HULL YORK MEDICAL SCHOOL

NHS Vale of York Clinical Commissioning Group

Protected Learning Time (PLT) for Primary Care

Welcome

Dr Nigel Wells, Clinical Chair
NHS Vale of York Clinical Commissioning Group

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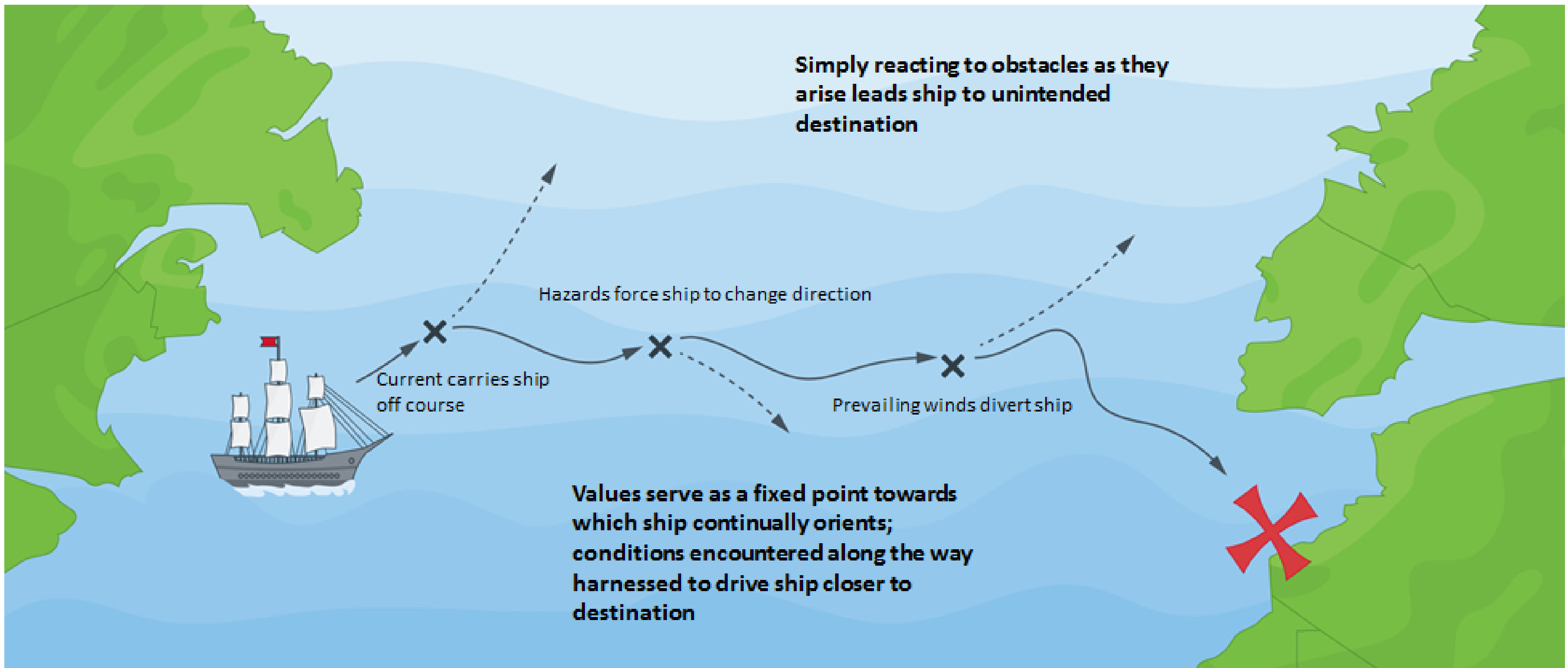
Shared values

NHS
Vale of York
Clinical Commissioning Group



#VOYclinicalnetworks

NHS
Vale of York
Clinical Commissioning Group

- Trust and relationships
- Stewardships not hierarchy
- Legacy not history
- Aligned values and common purpose

NHS Vale of York Clinical Commissioning Group

Protected Learning Time (PLT) for Primary Care

Dr Andrew Lee

Director of Primary Care and Population Health
NHS Vale of York Clinical Commissioning Group

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HULL YORK MEDICAL SCHOOL | ACADEMY OF PRIMARY CARE

Dr Kevin Anderson
Hull York Medical School

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Help train our future GPs....

- Upcoming GP engagement events:
  - **University of York – 7th November 2019 – 18:30-20:00**
  - **University of Hull – 21st November 2019 – 19:00-20:30**
- Refreshments and buffet available
- Free parking!
- All GPs and practice managers welcome
- Book online via www.hyms.ac.uk/GPplacement.

