

Pre national roadshow event Information about helpful resources

This document provides a brief summary of some of the tools and resources that are available to support commissioning and provision of palliative and end of life care. It is not an exhaustive list and local resources may exist too. Some of these resources will help you to meet other system priorities, for example, the Commissioning for Value packs will help in addressing the 2017-19 Planning Guidance 'must-do' of demand reduction measures, whereas the section on improving care coordination through record sharing will help address the 'must-do' of implementing the Urgent and Emergency Care review in terms of 24/7 integrated care service, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

The Ambitions Framework summarises 'what good looks like' as a whole systems approach. There are 6 high level ambitions, each supported by a set of building blocks, and the entire set of ambitions is underpinned by 8 foundations. The full document and a summary slide deck are available from the website.

Further information available from: www.endoflifecareambitions.org.uk

As well as the Ambitions framework, the Government's response to choice review was also published in 2016. Their response builds on the Ambitions and outlines a clear expectation of the standard of care that everyone should be offered as they approach the end of their life and what the health and care system should be doing to ensure that care is both high quality and personalised. This is captured in their commitment for EoLC.

Further information available from: [Our Commitment to you](#)

Self-assessment framework

The North West Coast Palliative & End of Life Care Clinical Network have developed a self-assessment framework to support delivery of the Ambitions. The tool encourages cross-organisational collaboration and provides a co-ordinated response across localities. The tool can be used to collect evidence that support the identification of areas for future priorities.

Further information available from: Kathryn.davies16@nhs.net

Knowledge hub

NHS England has commissioned the further development of the Ambitions website to become a central point of reference (or knowledge hub) for all professionals and organisations with an interest in palliative and end of life care. The hub will host resources about palliative and EoLC, including historic resources previously hosted by NHS Improving Quality and National End of Life Care Programme, as well as links to other useful sites. Following its launch (2016), the hub will be able to include newer resources, including case studies of innovative practice to facilitate shared learning and accelerated adoption of good practice (early 2017).

Further information available from: www.endoflifecareambitions.org.uk

Resources to support commissioning

Commissioning the spectrum of end of life care

Commissioning toolkit for end of life care

This toolkit identifies the main elements involved in commissioning end of life care services, explains the commissioning cycle in practical terms and offers a staged approach. It also provides a wide range of links to tools and sources of support for both commissioners and providers of services. It showcases good practice and seeks to indicate what a well-commissioned end of life care service looks like.

Further information available here: NHS England

Commissioning for Value packs

As part of the NHS RightCare Programme, the Commissioning for Value products aim to provide clinical commissioning groups (CCGs) and local health economies with practical support in gathering data, evidence and tools to help them improve the way care is delivered for their patients and populations. The information in these products will be of particular interest to CCG clinical and management leads with responsibility for finance, performance, improvement and health outcomes; to NHS England regional teams; to other stakeholders within each STP footprint area; and to commissioning support teams who are helping CCGs with this work. A Commissioning for Value pack for Long Term Conditions will be published soon and will include quality metrics for EoLC.

Further information available here: <https://www.england.nhs.uk/rightcare/intel/cfv/>

Commissioning specialist level palliative care

Specialist Palliative Care: information for commissioners

This guidance was prepared by expert reference groups supported by NHS England, and led by the National Clinical Director for End of Life Care, in response to requests by commissioners, service providers and clinicians for a clear description of what should be provided in terms of specialist level palliative care for people with progressive, life-limiting illness who have complex needs, and/or those whose usual care teams require the expert advice, guidance and support of those with specialist knowledge and skills in palliative care. It includes a sample service specification which commissioners can lift and use if they wish.

Further information available here: [NHS England](#)

Palliative Care Clinical Dataset

NHS England collaborated with the National End of Life Care Intelligence Network, two voluntary sector partners (Hospice UK and NCPC) and an academic partner (Cicely Saunders Institute) to develop an individual level palliative care clinical data set last year. Collection of the data is a voluntary process for localities - its use will minimise the burden of data (data items are aligned with data required to support the use of palliative care currencies as well as individual level clinical outcomes). The dataset was published in 2016 and can be adopted by commissioners/ providers to understand the current clinical provision of specialist palliative care and evaluate clinical outcomes.

