



Palliative Care Strategy

**Statement of Consultation
June 2019**

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1. Introduction

This document provides information on the involvement, communication and engagement activities undertaken to develop the Palliative Care Strategy for Dumfries and Galloway.

2. National Standards for Community Engagement

In undertaking the engagement in relation to a consultation document used to develop the Palliative Care Strategy for Dumfries and Galloway, the 7 National Standards for Community Engagement (2016) ([National Standards for Community Engagement](#)) were applied.

This was enhanced by guidance and training from The Consultation Institute. Tools used were selected and developed to ensure we adhered to National Quality Assurance Standards.

In line with the Scottish Improvement Skills training a Plan, Do, Study Act (PDSA) approach was used throughout the process to ensure we were adapting tools and processes to meet the needs of those we were consulting.

3. Strategic Planning Group (SPG)

The SPG was established in February 2015. It has a wide representation from across a range of stakeholders with forty-three members in total; a copy of the membership is attached at Appendix 2. The ongoing role of this group is to shape, influence and review the strategic plan.

This group were invited to be part of a short-life working group which would develop the strategy and steer the second phase of the consultation based on the findings of the first phase.

4. Aims of the consultation on the strategy for Palliative Care in Dumfries and Galloway.

The aims of the consultation on the strategy were to:

- Involve people in shaping the future of health and social care
- Develop a better understanding of what matters to people
- Inform people about the drivers for change and seek their views on what they thought were/should be priority areas of focus
- Give as many people as possible, across the region, the opportunity to engage with the consultation on the Palliative Care Strategy.

5. Stakeholder Groups included within the consultation

- Communities
- People who use services
- Carers
- Community based organisations (including provider and non-provider third sector, independent sector and public sector health and social care organisations)
- Staff groups across health and social care
- Diversity groups
- Staff side representatives
- Locality representatives

- Boards and committees
- General Practitioners
- Pharmacies

6. Development of the draft strategy for Palliative Care (October 2018 – March 2020)

Phase One – Pre-consultation October 2018 – January 2019	
October 2018 November 2018 November 2018 November 2018 November 2018	<ul style="list-style-type: none"> • The development of consultation mandates • Stakeholder mapping using The Consultation Institute 'Influence and Interest' template • Consultation tools agreed as; <ul style="list-style-type: none"> ○ Focus Groups across the region, ○ Surveys (on-line and hard copies) ○ Information provision (on-line and hard copies including leaflets and press releases) ○ 1-2-1 engagements and presentations to interested, influential and/or affected stakeholder groups. • Communication Strategy and time frames agreed • Volunteer induction for Public Engagement Group
November 2018	Consultation Training - whole team
November 2018	Agree Engagement / consultation plan
December 2018	Create and publish Project Documents

Phase Two – Development of and consultation on Draft Palliative, End of Life and Bereavement Care Strategy January 2019 – September 2019	
Jan-April -19	Consultation launch and delivery
Jan/Feb 2019	Impact assessment of process
April/May 2019	Review of all comments received during the first periods of consultation to inform the development of the draft plan
May 2019	Produce Statement of Consultation
June 2019	Identifying communities or groups of people that did not comment/engage to inform the planning of future consultation
June 2019	Establish short-life Strategy Development Group (SDG) from the Strategic Planning Group (SPG) to work together to support the development of the strategy.
August - Sept 2019	Engage with members of the Public Engagement Group and SDG to discuss and agree next phase of engagement. Ensure all relevant stakeholders - including but not exclusively - those in receipt of care and support, Carers, Palliative Care and Specialist Palliative Care providers, Social Work Teams, third and independent sector providers and strategic planning will be involved.
September - November 2019	Further engagement with governance groups to get final comments
December 2020	Plan with partners to develop a draft strategy (including plain English and easy read versions) <ul style="list-style-type: none"> • Get support from Learning Disability • Liaise with graphics – agree timeframe for layout and • Liaise with analytic team – agree necessary support time

