

Providing greater value for people at the end of life

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MY CARE CHOICES REGISTER



St Helena

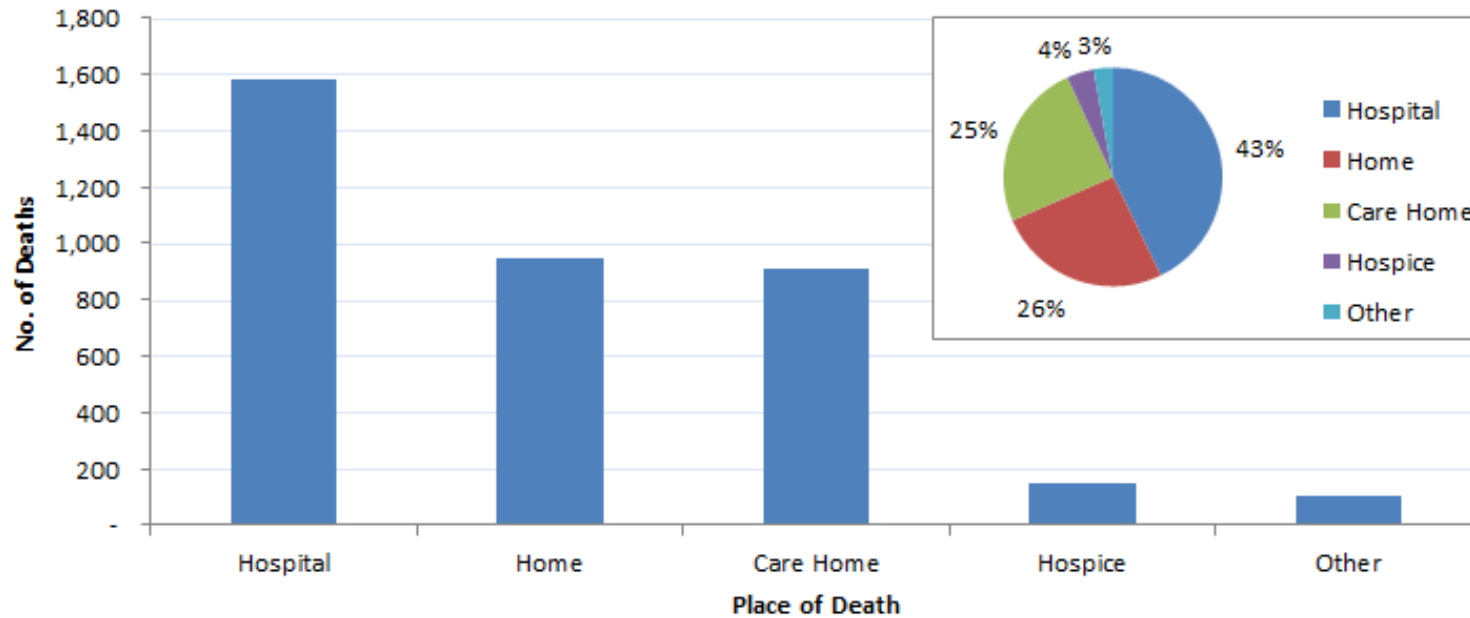
Is it time to start the conversation about the future, about what is important to you?

Talk to your loved ones about your priorities for your future healthcare, then ask your GP about the **My Care Choices Register**

