NHSE/I London EOLC CN Information to Support the 2019/20 GP QOF EOLC Module

NHS London Clinical Networks

| Introduction | What practices need to do? | Retrospective Death Analysis | QI Activity—Identification | QI—Personalised Care Plans | QI—Sharing Care Plans | QI—ID and Support of Carer | QI—Feedback | Peer Review | Reporting | Additional Resources |

NHSE/I (London Region) End of Life Care Clinical Network (CN)

Information to Support the 2019/20 GP QOF EOLC QI Module

Author: Dr Lyndsey Williams

Supported by: Niam Shah

NHSE/I London EOLC CN Information to Support the 2019/20 GP QOF EOLC Module

NHS London Clinical Networks

| Introduction | What practices need to do? | Retrospective Death Analysis | QI Activity—Identification | QI—Personalised Care Plans | QI—Sharing Care Plans | QI—ID and Support of Carer | QI—Feedback | Peer Review | Reporting | Additional Resources |

INTRODUCTION

This interactive PDF is not an exclusive resource, but an aide to assist GP practices in achieving the new QOF QI points for 2019-2020.

GP QOF is a voluntary reward and incentive programme for GPs in England. The 2018 review saw the retirement of one of the previous EOLC QOF indicators and the development of a new QI domain.

Indicator	Points	Achievement Thresholds
QI003: The contractor can demonstrate continuous quality improvement activity focused on end of life care as specified in the QOF guidance.	27	N/A
QI004: The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in QOF guidance. This would usually include participating in a minimum of two network peer review meetings.	10	N/A

This QI activity is designed to support practices to respond to the [2015-20 Ambitions for Palliative and End of Life Care](#) and lead to improvements in relation to the following aspects of care:

- **Early identification** and **support** for people with advanced progressive illness who might die within the next twelve months.

- **Well-planned and coordinated care** that is responsive to the patient's changing needs with the aim of improving the experience of care.

- **Identification and support for family / informal care-givers**, both as part of the core care team around the patient and as individuals facing impending bereavement.

NHSE/I London EOLC CN Information to Support the 2019/20 GP QOF EOLC Module

Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity—Identification	QI—Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI—Feedback	Peer Review	Reporting	Additional Resources

WHAT PRACTICES NEED TO DO?

1. Undertake a retrospective death baseline analysis

2. Complete Quality Improvement (QI) activity focusing on any/all of the following:

    a. Identification of those with advanced serious illness

    b. Personalised care plan documented and shared electronically

    c. Identification and support of a carer before and after death

    d. Feedback (staff, patients or carers)

Using QI Methodology such as PDSA cycles

Further information: RCGP Daffodil Standards QI Criteria and NHSE

3. Attend at least two GP Network Peer Review meetings per year

For more information (Page 79 onwards): Investment and Evolution: A five-year framework for GP contract reform

Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity— Identification	QI— Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI—Feedback	Peer Review	Reporting	Additional Resources

RETROSPECTIVE DEATH ANALYSIS

To complete an RDA practices should review a sample of approximately 20 deaths over the previous 12 months to establish a baseline of the current quality of care they provide for patients and their families at the end of life.

The purpose of the review is to understand:

- How many of the patients were on the palliative care register

- How many patients had care plans in place

- How many carer givers were identified and offered support

Additional aspects of care that the baseline audit analysis could focus upon:

- Were the priority care goals achieved e.g. is preferred place of death recorded and achieved?

- What was the quality of care plans including treatment escalation and advance care plans?

- Was the main carer identified with offer of assessment and support?

- Were the anticipatory medicines available in the place of care?

- Did they seek the views of family members / informal carers?

An audit standard against which to assess current practice can be set by the practice (approximately 60%)

Excel Template for RDA created by EOLC Clinical Lead of Camden and Islington CCG

Macmillan Resource 'Supporting QI Activity in EOLC' Page 16 Devon GP Practice Template

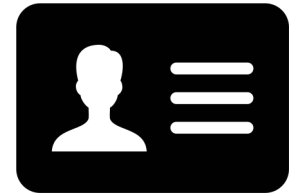**Gold Standard Framework (Associated Fee)**

The Daffodil Standards RDA Template

IDENTIFICATION OF THOSE IN THEIR LAST PHASE OF LIFE

A possible measure of improvement:

a.   An increase in the proportion of people who died that were identified

There are a variety of tools that can support the identification of those who are likely to be deteriorating and approaching the last year of life:

- Supportive and Palliative Care Indicators Tool (SPICT)

- Gold Standards Framework and Proactive Indicator Guidance (GSF PIG)

- Electronic Frailty Index (e-FI) - Template pre-prepared in GP IT Systems (NB: this identifies a subset of those at risk of deterioration)

- Macmillan EMIS Palliative care templates: enables coding of relevant information directly into the patient notes.

