**Notes from LAS End of Life Steering Group**

**25 January 2018**

1. The Chair has been attending meetings at which training for paramedics to enable them to give bad news has been discussed and practices shared. The paramedic working for a PhD in this field will be invited to join this group.
2. The Quality of End of Life Care for All (QUELCA) from St Christopher’s Hospice’s team has been rolled out to Princess Alice Hospice in Esher and Princess Alice’s team has been running training sessions for paramedics. Some of the paramedics who attended the training reported it has boosted their confidence in dealing with end of life care on scene. Only six or so paramedics can attend at a time. Therefore, it will be run twice a year and arrangements made to cascade the training in between. LAS looking to standardise the training sessions for all stations.
3. Many paramedics need the skill of giving sub-cutaneous administration of drugs. There is a plan to include this in the Core Skills Refresher course as part of the medicines management module, probably in March.
4. There is an under-spend of c£23K, to be used by end March. LAS intends to buy Schwartz Rounds, as much for staff wellbeing as anything.
5. There appears to be inconsistency and consequently an on-going debate about whether patients’ DNAR documents can be photocopied and taken by paramedics to hospitals with the patients. There was a discussion about the difficulty in managing the document, i.e., how would it be available, who would have it, would it be the most up-to-date, and which version to use. LAS has decided that it will suffice for paramedics to record that they have seen it.
6. The TOR were agreed.
7. There is to be a clinical audit of end of life care. It has started – cases being analysed.
8. There have been four incidents/case studies reported, some concerning DNAR. In particular the findings suggest that there needs to be a review of the definition of ‘expected death’.
Mention was made of ambulances being called to people’s homes because the carers or district/palliative care nurses are not trained in manual handling and paramedics expected to lift bed-ridden patients while the nurses change mattresses. Pan-London 111 calls refer these to 999. Many such calls in December and January. Point made that CCGs need to fund this service rather than just to expect it.
9. Access to CMC records still problematic despite paramedics having iPads, because when the devices were distributed there were no instructions on how to access CMC via this mode – training needed.
10. The LAS’s strategic intent discussed. Chair reported that modelling was taking place, though actual figures are not available yet.
11. Two nurse specialists and a lead paramedic being advertised nationally and internally, in a couple of weeks.
12. An LAS and all hospices conference is being planned. No details available yet as it has only just been discussed.

(Next meeting March – tbc)

A Cross-Durrant

30.1.18