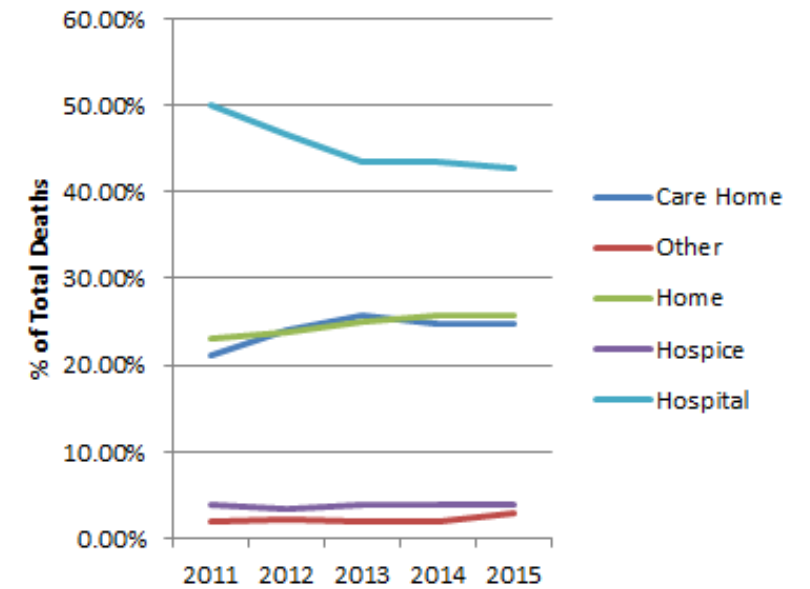
www.mycarechoices.online

MY CARE CHOICES REGISTER

North East Essex Deaths by Place of Death 2015

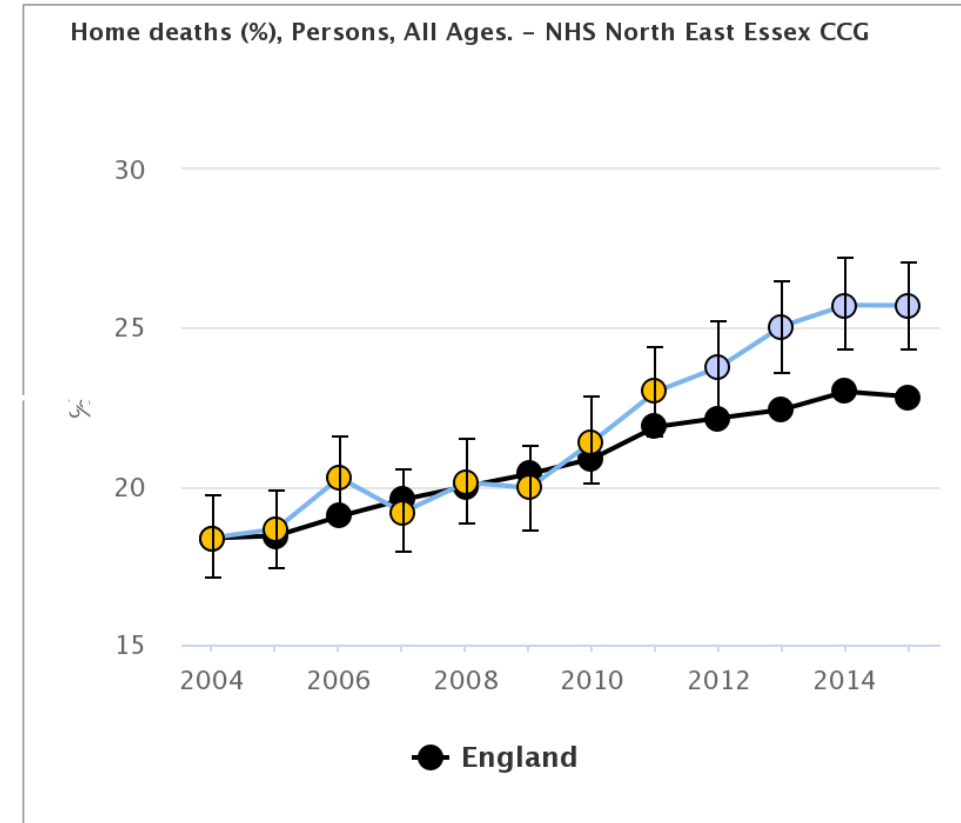


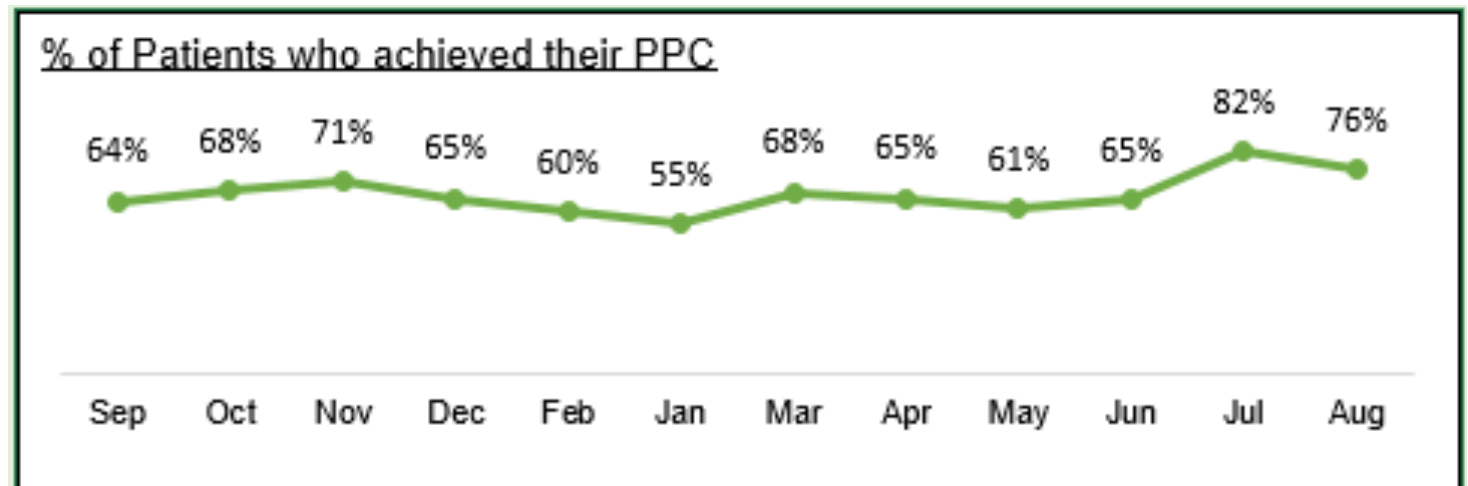
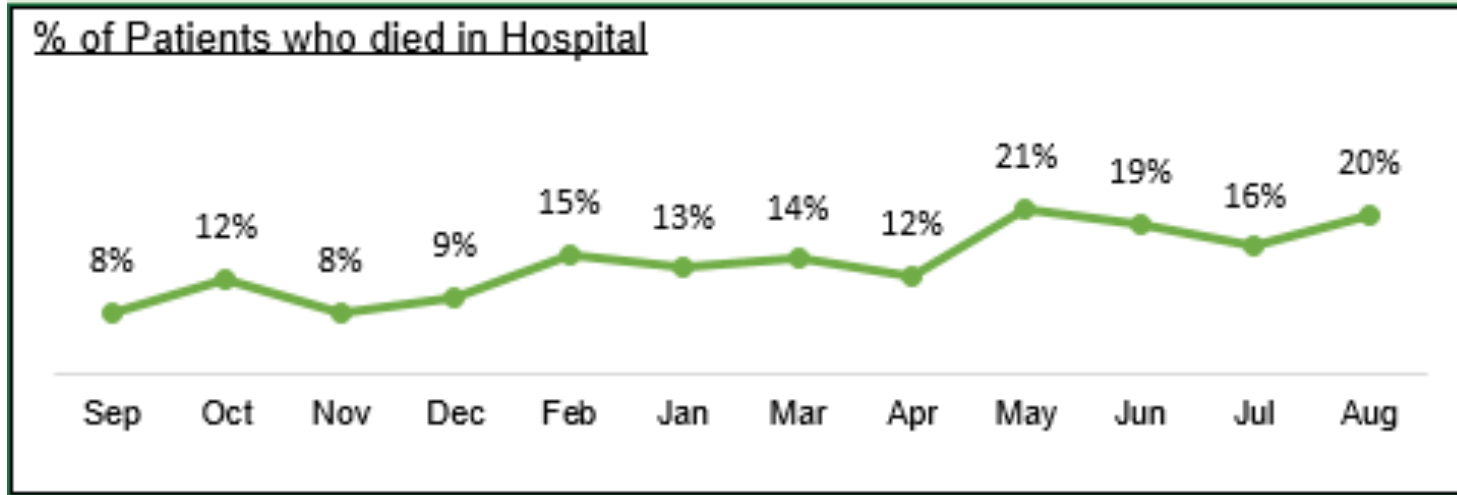
North East Essex % Proportion of Place of Death 5yr Trend Analysis 2011-2015



Year	No. NEE Deaths	No. on MCC Register	%
2015	3,687	1,284	34.8%
2016	3,789	1,260	33.3%
Var.			-1.6%

Year	No. of People with a Recorded PPD	No. of People that Died in their PPD	%
2015	1,023	573	56%
2016	1,156	717	62%
Var.			6%





Addressing inequity



St Helena



Welcome to



COLCHESTER

Britain's oldest recorded town

3V
Oxford Centre
for Triple Value
Healthcare









North East Essex
Health & Wellbeing Alliance

Five steps of Population Health Management

- Culture
- Population definition and resources
- Value Framework
- Network building
- Personalisation

Identifying indicators in End of Life Care

Focus groups

- Relatives of people who have died recently
- Frontline staff from EoLC service providers
- End-of-Life Care Board

Outcomes that matter

With the agreed resources, and for the defined population, the End of Life Group will continually improve the following outcomes:

1. To identify and recognise people in the last 12 months of life
2. To inform people thought to be within the last 12 months of life and their families of the likelihood of death within the next 12 months sensitively and honestly
3. To elicit and record people's preferences for care during the last 12 months of life
4. To respect people's preferences for care during the last 12 months of their life
5. To ensure people's preferences for care are accessible to all parts of the health and social care system/end-of-life-care system
6. To treat people at end of life as individuals, with dignity, compassion and empathy
7. To control pain and manage symptoms for people during the last 12 months of life
8. To minimise inappropriate, unnecessary and futile medical intervention during the last 12 months of people's life
9. To ensure that people at end of life have equitable access to flexible 24/7 end-of-life care services irrespective of the place of care or the organisation/s providing care
10. To provide support to the families and other carers during and after their loved one's end of life

To identify and
recognise people
in the last 12
months of life

My Care Choices Data

To elicit and
record people's
preferences for
care during the
last 12 months of
life

My Care Choices Preferred
Place Data

To respect
people's
preferences for
care during the
last 12 months of
their life

Achievement of
Preferred place

To minimise
inappropriate
medical
intervention

Hospital Admission data

To control pain
and manage
symptoms

Anticipatory Prescribing
levels

dignity,
compassion and
empathy and
carer support

Bereavement survey

Building our Atlas

Data Analysis for the Atlas

- Problem – linking the EPaCCs dataset to the hospital episodes (HES) data
- Solution – divide analysis into 2 phases

Phase 1 – initial insights

Through a multivariate analysis (MVA), using existing data to identify the characteristics of GP practices across the STP/ICS and assess whether certain characteristics predict whether the EoLC received by people in different GP catchments varies according to the outcomes specified.

