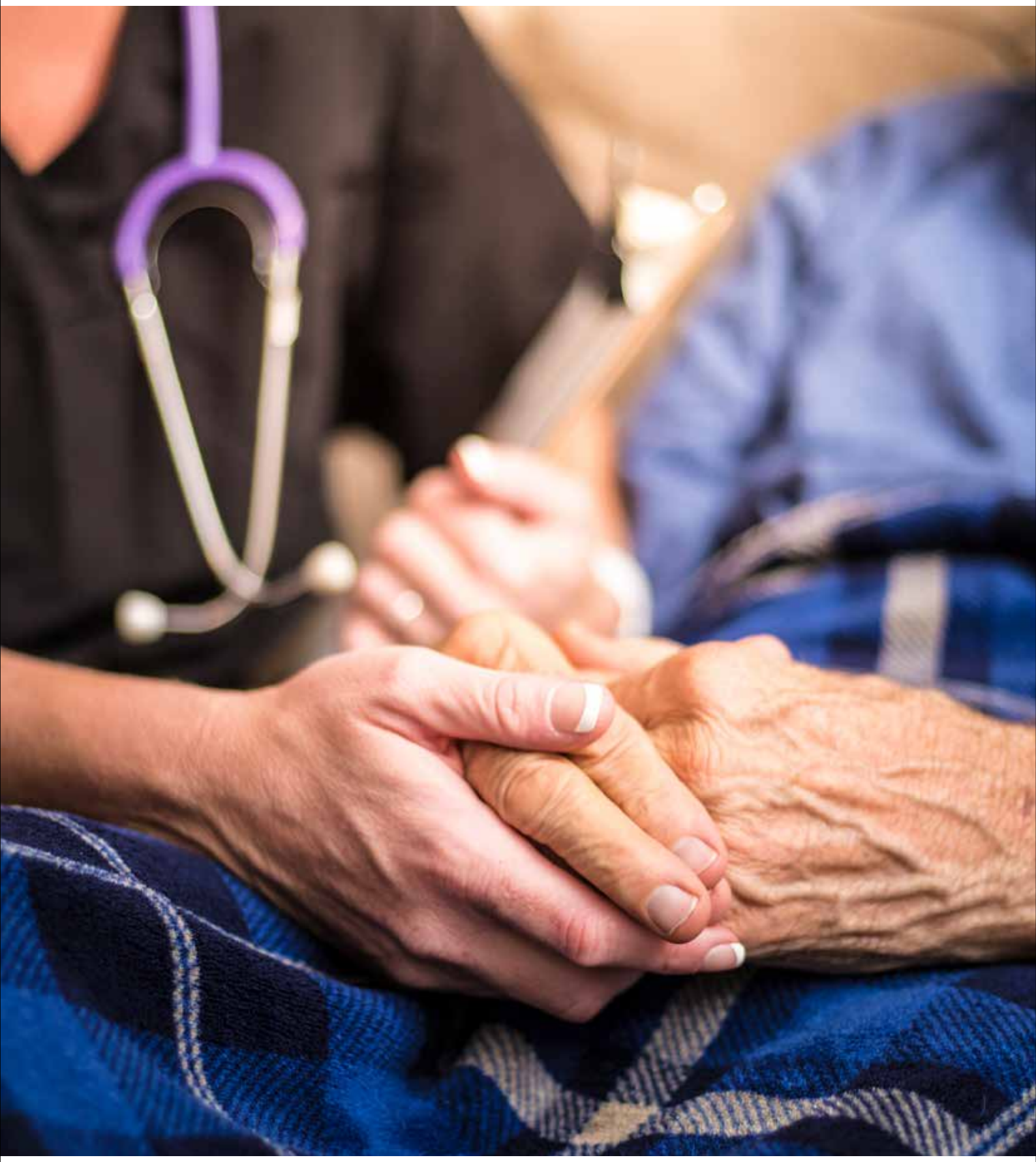
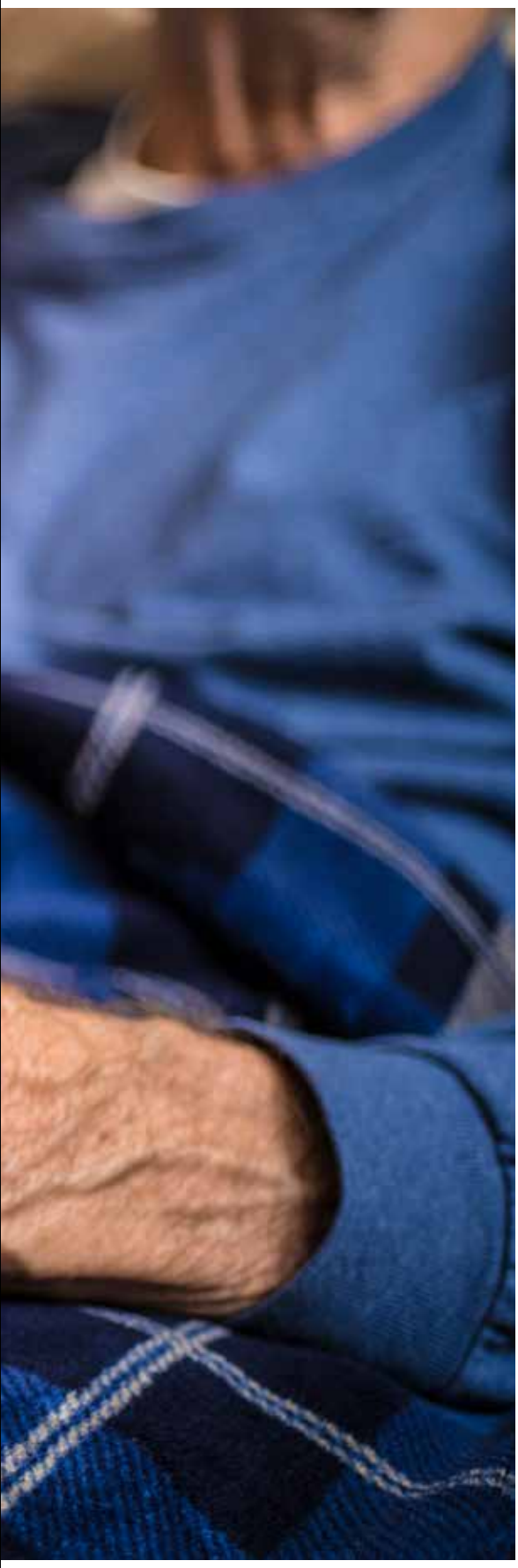
Greater Manchester Health and Social Care Partnership

