Commissioning person centred end of life care

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Challenges and case for change

- Nobody likes talking about death and dying
- Death seen as a failure of treatment
- Historically, funding comes from multiple sources
- Difficult to use conventional metrics
- Those who have died unable to report back on their own experience
- The strongest lobbyist are those who have had poor experiences with somebody they love
- Need to be able to stand back and make sure that services deliver for everybody
- 25% of hospital beds occupied by someone dying
- Good community based EoLC could reduce hospital costs by £180 million per year
- 30% current acute inpatients die in the next 12 months
- The total cost to the health and social care system of caring for people in the last year of life could be reduced by 20%
Working with our Partners (27 of them in fact!)

Association for Palliative Medicine; Association of Ambulance Chief Executives; Association of Directors of Adult Social Services; Association of Palliative Care Social Workers; Care Quality Commission; College of Health Care Chaplains; General Medical Council; Health Education England; Hospice UK; Macmillan Cancer Support; Marie Curie; Motor Neurone Disease Association; National Bereavement Alliance; National Care Forum; National Council for Palliative Care; National Palliative Care Nurse Consultants Group; National Voices; NHS England; NHS Improving Quality; Patients Association; Public Health England; Royal College of General Practitioners; Royal College of Nursing; Royal College of Physicians; Social Care Institute for Excellence; Sue Ryder and Together for Short Live
Six ambitions to bring that vision about

01. Each person is seen as an individual
02. Each person gets fair access to care
03. Maximising comfort and wellbeing
04. Care is coordinated
05. All staff are prepared to care
06. Each community is prepared to help

“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk
By 2020.... “significantly improve patient choice at end of life care... including ensuring an increase in the number of people able to die in the place of their choice, including at home.”

Government’s Mandate to NHS England 2016-17
Commitment for EoLC

Opportunity and support to:

• Have honest discussions about needs and preferences
• Make informed choices about care, supported by clear and accessible information
• Develop and document personalised care plan
• Share personalised care plan with care professionals
• Involve, to the extent that you wish, family, carers and those important to you
• Know who to contact if you need help and advice at any time
Some people experience continuing inequalities in the last phase of life

Lack of awareness of people’s individual needs is a barrier to good care

Commissioners and providers do not always consider the needs of everyone in their community
1. **Enhancing physical and mental wellbeing of the individual**
   • To optimise the person’s mental and physical wellbeing so that they can ‘live as well as they wish’ until they die
   • To optimise support for their families, carers and those important to them to maximise their wellbeing before and after the person’s death

2. **Transforming experience of End of Life Care in hospitals and the community**
   To significantly improve the experience of end of life care in hospitals, at home, and in care homes, hospices and other institutions

3. **Commissioning quality services that are accessible to all when needed**
   To support commissioners and service providers to design and implement models of care which promote integration and care that feels coordinated to those using, and delivering, end of life care services
Levers, incentives & metrics

- NHS Planning Guidance
- CCG IAF - % of deaths taking place in hospital
- Local Digital Roadmaps
- Local CQUIN in 2016-17
- CQC inspections focussing on EoLC
- National audit – care of the dying adult
- National survey of bereaved people (VOICES)
Commissioning toolkit

Provides a wide range of links to tools and sources of support for commissioners.

Showcases good practice and seeks to indicate what a well-commissioned end of life care service looks like.

Offers a four-stage approach across all sectors.

It explains the commissioning cycle in practical terms

Continuous improvement

Whole system relationships

Interactive policy and guidance, signposting to relevant health and care practice on commissioning person centred care for those that are dying or bereaved.

Identifies the main elements involved in the commissioning process

Data collection and monitoring

Data transfer (information sharing)

www.england.nhs.uk
Specialist Palliative Care: information for commissioners

Aims to provide commissioners with key information to support the commissioning specialist palliative care

Includes: factors that commissioners need to consider in commissioning specialist palliative care

Information and data to help determine how much specialist palliative care is needed

How specialist palliative care can help achieve a number of goals in relation to the NHS Outcomes Framework

How value and impact of specialist palliative care can be measured

The guide emphasises the importance of taking into account local variations in service provision and funding.