Start to identify financial resources used for existing interventions in EoLC.

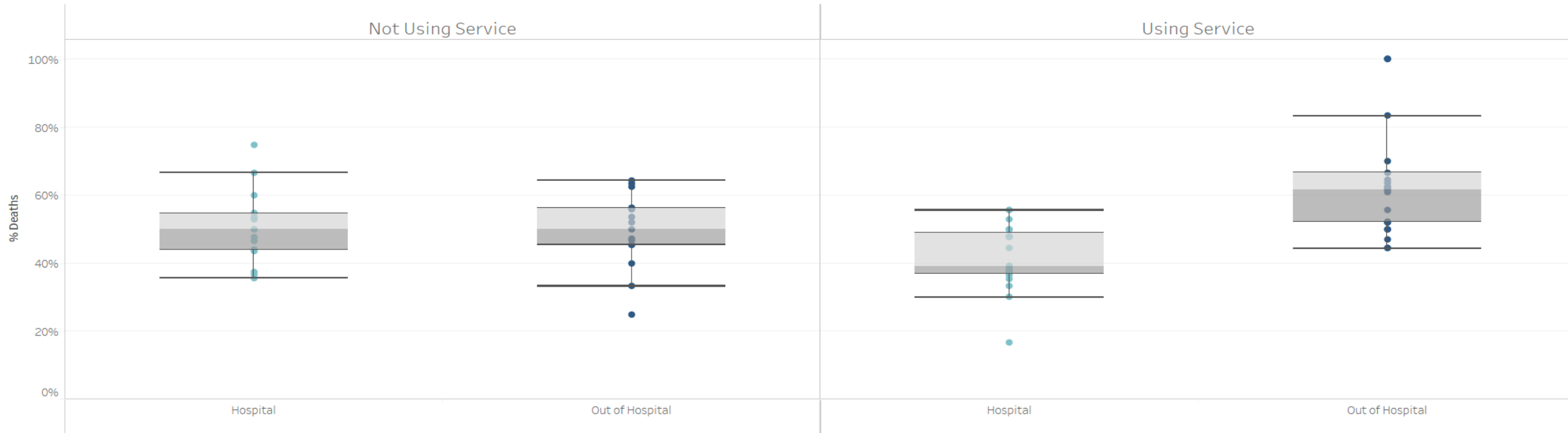
Phase 2 [~6 months later] – data linkage

Using the link between the MCCR data and HES data to increase depth of insight into interventions and reasons for overuse of interventions that are not prioritised such as hospital admissions, to underuse of interventions in line with the outcomes, inequity and waste at the level of GP practices.

To be used as an evidence base for reallocating resources in EoLC in NE Essex.

Data Analysis: Phase 1 – Initial Results

GP practices using My Care Choices had a significantly higher percentage of out of hospital deaths in FY18/19



Patients from GP Practices with few patients on MCCR* had a Higher Probability of all- cause in-Hospital Death

GP Practices with few patients on MCCR*



5 out of 10

of their patients died in Hospital

GP Practices with patients on MCCR



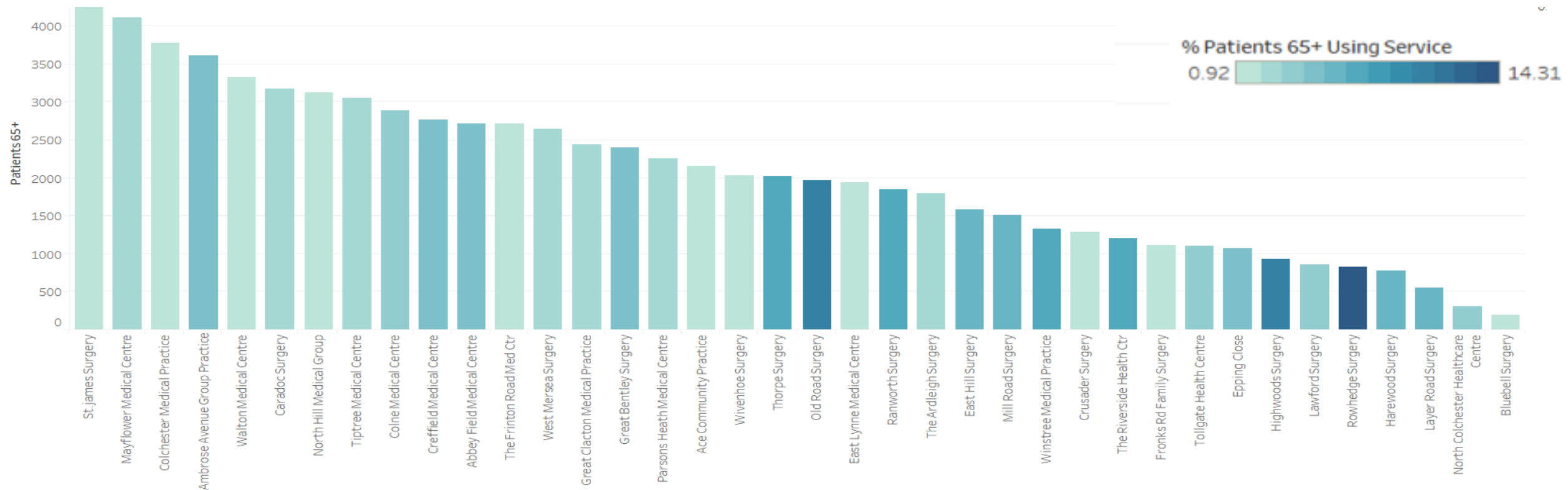
4 out of 10

of their patients died in Hospital

* Cut off defined as GP practices with less than at least 5% of patients aged 65+ using MCCR

