

Health and Social Care Integration Directorate
Primary Care Division

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To: GP Practices via NHS Board Primary Care Leads

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PALLIATIVE CARE 2012-13 QOF CLINICAL INDICATORS AND DES

We have been made aware of the potential for confusion on the reporting for the Palliative Care clinical indicators in the 2012-13 QOF and for the 2012-13 Palliative Care DES. We hope that the clarification below assists you in knowing what is required to be done by practices in order to meet the requirements of both.

1. Palliative Care QOF Clinical Indicators

PC3

The practice has a complete register available of all patients in need of palliative care/support irrespective of age.

Reporting

The practice reports the number of patients on its palliative care register (in the rare case of no register at year end, if a practice can demonstrate that it had a register in year then it will be eligible for payment).

The palliative care register report will be displayed on QoF Calculator if practices have used the electronic Palliative care Summary (ePCS) for their register. If practices did not use ePCS, they were advised to add one of the palliative care codes in the palliative care ruleset.

PC2

The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.

Reporting

The practice should submit written evidence to the PCO (Board) describing the system for initiating and recording meetings.

Reporting for this area was via QoF Calculator and required the practice to confirm these meetings occurred on the QoF Calculator Website before 31 March 2013. Payment verification evidence will be submitted to the Health Board, if required.

2. Palliative Care DES

Eligibility

Participating practices must achieve the Palliative Care clinical indicators outlined above (PC2 and PC3).

Level 1 Activity

1. Ensure that they include patients identified with Palliative and end of life care needs irrespective of diagnosis on their QOF Palliative care register.
2. Ensure that patients on the QOF Palliative care register have been assessed and that an initial care plan has been compiled and an electronic palliative care summary completed using the standardised ePCS or equivalent where practices are not yet enabled to use ePCS. See guidance notes for standard for non ePCS record. The ePCS or equivalent should be completed and made available to professionals involved in the patient's care in the out of hours period within 4 weeks of inclusion on the register.

Practices not using ePCS were advised to enter the code 9e02 (notification to primary care out of hours service of palliative care plan).

Reporting

A search/reporting facility has been created by each GP system supplier to allow practices to gather the information for reporting on this aspect of the DES.

Practices should complete the claim form available at http://www.psd.scot.nhs.uk/professionals/medical/documents/GMSDES003_v1_03-2013.pdf and return by **31 May 2013**.

Please note that any other reference to other dates is incorrect, this is the date stated in the original NHS Circular: PCA(M)(2012) 6

Exact details of how to do this for each of the GP clinical systems are provided in **Annexes A and B** of this letter.

Level 2 activity

3. Engage in a programme of reflective practice involving the wider multidisciplinary team as described below:
 - The number of patients fulfilling the criteria in Table 1 below should be entered in the Level 2 report

Table 1

Practice population at 1 Oct 2012		Number of patients who died from Long Term Condition (LTC) 1.4.2012-31.3.2013	
Number who died from cancer		Number who died from LTC other than cancer	
Number on palliative care register	Number with ePCS or equivalent	Number on palliative care register	Number with ePCS or equivalent

4. From their total patient deaths during the year 2012/13, practices will be required to carry out 1 reflective practice (as detailed in section 18 of NHS Circular: PCA(M)(2012) 6) per 1000 patients on their practice list (with a minimum of 3, maximum 15). The maximum number for list sizes >15000 is 15. If the total number of eligible deaths is less than 1 per 1000 patients, then practices will be required to carry out a reflective practice on all such deaths. In addition, and to ensure that patients from all groups including cancer, non cancer long term conditions (LTC) and with or without an ePCS or equivalent are considered, the relevant numbers in table 2 should be applied. If all patients had an ePCS the overall total number should still apply.

