EPaCCS Data Explained

Key Points:

1. The data reports provided to GP Practices, PCN's and Place were obtained from the GP Alliance reporting of Primary Care EMIS - GP Practices have been provided with their individual practice level data against Care Communities overall for comparison.

2. Practices who wish to run their own independent reports can do so using the coding information on the Cheshire EPAIGE – search for '**SNOMED codes for Cheshire end of life searches'**

3. The explanations around the **High Level Outcomes (HLOs)** below apply to Priority End of Life data fields which have been agreed between the Partners (commissioners and providers) of the palliative & end of life Strategic Collaborative Cheshire (SCC)

5. EoLP are continually working with Partners to better understand EPaCCS data and to make it both reflective and meaningful to working practice

Your data explained - High Level Outcomes (HLOs)	**Local Standard**	**Supporting Explanatory Notes**
High Level Outcome 1: Spot audit of 'living patients' on the GSF/with a GSF needs based code at a particular date	**0.60%**	Links to national campaign – 'find your 1%' i.e. roughly 1% of the practice population will die every year There is some evidence that at best a practice has the potential to anticipate and therefore identify 0.75% due to the nature of dying. Coding options include on the GSF Register as well as needs-based coding based upon the stages of the North West Model. This percentage was increased in Autumn 2022 from 0.45% to 0.60% to align with Cheshire & Merseyside targets.
High Level Outcome 2: Deceased patients where a consent code for sharing end of life information has been ticked or on the end of life care register code used	**35%**	This HLO was removed from reporting in Autumn 2022.
High Level Objective 3: Deceased patients with a locally defined 'meaningful EPaCCS'	**45%**	Locally we have defined a 'meaningful EPaCCS' as being: 'by the time a person has died they will have all three of the following areas of care recorded through coding' : • Identified as nearing end of life (GSF/needs based coding) • Offered/had an ACP conversation (includes declined or not appropriate codes and PPoC/D location codes) • CPR status or discussion recorded

High Level Objective 4 & 5 & 6: Deceased patients identified with either one of the locally defined meaningful EPaCCS areas coded	**45%** **45%** **60%**	These three areas of coding have been separated out to allow GP Practices to identify if there is a particular area of their coding that is affecting their achievement of the 'meaningful EPaCCS' standard i.e. HLO 3 • **HLO 4** - Identified as nearing end of life (GSF/needs based coding) • **HLO 5** - Offered/ had an ACP conversation (includes declined or not appropriate codes, and PPoC/D location codes) • **HLO 6** - CPR status or discussion recorded
High Level Objective 7: Deceased patients with a recorded: Preferred Place of Death/Care AND Actual Place of Death	**25%**	Recording of both Preferred Place of Care/Death and Actual Place of Death will have the following three benefits locally: 1. CQC inspection evidence as some practices are being asked how they know patients are dying where they want to 2. After Death Analysis at GSF meetings – quick way of identifying patients that didn't die where they preferred so that these can be discussed and reflected upon at palliative care meetings 3. As more GP Practices record this information, we will be able to pick up any geographical trends around people achieving their wishes and seek to understand if this is a result of gaps or variations in service provision