Evidence of the potential for cost reduction and cost avoidance.

Highlights the increasing demands on generalist and specialist palliative care

www.england.nhs.uk
Specialist Palliative Care Currencies

• New currencies for Specialist Palliative Care providers will be published, alongside guidance on how to use them and case studies (December 2016)

• Piloted for several years in acute, community services (adults & children)

• Can be used to support the commissioning and payment from April 2017 – potentially mandated from April 2018 (tbc)

• Is not a tariff

• Think of these currencies as the ‘building blocks’ for payment. Helps commissioners and providers of SPC to understand provision and case complexity of patients being care for.
  
  • Phase of illness
  • Diagnosis
  • Age
  • Setting
  • Functional Status
Palliative Care Clinical Dataset

• Commissioned by NHSE and developed by PHE. Also aligns with the Outcome Assessment and Complexity Collaborative (OACC) initiative, led by the Cicely Saunders Institute (CSI) at King’s College London and in partnership with Hospice UK.

• Data set, and guidance for its use, will be made available for use by clinicians, service providers and commissioners in the Autumn 2016.

• Voluntary. Data items are aligned with the SPC currencies but there are more items on outcomes e.g. breathlessness / at peace

• Can be adopted by commissioners/ providers to understand the current clinical provision of specialist palliative care and evaluate outcomes.

• Nationally, looking to include some of these data items within new/expanding data collections
Commissioning for Value packs
all subject to review / change and approval

LTC Commissioning for Value pack - will include EoLC – October 2016

£ metrics likely to be shown (not RAG rated) are:

- £ Expenditure on EoLC (not including Macmillan nurses)
- £ Expenditure on EoLC (including Macmillan nurses)
- £ CHC fast track nursing
- £ hospice spend
- Plus other / total etc – based on programme spend reported

Quality metrics (likely to be RAG rated) will focus on place of death and amount of time spent in hospital – either days before death or on emergency admissions:

- Average annual number of residents who died with an emergency hospital admission during their last year of life
- Average total number of emergency hospital admissions during the last year of life
- Average & Median days spent in emergency hospital admissions during the last year of life per person
- CHC fast track conversion
- Place of death (by disease group)

www.england.nhs.uk
End of Life

Bar charts for spend per head from new programme budgeting collection

Mock up example – not real data

Spend per head – End of Life

Definition: Reported to estimated prevalence of hypertension (%)
Source: Quality and Outcomes Framework (QoF), The Health and Social Care Information Centre. Erpho Modelled estimate of prevalence
Year: 2014/15 (2011)
1. Enhancing physical and mental wellbeing of the individual

- Launch Knowledge Hub on the Ambitions website
- Publish ‘patient empowerment film’ on NHS Choices
- Launch and lead a social media campaign to promote the EoLC commitment and generate public led demand
- Publish ‘care navigator’ models for local commissioners
- Publish ‘quick guide’ focussing on people with Learning Disabilities
- Scoping work focussing on people who are homeless and specific issues around multi-morbidity
- Evaluate the ‘Serious Illness Conversation’ approach through the Integrated Care Pioneers
- Personal Health Budgets
2. Transforming experience of End of Life Care in hospitals and the community

- Support EPaCCS rollout
- Continue to support testing of new community based models of EoLC
- Hospital improvement – oversight with partners (inc NHSI & CQC), webinar and data analysis
- Care home commissioning guidance
- EoLC community scoping work with RCGP
- Scoping work for homelessness
3. Commissioning quality services that are accessible to all when needed

- Publish Specialist Palliative Care currencies and commissioning guidance
- Publish Palliative Care Clinical Dataset and evaluation
- RightCare programme, publish Commissioning for Value pack for LTCs including data and information on EOLC and two case studies
- Proposal and decision made about future collection of patient/carer experience
- Nine roadshows held across the country to promote the EoLC commitment and spread innovation
- Metric development to continue
- HQIP – scope the next hospital audit
- Publish 24/7 evaluation
Thank you for listening

any questions?

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