Transforming end of life care with EPaCCS

Dr Dan Cottingham VOYCCG Cancer & End of Life Lead

Joined-up end of life care

- EPaCCS (Electronic Palliative Care Co-ordination System) enables the recording and sharing of a patient's care preferences and key details about their care at the end-of-life
- Supports joined-up care for patients in the last months, weeks, days of life
- Enables accurate up-to-date clinical summary to be:
  - Shared across care settings (community, hospital, hospice)
  - Visible in-hours and out-of-hours to trained professionals
- Trained staff working across all care settings may upload/update/access information about the patient's care

Rolling-out EPaCCS in HCV

- Identified as a core clinical and patient priority by local stakeholders
- Using proven EPaCCS solution from Black Pear – solution designed with palliative care professionals
- Initial Pilot in Scarborough & Ryedale and Vale of York CCGs – Sept-Nov
  - Clinical Design Authority established
  - Clinical Safety and Information Governance assurance in place
  - Baselining benefits
  - Full training and pilot organisation engagement

- Pilot evaluation – led by Clinical Design Authority
- Followed-by full roll-out across Humber Coast and Vale

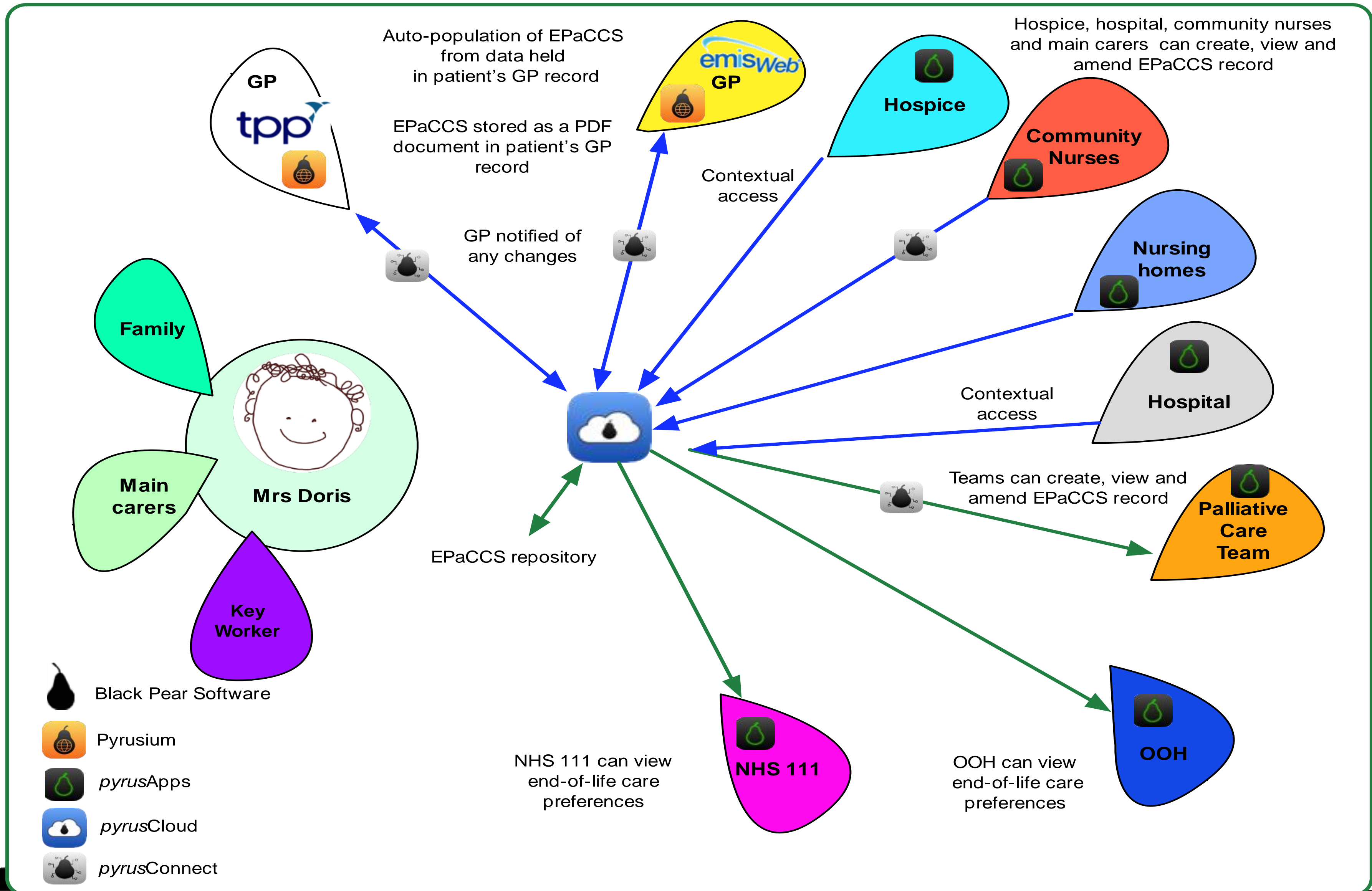
A clinically-led initiative

- Clinical Design Authority established with membership across the health and care economy (21 members across 15 organisations)

