

Locally Commissioned Service Specification for Urgent Digital Care Plan LCS Specification for NCL GPs

Service period: April 2022 – March 2023

1. Introduction and Background

Digital care plans are valuable tools for recording and transmitting people's preferences around the care they want to receive. It can be used for a variety of patient cohorts including those at the end of their lives or high frequency users of urgent care.

We know that the majority of people nearing the last years of life say that they would prefer to die in their residence. Their care can be planned through Advance Care Planning (ACP). This not only improves the quality of care for patients and carers, but also reduces inappropriate hospital admissions.

Barriers to best practice include the identification of patients and the subsequent conversation that would enable thoughts to be articulated and decisions made. Advance Care planning requires good rapport and time. General practice has the advantage of longstanding relationships so we believe GP's are in a unique position to be able to support patients in their last years of life who are nearing the end of life by discussing and planning their care then working with other professionals to ensure care is co-ordinated around the person.

We know that there are non-EOLC patients that would also benefit from having an advanced care plan that can be seen by all parts of the healthcare system

2. Aims

The aims of this locally commissioned service are

1. To improve outcomes for patients in the last years of life and their carers, including appropriate signposting or referral to bereavement services.
2. To ensure that dying patients are supported where possible to die in their preferred place of care. Evidence suggests this is usually their home.
3. To reduce the number of avoidable hospital admissions for patients in their last years of life who are nearing the end of life thus reducing secondary care spend.
4. To increase the use of Urgent Care Plans for patients nearing the end of their lives

Appropriate care will be delivered by a well-trained practice team, delivering high quality care to people in the last years of life and at the end of life.

The LCS will reimburse GPs for:

- *Each practice attending training that related to advanced care plans, compassionate conversations and creation of digital care plans*
- *Creating a Better urgent care plan*
- *Reviewing Better plans (maximum of once per year per record)*

The objective of the LCS proposal will include contributing to the following outcomes:

- An increase in people dying in their preferred place of death
- Increase in the proportion of deaths where the patient was recognised as potentially in the last Year of life and placed on a Palliative Care register. (Putting on a Palliative Care register should be by consent.)
- Increase in the proportion of deaths where there has been a discussion of end of life wishes and these have been recorded in their GP Records. This includes Preferred Place of Care (if care needed because of a poor baseline or a potentially reversible deterioration) and Preferred Place of Care if dying, generally referred to as Preferred place of Death.
- Increase in the number of UCP records created to share end of life care wishes.
- Increase in the number of UCP records for patients who would benefit from having one

3. Eligibility and exclusions

The LCS applies to all patients who are assessed as being in the last year of their life or are considered appropriate for an advance care plan.

The LCS would only be for UCP or Better records completed by primary care. Practices will only be paid for plans that they have published and not those that have been partially completed.

Practices that signed up to the LCS automatically consent to the Better records they've created to be clinically audited. This is done solely to assess the quality of the records and shape future training events and has no impact on payment of the LCS.

4. Service Specification

Creating advanced care plans

- Each practice must completed advanced care plans for any patients they think would benefit from them
- The practices will be paid £40 for every Better or Urgent Care Plan created and signed off by one of their clinicians
- The plan must be signed off by a GP or nurse but can be inputted or edited by any member of the practice

Reviewing advanced care plans

- Each practice must review each care plan at least once per year or ensure that they are reviewed by the community palliative care team
- The practice will be paid a maximum of £20 per record per year for review
- Whilst payment is capped at once per year, practices should review ACPs as often as preferences or patient plans change

Attending ACP training

- At least once per year, a GP from the practice will attend training around compassionate conversations, creating advanced care plans
- This meeting will involve local experts in advanced care plan creation as well as Better plans

5. Payment Schedule

Participating practices receive a single block payment up front that will cover attending at PCN meeting. Practices will be paid for any Better records created before October 2022 in November 2022. All further payments will be made at the end of 2022/23.

Payment through Proposed LCS	Regularity/tariff	Amount
PCN or borough based training attendance	Annual	£320
Completed Better patient records	Per record	£40
Review of Better record	Per record per year	£20