

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	22 September 2021	<b>Action</b>	Consider
<b>Item No.</b>	11	<b>Confidential</b>	No
<b>Title</b>	Bury Palliative & EoLC System - Information and digital improvement proposals		
<b>Presented By</b>	Lindsey Darley, Director of Transformation and Delivery, Bury IDC		
<b>Author</b>	Ian Trafford, Project Lead		
<b>Clinical Lead</b>	Dr Richard Deacon		

<b>Executive Summary</b>
<p>The purpose of the paper is to provide the Committee with an overview and update to planned improvements to palliative and end of life care provision in Bury.</p> <p>The paper briefly describes the background and context to the planned digital and information system improvements in relation to palliative and end of life care. It then describes in more detail the proposals that particularly relate to primary care: EARLY and EPaCCs</p>
<b>Recommendations</b>
<p>The Bury Primary Care Commissioning Committee is asked to:</p> <ol style="list-style-type: none"> <li>Note the plans for a new model of EoLC including for digital and information system change described in the paper.</li> <li>Endorse the proposed rollout plan for EPaCCS.</li> <li>Advise on any additional interdependencies or considerations that will assist in the delivery of the plans.</li> </ol>

<b>Links to CCG Strategic Objectives</b>	
<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	<input type="checkbox"/>
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	<input type="checkbox"/>
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	<input checked="" type="checkbox"/>
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body	

Links to CCG Strategic Objectives
Assurance Framework? If yes, state which risk below:

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Not required at this stage. Specific digital developments form part of GMECSCN program and have been subject to clinical and other governance approvals.						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Bury Digital Board	17/03/2021	Taken for info
Bury LCO Board	31/03/2021	Approval
Bury System Board	15/04/2021	Approval

# **Bury Palliative & EoLC System** **Information and digital improvement proposals – update to Bury Primary Care Commissioning Committee**

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## **Introduction**

The purpose of the paper is to provide the Committee with an overview and update to planned improvements to palliative and end of life care provision in Bury.

The paper briefly describes the background and context to the planned digital and information system improvements in relation to palliative and end of life care. It then describes in more detail the proposals that particularly relate to primary care: EARLY and EPaCCs

## **Background**

Since Autumn 2019 the Local Care Organisation [now Integrated Delivery Collaborative] have been working with Aqua to on a whole system flow programme. This has had two main phases:

1. **Diagnosis** – understanding the current palliative and end of life care system in Bury including the strengths, limitations and key areas for improvement. This included engagement with people with experience of using these services as well as the full range of stakeholders.
2. **Design** – working with stakeholders on a collaborative process to design the new model of care<sup>1</sup>.

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<sup>1</sup> The proposed model has been informed the Bury CCG Palliative and EoL Care Framework 2019 -2022, the GM Palliative and End of Life Care Framework (2019), the North West End of Life Care Model and relevant NICE guidance.

The diagnostic review highlighted the need for a range of system improvements including:

- Better integration of service provision especially across Bury Hospice and specialist community and hospital services.
- More systematic early identification of patients and proactive advance care planning.
- Better information sharing – current barrier of multiple provider information systems with limited interoperability.
- Better co-ordination of patient care.
- Improved communication with patients and carers and easier access to help, advice and support especially out of hours.

The diagnostic and design phases involved engagement with and participation from a wide range of partners including:

- CCG
- Bury Hospice
- District Nursing
- Community health
- NCA Palliative Care Teams
- Adult Social Care
- Bury Rapid Response Team
- GPs
- Bury Carer's Hub
- PCFT Mental Health Services
- BARDOC
- NWAS

The new model of care was approved by Bury LCO Board in March 2021 and by Bury System Board in April 2021.