Table 2

Practice population at 1 Oct 2012	Total Number of SEAs required	Number with ePCS	Of which died of cancer	Number with no ePCS (if available)	Additional LTC patients
<6,000	3	2	1	1	1
6,000-6,999	6	3	1	3	
7,000-7,999	7	3	1	3	1
8,000-8,999	8	4	2	4	
9,000-9,999	9	4	2	4	1
10,000-10,999	10	5	2	5	
11,000-11,999	11	5	2	5	1
12,000-12,999	12	6	3	6	
13,000-13,999	13	6	3	6	1
14,000-14,999	14	7	3	7	
15,000-15,999	15	7	3	7	1

For absolute clarity the **minimum** number of SEAs required is **3**.

Current appraisal Significant Event Analysis (SEA) format (Annex F of NHS Circular: PCA(M)(2012) 6) to be used to allow the GP's to present the information as part of their appraisal.

Report of overall reflective activity to be completed using reporting template at Annex G NHS Circular: PCA(M)(2012) 6

Reporting

Boards have provided GP practices with documents to report level 2 activities based on the templates in the original circular; these should be returned by 31 May 2013.

I hope that it is now clear to practices what is required for each part of the Palliative Care QOF/DES. I apologise again for any confusion caused by earlier communications which may have suggested that the verification of level 1 Activity in the DES would be supported by a fully automated process.

GP Practice queries should be directed to your Health Board palliative care co-ordinator. PC Board Lead queries to myself at:

Frank.McGregor@scotland.gsi.gov.uk.

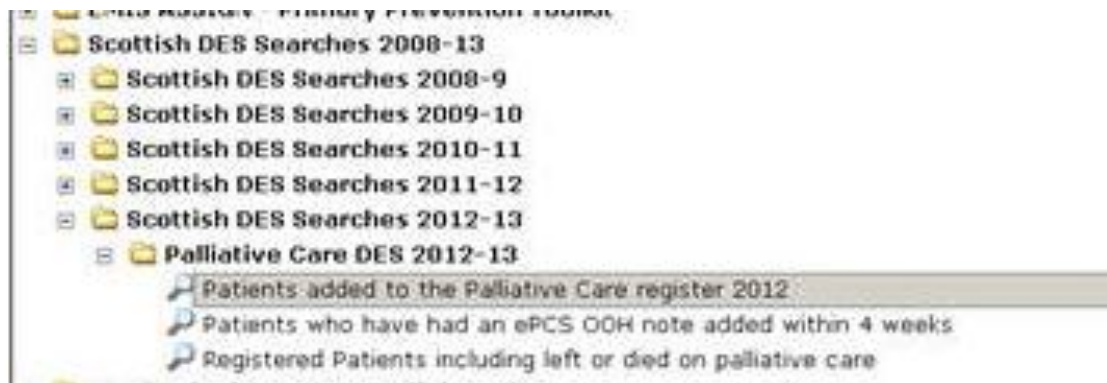
Yours sincerely

Frank McGregor

Annex A

Instructions for Reporting Level 1 PC DES Activity EMIS

For practices using EMIS this data is available in Population Manger with in the Scottish DES Searches 2008-2013 folder in Population Manager view (see enclosed screenshot)




The search for patients who have had OOH note added within 4 weeks looks for **both** the code 9e02. and suitable codes to detect completion of an ePCS in ALL practice patients including those who may have left the practice (Practices should note that this includes “dummy” patients if the appropriate codes exist on their records).

Instructions for Reporting Level 1 PC DES Activity VISION


New audits and Searches to provide information to complete the PSD claim form for Level 1 can be found under “Scottish Audits” section on the InPS website:

<http://www.inps4.co.uk/clinical-audits/downloads/>

Scottish Audits

 (12/02/13) This file contains all the Clinical Audits below this level

Directed Enhanced Services

 (12/02/13) This file contains all the Clinical Audits below this level

Click [here](#) for the User Guide

Palliative Care DES 2012 - 2013 (Version 1, 12/02/13)

Palliative Care DES 2012 - 2013 - AD-HOC SEARCHES (17/04/13)



These are Vision ad-hoc searches rather than audits. They allow you to find patients who died during the year and are no longer counted by Clinical Audit.

The search file will automatically extract, and then open a guide on how to import it into Vision.

These can be easily downloaded and installed to provide the data that is required to complete the claim form.