- Dr Dan Cottingham and Dr Jenni Lawrence joint Clinical Chairs
  - Making sure the EPaCCS form meets local clinical need
  - Ensuring EPaCCS supports and enhances existing local pathways
  - Defining and capturing benefits (patient, clinical, care, operational)
  - Advice on on-boarding to clinicians and carers
  - Making sure training is clinically-focused
  - Ensuring clinical safety

How it works

HCV EPaCCS: Working together to share patient wishes



Pilot organisations

- York Acute Hospital
- York Community Services
- Humber Community Services (OOH services)
- St Catherine's Hospice
- St Leonard's Hospice
- YAS (OOH/111 Services)
- Vocare
- GP Practices:
  - Haxby Group Practice
  - Priory Medical Group
  - Pickering Practice
  - Derwent Surgery
  - Filey Practice
  - Sherburn Group Practice -
  - Millfield Surgery
  - Ampleforth Surgery

Example EPaCCS form

Note List

Check notes below to attach them to the case

End of Life Care Preferen

Edit date: 31/03/2016

Review date: 02/03/2016

Note Details

End of Life Care Preferences

Note Text

Black Pear and Adastra enabling shared care
[Note Source: Black Pear Adastra API]

Note Questions

End of Life Care Preferences	
Primary End of Life Care Diagnosis	Oesophageal cancer
Preferred Place of Care	Care Home Details: St Oswalds
Preferred Place of Death	Care Home
DNACPR Decision	Not for attempted CPR (cardiopulmonary resuscitation) Is patient aware? Yes Is family aware? No If No, state reason: Awaiting discussion Location of document: Dining room dresser - middle drawer
Main Informal Carer	Has an informal carer Mrs Josie Smith 11 Main Street, Small Village, Largetown ZZ1 1XX Tel no: 0123 456789
Anticipatory Medication	Has been prescribed: Yes List of medication: Analgesic, McKinley Syringe Pump Chart Completed: No
Advance Decision to Refuse Treatment	Has ADRT (advance decision to refuse treatment) (Mental Capacity Act 2005) Location of document: Dining room dresser - middle drawer
Other relevant issues or preferences about provision of care	Gary has strong religious beliefs (mormon)
Further information for ambulance service	Patient is deaf and visually impaired

Yorkshire & Humber
Care Record

EPaCCS benefits baseline survey results

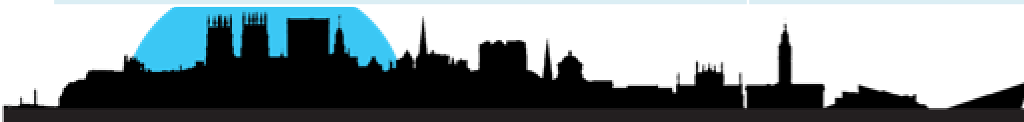
What are the biggest current barriers to end of life patients being cared for and dying in their preferred place?

Availability of appropriate end-of-life care provision and places	Responses
Lack of information at the point of care	5 responses
Difficulties in sharing information with different care settings	4 responses
Lack of time to support decision making	4 responses
Different 'versions of the truth'	3 responses
Co-ordinated staff training	2 responses
The use of different end-of-life protocols across Humber, Coast and Vale	2 responses
Existing end-of-life pathways and processes	1 response

'The use of different end of life protocols across HCV is improving, for example, with the use of morphine; the availability of appropriate end of life care provision is definitely an issue.'
York Hospital

Inability to get care packages in a timely way despite patient having a fast track in place.'
St. Catherine's Hospice

'The only people currently recording end of life preferred place of care and death are GPs and more recently ANPs. We need the whole system: carers (professional and non-professional), community teams, palliative care nurses, to record this and share it across the system digitally too. This is a big cultural change.'
Pickering Practice



What do you think will be the main benefits of EPaCCS?

