses and hospital doctors	EOLC measured by a staff survey. Improved quality and networking	
Priority 3 – communication skills training for whole workforce 'Health Select Report'	Education for Educators *£Source a course* Communications S&T licences and packs *£3000* Bereavement training/awareness for counselling	Improved engagement and confidence when teaching staff members. Measured by staff survey Work with child bereavement UK to support staff around bereavement awareness	Dec 2015
Priority 4 – 'Whats important to me: a review'. Advance care planning and care co-ordination training	Dying Matters *£2000* EPaCCS implementation *£Ongoing* Individualised plan of care and support training acorss settings *£ongoing*	Engage with the public measured by a questionnaire Number of people who died in the right place for them. Measured by the number of practices using the template and sharing it. Measured by the number of people who died at home who had EPaCCS record A growth in the number of EOL care plans being used across settings, and measured by an audit.	May 2016 December 2015 March 2016 Dec 2015

3.11 Trafford CCG

Locality: Trafford CCG	**Allocation: £32,000**	**Lead commissioner for EOLC: Tim Weedall/Sarah Gunshon**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 **Improved intelligence sharing lessons learned, ideas and resources to improve EOL care for Trafford Patients**	Establishment of a EOL/Palliative Care locality strategy group in Trafford which is clinically led and provides a platform to share national guidance and develop Traffords strategic direction. The group will provide an opportunity for the CCG and EOL/palliative care providers to interface for the purpose of: • Professional discussions to inform and support the local direction of travel for services in Trafford • Sharing best practice • Identify education and training needs and • Develop an education and training framework to address any gaps and plan for future education and training needs in Trafford. *This will support the work detailed*	Increase the number of patients dying in a place of their choice Reduce non-elelctive admissions through the number of emergency admissions to hopital for palliative care Reduce no of deaths in hospital which relate to palliative care	6 - 12months

	in priority areas 2 and 3. The group will be chaired by a Trafford GP who has a special interest in EOL/Palliative care. The additional sessions required to support this work will be funded via the MPET allocation for 2015/16. **Costings: £4,500**		
Priority 2 **Continue to raise the profile of EOL care in your local area**	Continuation of the 6 steps training programme and revalidation for nursing and care homes in Trafford delivered by St Annes Hospice Ensuring patients have improved quality care in a care setting of their choice. Training to be caputured in an audit completed by St Annes Hospice. **Costings: £22,500**	As priority 1	12 months
Priority 3 **Wider communication and two-way dissemination of information with collleagues in the region**	To deliver additional EOL/Palliative care training and education across Primary Care and Third Sector, which will increase number of patients identifed on palliative care registers who have an advanced care plan in place. **Costings: £5,000** **Training and education tools**	Improved patient/service user experience: • Patients at the end of life have the preferred place of death recorded and where clinically appropriate patients are supported and cared for to die in their place of choice • Increased confidence to carers and family of the patient to support the important end of life care decisions	12 months

3.12 Wigan CCG

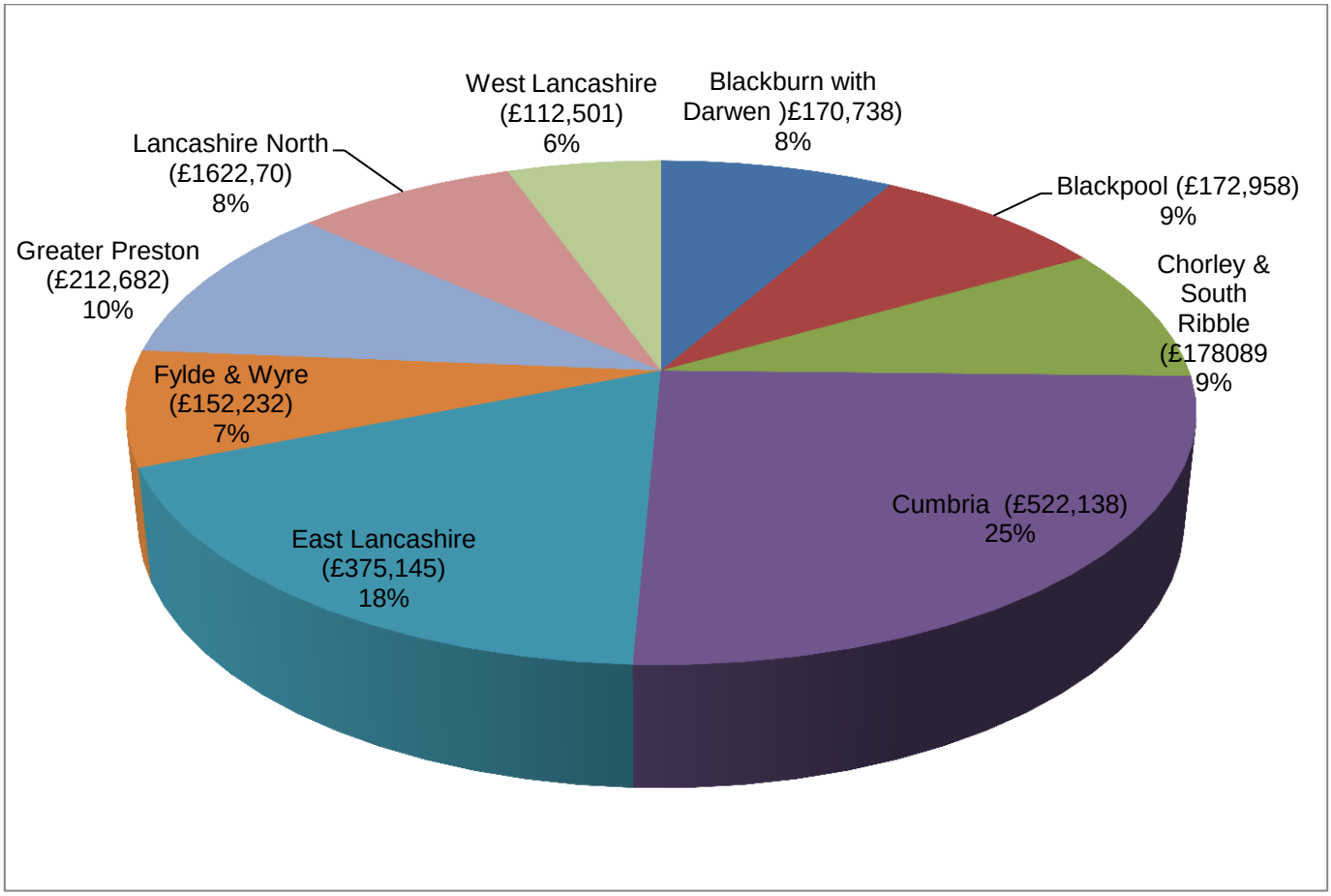
Locality: Wigan Borough CCG	**Allocation: £43,199**	**Lead commissioner for EOLC: Jennie Collins**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1: Supporting through education and training the use of Electronic Palliative Care Systems (EPaCCS) which enable patient preferences and wishes to be captured and communicated	To develop an online training and education tool for EPaCCs across the Wigan Borough health economy. The online training would be developed and hosted by one provider but accessible to all health and social care providers across the Wigan Borough. To work with practice teams, linking ACP and care co-ordination and care planning. Sharing templates/unifying reporting and read codes. Developments of podcasts and educational videos to deliver training **Costing £15,000**	Evidence available nationally that EPaCCs reduces inappropriate hospital admissions. To benchmark the locality and support and educate practices on the use and the benefits	Up to the end of March 2016
Priority 2: Promotion through Education and Training the Mental Capacity Act Training	To deliver Mental Capacity Act training/ ACP/DOLS for primary and community Care staff care staff. **Costing £5,000**	number of staff training evaluation of training delivered	Up to the end of March 2016
Priority 3: Supporting through education and	Co-ordination of training, ongoing EOL rolling programme. Time to plan, order	Attendees at EOL rolling programme,	Up to the end of March 2016

training the principles of care for the dying patient in line with the Leadership Alliance response "One Chance To Get It Right" **Support through education and training health care professionals to support people to live and die well in their place of choice**	leaflets and develop training plans, administration support to facilitate training and co-ordinate room booking. Venue hire Organise a series of EOL event across the Wigan Borough including public engagement events Reviewing outcomes and measurables of training. Developing evaluations. Deliver education and training across all localities and care settings to a range of multi-professionals Deliver training to front line staff to enable them to deliver care in accordance with the Five Priorities of Care & to meet the required competencies in end of care applicable to their role Rolling education programme for uDNACPR **Costing £18,199**	which includes, ACP, verification of death and symptom management. Aim to include training on care of the dying person. Professionals will gain a greater understanding around End of Life care provision at the same time increasing their confidence. Outcome of training and education events will highlight any gaps in training and provision of service which will inform future commissioning decisions	
Priority 4: Advance Care Planning	Advance care planning/ Dementia at EoL update for GPs and practice staff. To hold an education event, across the Wigan Borough	Measurables- Number of attendees and evaluation of the training event. Increased Advance Care Planning through GPs and	Up to the end of March 2016

	To highlight the importance of Advance Care planning across all health care providers. **Costing £5,000**	within Community Setting	

4 LANCASHIRE AND CUMBRIA REVIEW

Within Lancashire and South Cumbria networks, the total funding allocated was **£280,000.**



4.1 Blackpool CCG

Locality: Blackpool CCG	**Allocation: £51,000**	**Locality MPET plan lead**: Jeannie Harrop/ Kathryn Smith	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcomes and Impact on care delivery. Include numbers of staff trained and specific groups, e.g. GPs, social workers etc.**	**Plans to complete 13/14 delivery plans, including timescales and any risks to delivery.**
Priority 9 **EPaCCs**	To develop and co-ordinate EPaCCs across the Fylde Coast, to work with Practice, Community Hospital, hospice and out of hours teams, linking ACP and care co-ordination and care planning. Sharing templates/ unifying reporting and read codes. £49,500	Roll out of EPaCCS across the Fylde Coast. Linking key stakeholders in the provision of End of Life Care. Evidence available nationally that EPaCCs reduces inappropriate hospital admissions. To benchmark the locality and support and educate practices on the use and the benefits.  Eight Key Areas for EPaCCS Implementati	EPaCCS group well established across the Fylde Coast. Fylde coast out of hours services, out of hours provider, aim to deliver training to GP practices and community and hospital teams. 11th tab due to be activated in April 2015. Testing at GP practice using templates has taken place. Sharing agreements being returned. Roll out planned until March 2016.
Priority 1 Supporting teams	To deliver bereavement and listening skills training for learning disability teams. To work with bereavement teams to develop and deliver training. £1,000	LD staff to have a greater understanding. 34 evaluation of training were returned  Best Practice in Loss and Grief Evaluation.  Best practice in loss and grief training.doc	Two sessions delivered for teams on 3rd June and 14th October 2014

Priority 12 DNACPR	Fylde Coast DNACPR form available, aim to develop information posters for local ambulance stations to inform staff. £500	Posters to be available in all ambulance stations across the Fylde Coast. Measurable- posters present in ambulance stations. Outcome- paramedics and ambulance crew aware of Fylde Coast DNACPR form.  DNAR-CPR NWAS Poster (v3).pdf	Initially delayed due to changes made on form and policy following the Cambridgeshire case. Posters now developed and agreed, printing being arranged.