Specialist Palliative Care Currencies

Currencies for Specialist Palliative Care will be published, alongside guidance on how to use them and case studies (early 2017). The currency groups specialist palliative care into packages of care that are similar in terms of resource need and clinical input. The currency is not mandatory, nor is it associated with national tariffs. The aim is that it will provide a useful tool to support planning and commissioning of specialist level palliative care services that more closely matches complexity and casemix.

Improving quality

CQC inspections and thematic review on inequalities

The CQC's new inspection approach, which has been in place since October 2014, includes a clear focus on end of life care and applies in all services where end of life care is delivered. The approach includes acute hospitals, community settings, GP services, hospices and care homes. During 2016, CQC will review its inspection approach and consider where improvements can be made, including on incorporating choice in end of life care into its inspection regime. CQC has also published a thematic review on inequalities in end of life care.

Further information available from: <http://www.cqc.org.uk/content/new-ambitions-end-life-care> and https://www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_OVERVIEW_FINAL_3.pdf

Transform programme ‘route to success’ in acute hospitals

This ‘Transforming end of life care in acute hospitals: The route to success ‘how to guide’ aims to improve the quality of EoLC within acute hospitals across England, enabling more people to be supported to live and die well in their preferred place. The publication offers practical advice and support for frontline clinicians and leaders for the work required to transform end of life care in acute hospitals. It helps hospitals to work towards the NICE quality standard for end of life care for adults and requirements of the Care Quality Commission (CQC). It also supports the delivery of commitments to end of life care set out in the NHS Mandate. The five enablers of the Transform programme are:

1. Recognising uncertain recovery (e.g. Amber Care Bundle),
2. Rapid discharge home,
3. Advance Care Planning,
4. Shared records (e.g. through EPaCCS)
5. Priorities of care for the dying person.

Further information available from:

<https://www.england.nhs.uk/2016/01/transforming-end-of-life-care/>

National audit of dying in hospital (Royal College of Physicians)

The End of Life Care Audit: Dying in Hospital is a national clinical audit commissioned by the Healthcare Quality Improvement Partnership (HQIP) and was run by the Royal College of Physicians in 2015. It has been designed to ensure that the priorities for care of the dying person outlined in the document ‘*One Chance to Get it Right*’ are monitored at a national level. National audit data will support end of life care commissioners, service providers and policymakers to audit the care and to facilitate quality improvement initiatives. Following the End of Life Care Audit – ‘Dying in Hospital data collection in 2015’, a number of reports and outputs have been produced which are now available to download.

Further information available from: <https://www.rcplondon.ac.uk/projects/end-life-care-audit-dying-hospital>

Improving care coordination through record sharing

Electronic Palliative Care Coordination Systems (EPaCCS)

EPaCCS provide a shared locality record for health and social care professionals. They allow rapid access across care boundaries, to key information about an individual approaching the end of life. The footprint for sharing information is locally defined. In areas currently without shared digital records, the Summary Care Record

(SCR) is promoted as the minimum requirement to enable electronic sharing of end of life care preferences. In 2016 a video was published outlining the benefits of EPaCCS from the perspective of both a patient and a clinician.

Further information available from: <https://www.youtube.com/watch?v=rYrIILkImrE>

Digital Maturity Assessment

The Digital Maturity Assessment measures the extent to which healthcare services in England are supported by the effective use of digital technology. It will help identify key strengths and gaps in healthcare providers' provision of digital services at the point of care and offer an initial view of the current 'baseline' position across the country. In doing so it supports the National Information Board's commitment to achieving a fully interoperable health and care system by 2020 that is paper-free at the point of care.