END OF LIFE

Quality Improvement Summary





IMPROVING END OF LIFE CARE IN PRIMARY CARE

Two QoF Quality Improvement domains have been included in QoF 2019-20 contract following the report of QoF review.

The topics this year are prescribing safety and End of Life Care.

THE IDEA OF THESE QI AREAS ARE THAT WE:

1. Recognise areas of care that require improvement
2. Address these by developing then implementing a quality improvement plan
3. Share this learning across the network

Key steps in the provision of high quality care at the end of life in general practice:

- Identifying patients in need of end of life care.
- Assessing their needs and preferences.
- Proactively planning their care with them.
- Involving, supporting and caring for all those people important to the dying person.

Practices will need to:

- Evaluate the current quality of their end of life care and identify areas for improvement – this would usually include a retrospective death audit.
- Identify quality improvement activities and set improvement goals to improve performance.
- Implement the improvement plan.
- Participate in a minimum of 2 GP network peer review meetings.
- Complete the QI monitoring template in relation to this module.

Indicator	Points	Achievement thresholds
QI003. The contractor can demonstrate continuous quality improvement activity focused upon 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 the QOF guidance. This would usually include participating in a minimum of two peer review meetings.	10	N/A

SUGGESTED REPORTS TO BEGIN (I.E. TO BE COMPLETED BEFORE 1ST MEETING BY PRACTICES)

1. After Death Audit

- Review ALL deaths in the last 6 or 12 months (very large practices may wish to review a proportion).
- Could the death reasonably be considered to be expected or was it unexpected?
- Was there evidence of some advance care planning of patients' thoughts and wishes for their care? (care plans will vary between CCGs).
- Evidence of documented preferred place of care and whether this was achieved.
- Were they on your palliative care or GSF register?
- Number of people who died who were not on supportive care register but could have been identified as having End of Life Care (EOLC) needs (this may be a subjective judgement based on notes review).

See Appendix 1,2 and 3 for some suggested audit examples (templates) – these are suggestions only, as CCGs / PCNs may have areas of data collection that are a local priority.

