

Primary Care Development Scheme

Title: EOL (Priority)
Clinical Lead: Dr Malcolm Jones
Lead Manager: Ian Cave
Year 2017/18

1. Context

In any given 12 month period, approximately 1% of the population will die. The majority of these deaths are expected and predictable. In the case of expected deaths, patients typically have 3 unplanned hospital admissions in their final year of life. While recognition of terminal decline in patients with end stage cancer is usually straightforward, predicting the timing of death in patients with other end-stage conditions, such as heart failure, COPD, severe frailty and dementia can be much more challenging. Nevertheless, all of these patients have end of life and palliative care needs. If a patient's primary care physician feels death in the next 12 months would not be surprising, then that patient *is* at significant risk of dying soon – in other words, a primary care physician's general impression of a patient's likelihood of death has good positive predictive power.

National work looking at Advance Care Planning (ACP) in those likely to be nearing the end of their lives has shown that ACP significantly increases a patient's chance of dying in their preferred place. ACP also reduces the number of days of unscheduled hospital admission that EoL patients suffer in their final year of life. Furthermore, there is good evidence that the bereavement process for surviving relatives and carers is enhanced by ACP.

The effectiveness of Advance Care Planning is amplified through electronic sharing of the ACP with any health care providers who may become involved in a patient's end of life journey.

2. Overall Objectives

To enhance dignity and facilitate choice for those patients likely to be nearing the end of their lives, through Advance Care Planning. To focus clinicians' minds on the end of life needs of their patients.

To provide momentum for the CCG to commission more specialist and non-specialist end of life care.

3. Proposed Scheme Outline

Practices will maintain an End of Life register of **at least 0.5%** of their population throughout the 17/18 financial year. **At least 90%** of patients on the practice EoL register will have completed ACPs, with consent to share via SCR Additional

The EoL register, consent to share via SCR Additional and the ACP will be recorded through a CCG provided EoL template.

4. Aim

To improve end of life care for patients in Buckinghamshire and to enable the CCGs to identify system requirements for improving EoL care.

5. Patient cohort

0.5% of practice population who are most at risk of dying within the next year.

6. Process

- Practice identifies **0.5%** of their practice population most at risk of dying within the next year and adds these to the practice End of Life Register. (See provided population data [below](#) for required minimum targets).
- Advance Care Plans are completed for **90%** of patients on the End of Life Register using the CCG provided clinical [template](#), and by completing the relevant [fields](#) within.
- **Practices are required to maintain both the 0.5% EoL register target and the 90% ACP target with checks made at the end of September 2017 and the end of March 2018 in Year 1.**
- If a patient dies or moves away, they will **not** be included in the overall 0.5% target. The aim is for practices to maintain a register size of 0.5% throughout the year; therefore practices will need to ensure that they maintain their register targets accordingly.
- Any patient already on the practice EoL register (e.g. because of prior enrolment in the DES+ or EOL QIS) can count towards this scheme. Unlike the previous 2016/17 Chiltern EOL QIS there is no 'start date' for patients added.

Please note that these Read codes will be automatically assigned when a practice selects the appropriate drop-down box within the provided template. It is acknowledged that completing the ACP template may not be possible or desirable during one clinical encounter. Clinicians are able to partially complete a template, and return at a later date. It is therefore the responsibility of the clinician to self-monitor completion of the ACPs and ensure that an ACP, once started, is fully completed as soon as possible and prior to the end of the quarter. In order to help EMIS practices monitor this a search called 'Number of Patients Correctly Coded' has been created to identify those patients on the EoL Register that have been fully coded with the codes identified in [Appendix 2](#). Practices can use the 'Patients Excluded' tab of this search to identify patients with no, or a partially completed, ACP. This can be found in the End of Life EMIS search folder detailed [below](#).

7. Link with Existing Work Schemes

This scheme is a direct continuation [albeit, simplified] of the 16/17 EoL QiS [Chiltern CCG] and the 16/17 EoL DES+ [AVCCG]. It uses the same electronic template for recording a patient's ACP and consent to share via SCR Additional. Please click [here](#) for national guidance for clinicians regarding SCR consent for patients who lack capacity. For SCR Additional quick guide and frequently asked questions specific to EMIS Web, please click [here](#). **If a patient refuses to share their information via the SCR Additional (Read code 9Ndn), they will not be eligible for inclusion under the EoL scheme.** It is confirmed that practices can be signed up to both the Care Home Direct Award and the End of Life scheme.

8. Timetable/Milestones

To commence on 3rd July 2017, continuing until 30th March 2018 inclusive.

9. Measurement and Reporting

- The provided clinical templates have the correct Read coding and performance will be calculated by generating a report based on the number of ACPs created with the relevant template fields completed (see [Appendix 2](#))
- EMIS Template available for download via the Chiltern and AVCCG members websites
- The CCGs will use EMIS Enterprise to assess practice performance. Clinicians will be expected to complete the 10 mandatory fields details detailed in [Appendix 2](#); however to count towards a practice's achievement a patient will only need the following three Read codes in place:
 - SCR Additional consent status – **9Ndn**
 - On End of Life register – **9Ng7**
 - Tick here to code 'Has end of life care plan' - **8CME**

These specific Reads have been chosen to ensure a minimum standard of information sharing via the SCR Additional.

