

NORTHERN IRELAND LOCAL ENHANCED SERVICE

End Of Life Care Early Identification prototype

2018-19

INTRODUCTION

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised service to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

BACKGROUND

This Enhanced Service has been developed by a Multi-Disciplinary Team of the Regional Palliative Care Programme Board to support a prototype to improve identification of end of life care needs.

Whilst the GMS Quality and Outcomes Framework (QOF) indicators for Palliative Care contains the establishment and maintenance of a register of all patients in need of care/support irrespective of age, as well as at least 3 monthly multi - disciplinary case reviews, where all patients on the palliative care register are discussed, this Enhanced Service seeks to improve detection through an evidence based algorithm.

AIM

To ensure that patients potentially reaching end of life are identified quickly and appropriate support is put in place.

The prototype has several components;

- Undertake initial training and install AnticiPal Lothian Algorithm
- Run the software monthly
- The provision of protected time to use the search algorithm to identify patients with potential palliative care needs and action as per End of Life care Operational System (ELCOS) including consider placing on Palliative Care register

The funding for this NILES is non-recurrent.

This NILES is currently aimed at Vision Practices only.

OBJECTIVES

- To improve the identification of patients on GP registers who are likely to be in the last year of life.
- To utilise the search algorithm, AnticiPal (developed and tested by University of Edinburgh and Marie Curie) on Vision GP clinical information systems to identify patients who are likely to be in their last year of life.
- To develop and nurture collaborative working between GPs, District Nursing and others in primary care and co-ordinate supportive care for the person in their preferred place of care.

SERVICE OUTLINE

This NI Local Enhanced Service will fund:

1. Completion of training at practice level in use of the EOLC Early Identification

The GP practice will nominate a minimum of 1 GP to attend initial 0.5 day training.

Training will take place via video link, which will be sent to Practices upon service uptake. Training will include;

- Installation check of software
- Operation instructions of software run
- Monitoring return requirements
- Payment process
- Evaluation process
- Key contact details for Prototype

2. Run AnticiPal algorithm search and patient discussion at MDT meeting.

- Establish monthly runs of search to identify patients who may have end of life care needs
- GP and associated MDT members to attend monthly meetings to discuss identified patients
- Evaluation – submission of matrix return

3. Report on metrics

- Establish baseline
- Number of new cases found and which of those are added to register
- Detail MDT meeting dates.

ELIGIBILITY

This NILES is only available to GP practices which use the Vision clinical system and which are already signed up to Palliative Care QoF

Funding is limited and practices will be selected to ensure a geographical spread across rural and urban areas.

TRAINING AND ACCREDITATION

Those General Practitioners who have previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

The GP practice will nominate a GP to complete initial training (more people can attend the training as required).

REPORTING REQUIREMENTS

Practices that have contracted to provide this service must complete the attached Annual Data Return (Appendix I) and return to jeni.millar@hscni.net by **30 November 2018**

The following information must be included with the annual data return:

- 1) Details of the monthly data run of the Lothian Algorithm Software, AnticiPal including:
 - The date or run (per month)
 - Number of new cases found (per month)

- 2) Record of Minutes of monthly MDG group including:
 - The date of the meeting
 - Members and occupation
 - Confirmation that the minutes of the meeting are held and retained at practice level.

- 3) Number of patients on the appropriate QOF register before monthly data run of the Lothian Algorithm (monthly).

- 4) Number of new patients identified from the monthly run of the Lothian Algorithm and added to the appropriate QOF register (monthly)

- 5) Percentage of practice list on the GP QOF Palliative Care register.
Research shows around 1% of the population are likely to be in their last year of life at any given time, yet the GP QOF Palliative Care Register statistics in Northern Ireland currently only identify around 0.28% of the population^[1].
- 6) Details of challenges experienced by the practice.
- 7) Details of the benefits and what worked well for the practice.

All queries on the service to be emailed to: joni.millar@hscni.net

FEE LEVELS

A one off **total payment of £1080** per practice will be made, **which covers:**

- Attendance at Induction – 1 session
- Run AnticiPal search and patient case preparation, for monthly MDT meeting (4 sessions within a 6 month period 4 x £180)
- Return submission as part of Evaluation

Purchase of installation of AnticiPal software will be arranged by HSCB.

Practices will submit an end of year submission to confirm they have completed the specified number of AnticiPal runs and demonstrated and increase in identification rates.

In the event of a return not being submitted, the fee will be recouped.

PAYMENT PROCESS

Practices that have contracted to provide this service are required to complete the annual data return and submit to the ICP Team contact, joni.millar@hscni.net

Payment will be received upon receipt of the signed Contract Variation agreement.

^[1] NI GP Palliative Care QOF 2016: 5,246 people for 1,951,068 population (0.28%)

VERIFICATION

Any aspect of this service may be subject to post payment verification checks by the HSCB. Practices should ensure that data on individual patients for which claims are made should be recorded and held at practice level and if requested by the HSCB should be provided in the requested format.