Further information available from:

<https://www.england.nhs.uk/digitaltechnology/info-revolution/maturity-index/>

Comparing outcomes and other data

Quality and outcomes framework (QOF)

The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices. It rewards contractors for the provision of quality care and helps to standardise and fund further improvements in the delivery of clinical care. Contractor participation in QOF is voluntary. QOF results are published annually – for England, this information can be found on NHS Digital website. The indicators required for EoLC include:

Palliative care (PC)

Indicator	Points	Achievement thresholds
Records		
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	
Ongoing management		
PC002. The contractor has regular (at least 3 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed	3	

CCG Improvement Assessment Framework (IAF)

The CCG IAF brings clarity, simplicity and balance to the conversation between NHS England and CCGs about what matters to both sides. It draws together in one place NHS Constitution and other core performance and finance indicators, outcome goals, and transformational challenges. In combination these provide a more accurate account of the real job description of CCGs. NHS England has introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17

onwards, to replace both the existing CCG Assurance Framework and separate CCG performance dashboard. In the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS. The CCG IAF has been designed to supply indicators for adoption in STPs as markers of success. In turn those plans will provide vision and local actions that will populate and enrich the local use of the CCG IAF. Within the CCG IAF there is an indicator within personalisation and choice on 'Percentage of deaths which take place in hospital'

Further information available from: <https://www.england.nhs.uk/commissioning/ccg-auth/>

Public Health England Intelligence network - End of Life Care Profiles

EoLC Profiles aim to increase the availability and accessibility of information on EoLC across England. It has been produced to improve the availability and accessibility of information around EoLC. The Profiles provide a snapshot overview for various geographies in England. They are intended to support the NHS, local authorities, health services and other interested stakeholders to monitor comparative information on factors (such as underlying cause of death, place of death, death in usual place of residence, etc.,) that describe population trends associated with the end of life.. The profiles will help commissioners and providers of end of life care to get a clearer picture of the end of life care needs of their local populations. These will help with the planning and delivery of services and will support local drives towards improving end of life care. The Profiles are grouped into the following domains; Place of Death, Underlying Cause of Death, Mortality Rates, Death in Usual Place of Residence (DiUPR), Dementia (includes Alzheimer's disease) and Relevant Indicators (i.e. indicators extracted from other PHE's profiles).

Information is also published on PHE's Fingertips, which is a web platform that allows easy access to in-depth analysis of a wide range of health and health related data in thematic Profiles. There is a search function that enables people to get to the end of life care information with ease.

Further information available from: http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/ and <https://fingertips.phe.org.uk/>

Public Health England - Cost-effective commissioning of end of life care

In 2015/16, the Health Economics team in Public Health England (PHE) commissioned a programme of work to enable Clinical Commissioning Groups (CCGs), local authorities, and other decision makers to better understand the economic case for increasing investment in prevention and early intervention. One of the areas that was identified as a priority were the services and care provided to patients who were diagnosed as being or nearing the end of their lives, as a result of a terminal illness.

This month PHE has published a number of products to support commissioning decisions for end of life care services. These include:

A report '**Understanding the health economics of palliative and end of life care**'. The first half of the report presents the findings of a review of the available literature on the costs and effectiveness of different initiatives and schemes designed to improve patients and carers experiences at the end of the patient's lives. The second half of this report describes the new end of life care economic tool and the methodology underpinning this tool.

An **end of life care analytical tool**. This interactive tool is made up of two components. The first provides a summary of the costs, impacts and wider issues associated with different interventions and services for providing care and support for patients at the end of their lives. The second component enables the user to explore the potential trade-offs associated with shifting resources and activity away from secondary care into primary, community and social care settings.

The **end of life care analytical tool user guide**. This document provides a step-by-step guide to the end of life care economic tool.

These products will be of great importance for decision-makers. They will help them when they are considering the potential improvement, or indeed the potential decline, in the quality and safety of care, and patient experience, in conjunction with the net financial implication, when considering the implementation of interventions. Moreover, they will assist stakeholders when looking at current capacity of care provision and whether it can adequately cope with a potential influx of primary, community and social care activities for end of life care.

The tools can be downloaded here:

<http://www.yhpho.org.uk/default.aspx?RID=257011>