Improved clinician and carer experience	**6 responses**
Less time spent chasing end-of-life information	6 responses
Improvements to joined-up end-of-life care planning	6 responses
Reduction in avoidable hospital admissions	4 responses
Staff time savings	4 responses
Reduction in awkward / difficult conversations with end-of-life patients	3 responses

‘Improved patient ownership of their plan’

Haxby Group

What factors will influence the success of the EPaCCS project?

- All respondents:
  - Involvement of all organisations
  - Clinical leadership and ownership
  - Clear communications
  - Technical integration
- Other responses:
  - Clear and accessible training – 5 respondents
  - Support for existing ways of working – 3 respondents
  - Enabling improved ways of working – 4 respondents

‘YAS need to be involved’

‘All users need to understand the meaning of the terms used’

‘Communication between the different organisations/agencies involved and a common computer system’

Do you have any concerns or suggestions about the EPaCCS pilot?

‘Possible duplication if YHCR/EPaCCS is to be used alongside existing systems rather than replacing them e.g. Adastra, EMISWeb and SystmOne EPaCCS templates.’

Pickering and Millfield Practices

‘May increase the amount of non-clinical work for GPs if the care record is not auto-populated with data entered into practice patient records.’

Pickering and Millfield Practices

‘Generalisation of rollout may not cater for geographical variation of service provision.’

Riverside Surgery

‘Need to ensure complete engagement – this is essential; training materials need to be available; it is a fantastic project.’

York Hospital

The benefits of EPaCCS

- Number of patients able to die in preferred place
- Co-ordination of care
- Number of carers identified and supported
- Improved patient, carer and staff experience
- Clinician productivity
- Ability to meet end-of-life contractual standards e.g. QOF indicators QI003 and QI004 in the new GP Contract

- Number of ‘difficult’ end of life conversations between patients and staff
- Number of unnecessary
  - Ambulance journeys
  - Unwanted interventions
  - Inappropriate treatments
  - Hospital admissions
  - Bed days in hospital
  - Complaints

How can you get involved?

- Express an interest to tara.athanasiou@idealts.co.uk or dwestmoreland@nhs.net
- Sign an Information Sharing Agreement and Data Protection Contract
- Full communications support is provided, including patient information posters and leaflets and Fair Processing notifications for you to publish on your website
- We will support engagement with Patient Reference Groups
- Full training and go-live support

Quality improvement for primary and community care

The new indicators are

- **QI003**: The contractor can demonstrate continuous quality improvement activity focused on end of life care as specified in the QOF guidance. This is worth 27 points.
- **QI004**: The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified by the QOF guidance. This would usually include participating in a minimum of two network peer review meetings. This is worth 10 points.

Overview of the QI module - 2019/20

- Early identification and support for people who might die within 12 months.
- Well-planned and coordinated care that is responsive to the patient's needs.
- Identification and support for family/informal care-givers both as part of patient core support team and as individuals facing bereavement.
- Evaluate the current quality of their end of life care and identify areas for improvement
- Identify quality improvement activities and set improvement goals

Quality improvement for primary and community care

Within the module, practices will be expected to:

- Evaluate the current quality of their end of life care and identify areas for improvement
- Identify quality improvement activities and set improvement goals
- Implement an improvement plan
- Participate in a minimum of 2 network peer review meetings
- Complete the QI monitoring template

Quality improvement for primary and community care

Practices will be expected to focus their QI activities on

- An increase in the proportion of people who die from advanced serious illness, who had been identified in a timely manner on a palliative/supportive care register.
- An increase in the number of people who died from advanced serious illness who we offered timely and relevant personalised care and support plan discussions that were documented and shared electronically to support delivery of coordinated care.
- An increase in the proportion of people who dies from advanced serious illness where a family member, NOK or informal care giver had been identified; with an increase offered holistic support before and after death.
- A reliable system in place to monitor and enable improvement based on timely feedback of the experience of care from staff, patients and carers.
- These measures will be used at a national level to assess the impact of the module.

Other project next year's QOF

- Cancer Care Reviews
- QI highly likely to be cancer next year.
- NCDA may well put you ahead of the game.
- https://www.cancerresearchuk.org/health-professional/diagnosis/national-cancer-diagnosis-audit

Any questions

- Dr Dan Cottingham
- Macmillan GP and End of Life Lead VOYCCG
- E-mail: **voyccg.macmillangp@nhs.net**

- https://drive.google.com/open?id=11Kg0KbIoSyRK0htYaMyV8R44DTtcM1n_
- https://humbercoastandvale.org.uk/how/digital-futures/#EPaCCS
- https://www.macmillan.org.uk/about-us/health-professionals/resources/resources-for-gps.html#300562

https://www.justgiving.com/fundraising/DanCottingham