PRACTICE DISCUSSION (PRE 1ST PCN MEETING, THOUGH MEETING MAY ALSO AID PRACTICES IN FURTHER DISCUSSIONS)

- Discuss baseline analysis.
- Agree relevant objectives (e.g.)
  - Increase number of patients identified with EOLC needs.
  - Increase the number of patients sensitively offered personalised care support and support plan discussions.
  - Increase number of offers of support to those close to patient.
- Set Specific, Measureable, Achievable outcomes and Timescale.
- Make a plan and implement it (this may involve searches of disease registers etc, with a view of increasing the number of patients on supportive care register).

Practices may also want to consider if their current GSF / Palliative Care register is representative of all disease groups, what proportion of practice list size are included on register, along with reviewing the quality of GSF meetings (who attends, how frequent, does review of deaths occur, are bereavement issues discussed).

PRIMARY CARE NETWORK MEETINGS

MEETING 1 – SOON
(BEFORE END OF OCTOBER 2019)

- Sharing learning from baseline audit and reflection.
- Validate objectives and plans.
- Ensure practices give a baseline figure for GSF / Palliative care register (so that improvement can be measured).

MEETING 2 – NEXT SPRING
(BEFORE MID MARCH 2020)

- Celebrate success sharing key changes.
- Learning from challenges.
- Sustaining improvements.
- Review results of quality improvement activity (i.e. have more patients been added to supportive care/ GSF register, have more carers been identified, has the practice looked at the quality of bereavement support).

There are a number of nationally available resources that may help practices in achieving the quality improvement activity. CCGs may also have developed (or be developing) search tools that may help practices in identification of patients.

Practices will need to complete the NHSE template following completion of the 2 x network meetings, and also show some monitoring of feedback received from carers (there is likely to be national guidance around this released later in year).

CCGs and PCNs will have local priorities, and the QoF QI module can be shaped to ensure these are met. As a result, much of the supporting information is generic, and PCNs / CCGs will need to adapt guidance / resources to meet local needs / priorities.

GP END OF LIFE CARE REGISTER AUDIT

Was the Patient on the GSF/ Supportive Care register?	Age of Patient	Was the death sudden/ unpredictable?	Was the Patient known to palliative care services?	What was the preferred place of care?	Place of death?	Place of residence?	Number of hospital admissions in the last 3 months?	Did the Patient have a recorded care plan in place?	Did the Patient have a DNACPR in place?

Example of SCN issued QOF Audit tool available at: https://www.england.nhs.uk/north-west/gmec-clinical-networks/our-networks/palliative-and-end-of-life-care/resources

AFTER DEATH ANALYSIS - AFTER DEATH AUDIT

EMIS ID	Date of death	Preferred place of death	Cause of death	Place of death	On our palliative care list?	Expected death?	Advance care plan discussions evident?	OOH aware?	Anticipatory medications prescribed?	Bereavement contact?

Example of SCN issued After Death Analysis tool available at: https://www.england.nhs.uk/north-west/gmec-clinical-networks/our-networks/palliative-and-end-of-life-care/resources

ADVANCE CARE PLANNING TRAINING – LOCAL BOOKING DETAILS

Greater Manchester and Eastern Cheshire contacts: https://www.england.nhs.uk/north-west/gmec-clinical-networks/our-networks/palliative-and-end-of-life-care/resources

For Further Information:

- NHS England QoF Guidance Pg 82-84 and pg 107-114
- https://www.england.nhs.uk/wpcontent/uploads/2019/01/gp-contract-2019.pdf
- Macmillan Toolkit: https://www.macmillan.org.uk/_images/cancer-care-in-primary%20care-a-quality-toolkit-for-general-practice-module-four_tcm9-351803.pdf
- Marie Curie Daffodil Standards: https://www.mariecurie.org.uk/professionals/working-in-partnership/royal-college-of-gps/daffodil-standards
- Identifying patients at EOL: https://www.dyingmatters.org/gp_page/identifying-end-life-patients
- http://www.stars.nhs.uk/health-care-professionals/review/
- GSF support pack: http://www.goldstandardsframework.org.uk/gsf-qof-support-pack

GET IN TOUCH

All specific enquiries on the GM Commitments to palliative care individuals approaching or within the last year of life please contact:
England.GMEC-EOLC@nhs.net

GENERAL ENQUIRIES

0161 625 7791 (during office hours)

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www.gmhsc.org.uk

www.england.nhs.uk/north-west/gmec-clinical-networks

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