Blackpool Teaching Hospitals

TRINITY | Blackpool Teaching Hospitals NHS Foundation Trust | NHS Blackpool Clinical Commissioning Group | NHS Fylde & Wyre Clinical Commissioning Group

Individualised Care of the Dying Person Pack:
Cross-organisational integrated documentation for caring for people at the end of life

Fylde Coast End of Life Teams Community, Acute and Trinity Hospice

Background

- Following the Leadership Alliance Public Consultation around caring for people at end of life – 44 key recommendations one of which to withdraw the use of the Liverpool Care Pathway
- The 'More Care, Less Pathway' document published in July 2013 gave clear guidance on caring for people at end of life.
- Cross-organisational collaborative working is essential to develop consistent standards that provide the high quality of end of life care and minimise potential risk

Aim

- To develop cross-organisational integrated documentation for 'care of the dying person pack' to be used in all care settings across the Fylde Coast healthcare economy

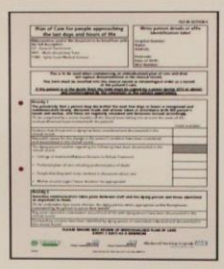


Figure 1

Method

- The Fylde Coast High Quality Services Group were tasked with developing new Care of the Dying Person documentation in response to 'More Care, Less Pathway' publication July 2013
- Within the documentation pack:
  - Guidance for Doctors and Nurses
  - Fylde Coast Care of the Dying person Algorithm
  - Plan of Care Document
  - Patient/family information leaflet
  - Communication Booklet
- A task and finish group established with nurses to develop individualised core nursing care plans taking into consideration key elements of end of life

'Care of the Dying Person' Documentation

Patient/Relative Booklets

- Patient/Relative information leaflet developed giving information around understanding the changes as end of life approached.
- Communication booklet to be offered to relatives to record personal feelings, concerns or issues that they may want to share with staff.

See figure 2

Guidance for Doctors and Nurses

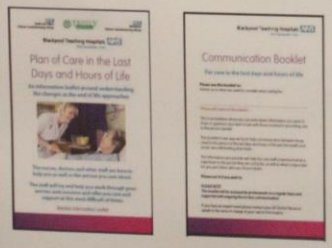
- Plan of care document acts as a 'marker' for transition of care to end of life care including the 5 priorities of care (fig 1)
- Guidance for Doctors and Nurses includes core elements of care with good practice guidance for caring for people in the last days and hours of life (fig 3)
- Includes guidance on developing an individualised plan of care for people approaching end of life

Nursing Care Plans

- Core Nursing Care Plans developed that can be individualised to the person.
- Ten nursing care plans developed to cover all aspects of end of life care, including hydration and nutrition, symptom control, psychological, social and spiritual support etc to be used as individual needs
- Adapted for community and Acute use

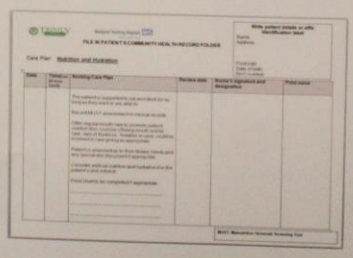
See figure 4

Patient/ Relative Booklets
Figure 2



Guidance for Doctors and Nurses
Figure 3

Nursing Care Plan
Figure 4



Conclusion

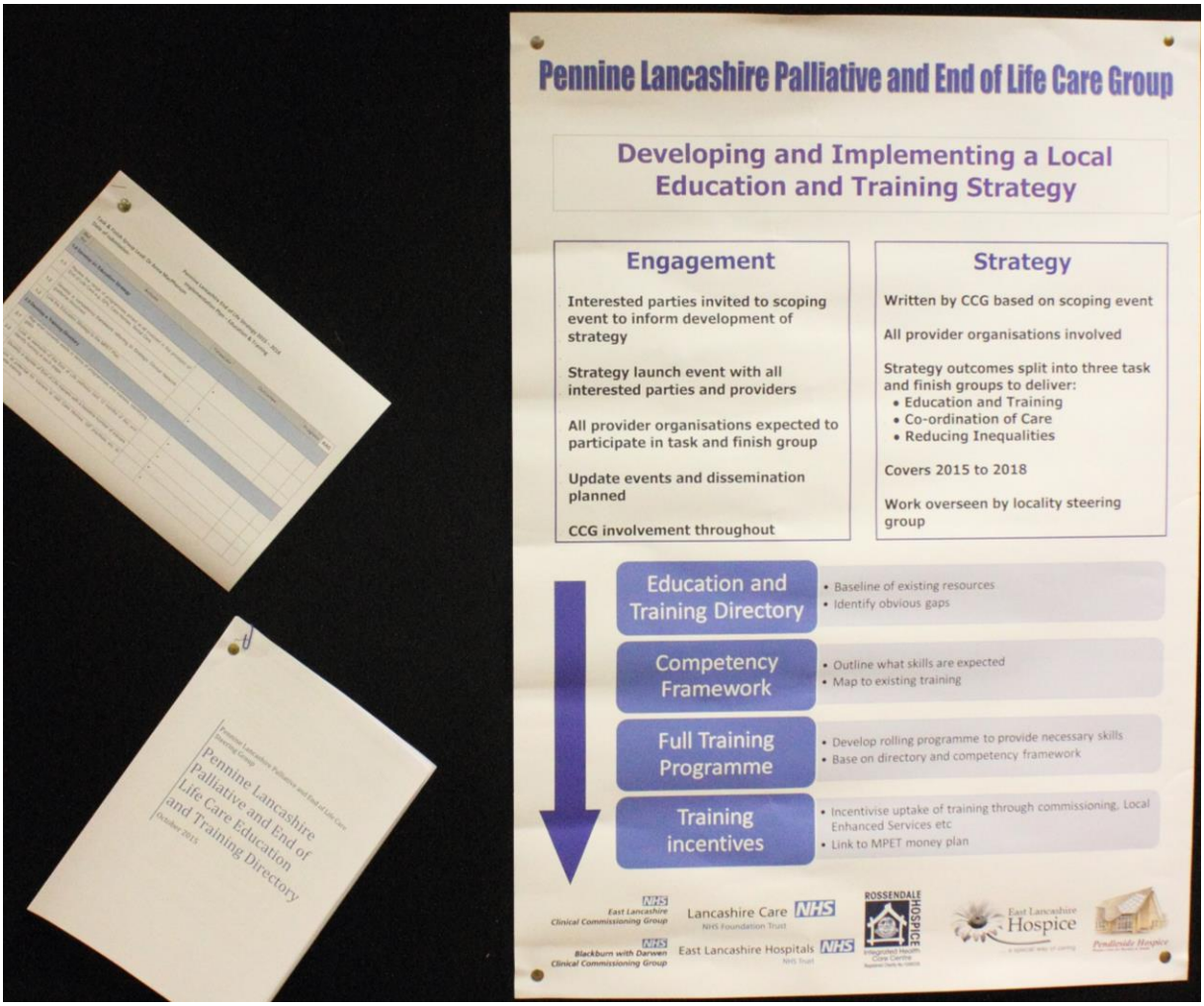
- It is hoped that single generic documentation for 'Care of the Dying Person' across a healthcare economy will not only have a positive impact on individual patients, but the process so far has demonstrated how the cross-organisational partnership collaboration can achieve 'high quality care for all adults at the End of Life' in all care settings through the development of unified pathways, policies, procedures and documentation

Locality: Pennine Lancashire (East Lancashire CCG & Blackburn with Darwen CCG)	**Allocation: £74,000 (£51,000 for East Lancashire CCG & £23,000 for Blackburn with Darwen CCG)** **N.B. CCG funding will be utilised to top up the MPET allocation in order to meet the priorities below.**	**Lead commissioner for EOLC: Rebecca Demaine (East Lancashire CCG) and Lisa Kiernan (Blackburn with Darwen CCG)**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 **EPaCCS Project Manager**	EPaCCS Project Manager April 2015 – September 2015 EL CCG - £21,000 BwD CCG - £9,000	EPaCCS Project Manager to lead on the delivery of the 8 key objectives of the EPaCCS Programme: 1. Establish the Pennine Lancashire EPaCCS Task & Finish Group 2. Work with stakeholder organisations to achieve EPaCCS recording 3. Ensure that information governance processses are in place, including information sharing agreements in place to enable sharing of EoLC information across stakeholders 4. Work towards achieving EPaCCS sharing across stakeholder organisations 5. Encourage use of EPaCCS as part of primary care palliative care	April 2015 – September 2015

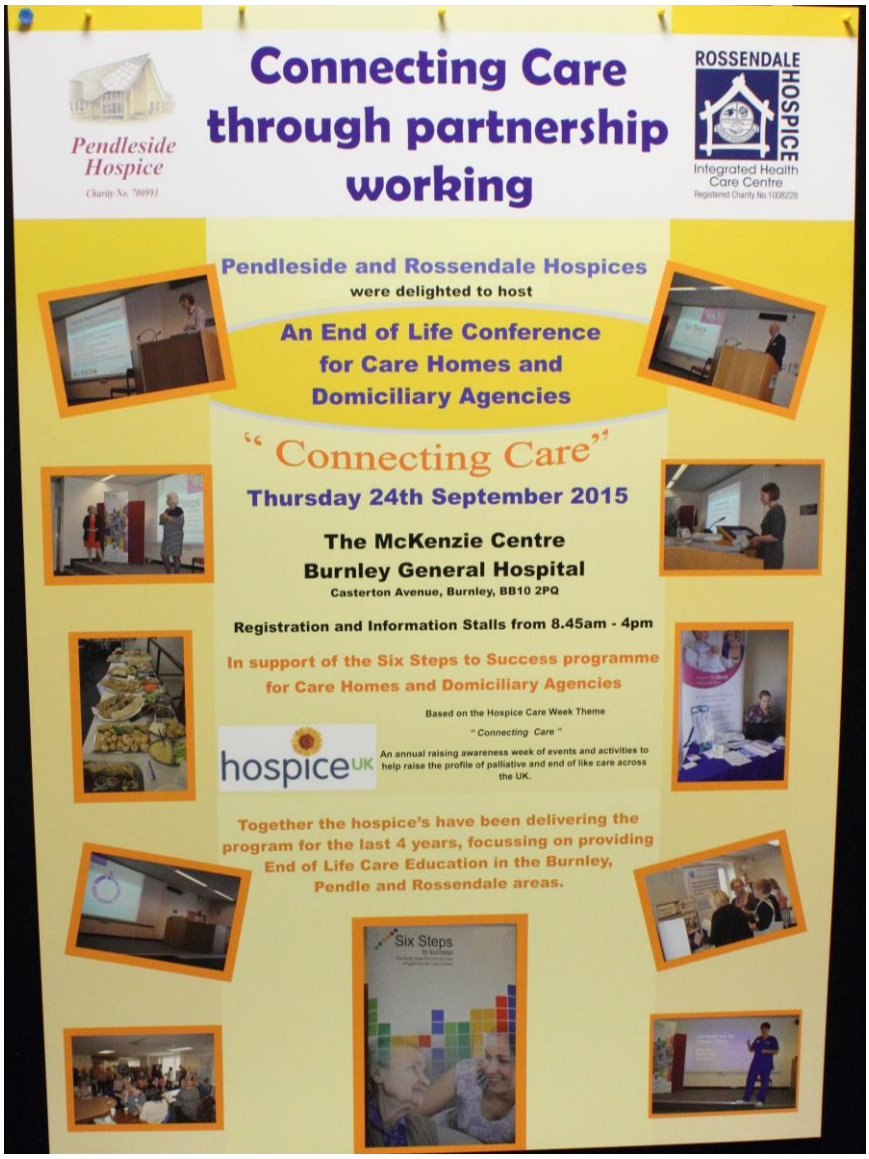
		meetings 6. Work towards agreeing EPaCCS reporting in partnership with the Commissioning Support Unit following Public Health England guidelines 7. Work towards sharing electronic patient documentation e.g. DNACPR, Special Cautionary Notes 8. Implement EPaCCS across Pennine Lancashire in a phased approach EPaCCS Task & Finish Group meets monthly to take forward implementation of EPaCCS and reports to the Pennine Lancashire Palliative and End of Life Care Steering Group.	
Priority 2 **EPaCCS Training Programme**	Training Programme for EPaCCS EL CCG - £42,000 BwD CCG - 18,000	Development of a training programme to support the implementation of EPaCCS. This includes funding for a Band 7 Palliative Care Clinician who will deliver training to include: • Where EPaCCS is located on the EMIS/I.T. system • How clinicians can access the template and input information • What information is appropriate • How information from external sources can be added to EPaCCS • How patient information is shared	April 2015 – March 2016

