RM Partners

Accountable Cancer Network

SWL STP end of life care plans

Catherine Millington Sanders,

Kingston CCG Macmillan GP & RCGP / Marie Curie National Clinical End of Life Care Champion

& Victoria Otley-Groom,

Director, South West London NHS Transformation Programme (Digital and End of Life Care), SWL STP

South West London SPG

SWL STP EOLC Collaborative Ambitions

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Lucie Waters

Senior Responsible Officer SWL STP

Victoria Otley-Groom

Director, Digital, EoLC + EHCH SWL NHS Transformation Programme STP

Dr Catherine Millington-Sanders

SWL NHS Transformation Programme STP, EOLC Clinical Lead

Introduction

- **Overview EOLC as a clinical priority for SWL STP**
- **Meet your team**
- **Objectives today**

Where we started - List of Workstreams + Projects

- Extended Access
- Primary Care specifications

- Roll out of Sutton Vanguard

- Intermediate Care
- Locality Teams
- LTCs (incl. diabetes)
- Prevention

- PAU & IP model
- Ambulatory model, incl. LTCs
- Obesity & CAMHS

- Maternity Pioneer
- Better Birth recommend-ations

- Mental Health
- Dementia Prevention & early diagnosis
- Psych liaison
- Dementia Friendly communities
- Dementia Support Well

Transforming primary care

Care homes

Sub-regional groups – delivery

Children & Young People

Maternity

Mental health services & Dementia

- EoLC
- AEC
- Consultant Directed Care
- Psych Decision Unit

UEC

Transformation portfolio:

- Delivery of financial and activity shifts in STP associated with out of hospital care
- Delivery of 'must dos' for primary care and UEC

National and local priorities:

- Delivery of 'must dos' for cancer, mental health, elective and LDs
- Delivery of quality improvement schemes in STP for CYP and dementia
- Assumed that costs and benefits captured in CCG allocations

Cancer

- Prostate (1c FU)
- Bowel Screening
- Holistic Cancer Care Reviews
- Performance, including 62 day waits

- Outpatients and elective pathways review

OP and Elective pathways

Learning disabilities

- Transforming Care Partnership

SWL STP

Finance:

- Delivery of system reporting against national and STP metrics
- Support contracting for STP incl. system incentives
- Modelling and analytics for STP initiatives (excl. PCBC)
- OD support

Acute configuration

Acute delivery model:

- Delivery of acute configuration elements of STP
- Liaison with NHSE Spec comm team

Productivity:

- Delivery of financial savings in STP associated with collaborative productivity

Decommissioning – effective commissioning initiative

Local Digital Roadmap delivery & ETTF

Clinical networking

Model of care – acute pathways

Specialised services (NHSE led)

Individual provider productivity (CIP)

Collaborative opportunities for providers

Individual commissioner productivity (QIPP)

Comms and engagement incl. potential consultation

Enablers

Workforce strategy development

Estates strategy development & ETTF

Where we started - UEC: End of Life Care

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STP Theme: End of Life Care **Project: Improved communication and care planning**	**Project sponsor: Andrew McMylor** **Project lead: Chris Wintle**

Objectives:	• Identification of patients in their last year of life through education and training for all staff • Developing a commissioning specification for acute End of Life care • Co-ordinated care/ enhanced use of Co-ordinate My Care (CMC) • Work with care homes & the Sutton Care Home Vanguard to improve end of life care in residential care
Key milestones and activities:	• Agree commissioning process for education package to support clinicians to have difficult conversations with patients and carers • Agree SW London commissioning specification for End of Life Care • Increased use of Co-ordinate my Care • Support provided to residential care homes, as part of Sutton Vanguard roll out
Benefits & KPIs:	• Increased percentage of patients dying in their chosen place • Reduced admissions for those on end of life care pathways • Reduced admissions from residential home for patients on End of Life pathways

Financial impact:	Reduced admissions and shorter length of stay could realise £2.1 Million saving per year across SW London	**Income and activity shift for 2017/18**:	Modelling best practice to current practice across SW London suggests a 10% reduction in admissions for patients on End of Life Care advanced Care Plans and a reduction in length of stay of 2 days from those who are admitted. This shift would realise a saving of £2.1 million across SW London.