Phase three – Development of and engagement on Final Draft Plan for Palliative Care Strategy October – February 2020	
October - November 2019	Develop Final Draft Document
December 2019	Engage all relevant stakeholders - including but not exclusively - those in receipt of care and support, Carers, Palliative Care and Specialist Palliative Care providers, Social Work Teams, third and independent sector providers and strategic planning will be involved.
November 2019	Workshop with the integration joint board
November 2019	Impact Assessment of Plan for Palliative Care
December 2019	<ul style="list-style-type: none"> • Commence engagement on Draft Plan • Submit consultation document to Governance Groups
December 2019	Engage with Strategic Planning Group to share comments received during the engagement and provide a final opportunity comment.
February 2019	Review of all comments received during engagement period to inform the re-drafting of the strategy into a final draft document
February 2020	Share the final draft Plan with management groups, NHS Board, Council, Partners
April 2020	Seek agreement of the final draft plan at the Integration Joint Board

7. Level of consultation and comments received

Over the course of the initial 14 week consultation period and subsequent engagement period, multiple opportunities to input into the design and content of the draft Plan and associated documents were provided. These opportunities took place in a variety of locations and formats such as team meetings, focus groups, and partner events, presentations to groups, 1-2-1 meetings and engagement events. A full list of engagement activities is attached at Appendix 4.

There was engagement with approximately 600 people during the consultation period. This number is an estimation based on information from:

- online and hard copy questionnaire returns (40)
- the number of people recorded at engagement events (565)

All comments received were recorded into a single comments document and analysed to capture/identify any emerging themes. These themes were considered in the development of the document.

8. Next Steps

Build on the learning from the consultation on the Plan for Palliative Care to inform the development of future consultations.

Identify and record key findings from the PDSA process to share with colleagues and improve future consultations and engagement across Health and Social Care.

Appendix 1 – Best Practice Scorecard (to be approved)

Checklist of best practice for community engagement using the National Standards for Community Engagement Standards (2017) Self Evaluation Questions.¹

Additional questions have been added based on The Consultation Institute guidance.

**How well have we met the National Standards for Community Engagement - what worked and what didn't?
(score yourself on the 1 to 6 scale detailed above and provide evidence)**

1 Unsatisfactory

2 Weak

3 Satisfactory

4 Good

5 Very Good

6 Excellent

Standard	Score	1	2	3	4	5	6
Inclusion	How well did we involve the people and organisations that are affected by the engagement?						
	Were the people and groups affected by the focus of the engagement involved from the earliest opportunity?						
	Were measures taken to involve groups with protected characteristics (see Appendix ?) and people who are excluded from participating due to disadvantage relating to social or economic factors?						
	Were participants in the community engagement process committed to continued two-way communication with the people they work with or represent?						
	Were a wide range of opinions, including minority and opposing views, valued in the engagement process?						
<i>Evidence</i>							

¹ Ref: [http://www.voicescotland.org.uk/media/resources/NSfCE%20QUESTIONS%20\(final\).pdf](http://www.voicescotland.org.uk/media/resources/NSfCE%20QUESTIONS%20(final).pdf) Accessed online 03/06/2019

Standard	Score	1	2	3	4	5	6
Support	How good were we at identifying and overcoming any barriers to participation?						
	Was an assessment of support needs carried out, involving all participants?						
	Was action taken to remove or reduce any practical barriers which make it difficult for people to take part in engagement activities?						
	Was access to impartial and independent development support provided for groups involved in the community engagement process?						
<p>Examples of support needs;</p> <ul style="list-style-type: none"> • Suitable transport • Caring for dependants (for example, childcare or care of older people) • Personal assistance or personal care • Suitable and accessible venues and appropriate catering • Access to interpreters • Communication aids • Meetings and events organised at appropriate times • Access to social media, video conferencing and online resources where appropriate • Out-of-pocket expenses 							
<p><i>Evidence</i></p>							

Standard	Score	1	2	3	4	5	6
Planning	How clear were we about the purpose for the engagement?						
	Have partners been involved from the start of the process in identifying and defining the focus that the engagement will explore?						
	Is a clear and agreed engagement plan in place?						
	Is available information which could affect the engagement process been shared and used to develop the community engagement plan?						
	Have partners agreed what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered?						
	Are the timescales for the engagement process realistic?						
	Are there sufficient resources to support an effective engagement process?						
<i>Evidence</i>							