- For support in importing the template into your clinical system, please contact the CSCSU training team via Training.scwcsu@nhs.net

10.CCG Contacts and Leads

- Malcolm Jones, End of Life Lead Chiltern and Aylesbury CCG malcolmjones2@nhs.net
- Ian Cave, Head of Community Models of Care, ian.cave@nhs.net
- For clinical system queries and administrative assistance: Training.scwcsu@nhs.net

11.Support

- Clinical template developed and made available to practices. Please see [above](#).
- Training videos are provided on the Primary Care Development scheme section of the Members websites.
- Tools to support practices in identifying and supporting End of Life patients:

- [Dying Matters – Find Your 1% campaign](#) – includes resources, case studies and training materials)
 - [Last Year of Life presentation](#) – given by Dr Jo Withers at May 2015 PLT
- Clinical system SCR Additional Quick guides and FAQs [here](#).
- CSCSU Training team for clinical system queries and assistance: Training.scwcsu@nhs.net

12. Appendix 1

Practice Code	Practice Name	Locality	List size (April 2017)	EoL Register target (0.5%) - this is the minimum number that must be maintained each quarter	90% of EoL Reg - this is the minimum number that must be maintained each quarter
K82004	Amersham Health Centre	Amersham & Chesham	13013	65	59
K82058	Gladstone Surgery	Amersham & Chesham	5143	26	23
K82049	Hughenden Valley Surgery	Amersham & Chesham	12664	63	57
K82035	John Hampden Surgery	Amersham & Chesham	3314	17	15
K82621	Little Chalfont Surgery	Amersham & Chesham	5663	28	25
K82618	Prospect House	Amersham & Chesham	3590	18	16
K82001	Rectory Meadow Surgery	Amersham & Chesham	9093	45	41
K82024	The New Surgery	Amersham & Chesham	10923	55	50
K82037	Water Meadow Surgery	Amersham & Chesham	12493	62	56
K82014	OAKFIELD SURGERY	AV Central	5144	26	23
K82018	MEADOWCROFT SURGERY	AV Central	14695	73	66
K82019	THE MANDEVILLE PRACTICE	AV Central	15702	79	71
K82038	POPLAR GROVE SURGERY	AV Central	19017	95	86
K82040	WHITEHILL SURGERY	AV Central	14297	71	64
K82073	WESTONGROVE PARTNERSHIP	AV Central	28202	141	127
Y01964	BERRYFIELDS MEDICAL CENTRE	AV Central	7634	38	34
K82007	THE SWAN PRACTICE	AV North	29128	146	131
K82042	WHITCHURCH SURGERY	AV North	3940	20	18
K82043	NORDEN HOUSE SURGERY	AV North	9495	47	42
K82061	ASHCROFT SURGERY	AV North	3912	20	18
K82070	WING SURGERY	AV North	5051	25	23
K82079	EDLESBOROUGH SURGERY	AV North	7715	39	35
K82021	CROSS KEYS SURGERY	AV Southern	14173	71	64
K82028	HADDENHAM MEDICAL CENTRE	AV Southern	8098	40	36
K82034	WELLINGTON HOUSE SURGERY	AV Southern	9287	46	41
K82047	TRINITY HEALTH	AV Southern	11594	58	52
K82068	WADDESODN SURGERY	AV Southern	5354	27	24
K82033	Burnham Health Centre	Southern	21843	109	98
K82055	Denham Medical Centre	Southern	9667	48	43
K82045	Southmead Surgery	Southern	6551	33	30
K82078	The Allan Practice	Southern	8832	44	40
K82008	The Hall Practice	Southern	9549	48	43
K82006	The Ivers Practice	Southern	9490	47	42
K82051	The Misbourne Practice	Southern	12098	60	54
K82031	Threeways Surgery	Southern	6365	32	29
K82029	Cherrymead Surgery	Wooburn Green	10569	53	48
K82005	Hawthornden Surgery	Wooburn Green	6969	35	32
K82012	Highfield Surgery	Wooburn Green	6207	31	28
K82011	Millbarn Medical Centre	Wooburn Green	7744	39	35
K82066	Pound House Surgery	Wooburn Green	7249	36	32
K82048	Stokenchurch Medical Centre	Wooburn Green	6835	34	31
K82023	The Marlow Medical Group	Wooburn Green	27216	136	122
K82046	The Simpson Centre	Wooburn Green	17168	86	77
K82044	Carrington House Surgery	Wycombe	10387	52	47
K82020	Chiltern House Medical Centre	Wycombe	8472	42	38
K82603	Cressex Health Centre	Wycombe	8122	41	37
K82017	Desborough Surgery	Wycombe	11403	57	51
K82022	Kingswood Surgery	Wycombe	10102	51	46
K82053	Priory Surgery	Wycombe	12271	61	55
K82036	Riverside Surgery	Wycombe	9830	49	44
K82010	Tower House Surgery	Wycombe	10240	51	46
K82030	Wye Valley Surgery	Wycombe	10287	51	46
			553800	2767	2491

13. Appendix 2

EMIS Web

1. SCR Additional consent status – **9Ndn**
2. On End of Life register – **9Ng7**
3. DNACPR decision - **1R10** or **1R00**
4. Discussion about DNACPR – **67P0**, **67P1** or **8CN3**
5. 1st Choice Preferred place of death – **94Z1**, **94Z2**, **94ZC**, **94Z5**, **94ZE**, **94Z4** or **94Z8**
6. Tick here to code 'Has end of life care plan' - **8CME**

14. Version Control

Date	Version Number	Description of Changes	Edited by
24/07/17	1.9	Version control added. Page numbers added. Process updated with clarification around Dead and Deducted patients.	Jonathan Stevens