Of 38 GP practices analysed, 22 of were “higher” MCCR users

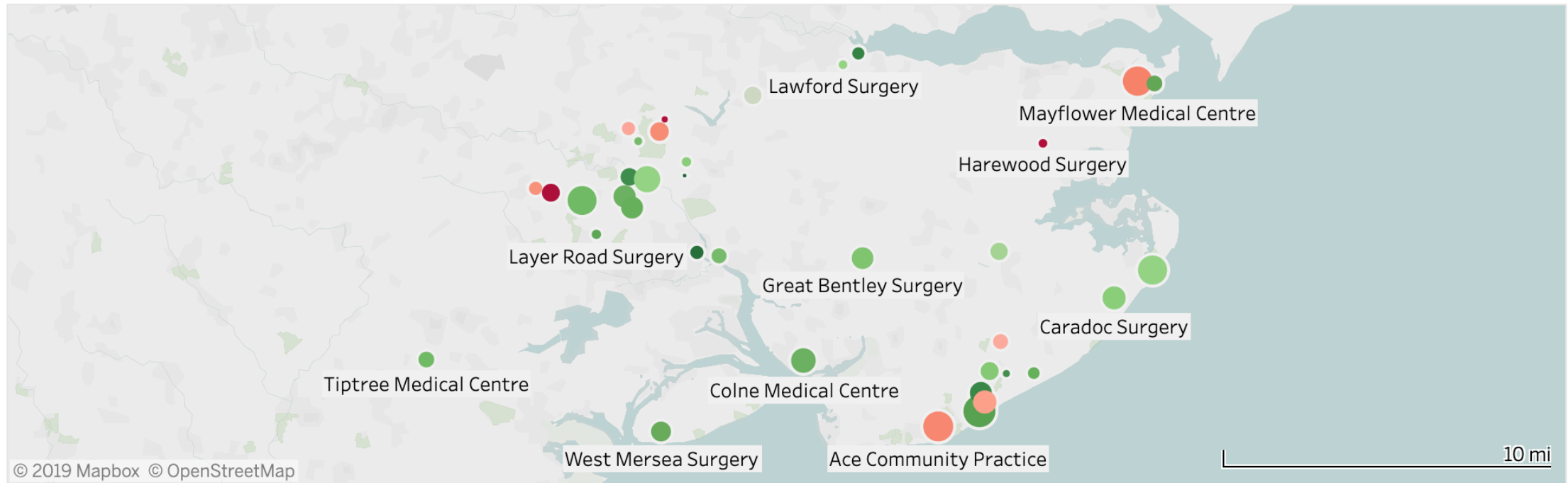
...but there appears to be a negative correlation between the number of people over 65 and the use of MCCR



A glimpse of what our EoL dashboard may look like

Total Bed Days in The Last 90 Days of Life for FY 18/19

Each GP Surgery is represented by a circle relating to the total number of deaths of registered patients. The colour of the dot represents the Total Bed Days in The Last 90 Days of Life Per Death.



Chosen Metric

2.400 9.392

Total Deaths

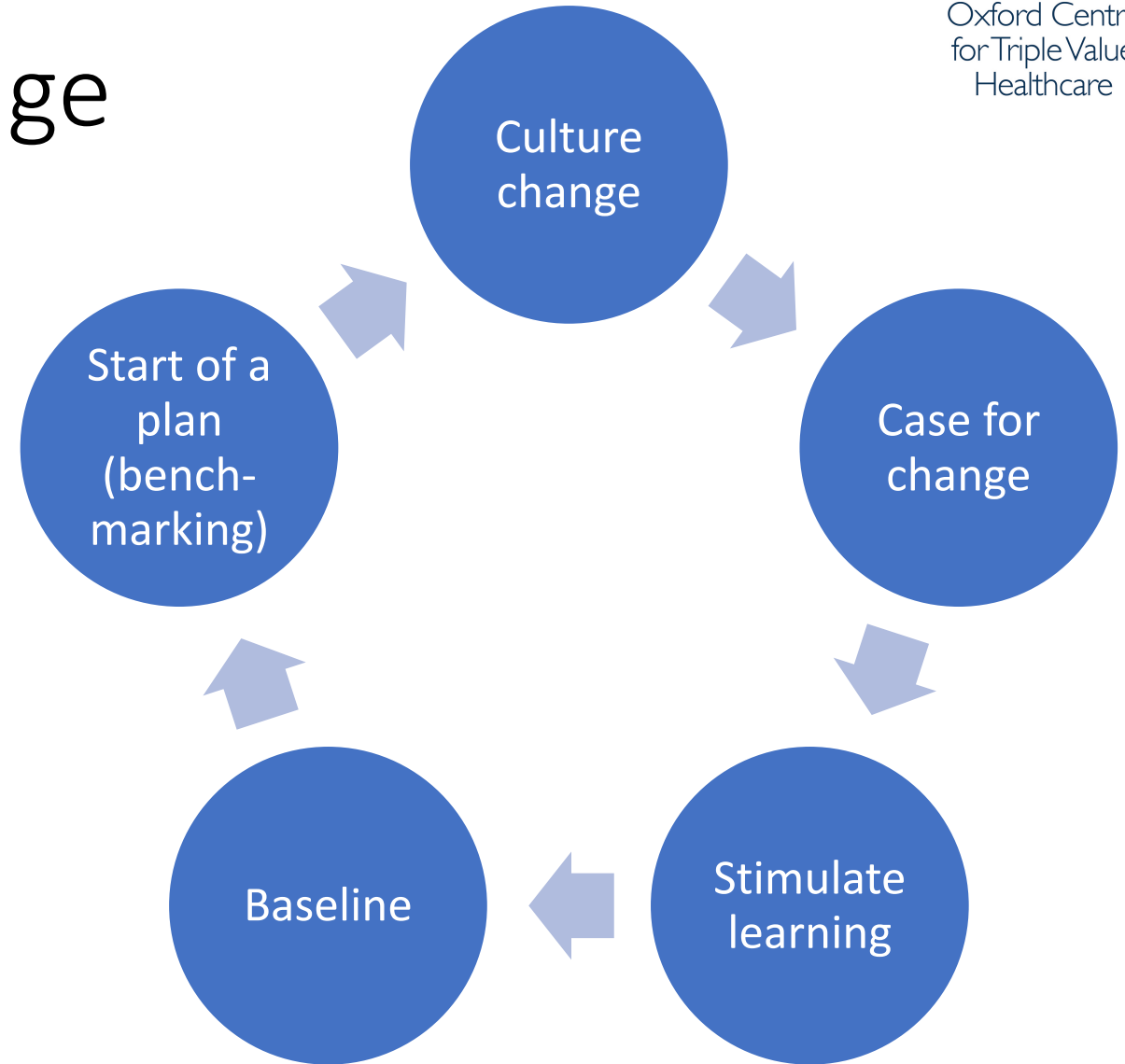
• 5.0 ● 100.0 ● 200.0 ● 30

Atlas as a tool for change

Atlas as a tool for change

Atlas of Value vs Atlas of Variation

- Recognises resources used and where
- Focuses on population and personal value (e.g. focus groups)
- A disrupter: equal measure of curiosity and discomfort
- Focus on unanswerable questions and also areas that can be addressed (e.g. GP provision)
- Equity features prominently