Standard	Score	1	2	3	4	5	6
Working Together	How well did we work together to achieve the aims of the engagement?						
	Are the roles and responsibilities of everyone involved clear and understood?						
	Are decision-making processes and procedures agreed and followed						
	Do the methods of communication used during the engagement process meet the needs of all participants?						
	Is information that is important to the engagement process accessible and shared in time for all participants to properly read and understand it?						
	Is communication between all participants is open, honest and clear?						
	Is the community engagement process based on trust and mutual respect?						
	Are participants supported to develop their skills and confidence during the engagement?						
<i>Evidence</i>							

Standard	Score	1	2	3	4	5	6
Methods	How good were our methods of engagement?						
	Are the methods used appropriate for the purpose of the engagement?						
	Are the methods used acceptable and accessible to participants?						
	Were a variety of methods used throughout the engagement to make sure that a wide range of voices is heard?						
	Is full use made of creative methods which encourage maximum participation and effective dialogue?						
	Are the methods used evaluated and adapted, if necessary, in response to feedback from participants and partners						
<p><i>Some examples of community engagement methods include:</i> Focus groups, public meetings, mini-publics, questionnaires, participatory budgeting, community action research, online surveys, social-media campaigns, workshops and story dialogue.</p>							
<p><i>Evidence</i></p>							

Standard		1	2	3	4	5	6
Communication	How good were our methods of engagement?						
	Is information on the community engagement process, and what has happened as a result, clear and easy to access and understand?						
	Is information made available in appropriate formats?						
	Without breaking confidentiality, have participants had access to all information that is relevant to the engagement?						
	Are systems in place to make sure the views of the wider community continuously help to shape the engagement process?						
	Is feedback a true representation of the range of views expressed during the engagement process?						
<i>Evidence</i>							

Standard	Score	1	2	3	4	5	6
Impact	How well did we assess the impact of the engagement and use what we have learned to improve our future community engagement?						
	Have the intended outcomes of the engagement process been met?						
	Have decisions made reflect the views of participants in the community engagement process?						
	Have local outcomes, or services, been improved as result of the engagement process?						
	Do participants have improved skills, confidence and ability to take part in community engagement in the future?						
	Have partners been involved in monitoring and reviewing the quality of the engagement process and what has happened as a result?						
	Has feedback been provided to the wider community on how the engagement process has influenced decisions and what has changed as a result?						
	Has learning and evaluation helped to shape future community engagement processes?						
<i>Evidence</i>							

Appendix 1.1 - Protected characteristics

It is against the law to discriminate against anyone because of one of the protected characteristics, which are as follows.

Age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation

For more information about the Equality Act 2010 go to: <https://www.equalityhumanrights.com/en/commission-scotland>

Appendix 1 Alternative Standard SCDC - Scorecard

Scottish Community Development Centre - National Standards for Community Engagement Scorecard

Select the Standards which apply to the example of community engagement.

Score on a scale of 1 – 5 how well you have met each element of the standard (1 is lowest and 5 highest.) Summarise the evidence for your score.

1. Involvement

Parties with an interest in the subject of engagement are identified and involved.	1	2	3	4	5
1.1 All groups of people whose interests are affected by the issues that the engagement will address are represented					
1.2 Agencies and community groups actively promote the involvement of people who experience barriers to participation					
1.3 Agencies and community groups actively promote the involvement of people from groups that are affected but not yet organised to participate					
1.4 The people who are involved, whether from agencies or community group have the authority of those they represent to take decisions and actions					
1.5 The people who are involved, whether from agencies or community group maintain a continuing dialogue with those that they represent					
Evidence					

2. Planning

Evidence of need and resources is used to agree purposes and actions	1	2	3	4	5
2.1 All parties are involved from the start in identifying and defining the issues that the engagement should address					
2.2 All parties are involved from the start in identifying and defining the issues that the engagement, and the options for tackling them choosing the methods of engagement that will be used					
2.3 Participants express views openly and honestly					
2.4 Public policies that impact on the engagement are explained to the satisfaction of the participants and the wider community					
2.5 Participants identify existing and potential resources available to the engagement process and to achieving its purpose/s (for example money, people, equipment)					
2.6 Intended results, that are specific, measurable and realistic, are agreed and recorded					
2.7 The participants agree the timescales for the achievement of the purpose/s					
2.8 The participants assess the constraints, challenges and opportunities that will be involved in implementing the plan					
2.9 The participants agree and clarify their respective roles and responsibilities in achieving the purpose/s					
2.10 Plans are reviewed and adjusted in the light of evaluation of performance					
Evidence					