		Training will be delivered to a range of staff groups e.g. GPs, Specialist Palliative Care Team, Hopsices in a phased approach. Support for the training programme will be provided by the EPaCCS Project Manager and members of the EPaCCS Task and Finish Group.	
Priority 3 **Shared Record Viewer and Medical Interoperability Gateway (MIG)**	Shared Record Viewer and MIG EL CCG - £36,000 BwD CCG - £16,000	Contracts in place with Healthcare Gateway to support the implementation of the specialist data set for East Lancs CCG and BwD CCG. Purchase of 200 licences to allow access to the Healthcare Gareway Shared Record View.	September 2015
Priority 4 **End of Life Training Programme**	End of Life Training Programme EL CCG - £52,500	Development of a Pennine Lancashire Training and Education Directory split into the following categories: • General and overarching courses • Introduction to palliative and end of life care • Communication skills • Advance care planning • Symptom management • Care of the dying • Bereavement Training gaps to be identified and addressed. Development of an End of Life Trainers register for Pennine Lancashire. Training Programme to be developed by the Pennine Lancashire End of Life Education and Training Task and Finish Group which reports to the Pennine Lancashire Palliative & End of Life Steering Group	April 2015 – March 2016

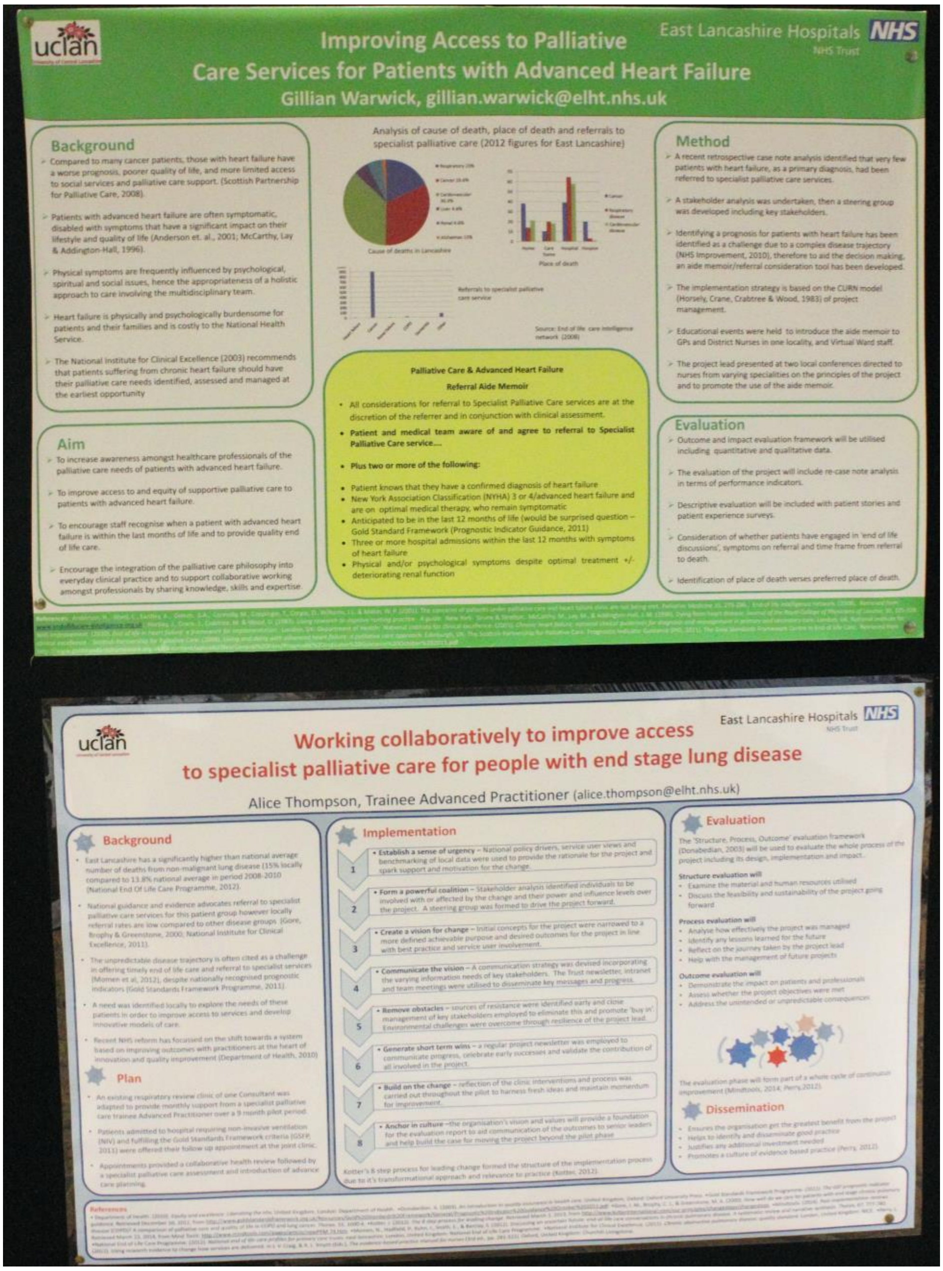
East Lancashire



Pendleside & Rossendale Hospice



East Lancashire Hospitals



4.2 Fylde & Wyre CCG

Locality: Fylde & Wyre CCG	**Allocation: £45,000**	**Locality MPET plan lead**: Pete Smith/ Kathryn Smith	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcomes and Impact on care delivery. Include numbers of staff trained and specific groups, e.g. GPs, social workers etc.**	**Plans to complete 13/14 delivery plans, including timescales and any risks to delivery.**
Priority 5 **Communication**	For two staff to undergo SAGE and THYME communication training, to then deliver the training to the Fylde Coast locality. Training plus backfill £8,000	Measurables- evaluation of the training and the number of staff who have undergone SAGE and THYME training. Sage & Thyme 6 sessions held at Trinity attended by 98 people	Two staff from Trinity attended SAGE and THYME training in September 2014. Now able to disseminate the training .
Priority 3 **Advance Care planning**	Advance care planning and EOL update for GPs and practice staff. To hold an education event, across the Fylde Coast £3,000	71 members of staff attended the training event.  Educational event Evaluation.doc  GP programme.docx	Delivered 17th September 2014
Priority 1 **Supporting teams**	To develop a rolling programme on end of life prescribing to support pharmacists and non-medical prescribers. £2,000	Non-medical prescribers to be competent in EOL prescribing. Measurables are the number of attendees and the evaluation of the programme.  Non Medical Prescribing Update Pl	Three sessions from September 2014-January 2015.  01 NMP 11-09-2014 Evaluation.docx  01 NMP 24-11-2014 Evaluation.docx 27 staff attended session1 19 staff attended session 2 Delay in third session, planned for June 2015
	Further development of	16 Trinity nursing staff to	Training for Trinity teams

	Trinity hospice helpline. Liaison with out of hours providers and develop robust systems £3,000	be able to undertake telephone triage. The aims of training were: 1. To provide education and training on telephone triage and history taking. 2. To increase the nurses knowledge of the services available to support patients. 3. To develop a Directory of Services which includes contact details. 4. To encourage the nurses to use the information booklet provided by Trinity. 5. To develop a pro forma (history taking sheet) which could be used by the nurses to gather information and to document the information obtained and the advice given, and follow up.	commenced October 2014.  FEEDBACK Hospice helpline.docx  New 24 Hour helpline.docx
Priority 8 **Supporting and educating EOL facilitators**	Delivery of influencing skills training for EOL facilitators and EOL Commissioners across the Fylde Coast £3,000	Mesurables-15 staff attended from a wide background in EOL care, incl. Evaluation of the training  Influencing skills evaluatuion.docx  Influencing skills flyer.docx	Influencing skills training delivered on 10th October 2014
Priority 1 **Supporting teams**	Funding Revd to attend extensive 10 day course at Cambridge around area of Values Based Reflective Practice – as a model for developing how chaplains reflect and provide improved 1:1 care. To cascade back on learning and share with colleagues as well as enhance own	Initial measurable is that a member of the Chaplaincy team attended and is due to complete training in March 2015. Ongoing, this would be on how this has been cascaded through teaching and supporting and roll out of the Fylde Coast spiritual care awareness pocket	Actions following training have included The formation of a local chaplaincy network 'Journal / Research Club' – will meet twice a year from 2015 (this will be in collaboration with Trinity, Lancaster, Blackburn and Preston chaplaincy teams)

	practice for spiritual care at EOL. Attendance will take place both in Sept this year and March 2015. Producing a localised Fylde Coast spiritual care awareness 'pocket guide' for staff. Attendance of Rev Dr Mark Cobb to lead an intensive study day for local healthcare chaplains. £5,000	guide for staff.  SPIRITUAL CARE pocket guide DRAFT4  Report on Intensive PRP Training.docx	Improving our shared repository between local chaplains of research and journal article to identify better practice Adding 'Research Awareness' to team meetings every 8 weeks where in rotation, a chaplain is now expected to present a relevant research abstract for discussion & consideration/ application.
Priority 3 **Advance Care planning/ supporting teams**	To deliver Mental Capacity Act training/ ACP/DOLS for GPs and primary care staff. 10 sessions £250= £2,500	Measurables- number of staff training By October 2014 22 GPs/ Practice Staff and 50 Community Staff have attended the training . Outcomes- evaluation of training delivered  Safeguarding Adults Apr-Jun 2013 Qtr 1 (2  Safeguarding AdultsJuly- March 14.	Training booked being delivered over 12 months.
Priority 1,2,4 & 6	Ongoing of EOL project lead and EOL lead to support end of life education/ training and support across the Fylde Coast. £6,000	Measurable –evidence of EOL rolling programme. Number of staff attending training and evaluation. Number of staff attending 6 steps for domiciliary care staff  End of Life education rolling programme 20:  KPI data - rolling programme.xlsx  Shorten Version Six Steps Report (2).doc:	On target, ongoing rolling programme. Established within teams. Training ongoing and available until 2016, with the aim to continue the rolling programme.
Priority	Co-ordination of training, ongoing EOL	Dying Matters event held across the Fylde Coast.	Dying matters leaflets and promotional material