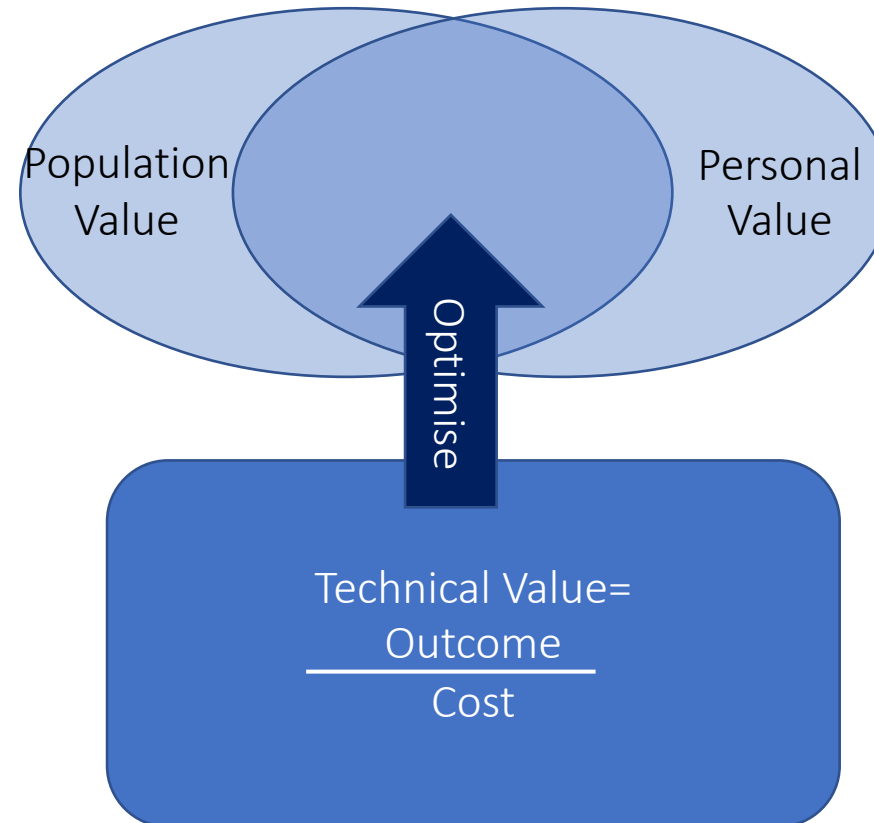
Five Steps

There is a consensus on what value means in universal healthcare - Triple Value

Population Value

Investing resources more wisely to *optimise the health and well being* for

- ⇒ a given population
- or
- ⇒ a subgroup of that population



Personal Value

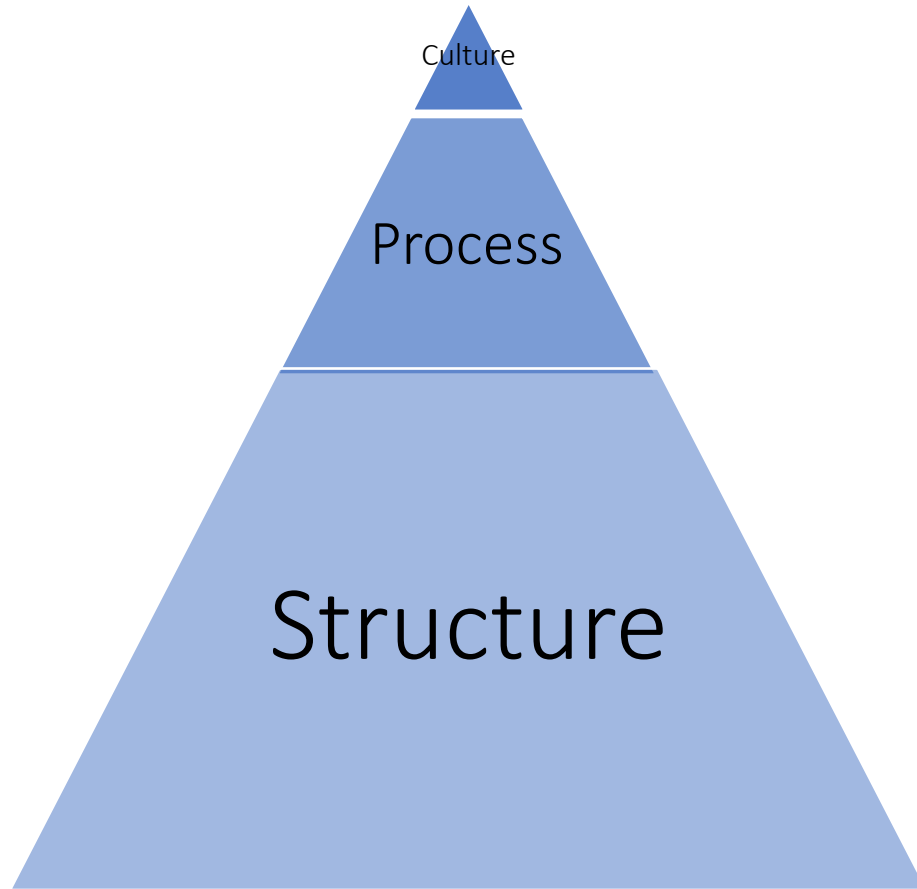
improving the *outcomes that matter* to an individual

Five steps of Population Health Management

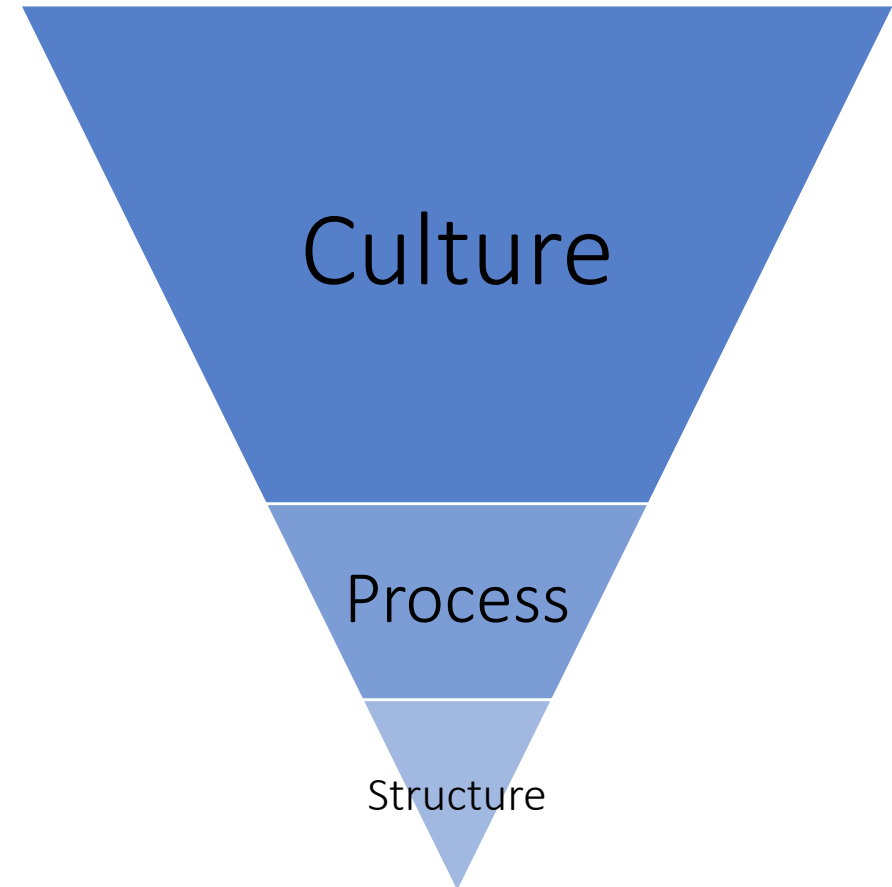
- Culture
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- Personalisation

