



Thursday 28<sup>th</sup> March 2019

To: **All General Practices  
Derbyshire**

Dear All

This is a one-page summary exploring the GP Contract requirements with regards to End of Life Care.

There are currently three End of Life Clinical Leads for Derby and Derbyshire CCG: -

- Dr Pauline Love - North Derbyshire & Hardwick
- Dr Saritha Somarajan - South Derbyshire
- Dr Jon Mead - Erewash

We would like to offer our support to PCN Clinical Directors and start discussions around the support needed to help deliver education for your PCN around the new contract changes for End of Life care.

### **Key Changes**

Alongside the retention of the PC3 QOF indicator relating to a palliative care register, a significant emphasis has been placed in the new GP contract on improvements to end of life care at primary care level. This is through the new QOF element - Quality Improvement.

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 QIP Module - 2019/20 – (RCGP input)**

1. Early identification and support for people who might die within 12 months.
2. Well-planned and coordinated care that is responsive to the patient's needs.
3. Identification and support for family/informal care-givers, both as part of patient core support team and as individuals facing bereavement.





**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 two network peer review meetings.
- Complete the QI monitoring template.

**Practices will be expected to focus their QIP activities on**

1. 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.
2. An increase in the number of people who died from advanced serious illness who were offered timely and relevant personalised care and support plan discussions that were documented and shared electronically to support delivery of coordinated care.
3. An increase in the proportion of people who died 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.
4. A reliable system in place to monitor and enable improvement based on timely feedback of the experience of care from staff, patients and carers.

The GP contract document suggests that the topics of the QIP will change on an annual basis. The PC002 QOF indicator in relation to three monthly MDT case review meetings for all patients on the palliative care register is being retired.

The focus of the indicator and associated QOF points is on contractor engagement and participation in the quality improvement activity, not impact. This is in recognition that not all QIP activity will be successful in terms of immediate impact on patient care. Through practice engagement with QI modules, NHSE expect to see measurable improvement in the quality of care and patient experience at a national level against the areas of focus.

