NHS England Clinical Networks

• Initiated in 2013

• 4 key themes chosen (those in which large scale coordinated change and improvement required, complex pathways of care, multiple professionals / organisations involved)
  • Cardiovascular (including cardiac, stroke, renal, diabetes)
  • Cancer
  • Mental health (including dementia, neurological conditions)
  • Maternity, Children and Young people

• Other cross cutting themes developed according to local need
NHS England Clinical Networks

- Principles: work in partnership with commissioners, work cross boundary, be a vehicle for improvement for patients, carers, public in order to
  - Reduce unwarranted variation in health and well being services
  - Encourage innovation in service provision
  - Provide clinical advice and leadership to support decision making and strategic planning.
NHS England (London region) EOLC Clinical Network

- March 2014 – Clinical Leadership Group formed - following 5 roadshows to establish local priorities
  - ~25 members – representing primary, secondary and third sector health care, social care, generalists and specialists, commissioners and providers, patients / carers
- June 2014 - four workstreams initiated:
  - Workforce and training
  - Community
  - Good care, good death, good bereavement
  - Engagement and social strategy
Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

National Palliative and End of Life Care Partnership

The Government's mandate to NHS England for 2016-17

End of Life Care Strategy
Promoting high quality care for all adults at the end of life

London Strategic Clinical Networks

House of Commons
Health Committee
End of Life Care
Fifth Report of Session 2014-15

Burying without dignity
The Government's response to the review of choice in end of life care

Our Commitment to you for end of life care

A different ending
Addressing inequalities in end of life care

Department of Health

End of Life Care
A national framework for local action 2015-2020

Commitment Statements
One chance to get it right

More care, less pathway
A new and Liverpool Care Pathway
Good care, good death, good bereavement

- Co-chairs – Dr, Luke Howard (Respiratory Physician, Imperial College), Mr. Brian Andrews (Lay member representative, London EOLC Alliance)
  - Supported by Ruth Evans, Senior Project Manager
- Definition of a good death published Spring 2015
- Commissioners checklist – project initiated Autumn 2014
  - Supported, and reviewed / edited by
    - CCG commissioners from around London
    - London ADASS EOLC commissioners
What is a good death?

A good death is the best death that can be achieved in the context of the individual’s clinical diagnosis and symptoms, as well as the specific social, cultural and spiritual circumstances, taking into consideration patient and carer wishes and professional expertise.

- A supportive culture that fosters excellence, confidence, innovation and education in all staff with the aim of improving outcomes
- Timely assessment and provision of bereavement services
- Care which is competent, confident, compassionate and personalised, in line with recognised best practice standards
- Joined up, co-ordinated services and pathways which are easy to access and navigate
- Access to spiritual and psychological support
- Tailored pain management
Challenges to commissioning End of Life Care

• Spans health and social care
• Spans generalist and specialist services
  • e.g. Community nursing, equipment, pharmacy provision, OOH services
• Spans NHS and third sector funded health care
  • e.g. acute hospital care, hospice & hospice at home care, Macmillan provision
• Commissioning and service provision is non-uniform
• Patient and those important to him/her
End of Life Care Commissioners Checklist

• Aimed at
  • Achieving excellent quality care
  • All Health and Social Care settings
  • All diagnoses
  • Use throughout commissioning cycle
  • Use alongside other key publications / assessments

• Published April 2016
• 12 pages
End of Life Care Commissioners Checklist – foundations for excellence

<table>
<thead>
<tr>
<th>Personalised care planning</th>
<th>Shared records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and training</td>
<td>24/7 access</td>
</tr>
<tr>
<td>Evidence and information</td>
<td>Involving, supporting and caring for those important to the dying person</td>
</tr>
<tr>
<td>Co-design</td>
<td>Leadership</td>
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## End of Life Care Commissioners Checklist