3. Support

Support needs of the participants will be identified and met.	1	2	3	4	5
3.1 The participants identify what support each representative needs to participate					
3.2 There are no practical barriers to participants in community engagement.					
3.3 There are no financial barriers to participants in community engagement					
3.4 Impartial professional community development support is available to groups involved in community engagement					
3.5 Specialist professional advice is available to groups involved in community engagement					
Evidence					

4. Methods of engagement

Methods of engagement are identified and agreed.	1	2	3	4	5
4.1 The range of methods used is appropriate for the purposes of the engagement					
4.2 Methods used identify, involve and support excluded groups					
4.3 Methods are chosen to enable diverse views to be expressed, and to help resolve any conflicts of interest					
4.4 Methods are fully explained and applied with the understanding and agreement of all participants					
4.5 Methods are evaluated and adapted in response to feedback					
Evidence					

5. Working together

Procedures for how the parties will work with one another are agreed and implemented. The parties:	1	2	3	4	5
5.1 Behave openly and honestly – there are no hidden agendas, but participants also respect confidentiality					
5.2 Behave towards one another in a positive, respectful and non-discriminatory manner					
5.3 Recognise participants' time and other commitments					
5.4 Encourage inclusion and openness by communicating with one another using plain language					
5.5 Take decisions on the basis of shared knowledge					
5.6 Ensure that conflicts are recognised and addressed					
5.7 Manage change effectively					
5.8 Use resources efficiently, effectively and fairly					
5.9 Support the process with administrative arrangements that enable the structure to work					
Evidence					

6. Sharing information between the participants

Agreement is reached and implemented about how information will be communicated between the participants.	1	2	3	4	5
6.1 Information relevant to the engagement is shared between all parties					
6.2 Information is accessible, clear, understandable and relevant, with key points summarised					
6.3 Information is made available in appropriate formats for its users					
6.4 Information is made available in time to enable people to fully participate and consult others					
6.5 All participants identify and explain when they are bound by confidentiality and why access to such information is restricted					
6.6 Within the limits of confidentiality, all participants have equal access to all information that is relevant to the community engagement					
Evidence					

7. Working with others

Agreement is reached and implemented about how the participants will work with others. The parties to the engagement:	1	2	3	4	5
7.1 Identify other structures, organisations and activities that are relevant to their work					
7.2 Establish and maintain effective links with such other structures, activities and organisations					
7.3 Learn about these structures, activities and organisations, to avoid duplication of their work and complement it wherever possible					
7.4 Learn from others and seek improvement in practice					
7.5 Encourage effective community engagement as normal practice					
Evidence					

8. Improvement

Skills, knowledge and confidence of the participants are developed.	1	2	3	4	5
8.1 All parties to the engagement process are committed to maximising the understanding and competence of community and agency participants					
8.2 All participants have access to support and opportunities for training or reflection on experience to enable them and others to participate in an effective, fair and inclusive way and meet the standards set out in this document					
8.3 Each party identifies its own learning and development needs and together the participants regularly review their ability to play their roles					
8.4 Where needs are identified, potential of the participants is developed and promoted					
8.5 The competence and understanding of the engagement system as a whole is regularly evaluated by the participants as it develops					
8.6 Resources, including independent professional support, are made available to maximise the competence and understanding of individual participants and the engagement system as a whole					
8.7 There is adequate time for competence and understanding to be developed					
8.8 Methods used to improve competence and understanding reflect diverse needs and are fit for purpose					
8.9 Participants share their skills, experience and knowledge with community and agency colleagues					
Evidence					

9. Feedback to those who are affected

Results are fed back to the wider community and agencies affected.	1	2	3	4	5
9.1 Organisers of community engagement regularly feed back, to all those affected, the options that have been considered and the decisions and actions that have been agreed. This is done within an agreed time, to an agreed format and from an identified source					
9.2 Feedback is provided regularly to communities and organisations on the outcomes and impact of these decisions and actions, within an agreed time, to an agreed format and from an identified source					
9.3 Explanations as to why decisions and actions have been taken are shared along with details of any future activity					
9.4 Information identifies opportunities for involvement in community engagement and encourages positive contributions from groups in the community					
9.5 Information promotes positive images of all population groups in the community and avoids stereotypes					
Evidence					