Culture of stewardship

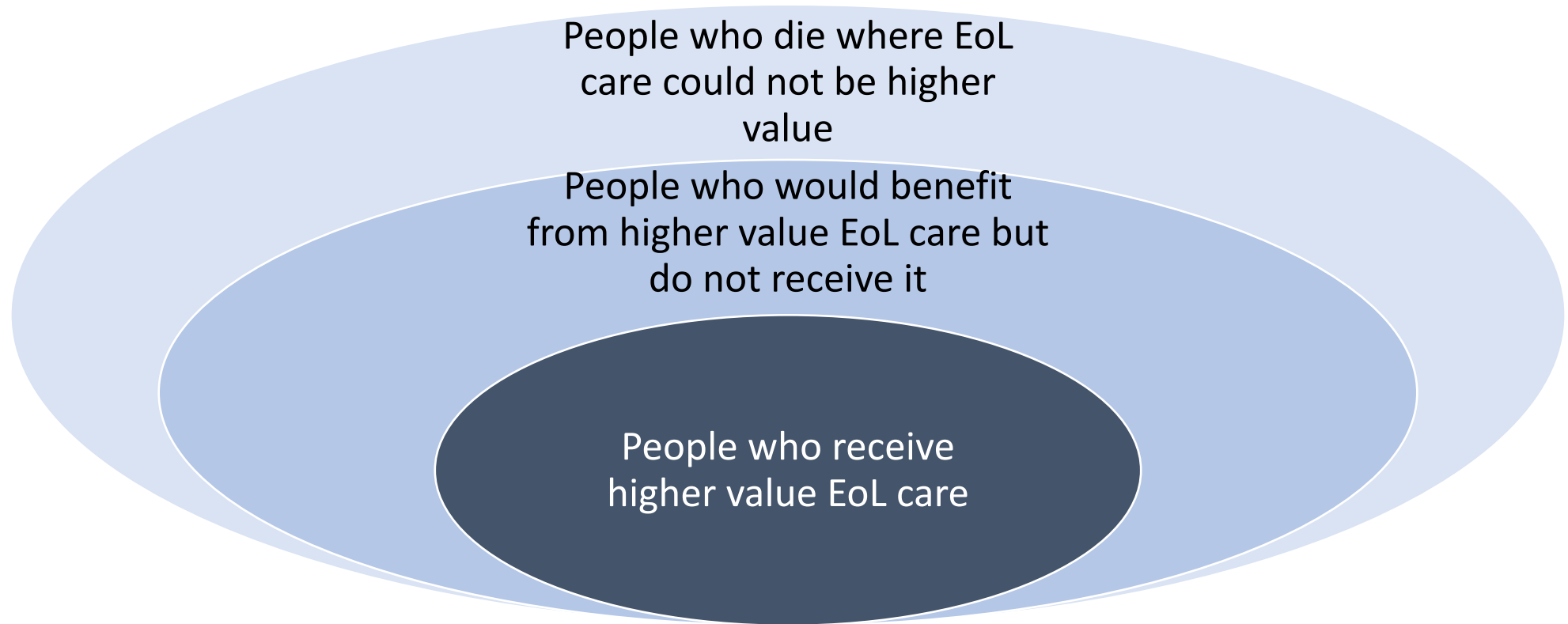
Where efforts are focussed



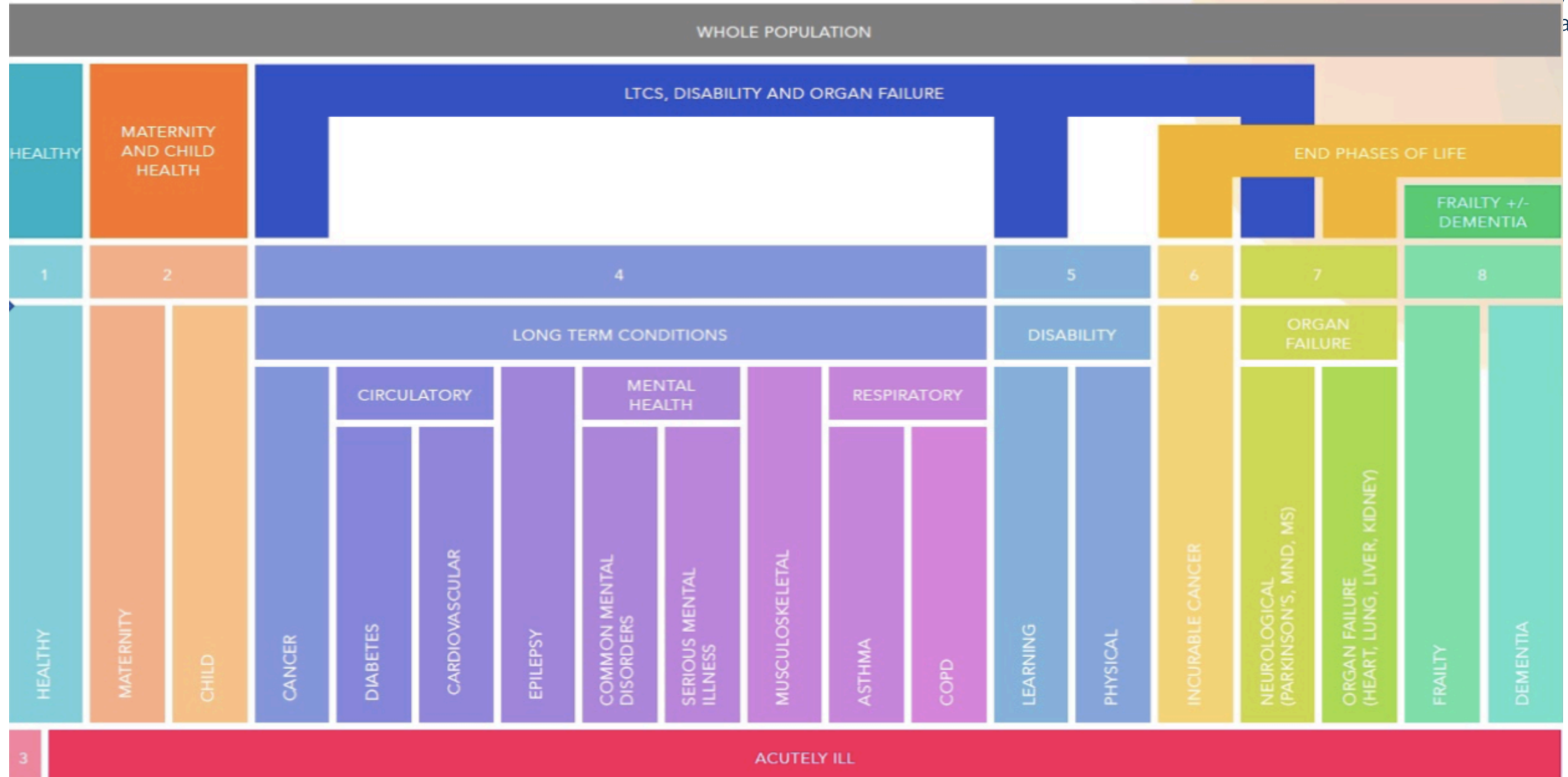
Where the impact is



Population and resources



Populations and resources

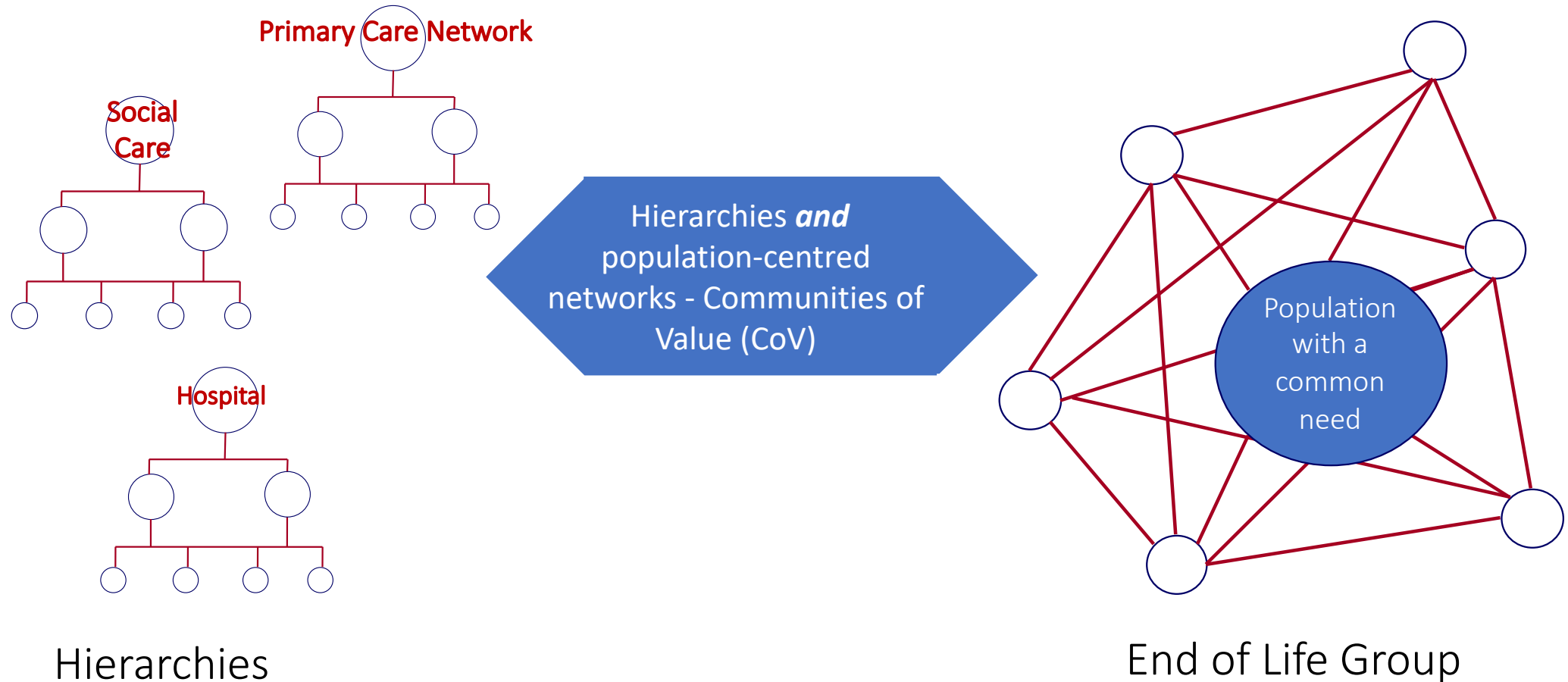


Outcomes that matter

