Interactive Workshop

Bee Wee
National Clinical Director
End of Life Care

Nicola Spencer
Programme Support Manager
End of Life Care

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Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

Self assessment framework

Knowledge Hub

Supporting commissioning

End of life care spectrum
- EoLC Commissioning Toolkit
- Commissioning for Value Packs

Specialist Palliative Care
- Information for Commissioners
- (including sample specification)
- Palliative care currencies
- Palliative care clinical data set

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Improving Quality

- Transforming programme ‘route to success’
- National audit of dying in hospital
- CQC reports and ratings
- CQC thematic review of inequalities

Improving care coordination

- EPaCCS
- Digital maturity assessment

Data and intelligence

- Quality and Outcomes Framework
- CCG Improvement & Assessment Framework
- National EoLC Intelligence Network
Group work
In groups; please consider the following questions:

Given the challenges that you face in your particular role/organisation for improving palliative and end of life care:

- How might you be able to draw on the information, examples and tools that you have heard about today to help you?

- What support do you need to use these tools more effectively?

- What else do you need to help you drive forward the Ambitions for Palliative and End of Life Care locally?
Appendix
Ambitions self-assessment framework

It is hoped that the self-assessment framework will help to:

• Support delivery of the six national ambitions
• Encourage cross-organisational collaboration
• Provide a coordinated response across the locality
• Help identify areas for future priorities
• Collate the evidence
• Recommend annual appraisal
Commissioning toolkit

Provides a wide range of links to tools and sources of support for commissioners.

Showcases good practice and seeks to indicate what a well-commissioned end of life care service looks like.

Offers a four-stage approach across all sectors.

It explains the commissioning cycle in practical terms.

Continuous improvement

Whole system relationships

Interactive policy and guidance, signposting to relevant health and care practice on commissioning person centred care for those that are dying or bereaved.

Identifies the main elements involved in the commissioning process.

Data collection and monitoring

Data transfer *(information sharing)*

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Specialist Palliative Care: information for commissioners

Aims to provide commissioners with key information to support the commissioning specialist palliative care.

Information and data to help determine how much specialist palliative care is needed.

How specialist palliative care can help achieve a number of goals in relation to the NHS Outcomes Framework.

Evidence of the potential for cost reduction and cost avoidance.

How value and impact of specialist palliative care can be measured.

The guide emphasises the importance of taking into account local variations in service provision and funding.

Highlights the increasing demands on generalist and specialist palliative care.

NHS England
Specialist Level Palliative Care:
Information for commissioners
April 2016

www.england.nhs.uk
Commissioning for Value packs

LTC Commissioning for Value pack - will include EoLC – November 2016

Quality metrics (likely to be RAG rated) will focus on place of death and amount of time spent in hospital – either days before death or on emergency admissions:

- Average total number of emergency hospital admissions during the last year of life
- Average & Median days spent in emergency hospital admissions during the last year of life per person
- Place of death (by disease group)

Interactive tool coming later that will help to show expenditure details as follows:
- £ metrics likely to be shown (not RAG rated) are:
  - Specialist Nursing - Palliative/Respite Care
  - Macmillan Nurses
  - Hospice Care
  - Palliative care services - not hospice based
  - Pharmacy for hospices
  - Fast track assessment (continuing care)
  - Bereavement services
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Specialist Palliative Care Currencies

- New currencies for Specialist Palliative Care providers will be published, alongside guidance on how to use them and case studies (December 2016)

- Piloted for several years in acute, community services (adults & children)

- Can be used to support the commissioning and payment from April 2017

- Is not a tariff

- Think of these currencies as the ‘building blocks’ for payment. Helps commissioners and providers of SPC to understand provision and case complexity of patients being care for.
  
  - Phase of illness
  - Diagnosis
  - Age
  - Setting
  - Functional Status
Phase of illness & Provider Category

Adults

![Bar chart showing the percentage of phases across different types of provider categories: Acute inpatient, NHS Hospice inpatient, Non-NHS Hospice inpatient, and Community. The categories are represented by Stable, Unstable, Deteriorating, and Dying phases. The chart illustrates the distribution of phases across these categories.]
Palliative Care Clinical Dataset

• NHSE commissioned PHE to develop an individual level clinical dataset – piloted in a number of settings across the country and about to be published with guidance (Nov 2016)

• Aligned with the currencies – supplemented with data items to capture clinical outcomes

• Non-mandatory but can be adopted by commissioners/ providers to understand the current clinical provision of Specialist Palliative Care and evaluate outcomes.
Feedback from sites using the currency & dataset

• Sheffield St Luke - transformed MDT meetings condensing 4 separate sessions into one single meeting that is completed in half the time, as a result of embedding into their clinical assessment/management processes the language of phase of illness and the use of IPOS outcome measures.