  ⇒   To access the searches in EMIS Web, please follow this pathway:

     ◊   Template Manager > Templates & Protocols > EMIS Library > Primary Care Templates > History and Exam > Macmillan Cancer Templates

- Macmillan EMIS Palliative care searches: automated palliative care searches to gather a baseline of current activity. You can run these searches at the start of an end of life care quality improvement initiative, and can then re-run them after implementation, to demonstrate its impact.

  ⇒   To access the searches in EMIS Web, please follow this pathway:

     ◊   Population Reporting > EMIS Library > EMIS Clinical Utilities > Third Sector Partnerships > Macmillan Cancer Support > End of Life Care QI Searches.

- NHSE/I London EOLC CN are supporting the development of a GP IT Identification search tool with Newham CCG EOLC Clinical Lead and Colleagues in Great Manchester and Eastern Cheshire and the North West Coast Strategic Clinical Network (more information to follow)

Palliative care identification tools comparator — Created by the improvement hub part of Healthcare Improvements Scotland.

PERSONALISED CARE AND SUPPORT PLANNING

A possible measure of Quality Improvement:

b. An increase in the proportion patients offered personalised care and support plans

This is the most challenging element of the QI project in terms of skills and time required, and will need careful thought, planning and joint working with partners e.g. community specialist palliative care teams, community matrons, disease specific nurse specialists, practice nurses.

We can also encourage and empower our patients with the following resources.

MyCMC Patient Portal
Dying matters 'Preferred priorities of care'
Macmillan
Marie Curie
Cancer Research (UK)
AgeUK
Alzheimer's Society
NHSE

- The Newham GP EOLC lead created a patient 'bundle' including a patient template letter inviting the patient to attend to discuss care planning, information on what Coordinate My Care (CMC) is and a blank CMC template for the patient to begin.

- Hounslow CCG have a My Care Ahead leaflet for patients

Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity—Identification	QI—Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI—Feedback	Peer Review	Reporting	Additional Resources

SHARING CRISIS CARE PLANS ELECTRONICALLY

Possible measures of improvement:

c.   An increase in the proportion of shared of crisis care plans electronically

All 32 CCGs in London have agreed that Coordinate My Care (CMC) is the portal to be used to share urgent care plans for those who are approaching the end of life, as well, in some areas, those who have long term conditions and complex health care needs.

Uploading an urgent care plan onto the CMC portal enables urgent care services – NHS111 and the London Ambulance Service (LAS) – as well as other community providers, and an increasing number of acute Trusts, to review and make clinical decisions based on the recommendations outlined on the CMC record, as well as to update them as needed.

CMC quality evaluation demonstrates that 74% of patients who die with a CMC plan, die in their preferred place of death, with only 20% dying in hospital compared to 47.2% nationally and 54% in London.

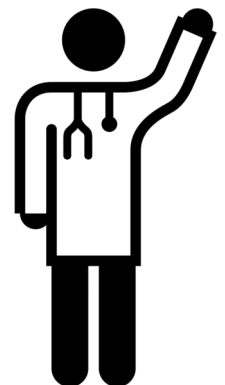| Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity—Identification	QI—Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI—Feedback	Peer Review	Reporting	Additional Resources

IDENTIFICATION AND SUPPORT OF INFORMAL CARE GIVERS

Possible measures of improvement:

d. An increase in the identification and support of family member/informal care-giver/next-of-kin

We know that involving, supporting and caring for all those important to the dying person is also recognized as a key foundation of good EOLC. As well as being individuals facing impending loss and grief, they often provide a key caring role for the dying person.

As well providing support and directing those important to the person to local community support resources, below are some nationally available resources.