10. Monitoring and evaluation

Performance of the engagement is monitored and evaluated.	1	2	3	4	5
10.1 The engagement process and its effects are continually evaluated to measure progress, develop skills and refine practices					
10.2 Progress is evaluated against the intended results and other changes identified by the participants					
10.3 The participants agree what information needs to be collected, how, when and by whom, to understand the situation at the start of the engagement and as it progresses					
10.4 Relevant participants collect and record this information					
10.5 The information is presented in a user friendly and accurate way					
10.6 The participants agree the lessons to be drawn from the evidence of the results and changes					
10.7 The participants act on the lessons learned					
10.8 Progress is celebrated					
10.9 The results of the evaluation are fed back to the participants and the wider community					
10.10 Evidence of good practice is recorded and shared with other agencies and communities					
Evidence					

Appendix 2 - Membership of the Strategy Development Group

Interested	Name	Representing
Yes	Joan Pollard	Allied Health Professional
Yes	3 representatives	Strategic Planning Group members
Yes	1 representative	Carers Centre
Yes	Fiona O'Brien	Health Professionals - General Practice
Yes	Sarah Pickstock	Palliative Care Consultant
Yes	Mhairi Hastings	Community Nursing
Yes	1 representative	Stewartry Care
Yes	1 representative	Scottish Care
Notes only	Elaine McCourtney	Independent Sector providers - Scottish Care

Appendix 3 - Methods of communication and engagement

This is a draft list – full list to be added once completed.

- circulation of emails containing consultation details and link to the online survey to a wide range of stakeholders
- mail shot to community councils, libraries, GP practices, supermarkets, funeral directors, pharmacies and locality offices
- articles in the local newsletters including CORE briefing, Third Sector D & G etc
- articles in local newspapers
- articles on NHS intranet
- documents available to download online
- social media updates
- public events and drop in sessions
- partner organisations staff meetings and events
- presentations and discussions at existing meetings across all sectors
- display materials at Child Bereavement UK conference
- display materials at partner events
- display materials and engagement in DGRI Atrium and Mountainhall Treatment Centre
- display materials in community hospitals
- Focus groups
- Flyers pre-door knocking (Travellers site following guidance of site manager)

DRAFT

Appendix 4 – list of engagement and involvement activities from October 2018 – December 2019

Engagement Events

DATE	ITEM
12.10.18	Palliative Care Lead attended Community Nursing Team East, Annan
31.10.18	Palliative Care Lead attended Community Renal SCN, Dumfries
12.12.18	Palliative Care Lead & Programme Manager Cancer attended Scottish Care Regional Meeting
07.01.19	Palliative Care Lead & Programme Manager Cancer attended Travellers Site, Collin to meet with Alan Kerr
12.10.18	Palliative Care Lead attended Community Nursing Team East, Annan
07.01.19	Palliative Care Lead & Programme Manager Cancer attended Travellers Site, Collin to meet with Alan Kerr
14.01.19	Palliative Care Lead & Programme Manager Cancer attended Breast Cancer Support Group, Dumfries
16.01.19	Palliative Care Lead & Programme Manager Cancer attended Third Sector Road Show, Annan
21.01.19	Palliative Care Lead & Programme Manager Cancer attended MCA Focus Group, Dumfries
23.01.19	Palliative Care Lead & Programme Manager Cancer attended Third Sector Road Show, Stranraer
24.01.19	Palliative Care Lead & Programme Manager Cancer attended Women Affected by Cancer Group
29.01.19	Palliative Care Lead & Programme Manager Cancer attended Third Sector Road Show, New Galloway
30.01.19	Palliative Care Lead & Programme Manager Cancer attended Travellers Site, Collin
30.01.19	Palliative Care Lead & Programme Manager Cancer attended New Horizons – Long Term Conditions Group, Annan
01.02.19	Palliative Care Lead & Programme Manager Cancer attended Flow Coordinators Team meeting, Dumfries
04.02.19	Palliative Care Lead & Programme Manager Cancer attended Locality Managers Meeting, Dumfries
04.02.19	Palliative Care Lead attended Lockerbie Practice to meet Irene Penrice
04.02.19	Palliative Care Lead & Programme Manager Cancer attended Dryfemount Care Home and met with Manager John Whitehouse
06.02.19	Palliative Care Lead & Programme Manager Cancer met with Moira Dale from University of West Scotland, Dumfries
12.02.19	Palliative Care Lead, Programme Manager Cancer, Manager of the Project attended Galloway Hospital, to meet Dr Baird
14.02.19	Palliative Care Lead attended Lockerbie Carers Group arranged by Rachel Byers, Alzheimer Scotland
18.02.19	Palliative Care Lead, Programme Manager Cancer & Manager of the Project met with Finlay Carson MSP
18.02.19	Palliative Care Lead & Programme Manager Cancer met with June Watters & Lynda Mckie, Wigtownshire Locality Team
19.02.19	Programme Manager Cancer attended Third Sector Roadshow in Gatehouse
19.02.19	Palliative Care Lead met with Food Train Friends, Annan
19.02.19	Palliative Care Lead met with Kate's Kitchen, Annan