### **Overview of proposed model of care**

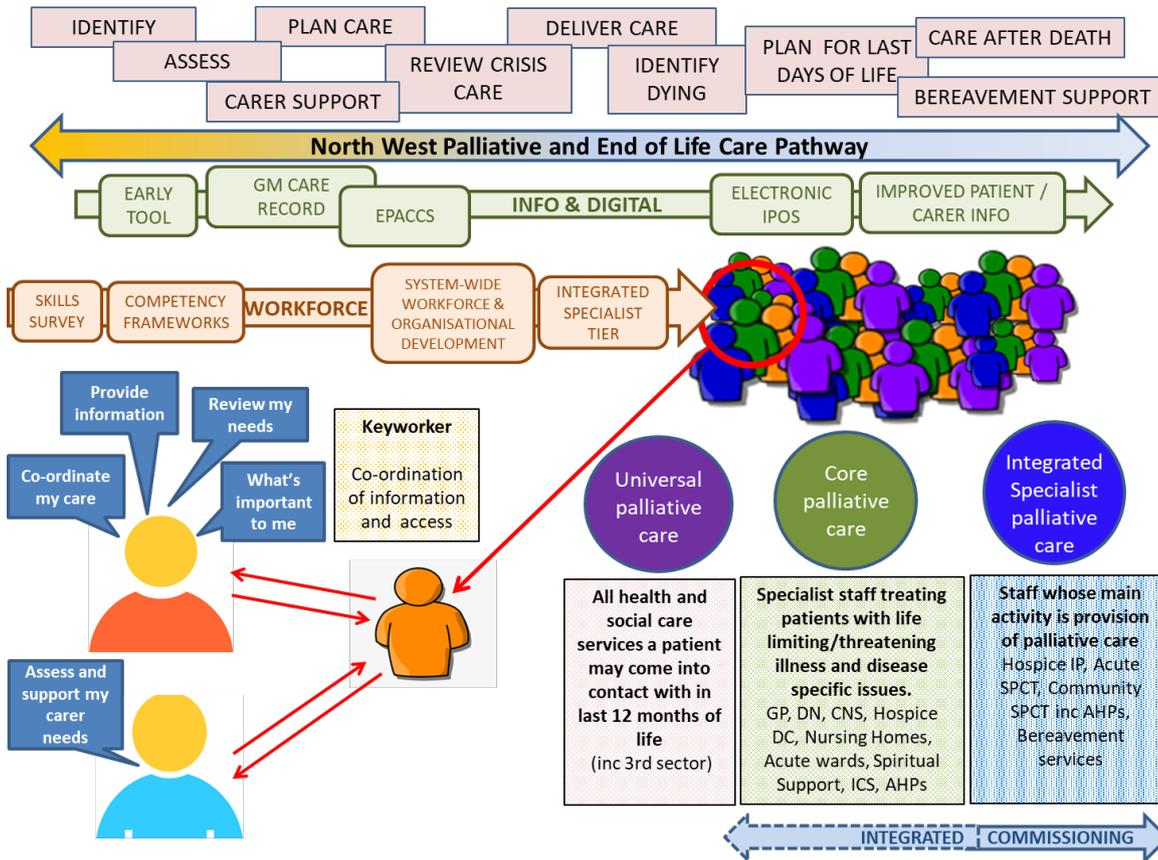
The aim of the design process was to develop a model of care that would deliver improvement across these areas and ensure that the Bury Palliative and End of Life Care system would deliver care inline with the [GM Commitments to palliative care individuals](#).

The diagram below gives an overview of the proposed model of care.

Key features of the new model include:

- The establishment of an integrated *specialist* tier incorporating the NCA Palliative Care Team, community Specialist palliative Care Team and Bury Hospice working under single line management arrangements.
- A single point of contact for referrals to specialist services, advice and info for professionals and advice and info for patients and carers.
- Use of a care co-ordinator / key worker to support improved communication and care co-ordination.
- A renewed focus on early identification [including use of the Gold Standards Framework in general practice] and advance care planning.
- Implementation of an MDT approach within the specialist tier but incorporating other services with daily professional huddles.

- Additional Palliative Care Consultant hours to provide clinical leadership to community services.
- Improved out of hours provision including 7-day access to: specialist services, equipment, CHC fast track packages of care and admission to inpatient Hospice beds.
- A clearer focus on identification and support to informal carers and closer working with the Bury Carers' Hub.
- A workforce development plan and the development of competency frameworks with a clear training offer to Bury health and care professionals.
- More joined up provision of bereavement support.
- Implementation of an integrated commissioning model for specialist services.



**Diagram 1: High level model of care**

**Improving coordination and communication**

Better communication and coordination are key to delivering the proposed improvements in the Palliative and EoLC system and in particular improving patient and carer experience. It is recognised that while digital change plays a part this will require changes in structure, culture, workforce, operational delivery, pathways, documentation and information systems.

The table below summarises the proposed changes:

<b>Structure</b>	<ul style="list-style-type: none"> <li>• Integrating the specialist services into a single operationally integrated tier</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>• Organisational and team development</li> <li>• Embedding the agreed principles for integrated working</li> </ul>

	<ul style="list-style-type: none"> <li>• Roll-out of core training across the workforce</li> </ul>
<b>Operational delivery</b>	<ul style="list-style-type: none"> <li>• Focus on GSF including maintenance of palliative / supportive care registers in general practice</li> <li>• MDT and daily huddle</li> <li>• Focus on advance care planning</li> </ul>
<b>Pathways</b>	<ul style="list-style-type: none"> <li>• Single point of access and contact for specialist services</li> <li>• Clear information for professional and patients on pathways and services</li> </ul>
<b>Documentation</b>	<ul style="list-style-type: none"> <li>• Single agreed form of Advance Care Plan</li> <li>• Single referral form for specialist services</li> <li>• Use of Bury Directory to provide clear information for patients and carers e.g. on bereavement services</li> <li>• Ensuring access to Special Patient Notes / Statements of Intent esp by NAWAS and the out of hours service.</li> </ul>
<b>Information systems</b>	<ul style="list-style-type: none"> <li>• Embedding use of Greater Manchester Care Record [GMCR] in services</li> <li>• Implementing the Electronic Palliative Care Co-ordination System [EPaCCS] within the GMCR</li> <li>• Use of EARLY tool to support general practice in identifying patients who should be added to the palliative / supportive care register and be offered an advance care plan discussion</li> <li>• Potential use of an Integrated Palliative care Outcome Scale [IPOS] app to support remote engagement with patients and symptom / condition monitoring</li> </ul>