Milestones	**Q3 2016**	**Q4 2016**	**Q1 2017**	**Q2 2017**	**Q3 2017**	**Q4 2017**	**Q1 2018**	**Q2 2018**
Agree commissioning model for education programmes	→							
Agree commissioning specification for End of Life Care	→	→						
Increased use of Co-ordinate my Care	→	→	→	→	→	→	→	→
Support provided to residential care homes	→	→	→	→	→	→	→	→

Where we started - UEC: End of Life Care

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STP Theme: End of Life Care Project: Improved communication and care planning	Project sponsor: Andrew McMylor Project lead: Chris Wintle

Risk to delivery & mitigations:	Capacity for clinicians to develop care plans with patients and carers and complete CMC record - work on-going with CMC to smooth out application processes
Contracting shift:	Target ☒ SW London Specifications ☒ CQUINN ☐ Block Contract ☐ Capitation Payment ☐ Other:
Contracting Changes & System Incentives:	• Targets should be included within contracts to ensure that patients who are known to be in their last year of life have a care plan in place and that this is recorded within CMC. • All incidents where patients on end of life pathways are admitted inappropriately should be investigated. • All incidents where patients on end of life pathways die in an environment other than their choice, should be investigated
Clinical & financial benefits:	• Robust care plans for patients in their last year of life and available for all clinicians on CMC • Reduced number of inappropriate admissions in last days of life • More patients dying in their place of choice
Interdependencies:	Sutton Vanguard roll-out
Governance & Quality Assurance:	SW London End of Life Commissioning Network, developing and quality assuring all products
Workforce Implications:	• Education programme will need to be commissioned to support clinicians to have difficult conversations with patients and carers. • Clinicians will need time to complete CMC records • Staff will need to be available to provide education and support across residential care
Estates & IT:	CMC needs to be available consistently across SW London

Population

- **c1.5 Million people living in SWL**
- **c9,000 deaths per annum (to increase by 17% by 2030)**
- **c9,000 carer prevalence for EOLC (c 10%)**

- **Total EOLC spend c25% of total expenditure**
- **Assuming c£3,000 per emergency admission (average 2-3 in the last year of life)**
- **Av Cost = £67.5 Million**
- **40% shift in care, acute to community = c£27 Million**