### Foundation: Evidence and Information

<table>
<thead>
<tr>
<th>Aims</th>
<th>Collecting pre-commissioning data and evidence</th>
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| Development of service specifications, service redesign and setting of key performance indicators for health and social care aims, strategy, and key enablers and outcomes (using this checklist). | Use local data for a comparison or gap analysis with national data and key documents that outline what end of life care should look like:  
  - NICE Quality Standards for end of life care  
  - NICE guidance for commissioners on end of life care  
  - Ambitions for palliative and end of life care  
  - Every moment counts  
  - One chance to get it right  
  - Local data: JSNA, public health, local authority and voluntary sector information;  
  - e-ELCA National end of life education resource,  
  - London wide end of life care education guidance and case study resource |

<table>
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<tr>
<th>Aims</th>
<th>Data and evidence collection throughout the commissioning cycle</th>
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| ~1% of population registered with each GP die per year and ~75% of these have predictable deaths so should have been identified within the 1%. (The NHS Improving Quality website provides CCG based data on number and location of death.) | Outcomes  
  - Increase in number of patients on EPaCCS (e.g. CMC, Health Analytics or EMIS Web) palliative care register i.e. number of identified patients  
  - Check / incentivise each practice has a regular meeting to discuss these patients  
  - Incentivise for that number to increase towards 1% by xxx date. |
| | Measures  
  - Number of patients on EPaCCS (eg CMC or Health Analytics) reported by practice, with incentivisation to increase by locally decided % each year;  
  - Presence of regular multidisciplinary meeting to discuss end of life care patients within primary care |
Dissemination – April 2016 onwards

- London CCG EOLC commissioning leads
- 5 STP Strategic Planning Group leads
- EOLC Clinical Leads across London
- National EOLC lead
- Presentation and discussion at meetings with individual commissioners
Use of the EOLC commissioners checklist

- Welcomed by commissioners
- Used alongside Ambitions document, SPC specification, NHSIQ commissioning toolkit etc. Links are vital.
- Used to support creation of commissioning papers
- Used to guide EOLC workstream within STP
- Feedback: ‘useful’ components
  - ‘Brevity’ and outcomes
  - Clear and logical in approach
  - Spans breadth of services required to deliver EOLC
2.2 - 2020 goals: Significantly improve patient choice, including end-of-life care... ensuring an increase in the number of people able to die in the place of their choice, including at home

2016-17 deliverables: produce a plan with specific milestones for improving patient choice by 2020 particularly in end of life care (to ensure more people are able to achieve their preferred place of care and death)

NHS Mandate 2016-17 - EOLC

Promote and support the implementation of the Choice commitment to improve choice in EOLC

C CG improvement and assessment framework 2016/17

Indicator 105c – percentage of deaths which take place on hospital
Engagement with London STPs

- May 2016 - presentation at London STP SPG meeting
- Paper summarising case for change in EOLC for London, and 5 asks:
  1. Increase in the number of people identified as being in the last year of life
     *No. of patients entered onto an EPaCCS*
  2. Reduction in % of people who die in hospital
     *Reported quarterly by CCG via the National EOLC Intelligence Network*
  3. Provision of 24/7 community nursing, community pharmacy, Specialist Palliative Care Services in all settings
  4. Use of an interoperable communications system to document and share care plans for patients approaching the end of life.
     *Adoption of the Resuscitation Council (UK)/RCN - led ReSPECT process.*
  5. Improvement in patient and carer experience - decision-making, coordination of care and access help and advice when needed.
     *Single point of contact and or access to a care coordination centre.*
Priorities of EOLC SCNs for 2016-17

• Support better commissioning of EOLC, through championing amongst STPs, commissioners, providers and clinical teams, through the use of
  • Commissioning toolkit / SPC guidance
  • SPC currencies, and datatset
• Support implementation of Transforming EOLC programme in acute hospitals and communities including use of five enablers
  • ACP, AMBER Care bundle / other identification tool (TEP ReSPECT), rapid discharge home checklist, care in the last days of life, EPaCCS
NHS England End of Life Care workstreams – 2016 -17

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