**Table 1: Summary of proposed changes to support improved co-ordination and communication**

**Proposed information system changes relating to primary care**

**EARLY**

EARLY is a form of case-finding or risk stratification tool design to assist GPs identify patients who may require palliative or end of life care. It helps GPs identify patients who should be added to palliative / supportive care registers and offered an advance care plan [ACP] discussion. It has been piloted by the Greater Manchester and Eastern Cheshire Strategic Clinical Networks [GMECSCN] and it is part of their work plan to roll this out across all localities in Greater Manchester.

Findings from the pilot sites include:

- Pilots show positive results esp. in identifying patients who don't have a cancer diagnosis e.g. patients with deteriorating frailty
- All the pilots demonstrated an increase in the size of a practice's Palliative Care lists [Range 39% - 128% increase]
- All the pilots demonstrated an increase in numbers of ACP discussions offered [GM = 284%] and completed [GM = 84%]

The GMEC Network is currently developing a programme to support the roll out of EARLY in PCNs. In Bury two practices have expressed interest in being part of the programme: Tower and St Gabriel's. Bury PCN Board are also considering nominating member practices to participate. This programme will run until March 2022. We are currently waiting to hear from the GMECSCN if these expressions of interest have been approved.

The intention as part of the new model of care would be to learn from any initial deployment in these practices with a view to rolling out EARLY in all Bury practices.

### **Electronic Palliative Care Co-ordination System [EPaCCS]**

EPaCCS are electronic registers or tools and processes for sharing data which aim to enable access to information about dying patients by different teams and professionals in order to support the delivery of more co-ordinated care.

In principle by using an EPaCC system all the relevant parties involved in a person's care would have access to the same information at the same time [e.g. the patient's wishes around resuscitation and preferred place of care and death, the advanced care plan etc], supporting clinical decision making which should result in:

- Improving patient experience
- Reduced duplicate referrals to multiple agencies
- Reduced A&E attendances and avoidable non elective admissions in the last 12 months of life
- Reduced time chasing missing information
- Improved information visibility by all teams

There is a national drive around the use of EPaCCS<sup>2</sup> and the GM Health & Social Care Partnership and GMECSCN are encouraging the adoption of the Graphnet EPaCCS across all the GM localities. Bolton have already implemented this and 8 of the 10 localities in GM have indicated their intention to implement the Graphnet EPaCCS.

The proposal in Bury is to follow the implementation approach taken by HMR CCG and to implement EPaCCS starting with one PCN and the Hospice, Specialist Community Palliative Care Team, District Nursing and Out of Hours service. This is felt to be a more manageable approach recognising the current pressures and other digital changes taking place. The intention would be to work toward the deployment of EPaCCS in one PCN [and the other services identified] by March 2022 and then develop a rollout programme to cover the other GP practices in Bury.

### **Finances & resource implications**

There are no costs associated with the deployment of EARLY and EPaCCS. EARLY is available for free through the GMECSCN and EPaCCS is a component of the Greater Manchester Care Record commissioned through the GMHSCP.

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<sup>2</sup> See [Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026](#)

Project support would be provided through the IDC Delivery Team working with the CCG primary care digital team with advisory and training support available through the GMECSCN and Graphnet.

There would be a time and staff resource requirement from practices. Initially this would be taking part in some training on the systems and supporting the deployment. Operationally effective use of the systems will involve:

**EARLY:**

- Clinical validation of patient lists generated by the tool
- Addition of suitable patients to the palliative / supportive care register
- Offering and undertaking advance care plan discussions with suitable patients

**EPaCCs:**

- Creation of the EPaCC record [based on the advance care plan] for patients
- Review and update to the record through Gold Standards Framework [GSF] meetings

However, many of these are already part of existing contractual requirements [e.g. maintenance of palliative care register] and there is evidence to suggest that EPaCCS in particular can create efficiencies – e.g. through use of a dashboard that can help prioritise patients for review at GSF meetings and by reducing enquiries to the practice from other care teams who have access to the record.

**Recommendations**

The Bury Primary Care Commissioning Committee is asked to:

1. Note the plans for digital and information system change described in the paper.
2. Endorse the proposed rollout plan for EPaCCS.
3. Advise on any additional interdependencies or considerations that will assist in the delivery of the plans.