GP Contract 2019

Quality Improvement Module
End of Life Care 2019/20

QI003: The contractor can demonstrate continuous quality improvement activity focused on end of life care as specified in the QOF guidance. 27 points

QI004: The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two network peer review meetings. 10 points

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The aim of this domain is to provide support for contractors and their staff to recognise areas of care which require improvement and take steps to address this through the development and implementation of a quality improvement plan and sharing of learning across their network.

Within the parameters set out in this guidance, contractors are encouraged to understand where they have the potential to make quality improvements and then to design and implement bespoke quality improvement plans, including improvement targets to address these.

There are no deadlines given for the completion of the initial review of care, delivery of the subsequent plan or the network meetings. However, contractors are advised that they are expected to be working on these improvement activities throughout the QOF year.

The overarching aim of these QI indicators (QI003 & QI004) is to lead to improvements in relation to the following aspects of care:

1. Early identification and support for people with advanced progressive illness who might die within the next twelve months.
2. Well-planned and coordinated care that is responsive to the patient's changing needs with the aim of improving the experience of care.
3. Identification and support for family / informal care-givers, both as part of the core care team around the patient and as individuals facing impending bereavement.

Practices will need to:

- **Evaluate** the current quality of their end of life care and **identify** areas for improvement – this would usually include a retrospective death audit (QI003)
- **Identify** quality improvement activities and **set** improvement goals to improve performance
- **Implement** an improvement plan
- **Participate** in a minimum of 2x GP network peer review meetings
- **Complete** the QI monitoring template

The following section includes further detail on the types of things that practices will need to do to deliver this module. These are only suggestions and the decision about what to include in the QI plan and which QI methodologies to use should be made by practices and shared with their peers through the network meetings

Detailed contractor guidance

- **Identifying areas for improvement**

All practices should start with an assessment of the current quality of care they provide for patients and their families at the end of life. This would usually include the completion of a retrospective baseline audit of deaths. The purpose of this is to understand firstly, the numbers of people who had been identified as end of life and therefore deaths which had been anticipated, and secondly, how many patients had care plans in place.

If the practice already has well-established end of life care processes then this baseline audit analysis could focus upon other aspects of care such as:

- Priority care goals achieved e.g. is preferred place of death recorded and achieved?
- Quality of care plans including treatment escalation and advance care plans e.g. legal status of Power of Attorney and advance Directives, and emergency treatment preferences such as recording of decision on cardiopulmonary resuscitation
- Main carer is identified with offer of assessment and support
- Anticipatory medicines are available in the place of care

- **Identifying quality improvement activities and setting improvement goals**

The identification of quality improvement activities should be informed by the practices baseline audit results. Practices should focus their quality improvement activities on delivering improvement across the following four measures:

1. An increase in the proportion of people who die from advanced serious illness who had been **identified** in a timely manner on a practice 'supportive care register', in order to enable improved end of life care, reliably and early enough for all those who may benefit from support.
2. An increase in the proportion of people who died from advanced serious illness who were sensitively offered timely and relevant **personalised care and support plan discussions**; documented and shared electronically (with appropriate data sharing agreements in place) to support the delivery of coordinated, responsive care in and out of hours with key cross-sector stakeholders.
3. An increase in the proportion of people who died from advanced serious illness where a family member / informal care-giver/ next-of-kin had been **identified**; with an increase in those who were **offered holistic support before and after death**, reliably and early enough for all those who may benefit from support.
4. A reliable system in place to monitor and enable improvement based on timely feedback of the **experience of care** from staff, patients and carer perspectives

For each of the measures practices should identify and agree their own objectives which are SMART (Specific, Measurable, Achievable, Relevant and Time-Bound). Practices should set their own targets for improvement based upon their baseline audit results. These should be challenging but realistic and recognise that it may be easier to make larger improvements when starting from a modest baseline. Practice targets for improvements should be validated by network peers as part of the initial network review meeting.

- **Implementing the plan**

Practices should implement the improvement plan they have developed to support the objectives they have identified. It is recommended that these plans and associated improvement activities should involve the whole practice team and practices are encouraged to engage with colleagues in community and other related services (such as district nurses, hospice services, specialist palliative care, community pharmacy, and care homes), where practicable.

Where possible, patients and their families/carers should be involved in continuous quality improvement around end of life care. This is especially the case in relation to measures three and four.

- **GP Network peer review meetings**

A key objective of the network peer review meetings is to enable shared learning across the network. The aim of this is to improve learning from deaths and the provision of best practice end of life care. It is also intended to provide a forum for practices to identify wider system issues impacting upon care quality, which may require a collective response.

Contractors should participate in a minimum of two network peer review discussions unless there are exceptional and unforeseen circumstances which impact upon a contractor's ability to participate. Whilst these meetings would usually be face to face, networks are able to explore other mechanisms to facilitate real time peer learning and sharing, including virtual meetings.

The network clinical lead or their nominated deputy should facilitate these meetings and maintain a record of attendance. It is for the network to determine the timing of these meetings but it is recommended that the first meeting takes place early in the QI activity and the second towards the end

Suggested peer review meeting discussion points

The first peer review meeting should take place early in the QI activity and focus on:

- Sharing the outputs of the diagnostic work to understand the issues for each practice about end of life care.
- Validation of practice improvement targets.

Discussion points could include:

1. What relevant evidence-based guidance / quality standards can the group use?
2. What data has each practice used to inform its review of current performance?
3. Has the right focus been chosen by each practice based on their current performance?
4. Has each practice set a clear aim with a challenging but realistic local target, and agreed an appropriate measurement to monitor impact?
5. What ideas for changes is each practice planning to try in an improvement cycle?
6. How are practices ensuring that the whole practice team (including other clinical colleagues and patients and carers) are engaged in the proposed QI activity?

The second peer review meeting should take place towards the end of the QI activity and focus on:

- Celebrating success and sharing of key changes made in practice.
- Encouraging a compassionate, no-blame and active learning culture.
- How these changes have been embedded and will be sustained.

Discussion points could include:

1. What results have each practice seen in their QI activity testing?
2. What changes have been adopted in each practice?
3. How will these changes be sustained in the future?
4. What new skills have staff developed and how can they be used next?
5. What further QI activity in end of life care is planned in each practice?
6. What further actions may need to take place (e.g. at network or CCG level) to support the changes in practices?

- **Reporting**

The contractor will need to complete the Quality Improvement Monitoring Template in relation to this module and self-declare that they have completed the activity described in their QI plan. The contractor will also be required to self-declare that they have attended a minimum of two peer review meetings as described above, unless there are exceptional and unforeseen circumstances which impact upon a contractor's ability to participate. In these circumstances contractors are expected to make efforts to ensure alternative participation in peer review.

The reporting template is below.

Quality Improvement Monitoring Template
End of Life Care

Practice name and ODS code
Diagnosing the issues
What issues did the practice identify with current end of life care?
What SMART outcomes did the practice set for each measure?
Results
What did the practice achieve?
What changes will/have been embedded into practice systems to ensure improved quality end of life care in the future?
How did the GP network peer support meetings influence the practices QI plans and understanding of end of life care?
Please attached the results of both end of life care audits (as appendices), including identified SMART outcomes for each objective