1,2,3,4,& 7.	rolling programme. Time to plan, order leaflets and develop training plans, administration support to facilitate training and co-ordinate. Room bookings. Organising Dying Matters event across the Fylde Coast. Reviewing outcomes and measurables of training. Developing evaluations. Review and implement of the LCP for the dying national review panel recommendations Lack of dysphagia training, repeated admissions from care homes.	Attendees at EOL rolling programme, which includes, ACP, verification of death and symptom management. Aim to include training on care of the dying person.  Dying Matters Community Conferen  44702-VS2035-PRO OF (2).pdf  all nursing care plans.docx  BTH374 - Communications Book  BTH29 - End of life leaflet (v10 1).pdf  End of life care plan guidance V1_10_ 30t  FC Care of the Dying Person Algorithm (17 To provide a comprehensive dysphagia and feeding training package for care homes specifically dealing for people who are end of life 2 hours of training over six dates.  MPET report 2014 (2).docx Outcomes- number of staff attending training, evaluation of training	ordered to be distributed to health economy PPC ordered and care of the dying person care plan. Nursing care plans being developed locally. Developed a plan of care document for the person approaching the last hours and days of life, with training to support the roll out. In the process of developing a patient/ carer information leaflet, nursing care plans that can be individualised and a communication booklet. All documents being rolled out across the Fylde coast. In the process of writing the scenarios and aim that the first session will

	To develop EOLC simulation based training sessions. £10,500	Dr Whitfield (Blackpool) End of Life	be delivered in May 2015. The aim will be to run 6 sessions each comprising 2 scenarios for 6-8 participants and are currently looking at getting CPD for the sessions to try and encourage participation. The resus team are planning to hold a grand round to re-launch the DNACPR form and we will advertise our sessions during this and in a communication for the acute trust and community.
Priority 3 Support of the NW Model, bereavement.	Development of CRUSE volunteers, to support the local community with bereavement support. £2,000	CRUSE volunteers training to commence 0n 27th September for 10 Saturdays. 21 volunteers in total. From across the North West region Schedule of Training-cruse.doc	Commenced 27th September 2014 for 10 weeks.

4.3 Greater Preston CCG, Chorley & South Ribble CCG

Locality: Greater Preston, Chorley and South Ribble	**Allocation: GP - £27,000 C&SR - £24,000**	**Lead commissioner for EOLC: Elizabeth Fleming**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 • Embedding the Priorities for Care of the Dying Person within *One Chance To Get It Right* published by the Leadership Alliance for the Care of Dying People	The Transforming End of Life Care Programmes in the Trust and Community feature sessions on Care of the Dying which is based on Priorities for Care of the Dying Person.	Improved knowledge, skills and confidence of staff in caring for patients at end of life measured through pre and post training questionnaires Increased prescription of anticipatory drugs measured through audit of patient notes and EMIS palliative care template Consistent approach to end of life care decision making and documentation across the health economy Supporting the implementation of the local End of Life Care Strategy	Ongoing training programmes to run for a further three months
Priority 2 Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share	The Transform programmes feature educators working alongside clinical teams to further training, mentoring and knowledge transfer. Both programmes have dedicated	Best practice training is embedded Improved knowledge, skills and confidence of staff in identifying and caring for patients in the last 12 months of life	Ongoing training programmes to run for a further three months

intelligence, lessons learned, ideas and resources.	web presences where resources are easily shared and updated	measure by pre and post training questionnaires Increased number of clinicians engaged with the programmes Encouraging good practice at GSF meetings (audit ongoing) Increased number of patients on GP supportive care register measured by audit of EMIS palliative care template and hospital notes	
Priority 3 Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning.	Transform Programmes feature training on advance care planning and communication skills	Improved knowledge skills and competence of staff in initiating advance care planning discussions with patients measured by pre and post training questionnaires Increased number of Advance Care Planning discussions, including CPR, taking place and are documented. Measured through audit of EMIS palliative care template and hospital notes Increased number of patients achieving preferred place of death. Measured	Ongoing training programmes to run for a further three months

		through audit of EMIS palliative care template and hospital notes	
Priority 4 Responding to What's important to me: A review of Choice in End of Life Care which advises that staff responsible for the delivery of end of life care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	Training programmes include sessions on advance care planning, communication skills, 'Better The Letter and Think CLEAR (assessment of patients whose recovery is uncertain) Community based programme will lay foundations in data entry in readiness for EPaCCS	Improved knowledge skills and competence of staff in initiating advance care planning discussions with patients measured through pre and post training questionnaires Increased number of Advance Care Planning discussions taking place and are documented. Measured through audit of EMIS palliative care template and hospital notes Increased number of practices using EMIS palliative care template Improved quality of information on Immediate Hospital Discharge letters Improved data collection	Ongoing training programmes to run for a further three months

4.4 Lancashire North

Locality: Lancshire North CCG	**Location: £21,000**	**Lead commissioner for EOLC: Helen McConville**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 Raising awareness of EOLC with health and social care professionals and the general public	Our 2015-16 MPET funding will be utilised to extend the **1 WTE Education Co-ordinator for multi professional palliative care education** which commenced in Summer 2014 using 2013-14 funding, **Cost £21,000**	Continue to develop and deliver a co-ordinated programme of education to staff working in the LNCCG health community. We will endeavour throuhout 2015-16 to improve alignment of MPET activity with Cumbria CCG.	On-going throughout 2015-16
Priority 2 Supporting through education and training the principles of care for the dying patient which reflect the Neuberger "More care, Less pathway" report recommendations and the Leadership Alliance response "One Chance To Get It Right"	We will continue to develop and deliver programmes of training such as the ones attached to cover best practice in End of Life care for staff working in in our local Health and Social Care services and related providers frin the independent and voluntary sectors. Examples below CDP Evaluations April to July 2015.docx Course Prospectus 2015.pdf	Continue to develop and deliver a co-ordinated programme of education to staff working in the LNCCG health community. We will endeavour throuhout 2015-16 to improve alignment of MPET activity with Cumbria CCG.	On-going throughout 2015-16

	Training Calendar 2015.pdf		
Priority 3 Promoting through education and training the North West End of Life Care model to support people to live and die well in their place of choice		Continue to develop and deliver a co-ordinated programme of education to staff working in the LNCCG health community. We will endeavour throuhout 2015-16 to improve alignment of MPET activity with Cumbria CCG. We are awaiting final validation of the University of Cumbria Level 4 certificate in the Foundations of Palliative Care also starts in September. The co-ordinator will be supporitng thake up of this (Modules are Essential Care, Dementia and Bereavement)	On-going throughout 2015-16
Priority 4 Mentoring, supporting and educating EOLC facilitators/SPC educators/ social care champions both in specialist and generalist roles		Continue to develop and deliver a co-ordinated programme of education to staff working in the LNCCG health community. We will endeavour throuhout 2015-16 to improve alignment of MPET activity with Cumbria CCG.	On-going throughout 2015-16

Lancashire North

A Collaborative Delivery of a Multi-Professional Education Training Project in End of Life Care 2014/2015

Liz Wheeler, Education Co-Ordinator, St John's Hospice & Lancashire North Clinical Commissioning Group

Project Role:

- To provide a co-ordinated approach to the delivery of cross-boundary end of life care education to health and social care providers in North Lancashire
- Support the achievement of national end of life care standards in practice
- Provide a single point of access with an integrated approach in order to achieve delivery of core competencies-based training for end of life care across the area
- Establish a robust programme of accessible training and education

Scoping Exercise/ Training Needs Analysis: During the initial phase of the project research was undertaken around the current key documentation and recommendations for core standards of education in end of life care, including a mapping exercise to look at existing provision in the area. Gaps in training provision were identified as being: Advance Care Planning; Communication Skills; Symptom Management; Individualised Care; Recognition and Review of Last Days of Life; Care after Death. Working closely with St John's Education Lead, a programme of training and education was developed which mapped against some of the core competencies in end of life care. Bespoke training was also developed for two local community education and social care agencies: an Introduction to End of Life Care and an Introduction to Bereavement. In partnership with the University of Cumbria, a Foundation in Palliative Care Level 4 Certificate was also developed and accredited for people working or volunteering in a long term care and/or palliative care environment. As there was some emphasis on collaborative working across boundaries, a multi-disciplinary team of educators was involved in course planning and delivery of several of the sessions including the Care of the Dying Person in the Last Days and Hours of Life Study Days.

Key Relationships:

- Lancashire North CCG End of Life Care Commissioner
- University Hospitals of Morecambe Bay NHS Foundation Trust
- Cumbria Partnership Foundation Trust
- St John's Hospice, Lancaster
- St Mary's Hospice, Ulverston
- Lancashire Social Services
- University of Cumbria
- Social Care Providers in North Lancashire and South Cumbria
- Blackpool, Fylde and Wyre Locality (North) Community

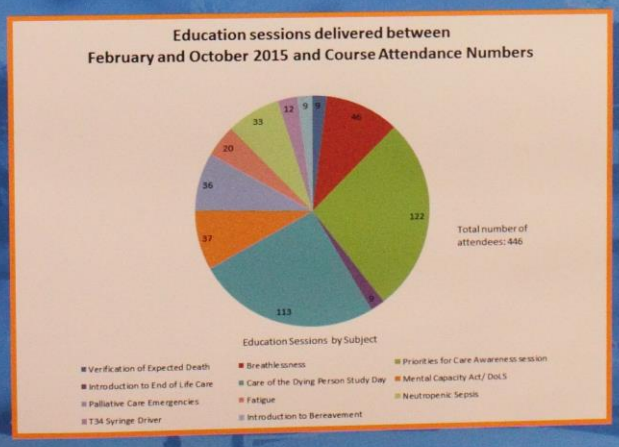
Delivery: Education sessions were delivered by a range of healthcare professionals including Consultants, Clinical Nurse Specialists, Allied Health Professionals and End of Life Care Facilitators, and various teaching methods were employed to facilitate participation and to meet differing learning styles. The majority of sessions were delivered at St John's Hospice, with some being delivered in the community.

