

# Commissioning End of Life Services Using Care Profiles

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## Background of Care Profiles

- Care Profiles first developed in 1990s in selected Community Trusts across country
- Targeted care delivered in community settings
- Make explicit the expected service offered to a patient group to meet their needs
- Describe patterns of care or treatment at each stage of Care Pathway
- Clarify relationship between clinical practice and resource use
- Incorporate quality standards and outcomes
- Common framework facilitates comparisons

## Care Profiles complement Care Pathways

Liverpool PCT piloted Care Profiles approach to commissioning of End of Life (EoL) care in early 2010

## Design, Structure and Content:

The Generic Template Contains Information on:

Health Needs Group (e.g. Neoplasm); Care Aim; Expected Outcome; Plan/ Protocol: Skill Mix/ Frequency/ Duration/ Location/ Outcome; Consumables; Costing; Limiting Factors; and Quality Standards

It enables Commissioners to specify: what service(s) a patient should expect to receive; at what stage in the disease process; with what resources; and with what expected outcomes.

It enables description of what service "an average patient" would be expected to receive at a particular stage of a given disease process.

### The Process

### Workshops

4 half-day action learning- workshops over 2 month period.

Each workshop targeted different stage of End of Life Care Pathway

Consensus developed iteratively amongst a large number of participants covering full range of commissioning, provider, professional and service user interests

Outputs evaluated by an external reference group.

- Innovations included setting "Percentage in Group" and Vignettes to describe clinical examples
- Fully inclusive process with maximum dissemination

## Example Extract from Section 4: Plan/ Protocol of

### End of Life – Stage D: Final Days Pathway (plus post-death bereavement support up to time of funeral)

% in group	Plan/Protocol	Skill Mix	Frequency	Duration	Location	Outcomes/ Outputs
<b>Assessment: Home setting</b>						
100%	Undertake Assessment	1 x Band 6 DN 1 x Band 5 DN	Once	Range 1 – 2hrs Mean 1 hr 20min	Home	Goals assessed & Care plan identified Related medicines received Initial care delivered & Symptoms managed Variances recorded with outcomes Information provided Equipment/sundries identified & received
		GP**	Once	30min		
**GP face-to-face visit required at some point, as GP normally certifies death, which requires GP seeing patient within the 2 weeks prior to death.						
<b>Ongoing Assessment and Treatment: Home Setting</b>						
100%	Morning	1 x Band 6 DN plus 1 x Band 3	Once daily	Range 1hr 30min–2hr Mean 1hr 45min	Home	LCP completed at each visit Goals reassessed Care plan delivered Symptoms managed Variances recorded with outcomes Carer/ families reassured / information supplied Patient supported Care provided in place of choice
	Afternoon	1 x Band 5 DN plus 1 x Band 3	Once daily	Range 30-45 min Mean 35 min		
	Evening	1 x Band 5 DN plus 1 x Band 3	Once daily	Range 30-45 min Mean 35 min		
35% day; 55% night; & 10% 24/7	Support worker depending upon need	Support worker 1x Band 3	As required	Range 1-24hr		
40%	CSPN (Specialist or Matron): Accompany DN when DN on (above) scheduled visit	1x Band 7 DN	Once over pathway	Range 30–45min Mean 35 min		

## Results:

- ◆ Care Profiles developed for:
  - Stage A: Supportive Care (6-12 months ahead of projected death),
  - Stage B: Palliative Care (1-6 months ahead of projected death),
  - Stage C: Anticipatory Palliative Care (Final Days – one month ahead of projected death)
  - Stage D: Final Days (plus post-death bereavement support up to time of funeral)
  - "Uncertainty" Profile: What happens when a patient/ carer is uncertain of what to do, when they are on their own and a problem or crisis arises?
- ◆ Comprehensive requirements identified for people living at home or in a care home.
- ◆ Skill mix, delivery, quality and outcomes set for each stage of End of Life pathway
- ◆ Consistent with local End of Life Supportive Care Register and Read codes
- ◆ Basic End of Life service requirements are same irrespective of the related disease.
- ◆ Integration into Liverpool PCT's End of Life Care commissioning process

## Conclusions:

- ⇒ Care Profiles are a Commissioning Tool which enable Commissioners to break down Care Pathways into constituent parts.
  - ⇒ Commissioners can match expected service with required resources, and therefore EoL Care Profiles enable and support the recommendations of the Palliative Care Funding Review in relation to EoL services outside hospital
- Care Profiles:
- ◆ Are simple and flexible, and Complement and augment integrated Care Pathways
  - ◆ Record outcomes throughout patient journey, and support audit & quality systems
  - ◆ Support Advance Care Planning, by assuring the range, quality and consistency of information given to patients & carers, with any potential choices highlighted
  - ◆ Enable the commissioning of End of Life and other services
  - ◆ Enable consensus across sectors and interests through transparency
  - ◆ Will evolve over time
  - ⇒ EoL services will vary between PCTs; Benchmarking is important.
  - ⇒ Care profiles can support GP commissioning of EoL services by providing clinically relevant and detailed information to specify and cost services.

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