19.02.19 Palliative Care Lead attended Annan Dental in Annan
19.02.19 Palliative Care Lead met with Visibility Service Users in Annan
20.02.19 Palliative Care Lead & Programme Manager Cancer met with Sarah Pickstock, Consultant Palliative Care and her team
21.02.19 Palliative Care Lead & Programme Manager Cancer attended Atrium, DGRI
21.02.19 Palliative Care Lead & Programme Manager Cancer attended Annan Social Work Team meeting
25.02.19 Palliative Care Lead & Programme Manager Cancer attended Cumloden Manor Nursing Home
25.02.19 Palliative Care Lead & Programme Manager Cancer attended Visibility Group, Newton Stewart
27.02.19 Palliative Care Lead attended Annan One Team meeting
27.02.19 Palliative Care Lead & Programme Manager Cancer attended Nithsdale Locality Team meeting, Dumfries
28.02.19 Programme Manager Cancer attended Podiatry Team meeting, Stewartry & Wigtownshire
28.02.19 Programme Manager Cancer did 1:1 interview re Cancer, Dumfries
28.02.19 Programme Manager Cancer did 1:1 interview re Cancer, Dumfries
04.03.19 Palliative Care Lead attended Lockerbie Social Work Team meeting
04.03.19 Palliative Care Lead attended Visibility Group, Lockerbie
04.03.19 Palliative Care Lead & Programme Manager Cancer attended Development Day, Physical Disability Team, Dumfries
05.03.19 Palliative Care Lead attended Visibility Group, Stranraer
06.03.19 Palliative Care Lead & Programme Manager Cancer attended Upper Annandale District Nurses meetings, Lockerbie
06.03.19 Palliative Care Lead attended Mens Shed, Lockerbie
07.03.19 Palliative Care Lead, Programme Manager Cancer & Project Support Officer attended Atrium, DGRI
07.03.19 Palliative Care Lead & Programme Manager Cancer attended Senior Charge Nurse meeting, Dumfries
08.03.19 Palliative Care Lead met with District Nurses, Stranraer
12.03.19 Palliative Care Lead & Programme Manager Cancer attended AHP meeting, Dumfries
13.03.19 Palliative Care Lead attended Langholm Surgery
13.03.19 Palliative Care Lead met with Specialist Children's Nurses, Dumfries
14.03.19 Programme Manager Cancer attended Alzheimer's Carers Support Group, Lockerbie
18.03.19 Palliative Care Lead met with East Care & Support Services (CASS), Dumfries
20.03.19 Palliative Care Lead met with Esk Valley District Nurses, Gretna
21.03.19 Palliative Care Lead shadowed Macmillan Nurse, Newton Stewart & Stranraer
27.03.19 Palliative Care Lead met with Moffat Hospital staff
27.03.19 Palliative Care Lead met with Dryfemount Care Home Manager
28.03.19 Palliative Care Lead & Project Support Officer attended Alzheimers Carers Support Group, Kirkcudbright
28.03.19 Palliative Care Lead & Project Support Officer attended a 1-2-1 visit in Palnure
28.03.19 Palliative Care Lead & Project Support Officer met with Community Link Project Workers, Newton Stewart