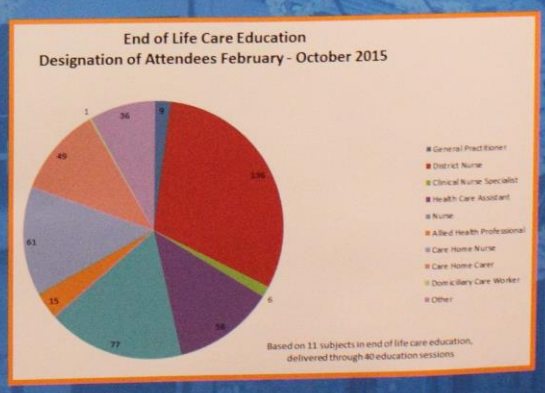
Evaluations & Results: Each session was evaluated post-delivery to capture immediate learning outcomes, and also to identify any further training needs. Pre-course questionnaires around skills and knowledge and a 3-month post-course evaluation were also introduced for the Care of the Dying Person Study Days, which asked participants to reflect on the impact of training and whether practice had changed or if any new initiatives were adopted as a result of the training.
Feedback and evaluation for sessions have been extremely positive and have effectively contributed to measuring skills, knowledge and confidence.

What learners have said: Syringe Driver Training – "I feel more confident now in how to use a Syringe Driver"
Care of the Dying Patient in the Last Days and Hours of Life – "Time to reflect; look at care given, and ideas to improve", "It's the best informative course I have been on, Making us look at it from the patient/ family viewpoint", "A really good day and delivered to the appropriate level of need"

What Next? Session evaluations and learner reflections and feedback have guided a further programme of study to commence in January 2016. Again, delivery will be achieved through a multi-disciplinary, cross-boundary approach.

Learn & CARE
at St John's Hospice





www.sjhospice.org.uk/education

References:

- Recommended Core Education Standards for Care and Support for the Dying Person in the Last Days and Hours of Life, Greater Manchester, Lancashire & South Cumbria Strategic Clinical Networks (2014)
- One Chance to Get it Right, Leadership Alliance for the Care of Dying People (2014)
- Actions for End of Life Care: 2015-16, NHS England (2014)
- Scoping Exercise of End of Life Care Education and Training for Health and Social Care staff in the North West, NHS North West and UCLAN (2012)

NHS
Lancashire North
Clinical Commissioning Group

ST JOHN'S HOSPICE

4.5 Southport and Ormskirk CCG – West Lancashire

Locality: West Lancashire	**Allocation: £15,000**	**Lead commissioner for EOLC: Katie Wightman**	
MPET priority	**Locality plan details (include breakdown of finance)**	**Outcome / Impact / Measureables**	**Timescale**
Priority 1 - 4 Embedding the Priorities for Care of the Dying Person within One Chance To Get It Right Responding to NHS England Actions for End of Life Care and continuing to raise awareness of best practice care at the end of life and share intelligence, lessons learned, ideas and resources Responding to the recommendations within the House of Commons Health Select Committee Report to improve the competence of the work force through tailored end of life care training which includes communication skills and advance care planning Responding to What's important to me: A review of Choice in End of Life Care which advises that staff responsible for the delivery of end of life	The local health economy (West Lancashire CCG, Southport and Formby CCG and Southport and Ormskirk Hospital Trust) has for the past few years jointly fund an end of life TRANSFORM Team. The team is an integrated acute and community team that facilitates seamless end of life care between all sectors of health including local care homes. Following the evaluation of the TRANSFORM team we can demonstrate this team is having a significant impact on the quality of care, patient satisfaction and the increased provision of training relating to end of life care and awareness. (a full evaluaiton report has been sent to Kim Wrigley) West Lancashire CCG would use the 2015/16 MPET	• The Transform clinical lead will continue to hold training course. Number of courses held and numbers trained will continue to be recorded. • Training provided by the post would enable increased staff knowledge / communication and confidence in caring for end of life patients and their carers • Training provided would also result in hospital and community staff feeling comfortable and confident caring for dying patients and their families • Post will continue to increased recording of Advance Care Planning discussions and plans made • The post would be play a significant part in supporting the roll out of EPaCCS across locality • Post would	Funding would allow extension of post until March 2016

care have training focused on key elements of their roles which includes advance care planning, use of co-ordination systems (e.g. EPaCCS) and communication skills.	monies to continue to support this team – noteble the clinical lead. As the monies have reduced this year the CCG would like to use the £15,000 as a part contribution to the health economies Transform clinical lead. The Transform clinical lead has a vital role and would contribute to all 4 MPET priorities, especiality training provision. Costings: The total health economy cost of the Transform clinical lead is £48,000. The CCG's proportion of these costs are £24,000. The MPET monies will therefore form 62.5% of the CCG's contribution to this post.	continue to contribute to the improved quality of care - greater numbers of people dying in their preferred place of care, reduced unnecessary admissions • Increased number of patients GSF registered • Patients and families express confidence and satisfaction with end of life care provided The role and impact of the TRANSFORM team is discussed at the health economies end of life steerign group which meets on a quarterly basis. The team is also discussed at the West Lancashire end of life steering group.	

Southport and Ormskirk hospitals NHS Trust & Terrance Burgess Education Centre at Queens Court, Southport

5 Evaluation, Impact and Outcomes for Greater Manchester, Lancashire and South Cumbria

Palliative and End of Life Care Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network (GMLSC SCNs) introduced a new way of evaluating and monitoring the way the expenditure of the MPET funding impacted on training the workforce. Three reports have been generated for Quarter 3 (October, November & December), Quarter 4 (January, February & March) and Quarter 1 (April, May & June). There is a requirement for a consistent approach to the evaluation of MPET investment, across the North West, to evidence the impact the MPET funding is having on enhancing palliative and end of life care, for people and their families across the North West.

This new way of collating information allows a consistent reporting mechanism from the North West Strategic Clinical Networks to Health Education North West (HENW) and will strengthen future requests to support funding. The new process will also self-generate data and graphs which can be used to support local commissioning discussions.

Each locality was sent four excel spread sheets that have been developed to collate information regarding education and training delivered specifically with MPET funding:

1. Advance Care Planning
2. Communication Skills Training Advanced
3. Communication Skills Training Enhanced
4. Generic Template – (All training delivered with MPET funding not covered by the above. Questions can be inserted locally into the generic template that are relevant to the course being delivered)

As well as topic-specific sessions with evaluations, there are also wider training sessions being undertaken that cover these key elements within the training but not purely focused on one topic per session - as is highlighted more in Section 5.6.

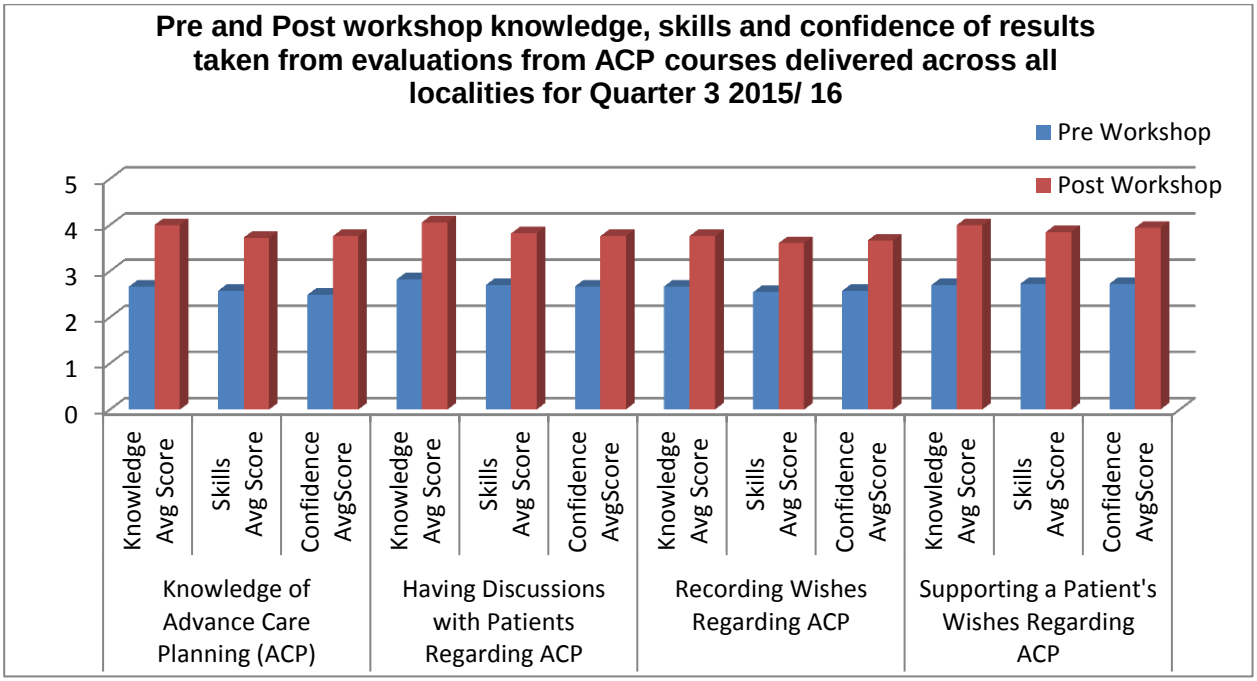
These spread sheet captures the knowledge, skills and confidence of the delegate, pre and post workshop/course. The spread sheets require delegates to score themselves at the start of the workshop and at the end of the workshop.

It is the responsibility of each locality receiving MPET funding to input the delegate responses into the excel spread sheet. The spread sheets then sent into the GMLSC SCNs office, where they are collated on a quarterly basis to allow for future reporting to HENW, the relevant Palliative and End of Life Care Advisory Group, Commissioners, and back to localities.

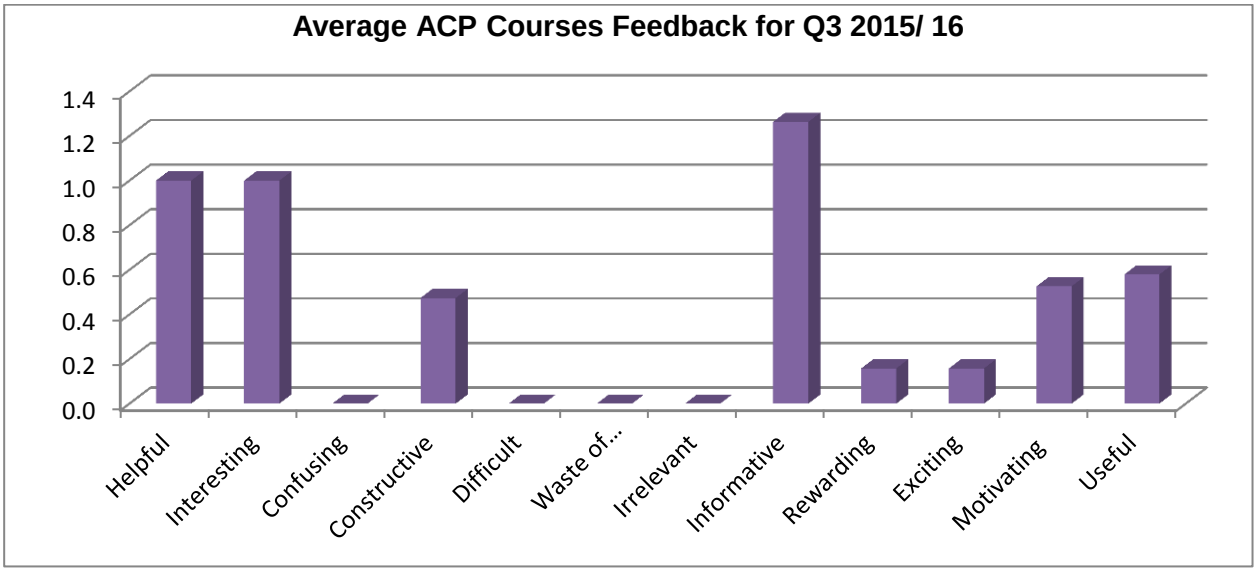
The returns for Q3 & Q4 were predominantly from Cumbria, an explanation for this could be due to the lack of feedback provided as deliverers had not embedded this evaluation process in their infrastructure. As it is a new system to encourage usage for Quarter 1 the lack of feedback was highlighted at the Palliative and End of Life Care Advisory Groups to stress the importance of the MPET evaluation. The below graphs show the evaluation of Q3 & 4 delivered in Cumbria and the Q1 graphs show courses delivered and the evaluations.