Rise in multi-morbidity

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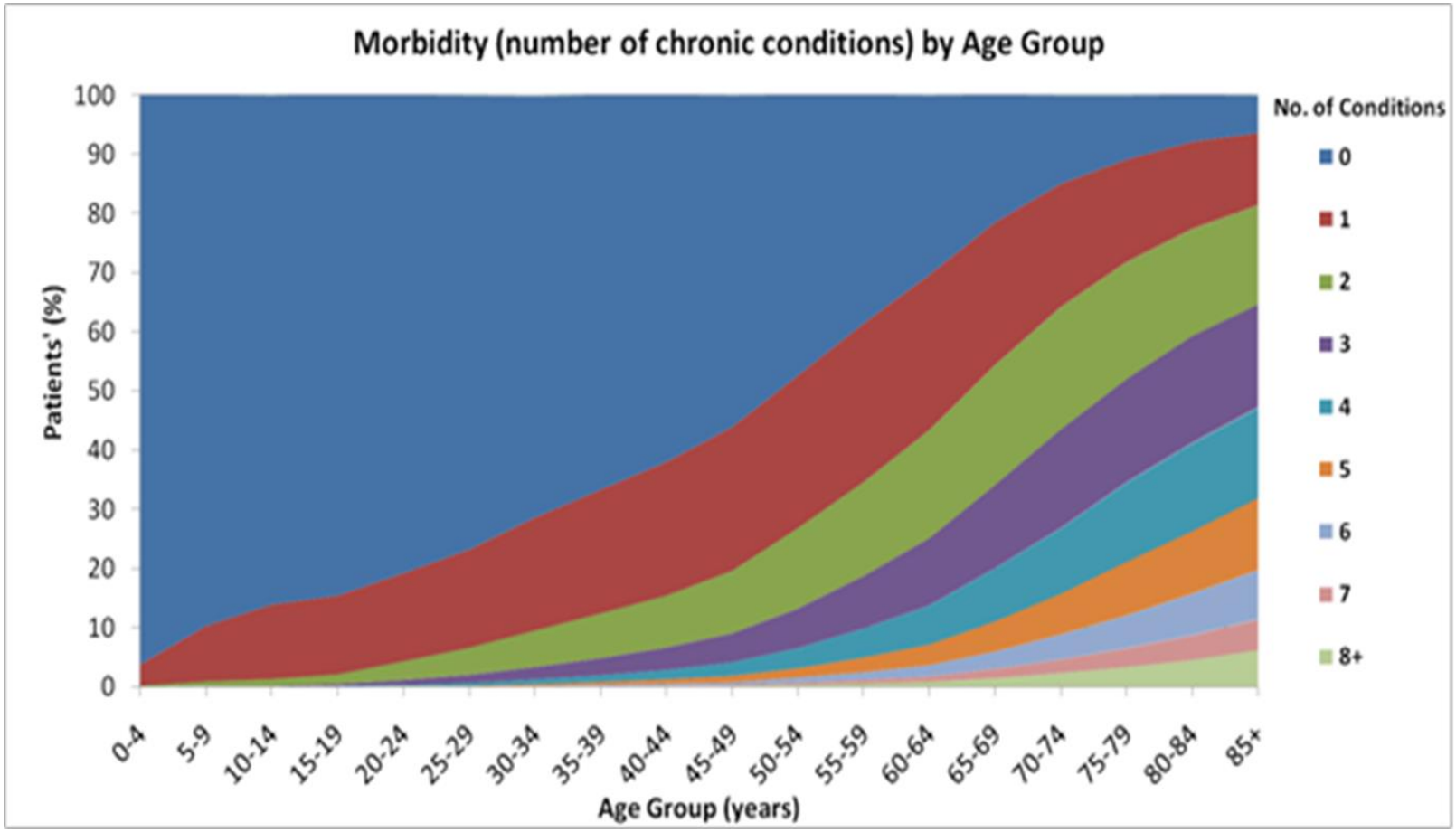