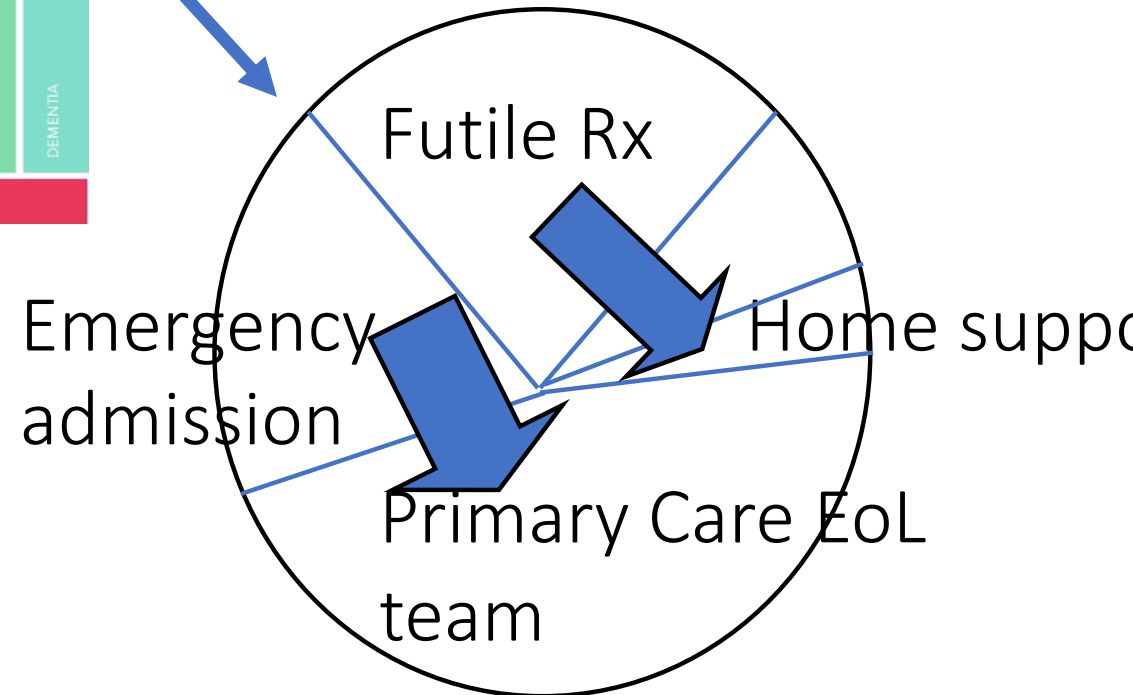
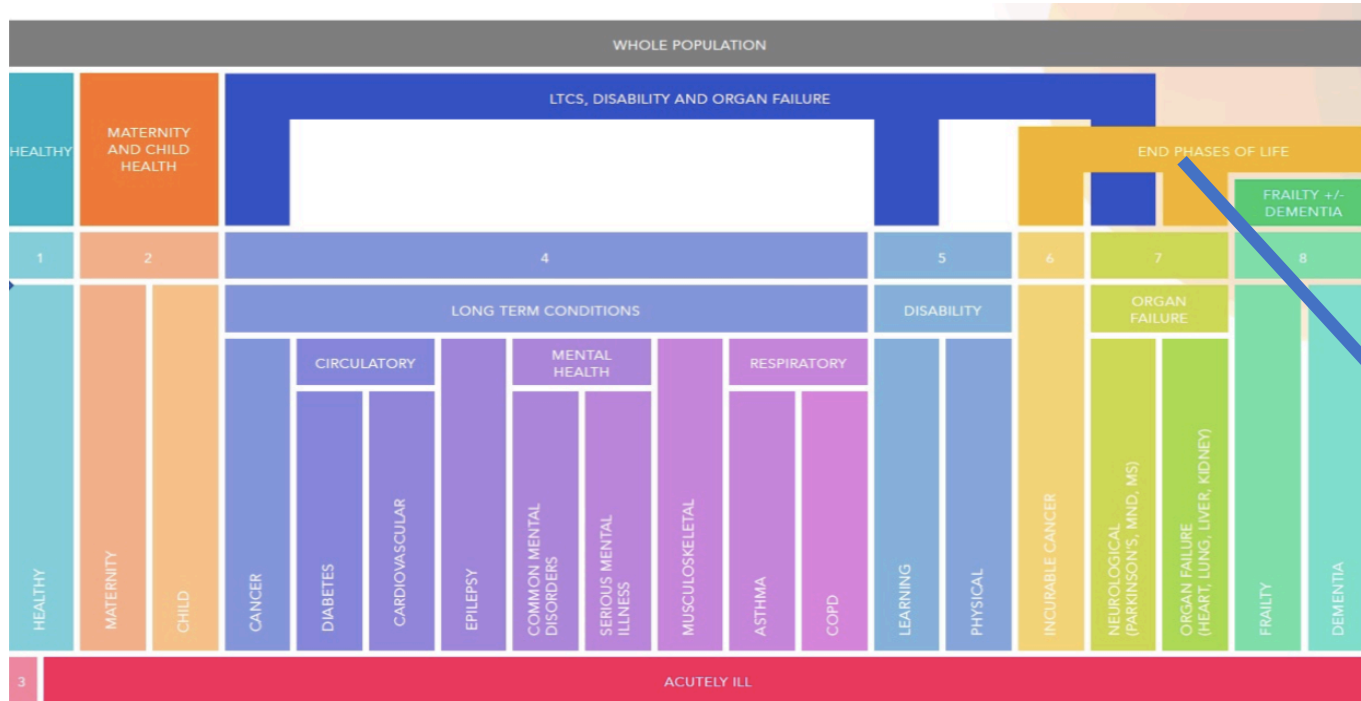
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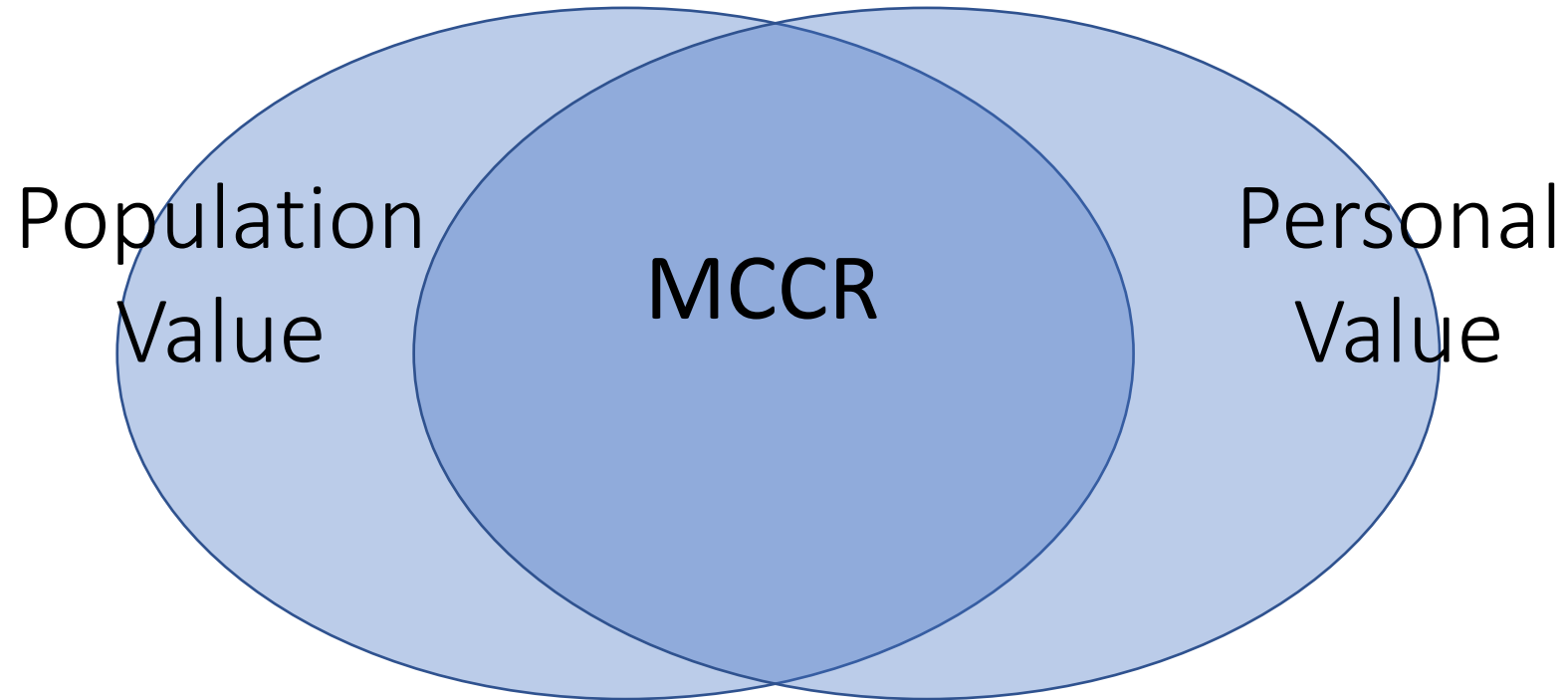
Networks – the expanded role of the EoL group within NEE Alliance



Networks- the expanded role of the End of Life Group



Personalisation



Next Steps

Next steps

- Applying the learning from EoLC in North East Essex to other population segments in NEE/ ICS
- Aim to develop a toolkit to help transfer learning
- Aim to develop a model for EoLC to be disseminated throughout the country