5.1 Advance Care Planning – Q3

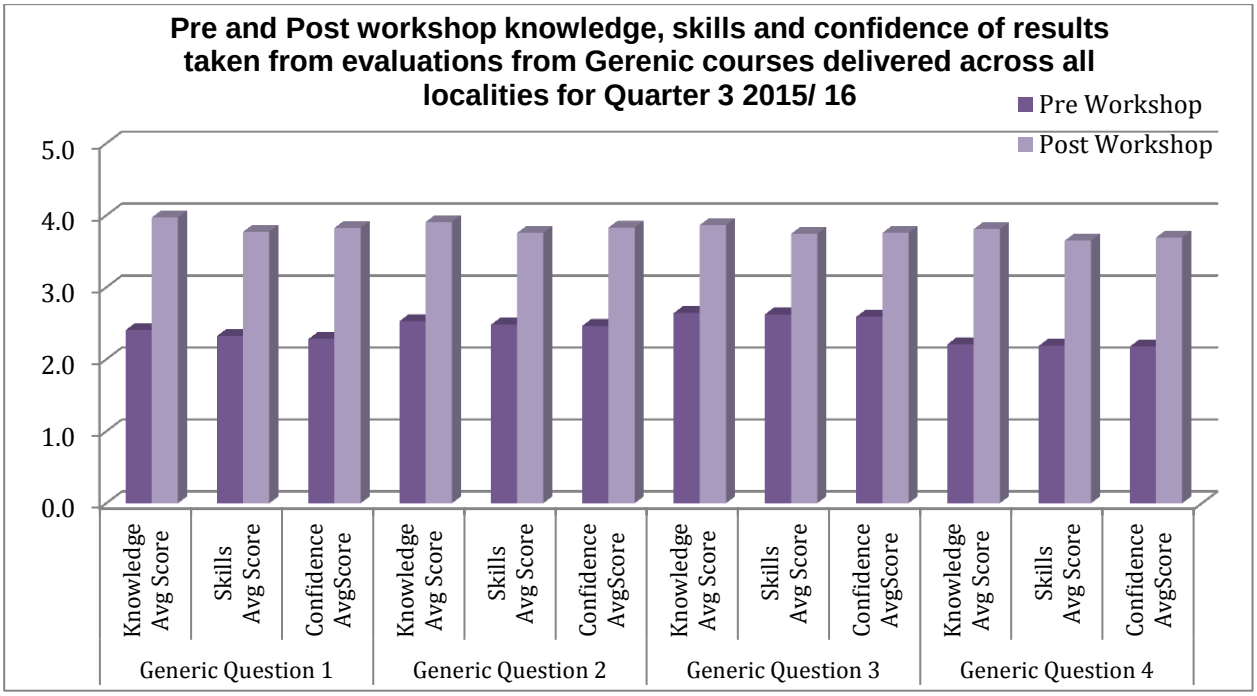
The below graph is an example evaluation of an Advance Care Planning (ACP) course delivered by a locality in Quarter 3 (October, November and December 2015)



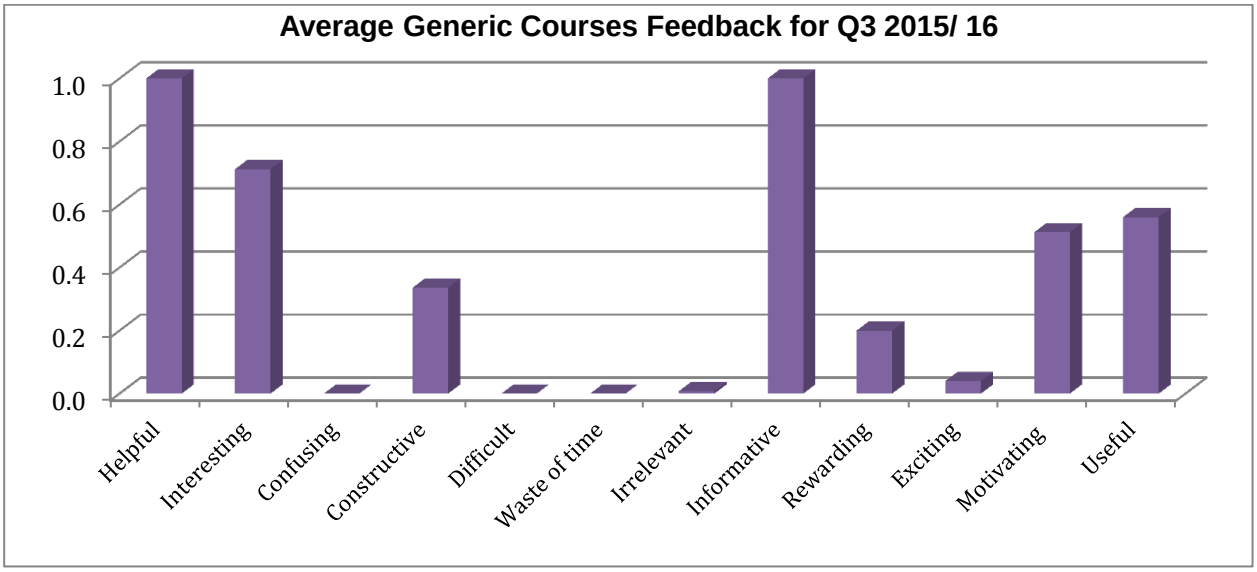
The below graph shows an example of feedback from the Advance Care Planning (ACP) courses for a locality delivered during Quarter 3 (October, November and December 2015)



5.2 The below graph is an example of a Generic course knowledge, skills and confidence questionnaire for a course delivered during Quarter 3 (October, November and December 2015)

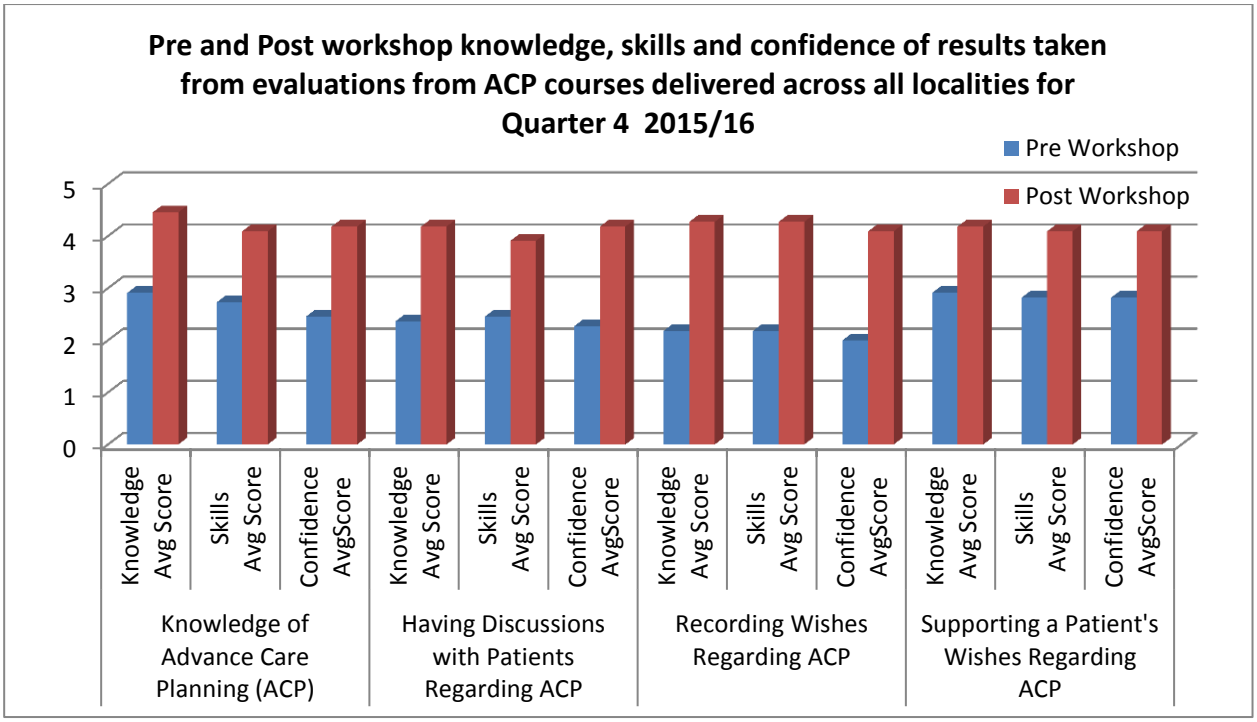


The below graph is an example of feedback from a Generic course for a locality delivered during Quarter 3 (October, November and December 2015)

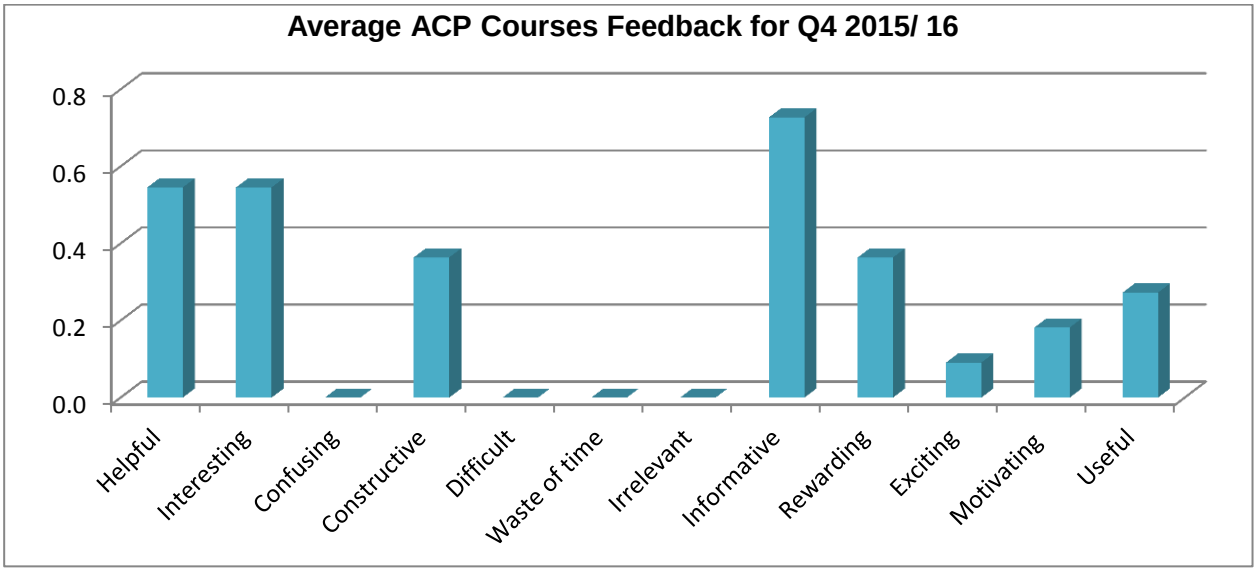


5.3 Advance Care Planning – Q4

The below graph is an example of Advance Care Planning (ACP) courses knowledge, skills and confidence questionnaire for a course delivered during Quarter 4 (January, February and March 2016).