And complexity

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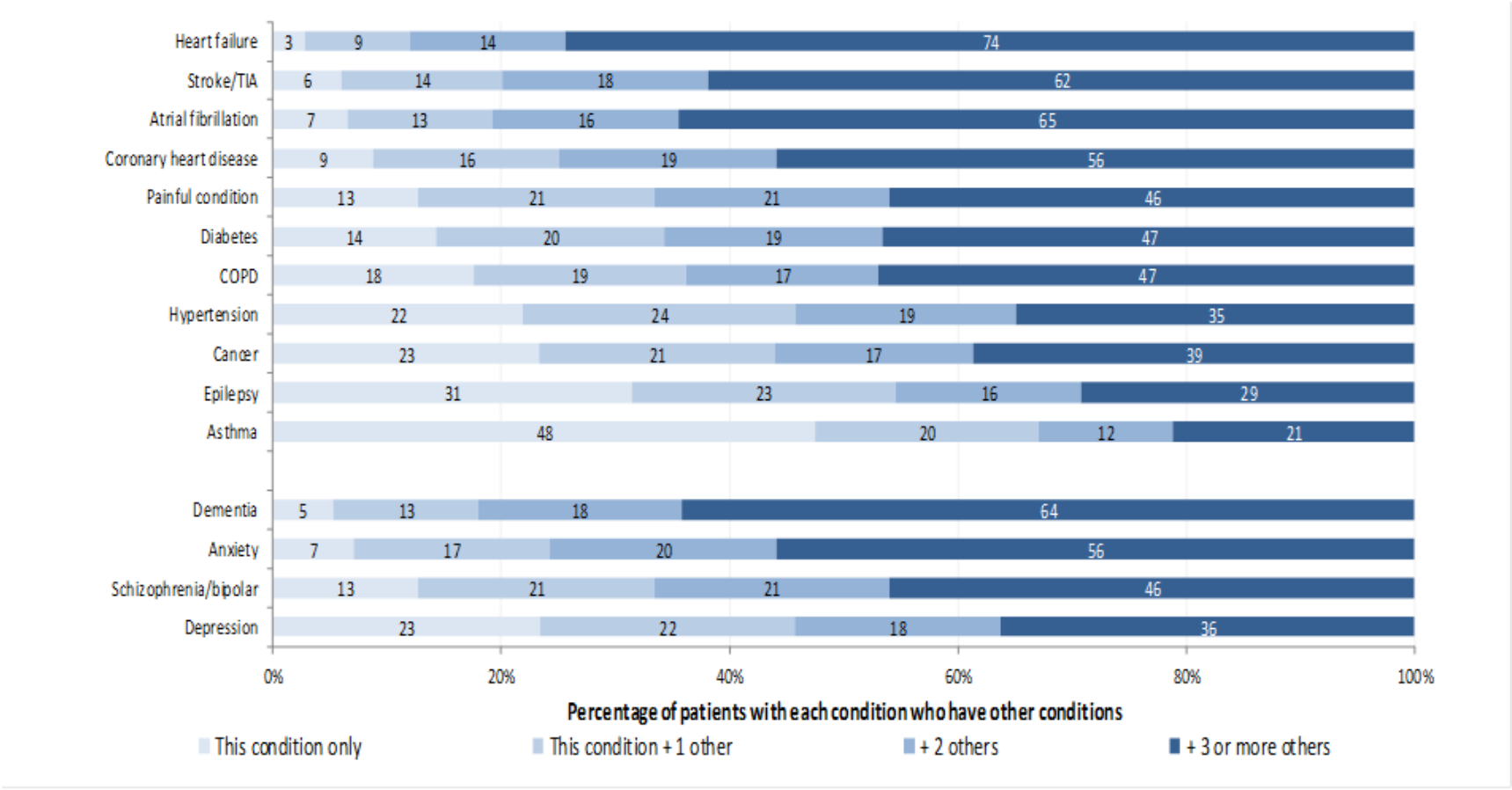

Systems on the left, the population is on the right

Modeling Care - LTC/Dementia/Frailty/EOLC

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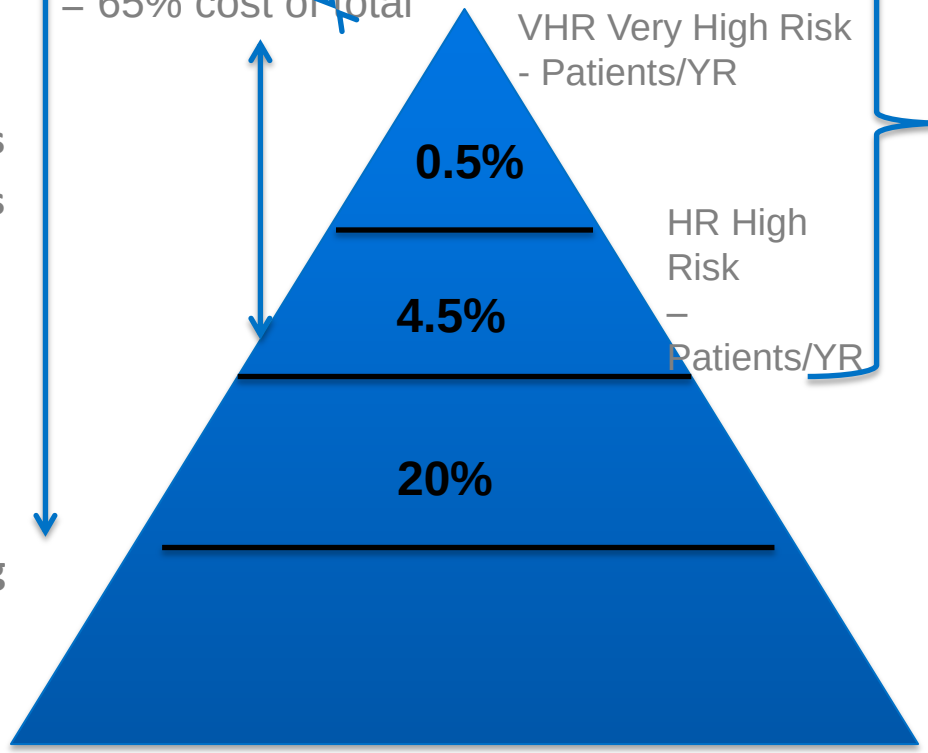
Risk:

- Dementia
- LTCs
- Frailty
- EoLC
- No of Admissions
- Social Care needs
- Polypharmacy
- Support eg, Mental Health
- CN Model
- Social Prescribing
- Carer
- etc

Top 20% takes =80% cost of total

Top 5% takes = 65% cost of total



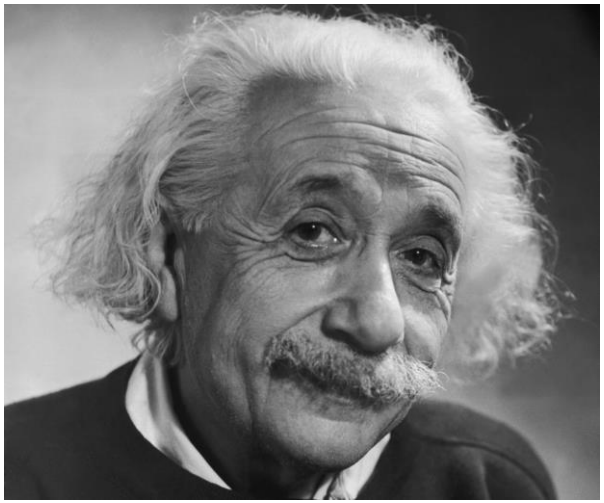
Community Services

(a) Proactive – risk stratified population + clinical judgment

(b) Reactive - clinical judgment

Insanity

Defined as doing the same thing again and again and expecting a different result each time.



SWL New Models of Care?

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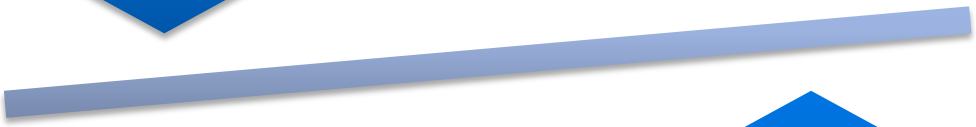
Medical Model

Health reasons for admission



De-medicalised +

De-professionalised Model

Non-health reasons for admission such as; social isolation, anxiety, depression, difficulty coping e.g dementia

Reactive

Proactive

Crisis **plan**, focus on bio-medical solutions – passive involvement

Support **planning** focus on biosocial solution – active involvement

Neither is right or wrong it depends on context

National Programme Board Workstreams

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Workstream 1: Enhancing physical and mental wellbeing

Objectives:

- To improve public awareness, information and action
- To improve patient and carer support
- To develop the workforce to be more confident and competent in supporting patients and carers

Workstream 2: Transforming experience of EoLC in the community and hospitals

Objectives:

- To improve the use of digital solutions in care delivery
- To develop new models of end of life care
- To provide effective improvement support

Workstream 3: Commissioning quality services that are accessible to all when needed

Objectives:

- To improve data and information
- To improve the evidence base for commissioning decisions
- To develop improved contracting and funding mechanisms

Your CCG + Critical Success Factors?