02.04.19 Palliative Care Lead & Programme Manager Cancer attended Flow Coordinators Team meeting, Dumfries
02.04.19 Palliative Care Lead & Programme Manager Cancer attended Can Survive focus group, Stranraer
03.04.19 Palliative Care Lead met with Acute Elderly / Respiratory Ward CN, Dumfries
03.04.19 Palliative Care Lead met with Specialist Palliative Care Nurses, Dumfries
04.04.19 Palliative Care Lead & Programme Manager Cancer attended Carers Centre, Dumfries
09.04.19 Palliative Care Lead met with Dr Sarah Pickstock, Palliative Care Consultant
09.04.19 Palliative Care Lead & Programme Manager Cancer attended Podiatry Team East, Annan
10.04.19 Palliative Care Lead & Programme Manager Cancer met with staff at Thornhill Hospital
11.04.19 Palliative Care Lead & Programme Manager Cancer attended Occupational Therapist meeting, Castle Douglas
11.04.19 Palliative Care Lead met with Nurse Manager Oncology, Dumfries
15.04.19 Palliative Care Lead met with Heart Failure Specialist Nurse, Dumfries
17.04.19 Programme Manager Cancer attended Head & Neck Support Group, Dumfries
18.04.19 Palliative Care Lead met attended Renal Team, Dumfries
22.04.19 Palliative Care Lead & Programme Manager Cancer met with LGBT Plus, phone meeting
23.04.19 Palliative Care Lead & Programme Manager Cancer attended Community OT Assistants, Castle Douglas
23.04.19 Palliative Care Lead & Programme Manager Cancer attended Acute & Community Dieticians, Dumfries
30.04.19 DG Voice requested further information which was sent and advised surveys have been extended
01.05.19 Palliative Care Lead attended Thornhill Medical Practice
01.05.19 Palliative Care Steering Group meeting
11.06.19 Palliative Care Steering Group meeting
16.07.19 1st meeting of the Strategy Development Group
18.07.19 Palliative Care Steering Group meeting
23.08.19 2nd meeting of the Strategy Development Group
05.09.19 Editing Group meeting
09.09.19 Editing Group meeting
10.09.19 Palliative Care Steering Group
11.09.19 Radio interview BBC Scotland, Depute Head of Strategic Planning and Commissioning following publication of engagement reports
17.09.19 Final meeting of the Strategy Development Group
20.09.19 Editing Group meeting
24.09.19 Editing Group meeting
02.10.19 Editing Group meeting
09.10.19 Editing Group meeting

- 22.10.19** E-mail to invite groups to attend Equality Impact Assessment meeting
- 07.11.19** Palliative Care Lead attended meeting with Manager of Briery Park Care Home
- 07.11.19** Palliative Care Lead & Head of Strategic Planning attended IJB Workshop on the Plan
- 11.11.19** Palliative Care Lead attended meeting with Manager of Abbey Gardens Care Home
- 13.11.19** Palliative Care Lead & Programme Manager Cancer attended GP Cluster meeting (11 people)
- 14.11.19** Palliative Care Lead & Programme Support Officer attended Atrium, DGRI (17 people)
- 19.11.19** Impact Assessment meeting
- 20.11.19** Palliative Care Lead to attend GP Practice Managers Network
- 25.11.19** Palliative Care Lead to meet with Manager of Care Home at Mead Medica
- 25.11.19** Palliative Care Lead to meet with Heart Failure Nurse Specialists
- 28.11.19** Palliative Care Lead to meet with GP's and Practice Manager at Thornhill Health Centre
- 28.11.19** Palliative Care Lead attended Third Sector Roadshow, Balmaclellan
- 09.12.19** Palliative Care Lead to meet with GP's and Practice Manager at Cairn Valley Medical Practice