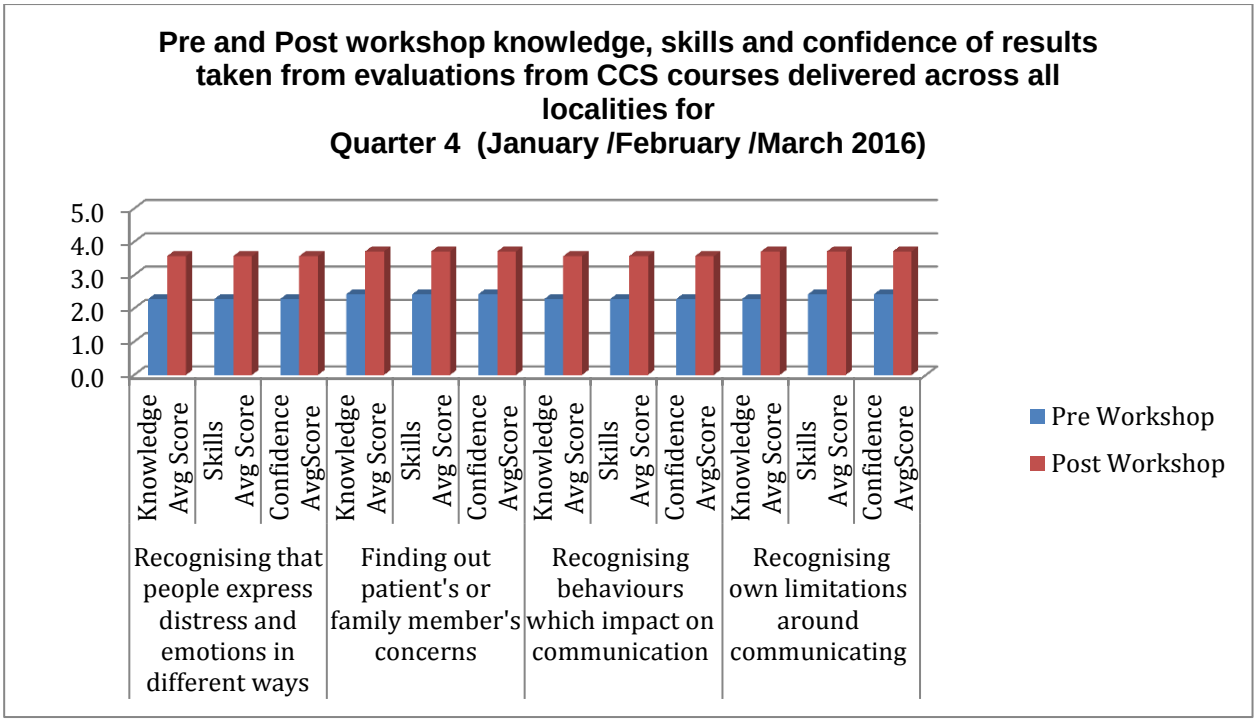


The below graph is an example of feedback from the Advance Care Planning (ACP) courses for a locality delivered during Quarter 4 (January, February and March 2016).

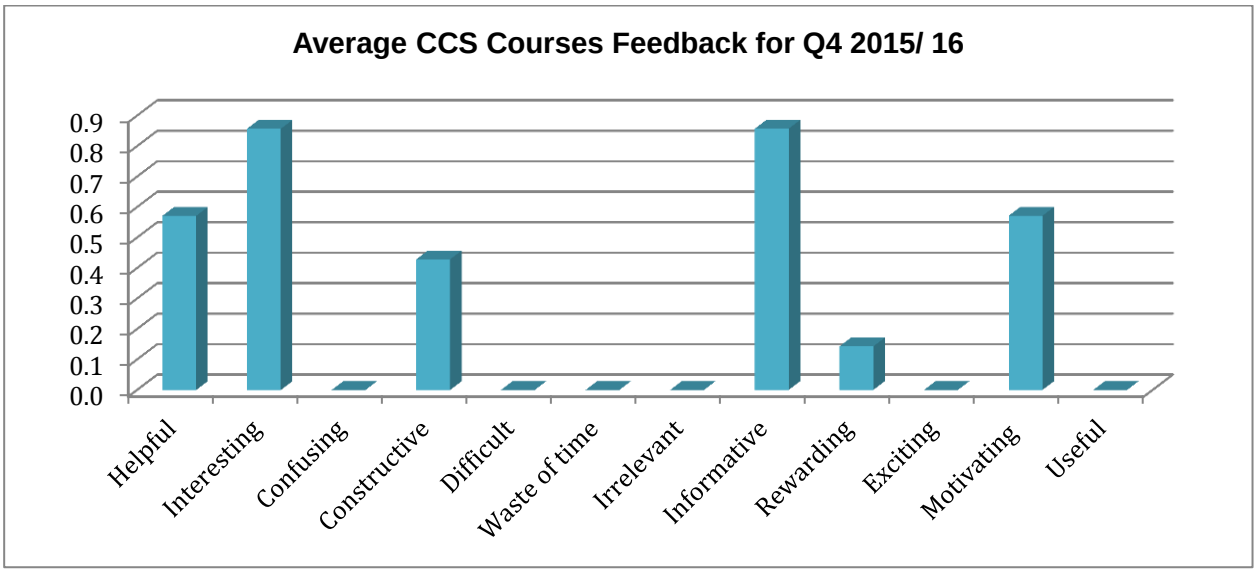


5.4 Communication Skills Training Advanced (CCS)

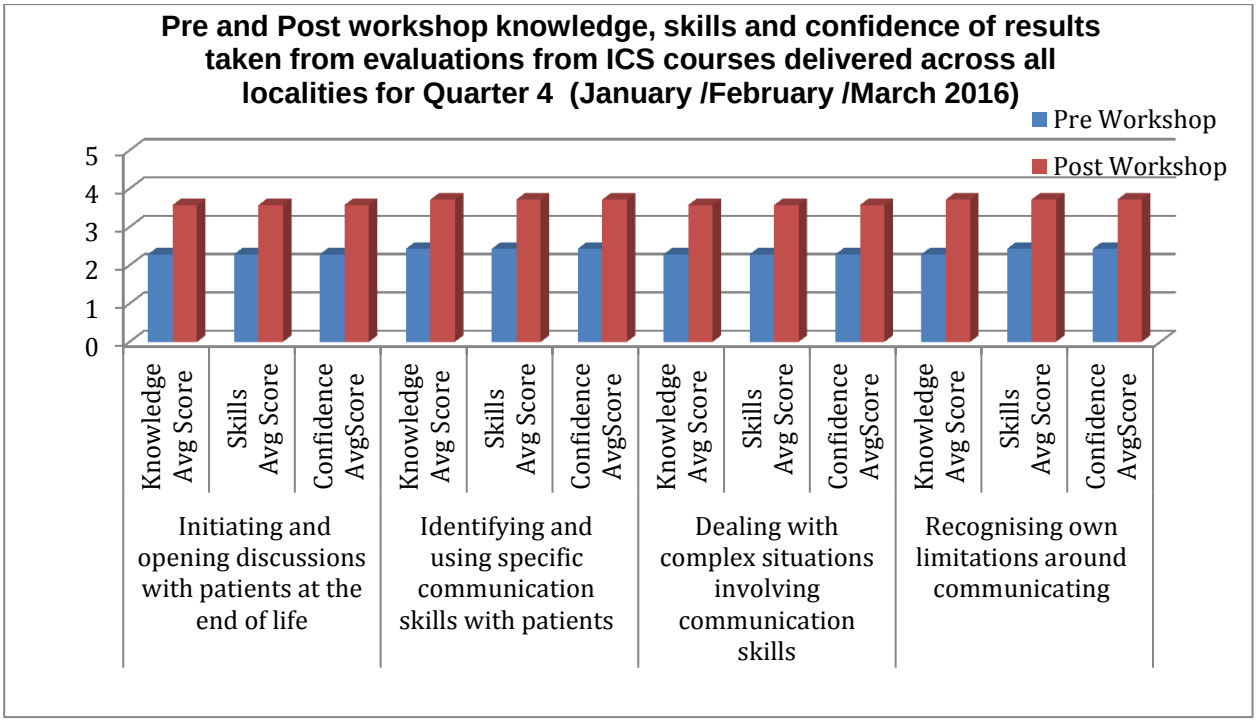
The below graph is an example of Communication Skills Training Advanced (CCS) courses knowledge, skills and confidence questionnaire for a course delivered during Quarter 4 (January, February and March 2016).



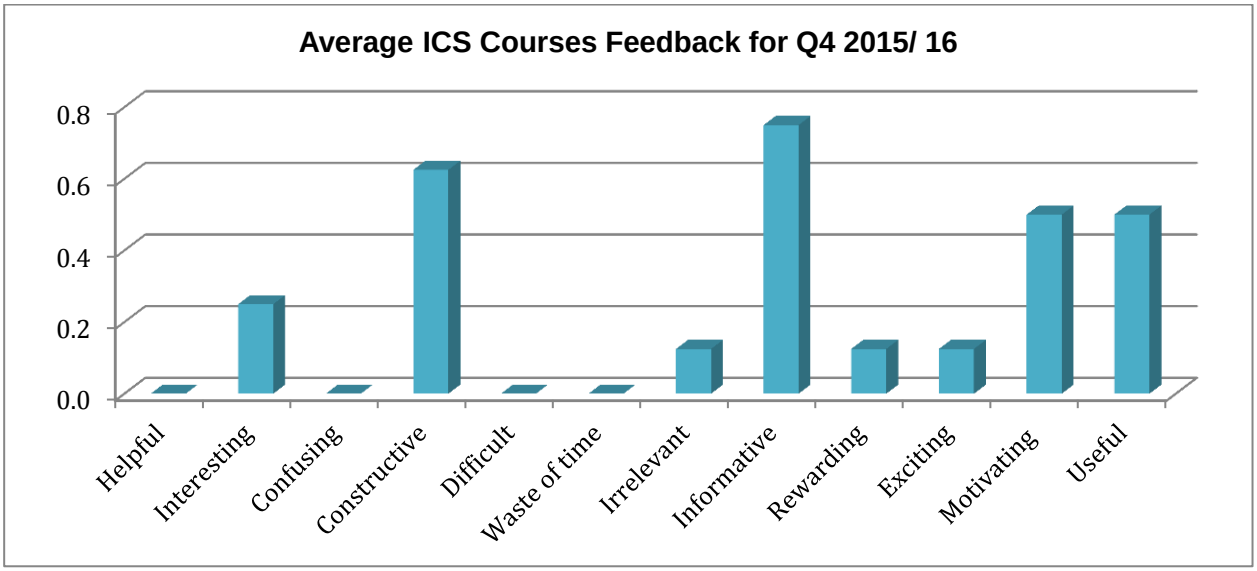
The below graph shows an example of the feedback from the Communication Skills Training Advanced (CCS) courses for a locality delivered during Quarter 4 (January, February and March 2016).