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TOP 10 areas

- **Prevention/ Promotion programmes**
- **Public awareness + involvement**
- **Workforce competence and clarity of roles**
- **Early Identification**
- **Carer support – before and after death**
- **MDT working across identified population**
- **IT**
- **Training + education programmes**
- **Robust personalised care planning**
- **Timely access to medication for symptom control**
- **Care after death**
- **Community development to support patient and carer crisis integrated within health systems and our communities**

Etc…

To succeed we must fully know our unmet gaps and understand our complex intervention

New models of care – Primary care homes, MCPs, ACPs

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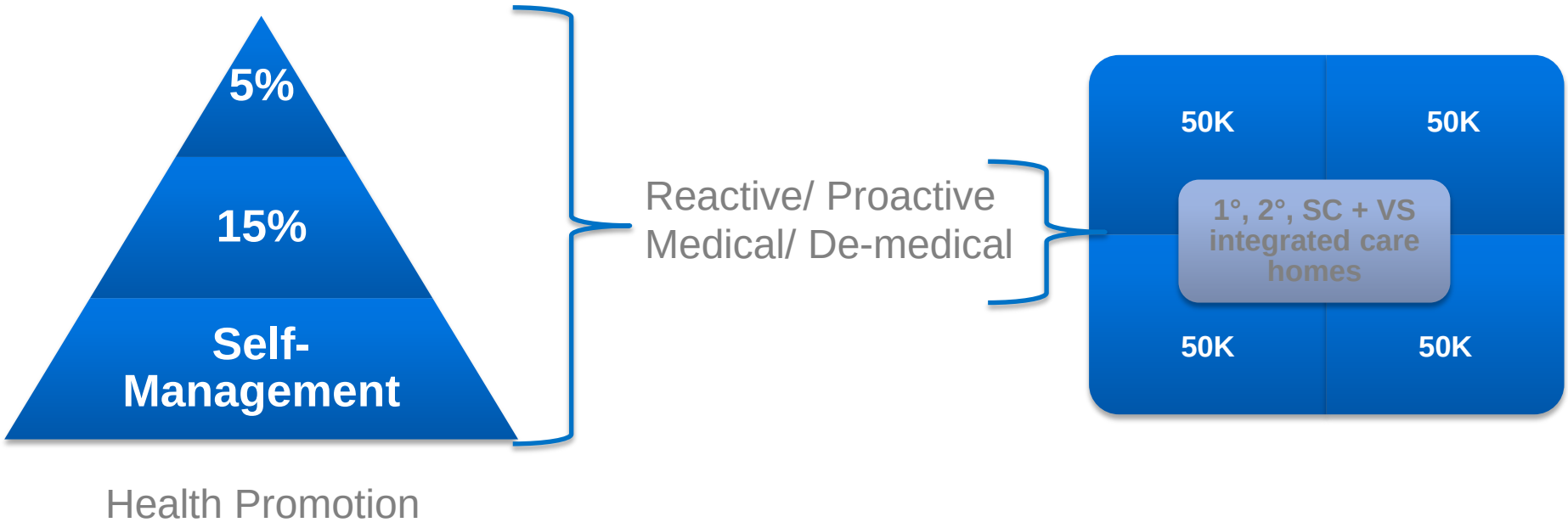
Local populations

Clinical Model

Evolving commissionable models of care



Widening the agenda

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Redefine the clinical model

Inclusivity (e.g. police, welfare, housing, third sector)

A clear cultural shift and delivery model

But

Professional too busy cutting down the tree to spend time sharping the saw

Requires

Dedicated support, time and facilitated learning to effect system change

SWL - What next?

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- Identify priority initiatives in local areas
- Build SWL STP EoLC team and expand current networks
- Obtain agreement across 6 former CCGs for model of care for SWL
- Define and agree person, organisation, system and financial metrics and benefits
- Confirm current local delivery plans and needs for training and development
- Identify gaps through conversations with stakeholder groups and EoLC network
- Agree Programme delivery plan for 2017/8 and align with other programmes of clinical transformation
- Assign metrics to the deliverables
- Monitor and evaluate progress
- Define next steps for 2018/9 and 2019/20.