Communication, Media and Marketing

May 2018 – Dec 2019

- 01.05.18** Press release around Project set to review cancer services and pathways
- 31.07.18** D & G What's Going on Social Media press release around 'Key Roles filled in Cancer & Palliative Care Project'
- 30.10.18** D & G What's Going on Social Media press release around 'Project to address regions approach to Palliative Care' & announcement of Palliative Care Lead in post
- 01.11.18** Press release, The Standard newspaper re Palliative Care Lead post
- 13.12.18** Information shared with Cape Network
- 21.12.18** Press release around Public Engagement Group and Press Release around surveys
- 07.01.19** Information sent out in Capability Scotland newsletter
- 16.01.19** E-mail sent out advising that the consultation runs from 14 January to 25 March. See Table below to show who e-mail was sent to.
- 16.01.19** Hard copies of leaflets and materials sent to Libraries, GP Surgeries, Pharmacies & Dentists
- 17.01.19** Information sent to University of Glasgow
- 25.01.19** Hard copies sent to Kirkconnel & Kelloholm Community Council following a request by e-mail
- 30.01.19** Information communicated via NHS Core Briefing and NHS Beacon intranet page
- 11.02.19** Another e-mail following up from e-mail that went out on 16 January
- 12.02.19** E-mail from Langholm Health Centre confirming information on display
- 15.02.19** E-mail from Greencroft Medical Centre (South) Annan confirming displaying information
- 15.02.19** Information shared by Caroline Shannan Children, Young People & Lifelong Learning (CYPLL) – circulated around her team by e-mail
- 18.02.19** SHAP (Safe & Healthy Action Partnership), SONAS, Annan circulated project information mid January and posted on SHAP Facebook page
- 18.02.19** E-mail to Emma Murphy, NHS D & G to circulate information
- 18.02.19** E-mail to Scottish Health Council to circulate information
- 18.02.19** E-mail to Shelagh Kingstree, Head of Physiotherapy around engaging her teams
- 21.02.19** E-mail to Julie Davidson, Healthcare Improvement Scotland – sent information out to individuals on our Involving People database
- 22.02.19** E-mail to locality managers to share information in their localities

- 22.02.19** Stewarty locality Change Programme uploading information to local facebook page
- 26.02.19** 40 leaflets and surveys sent to Greyfriars Medical Practice
- 30.04.19** DG Voice requested further information which was sent and advised surveys have been extended
- 10.09.19** Publication of Palliative Care and Cancer Conversation Engagement Reports on HSCP website and Locality websites
- 10.09.19** E-mails re publication of reports and a thank you as per organisations receiving e-mail on 16 January including those who engaged via questionnaires
- 12.11.19** Publication of IJB Draft Plan on Health and Social Care Website– engagement runs until 8 December 2019
- 13.11.19** Third Sector Dumfries and Galloway put link to plan on Health and Social Care Forum, Bulletin and social media channels
- 13.11.19** E-mails re engagement on plan – engagement runs until 8 December 2019 – Care Homes, Care at Home, Day Centres, Third Sector, Strategic Planning Group members, Public Engagement Group, Macmillan Nurses, Marie Curie Nurses, Podiatry, Flow Coordinators, Locality Managers, Social Work Teams, Nursing, Dietetics, Pharmacists, GP’s, Libraries, Carers Centre, DG Voice, User & Carer, Multicultural Association, LGBT, Visibility, Alzheimers, previous engagement contacts via Survey Monkey contact details & Prison Service
- 19.11.19** E-mail to General Managers and Health and Social Care Senior Management Team re engagement on Plan
- 19.11.19** E-mail of draft plan to Annandale and Eskdale District Nurses
- 21.11.19** E-mail to Public Health Practitioners re engagement on Plan
- 21.11.19** E-mail reminder to Mhairi Hastings around sending Plan around the Community Nursing Teams
- 26.11.19** E-mail to GP Sub Committe, Area Clinical Forum & Area Medical Forum re Plan
- 28.11.19** Draft Plan sent to member of the public

Initial stakeholders for consultation period	
Organisations receiving e-mail on 16 January	Organisations receiving e-mail on 16 January
Alzheimer’s Scotland	Breast Cancer Support Group
Befriending	British Legion
Capability Scotland	Care at Home Providers
Care Homes	Community Councils
Community Hospitals	Council Elected Members
Community Children’s Nurse	D & G Young Carers
Day Centres	Dentists
DG Voice	DGHP
Funeral Directors D & G	Gates
GP Surgeries	Health & Social Care Senior Management Team

Hard of Hearing Group	Ice Bowl
Learning Disability Service	Dumfries and Galloway LGBT plus
Library	Loreburn Housing
Macmillan Nurses	Macmillan Support Centre, DGRI
Macmillan Support Centre, Galloway Hospital	Marie Curie Nurses
MP's / MSP's	Dumfries and Galloway Multicultural Association
Oncology	Dumfries and Galloway Pharmacies
Podiatry	Police Scotland
Public Health Practitioners	Public Health Team
Queen of the South	Rotary Clubs
Scottish Ambulance Services	Scottish Fire Service
Social Work	Spiritual Care
Strategic Commissioning	IJB members
Third Sector	User & Carer Involvement (UCI)

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