Supporting Resources for Carers
Marie Curie
Macmillan
AgeUK
The Carer Support Needs Assessment Tool
NHS UK
Carers Trust
Carers UK

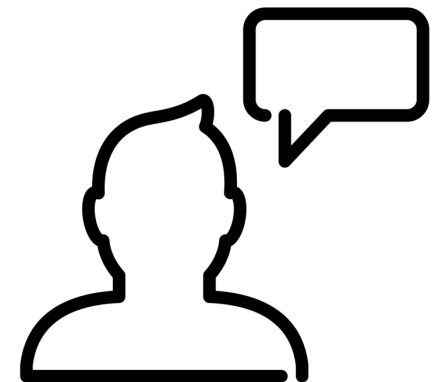| Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity— Identification	QI— Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI— Feedback	Peer Review	Reporting	Additional Resources

GATHERING AND RESPONDING TO FEEDBACK

Possible measures of improvement:

    e.   A system in place to gather and respond to feedback on experience from staff, patients and carers

We know it is important to monitor feedback of the experience of care from staff, patients and carers to enable improvement in care.

- This can be done through questionnaires developed by local partners — hospices, community palliative care teams, GP practice questionnaires

- Examples of questionnaires developed by North London Hospice to obtain feedback from patients and carers

- Macmillan Resource 'Supporting QI Activity in EOLC' Page 8

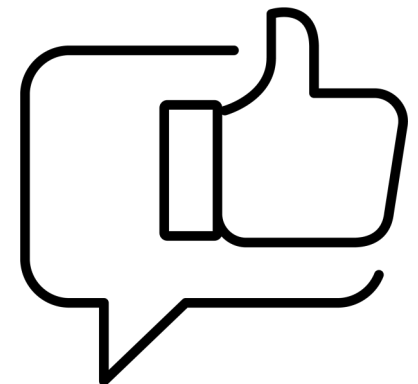| Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity—Identification	QI—Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI—Feedback	Peer Review	Reporting	Additional Resources

GP PEER REVIEW MEETINGS

GP's should participate in a **minimum of two network peer review** discussions preferably face to face.

It is recommended that the first meeting takes place early in the QI activity and the second towards the end.

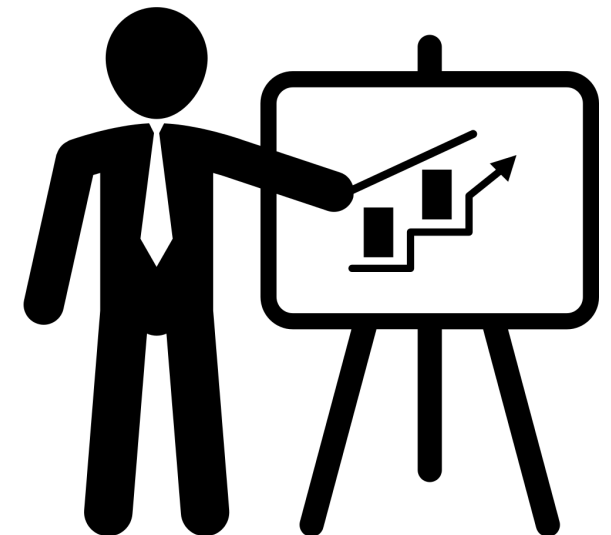The BMA and NHSE Investment and Evolution document has peer review meeting discussion points on Page 85 Box 3.

NHSE/I London EOLC CN Information to Support the 2019/20 GP QOF EOLC Module

Introduction	What practices need to do?	Retrospective Death Analysis	QI Activity— Identification	QI— Personalised Care Plans	QI—Sharing Care Plans	QI—ID and Support of Carer	QI—Feedback	Peer Review	Reporting	Additional Resources

QUALITY REPORTING

GP's need to complete a QI monitoring template self-declaring they have completed their QI plan and that they have attended a minimum of two peer review meetings

A reporting template is available in the BMA and NHSE Investment and Evolution document Page 86.

NHSE/I London EOLC CN Information to Support the 2019/20 GP QOF EOLC Module

ADDITIONAL RESOURCES

- RCGP and Marie-Curie Daffodil standards: core Standards for advanced serious illness and end of life care in general practice

- NICE Quality Standards for End of Life Care in Adults (QS13) and Care of dying adults in the last days of life (QS144)

- Macmillan Toolkit – EOLC Module 4

- NHSE Quality Improvement Case Studies