The below graph shows an example of the number of Communication Skills Training Enhanced (ICS) courses knowledge, skills and confidence questionnaire for a course delivered during Quarter 4 (January, February and March 2016).



The below graph shows an example of the feedback from the Communication Skills Training Enhanced (ICS) courses for a locality delivered during Quarter 4 (January, February and March 2016).



5.6 Generic Courses

Generic Course cover all other courses offered outside of;

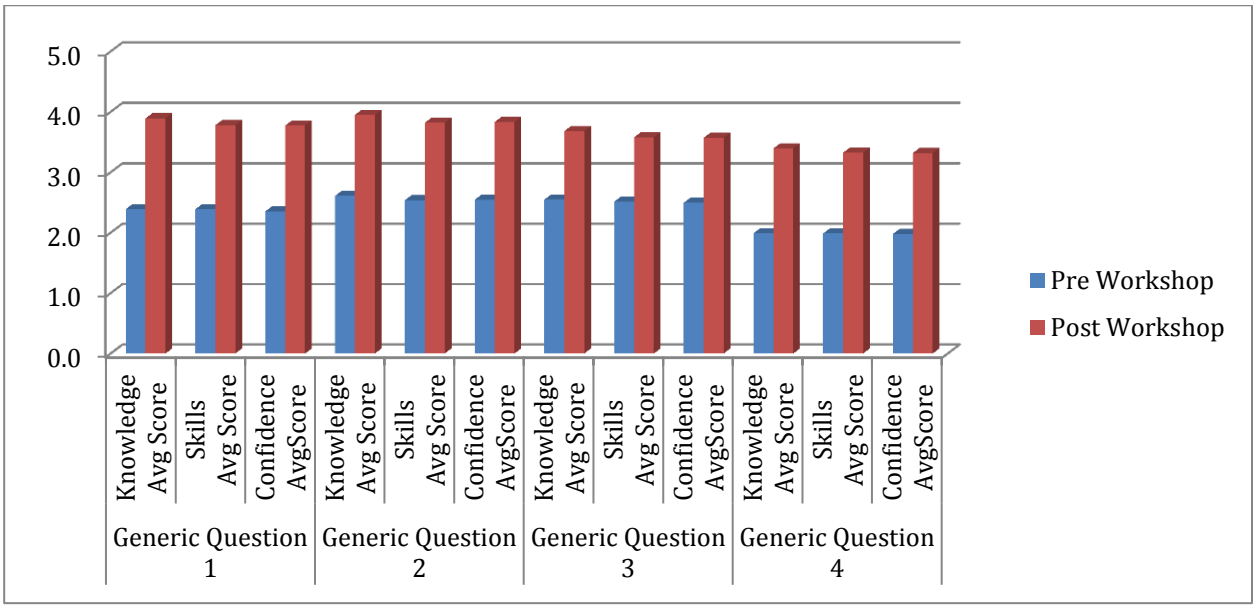
1. Advance Care Planning
2. Communication Skills Training Advanced
3. Communication Skills Training Enhanced

On this submission the courses delivered were

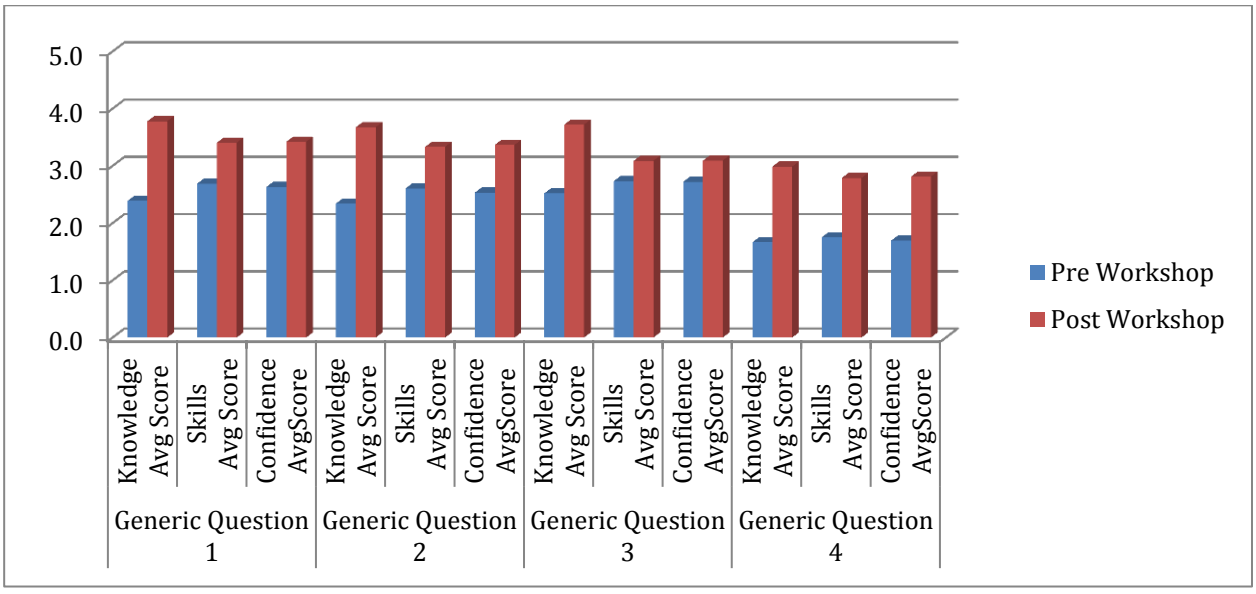
- St John's Hospice (Care of the Dying Person in the Last Days and Hours of Live)
- Fylde Coast Rolling Programme
    - Care of the Dying
    - Syringe Pump
    - Verification of Death
- Care of the Dying Patient (CDP)
    - Document Training
    - Education Day
    - Last Days and Hours of Life
- Care of the Dying Person
- DNACPR
- Syringe Pump Training
- End of Life Care
- Meeting 5 Priorities of Care
- Foundations
    - Recognising Decline
    - ACP and Care in the last days of life
    - Co-ordination of car and communications skills
- Essentials End of Life Mandatory Training

5.7 Generic Courses

The below graph shows an example of the evaluation from Generic courses knowledge, skills and confidence questionnaire from an example course delivered during Quarter 4.



Quarter 1 (April, May & June 2016)– the majority of courses delivered in Quarter 1 were under the heading Generic the main topic being care of the dying patient. The number of recorded courses delivered exceeded 30 and the below graph shows an example of feedback from one of the courses. The feedback from all courses reflect the findings below which are all learners post-training increased their knowledge, skills and confidence is caring for dying patients. It is obvious from the course content that communication skills had been included, having a conversation and keeping the patient pain and symptom control it was also apparent that training and education having had content on how to care for carers going into best practice for bereavement care.



6 Positive Achievements across the Network

A palliative and end of life care showcase event took place on the 4th November 2015, which enabled localities to share achievements supported by MPET funding.

6.1 Examples

- Pennine Acute Rapid Transfer Pathway, implemented and embedded in Fairfield General Hospital,
- Lancashire Transforming Care in the Community Education Programme, delivered by St. Catherine's Hospice,
- Transforming Blackpool Teaching Hospitals (Past, present & future),
- Springhill Hospice – the Passport and Education Programme delivered to staff based on essential models such as communication skills and advance care planning,
- University Hospitals of Morecambe Bay delivered Collaborative working – Improving Care of the Dying Patient – cross boundary working,
- Pendleside and Rossendale Hospices held an End of Life Care conference for care homes and domiciliary agencies titled 'Connecting Care',
- East Lancashire Hospitals delivered education to increase awareness amongst healthcare professionals of the palliative care needs of patients with advanced heart failure – they produced a Palliative Care and Advanced Heart Failure Referral Aide Memoir,
- Pennine Lancashire Palliative and End of Life Care Group developed and implemented a local education and training strategy,
- Southport and Ormskirk Hospitals NHS Trust and Terrance Burgess Education Centre at Queens Court, Southport continued to provide a 7-day per week, response palliative care transform education and support team,
- Salford Royal NHS Foundation Trust delivered;
    - Communication skills training using simulated patients,
    - Sage & Thyme level 1 Communication skills training,
    - GP's on the 'Connected' National Advanced Communication Skills,
    - Conversations for Life Programme,
    - Dying Matters in Salford,
    - Specialist Social Worker in End of Life Care.
- Blackpool Teaching Hospitals NHS Foundation Trust implemented DNACPR Simulation Sessions for Senior Doctors.

7 SUMMARY

MPET funding is based on the view that using educational approaches to facilitate EoLC is vital, user groups engage in training and educational programme to improve, support and change clinical practice in line with the government's wider strategy to improve quality of care. The plan is for participants to take ownership of the learning acquired through this route, with a vision that it will enable improvement activities to be linked to actual issues and experiences within their services and to make required improvements within their various localities for EoL and palliative care with policies stressing the need to move end of life care closer to the patient's home. This move in care settings does not just affect the locations in which health and social care professionals practice. It also affects the services this workforce will be expected to deliver, the types of workforce groups that will be required and the mix of skills they will need to possess (End of life Care education and Training strategy April 2013 –March 2016).

The 2015-2016 results have demonstrated improvements across the SCNs and this is very encouraging, with various programmes underway to improve awareness around End of life care and dying matters to engage system leaders, patients and their families, staff and the general public.

8 RECOMMENDATIONS

Recommendations to change clinical practice or simply to improve the already existing pathways to make access and utilization of key service within the SCNs for the EoLC can be further improved where:

- Approaches utilised continue to focus on education and training, providing a basis to train user groups which will allow dissemination of this information across the network
- Clear plan as to how activities are to be evaluated before the training events take place,
- Identify priorities for the future and consider regional training events to include targeting Trainers/ Educators/ Facilitator so potentially reaching more learners on the North West footprint,
- Clearer ways for facilitators and coordinators to reflect upon training delivered, what is working, what can be improved and how these improvements can be made, to embed in the End of Life Care facilitators agenda.
- Take consideration when planning future training of the new strategic clinical network principles adapted from the London SCN document;
    - End of Life Care Principles - Overarching principles for End of Life Care training.

- Distribute and encourage localities to refer to two new documents produced by the Special Interest Education and Training Group;
    - Recommended Competencies for Trainers and Educators in Palliative and End of Life Care,
    - Facilitator and Educator Role.
- To consider and agree the investment plan for MPET 2016-17.

To review a meaningful set of matrics for End of Life Care, t*hese need to be developed and carefully selected to ensure that they can be used safely as levers and incentives. They will need testing and adjustment to guard against unwanted unintended consequences'.* NHS England Actions for End of Life Care 2014-16 (2014)