

Primary Care Development Scheme

Title: EOL (Priority)
Clinical Lead: Dr Malcolm Jones
Lead Manager: Ian Cave
Year 2018/19

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 18/19 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 2018 and the end of March 2019 in Year 2.**
- 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 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/SNOMED 1726211000000119), 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 1st April 2018, continuing until 31st March 2019 inclusive.

9. Measurement and Reporting

- The provided clinical templates have the correct 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 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 clinical codes in place:

Description	Read Code	SNOMED Description ID
SCR Additional consent status	9Ndn	1726211000000119
On End of Life register	9Ng7	1175491000000110
Tick here to code 'Has end of life care plan'	8CME	1175451000000119

These specific codes 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 Buckinghamshire 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



*Aylesbury Vale Clinical Commissioning Group
Chiltern Clinical Commissioning Group*

- 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 2018)	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	13157	66	59
K82058	Gladstone Surgery	Amersham & Chesham	5263	26	23
K82049	Hughenden Valley Surgery	Amersham & Chesham	12676	63	57
K82035	John Hampden Surgery	Amersham & Chesham	3398	17	15
K82621	Little Chalfont Surgery	Amersham & Chesham	5796	29	26
K82618	Prospect House	Amersham & Chesham	3497	17	15
K82001	Rectory Meadow Surgery	Amersham & Chesham	9257	46	41
K82024	The New Surgery	Amersham & Chesham	10941	55	50
K82037	Water Meadow Surgery	Amersham & Chesham	12464	62	56
K82014	OAKFIELD SURGERY	AV Central	5220	26	23
K82018	MEADOWCROFT SURGERY	AV Central	15040	75	68
K82019	THE MANDEVILLE PRACTICE	AV Central	15487	77	69
K82038	POPLAR GROVE SURGERY	AV Central	19370	97	87
K82040	WHITEHILL SURGERY	AV Central	14490	72	65
K82073	WESTONGROVE PARTNERSHIP	AV Central	28394	142	128
Y01964	BERRYFIELDS MEDICAL CENTRE	AV Central	8315	42	38
K82007	THE SWAN PRACTICE	AV North	29783	149	134
K82042	WHITCHURCH SURGERY	AV North	3949	20	18
K82043	NORDEN HOUSE SURGERY	AV North	9489	47	42
K82061	ASHCROFT SURGERY	AV North	3909	20	18
K82070	WING SURGERY	AV North	5190	26	23
K82079	EDLESBOROUGH SURGERY	AV North	7794	39	35
K82021	CROSS KEYS SURGERY	AV Southern	14089	70	63
K82028	HADDENHAM MEDICAL CENTRE	AV Southern	8244	41	37
K82047	Unity Health	AV Southern	21124	106	95
K82068	WADDES DON SURGERY	AV Southern	5274	26	23
K82033	Burnham Health Centre	Southern	21733	109	98
K82055	Denham Medical Centre	Southern	9835	49	44
K82045	Southmead Surgery	Southern	6551	33	30
K82078	The Allan Practice	Southern	8855	44	40
K82008	The Hall Practice	Southern	9622	48	43
K82006	The Ivers Practice	Southern	9430	47	42
K82051	The Misbourne Practice	Southern	12199	61	55
K82031	Threeways Surgery	Southern	6335	32	29
K82029	Cherrymead Surgery	Wooburn Green	10683	53	48
K82005	Hawthornden Surgery	Wooburn Green	6839	34	31
K82012	Highfield Surgery	Wooburn Green	6409	32	29
K82011	Millbarn Medical Centre	Wooburn Green	7779	39	35
K82066	Pound House Surgery	Wooburn Green	7365	37	33
K82048	Stokenchurch Medical Centre	Wooburn Green	6822	34	31
K82023	The Marlow Medical Group	Wooburn Green	27227	136	122
K82046	The Simpson Centre	Wooburn Green	17350	87	78
K82044	Carrington House Surgery	Wycombe	10824	54	49
K82020	Chiltern House Medical Centre	Wycombe	7778	39	35
K82603	Cressex Health Centre	Wycombe	8176	41	37
K82017	Desborough Surgery	Wycombe	11604	58	52
K82022	Kingswood Surgery	Wycombe	9996	50	45
K82053	Priory Surgery	Wycombe	12395	62	56
K82036	Riverside Surgery	Wycombe	9842	49	44
K82010	Tower House Surgery	Wycombe	10545	53	48
K82030	Wye Valley Surgery	Wycombe	10399	52	47
			579327	2895	2604

13. Appendix 2

EMIS Web

Description	Read Code	SNOMED Description ID
SCR Additional consent status	9Ndn	1726211000000119
On End of Life register	9Ng7	1175491000000110
DNACPR decision (choose one)	1R10	2152721000000112
	1R00	2212981000000117
Discussion about DNACPR (choose one)	67P0	405781000000111
	8CN3	2366601000000110
	67P1	405801000000112
1st Choice Preferred place of death (choose one)	94Z1	157001000000119
	94Z2	160631000000111
	94Z4	155981000000118
	94Z5	138931000000114
	94Z8	1151681000000110
	94ZC	1552771000000117
	94ZE	1138771000000113
Tick here to code 'Has end of life care plan'	8CME	1175451000000119

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
19/03/18	2.0	SNOMED Codes added, dates revised, population figures updated	Jonathan Stevens