**Notes of LAS End of Life Steering Group Meeting 5 October 2017, 9-11 am**

This was the first meeting since April because the June meeting had to be cancelled. It was the first I have attended. It is clear that the LAS is doing a great deal to raise awareness and train paramedics and others in End of Life Care (EoLC). The meeting was productive and it was reassuring that the LAS is forging strong links with, partnering with, and sharing practice and training with a range of palliative and other relevant organizations. It was a pity that some otherwise ‘presenters’ to the meeting were unable to attend. The main points arising from the meeting were as follows:

* The EoLC Strategy will appear as a sub-set of the main overall strategy and the intention is that it will appear in December 2017.
* The LAS is building a very strong partnership with Macmillan, has secured funding for EoLC training, and is going to be an ‘adopted’ Macmillan organization which allows access to information, training, etc. It also now works closely with CMC.
* There have been a few instances of families and patients being ‘overwhelmed’ and/or distressed when, because a cardiac arrest was mentioned to the call-handlers the police were the first on the scene (they got the blue light call) largely because they carry defibrillators. LAS working to stand down police wherever they can.
* Paramedic training in EoLC is going well. It spans three semesters, and 10 so far are in the third semester. They spent a whole day on the difficult skill of communicating bad news and on symptom control. External experts in EoLC training from hospices, hospitals and other related organizations are very keen to help with this training.
* Those who have had experience of the Schwartz rounds in hospitals and in other settings extolled the benefits of it and LAS wants to adopt the practice for EoLC experiences as part of its wellbeing policy. [Schwartz rounds = gathering of staff from various departments/areas of, e.g., a hospital to discuss safely and openly incidents that were serious or difficult to deal with, share their experiences, and reflect in a safe environment how it felt for them.]
* Comments from trainers that LAS has lost many experienced paramedics, so that training in EoLC has taken on specific importance for newer staff because they do not have experienced staff to draw on. They might be being mentored or partnered by someone who has just two or three years’ experience.
* QELCA course update (Quality End of Life Care for All) – cohorts of a range of LAS staff spent time at a local hospice for five days for training in EoLC, at the end of which they return with specific ‘projects’ they wish to take forward. Representatives reported how thoroughly useful and ‘eye-opening’ the experience was.
* TOR for the EoLC Group/Committee were discussed and agreed.
* Staff reported that some paramedics had been roundly admonished for the amount of time they had spent with EoLC patients, instead of getting to the next call as they as breached turn-around time. One senior person said that paramedics were supported in that particular station if they needed more than usual time with those who were dying. Others agreed that paramedics were being seriously admonished. We agreed that this was unacceptable and at the very least was poor management. The point was made that it is clear some supervisors/team leaders/managers need to be included in the EoLC training sessions to understand caring for dying people and the need for some more time than is statistically allowed, rather than just putting them through annual updates which would not cover all that was needed.
* LAS has built up a good working relationship with Harrow – St Luke’s Hospice and Harrow CCG. The CCG set up a single point of access [SPA] or patients and for nurses/social care and LAS to call for assistance and to see in the first instance whether the SPA could ensure appropriate care could be accessed locally rather than taking patients to hospital. For example, often district nurses or palliative care clinical nurses from the hospice could be despatched to care for the patient. Paramedics could then hand over the care to them. This has prevented many unnecessary hospital admissions. LAS made 130 calls to the SPA in 2014-15 and only 11% were conveyed to hospital. The consultant leading on the work is keen to publish the findings and the LAS is going to work with him.
* Staff from CMC reported that because some paramedics has said they do not see CMC information staff at some hospices have taken the view that there is little point in entering details of patients on to CMC system. It was believed this might be miscommunication, but LAS will look into it.
* Three new posts are about to be advertised, each with a different level of responsibility for EoLC.

The meeting ended just after 11 am.

Date of next meeting TBA, but meetings from now on will be held quarterly.

Angela Cross-Durrant

6.10.17