• Using the currency framework of phase of illness has allowed many hospices to improve their forward planning and to understand better their patient needs.

• All report that working with the currencies has given clarity to the impact they have on patients and families and provided evidence of the complexity of their caseload.

• North London Hospice continue to use the currency pilot data collection template because it has proved useful in dialogue with local commissioners.

• Small independent hospices such as Blythe House near Glossop have found they are in a better position to explain what they do and the impact they have on the local health economy.
Evaluation of 24/7 Specialist Palliative Care models

• Evaluation of 7 models of Specialist Palliative Care provision from different local health economies

• Outlines characteristics and elements of each model – understand which one could be adapted / adopted for your own locality

• NHSE commissioned NCPC to deliver – will be published in November
Hospital improvement

- **Outstanding**
  The service is performing exceptionally well.

- **Good**
  The service is performing well and meeting our expectations.

- **Requires improvement**
  The service isn't performing as well as it should and we have told the service how it must improve.

- **Inadequate**
  The service is performing badly and we've taken action against the person or organisation that runs it.

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**End of Life Care Audit – Dying in Hospital**

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**Advance care planning**
Helping individuals to anticipate how their condition may affect them in the future and what treatment options they may have. Recording patients' values and future preferences for care & ensuring all those caring for them are aware of these.

**AMBER care bundle**
Best care for patients whose recovery is uncertain. A assessment Management B est practice E ngagement R ecovery uncertain

**Care in the last days**
Best care for patients in the last days of life using a multidisciplinary approach to care and involving the patient and their carers at all times. Ensuring symptoms are anticipated so that the patient's comfort and preferences are the highest priority.

**Rapid discharge**
A pathway to enable patients in the last days of life who wish to die at home to be transferred home as soon as possible. To ensure patients who are being cared for with a supportive and palliative approach are discharged as a matter of priority to maximise their time at home.

**EPaCCS**
Electronic Palliative Care Coordination System – a means of communicating information about a patient approaching the end of life to ensure continuity of care. Information is available electronically to all staff involved with the patient's care.

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www.england.nhs.uk
Knowledge Hub

• NHSE commissioned development of the Ambitions website to become a hub of information related to EoLC

• The knowledge hub is the go-to place for resources and learning about palliative and EoLC. It’s a searchable, well-structured website

• The hub will include historic resources that are still current (or have been updated) from the NHSIQ and, prior to that, the National End of Life Care Programme websites.

• This site will be developed further to contain even more content (phase 2).

• After this it will be continually added to by the national Palliative & EoLC Partnership using robust criteria to ensure the information is relevant, informative and appropriate for users of the site.
EPaCCS

- **Digital maturity index** - says how well EPaCCS are embedded within hospital trusts (understand gaps)

- **Guidance available** – technical guidance and lessons learns information is available on the knowledge hub (also reviewing information to understand what’s already available; what needs updating and any information gaps)

- **Case studies** – explaining different EPaCCS solutions including the benefits from a commissioner perspective

- **Why EPaCCS video** – portrays benefits from a clinician/patient perspective - available on Youtube

- **Expert reference group** – made up of people across the country who have implemented EPaCCS successfully to offer rapid advice and support to struggling sites
Quality markers

• **QOF register**
  • Rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
  • Not mandatory; general practices asked to evidence indicators on the following:
    • Register of all patients needing palliative and EoLC support (irrespective of age)
    • MDT meetings where all patients on register are discussed

• **CCG IAF**
  • Includes % of deaths that take place in hospital – will be replaced with better measures of quality

• **National Clinical Intelligence Network**
  • PHE hosted - data, intelligence, reports
  • EoLC profiles for localities enable commissioners to understand and compare factors including underlying cause of death, place of death for local population
  • Will be publishing Atlas of Variation in 2017 to build on this with further metrics