March 2019

BRIEFING PAPER 2

INITIAL FINDINGS: EARLY IDENTIFICATION PROTOTYPE IN PRIMARY CARE (PHASE 1)

Background

Improving the identification of people who could benefit from a palliative care approach is one of the key priorities of the regional Palliative Care in Partnership programme. Working with Integrated Care colleagues the Palliative Care in Partnership programme secured funding to test an Early Identification Prototype with a number of GP practices from June to December 2018 (Phase 1).

The Early Identification Prototype uses the Anticipal app to interrogate the practice's clinical coding in order to identify people on the practice list who may benefit from a palliative care approach (the inclusion list). A total of 45 GP Practices were recruited through the Local Enhanced Services (LES) process to participate in Phase 1 (originally 46 practices recruited, 1 practice withdrew from the LES).

In line with the principle the District Nurse will 'typically be the keyworker' for palliative care patients, transformation funding was also secured to enable the District Nurses associated with each of the participating practices to attend monthly palliative care meetings to discuss the patients identified by the Anticipal app.

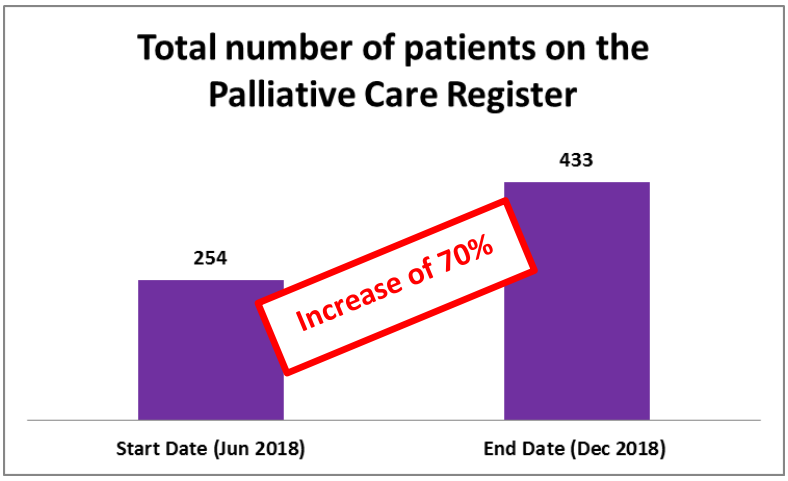
As part of the LES, participating practices were required to provide metric returns by 31 December 2018.

This paper has been prepared to give Palliative Care in Partnership Programme Board members and other stakeholders an update on the initial findings from Phase 1 of the Early Identification Prototype in primary care.

Metrics Returns: Initial findings:

The initial findings from the participating practice metric returns are summarised below:

- The combined practice list size of the metric returns from practices was 92,678 patients.
- There was evidence of District Nurses attending the monthly palliative care meetings in all bar 2 practices.
- At the start of the prototype there were **254 patients** on the palliative care registers for these practices.
- The metric returns show **177 patients identified by the Anticipal app were added to the practice palliative care register** during Phase 1.
- At the end of Phase 1 there were **433 patients** on the palliative care registers for these practices. **An increase of 70%.**



- The metric returns also showed evidence of an additional 50 patients who had been removed from the palliative care registers (assumed deceased) during the prototype but who would likely also have benefited from a palliative care approach during the timeframe.
- All metric returns showed evidence of increasing their palliative care identification rate (PC ID Rate) during the prototype.
- At least two practices more than doubled their PC ID Rate during the prototype, for example:

	Practice X	Practice Y
No. of patients on PC Registers at start	8	6
No. of patients on PC Register at end	23	15
No. of patients removed from register during Phase 1 (assumed died)	3	2
PC ID Rate at start	0.15%	0.15%
PC ID Rate at end	0.43%	0.37%

Feedback from Practices:

Some of the comments received from participating practices are detailed below:

- *'Useful for identifying patients who could benefit from advance care planning & a home visit'*
- *'Gave us food for thought, especially in the first few months, there were quite a few patients who were suitable for palliative care which the tool uncovered for us'*
- *'It has been good practice for the Drs to look into anticipated issues as opposed to waiting for an issue to arise'*
- *'Helps identify people other than cancer patients'*

- *'Beneficial to meet with the District Nurses and Palliative Care Team to discuss patients'*
- *'Improved/increased access to assessment and services for patients and carers'*
- *'Improved communication, continuity of care and long-term relationship with patients'*
- *'The first data extract was the most challenging regarding patient numbers'*
- *'It has been difficult to get a suitable time for all disciplines to meet on a monthly basis'*

Feedback from District Nursing:

During the process one HSC Trust ran a focus group with some of the District Nurses involved in the Early Identification prototype who reported:

- They found the prototype useful in proactively planning for palliative care patients and preventing crisis situations.
- There was no sense of additional workload generated and many of the patients identified by Anticipal were already known to District Nurses.
- They felt the prototype raised awareness of palliative care in general and in particular for diagnoses other than cancer.

Lessons Learnt from Phase 1:

- Practices reported varying numbers of people who appeared on the 'inclusion list' but who, following MDT discussion, were considered not to be suitable for the palliative care register.

  These patients mainly fell into in following categories:

  - Patients who it was recognised would likely benefit from a palliative care approach but who it was felt it would not be appropriate to add to the register/ initiate discussions with at this time (i.e. those where discussions were deemed too late/ too raw at present or patients who it was felt it was too early to label as 'palliative')
  - Patients with long term conditions (other than cancer) which some practices were hesitant to label/recognise as palliative e.g.COPD, Dementia.

  Further education is required within primary care to demonstrate the benefits of early identification of palliative care needs for people with long term progressive conditions and the 3 key illness trajectories of physical decline (Rapid – typically cancer, Intermittent – typically organ failure and Gradual – typically frailty/ dementia).

- Some practices reported queries with the type of patients appearing on the Anticipal inclusion list. More data would be required from participating practices before any changes to the algorithm could be recommended but areas worth exploring further include:

- The age range of some patients on the inclusion list (some under 18s included)
- Cases of historical cancers – may be an issue with particular read codes used in the algorithm
- In some practices, patients who reside in care homes were included on the inclusion list where other practices reported their care home patients were being excluded.

- Based on queries received from participating practices and analysis of the metrics data returned some minor changes have been made to the proposed Local Enhanced Service and Metrics Return for Year 2.

Plans for Year 2 Transformation Funding:

- The PCIP programme plans to expand the Early Identification Prototype to more GP practices in 19/20. Efforts are ongoing with technical partners to offer Anticipal on other clinical systems (i.e. EMIS or through GPIP) but in the first instance, in 19/20 LES will be offered again to Vision practices.
- Four GP induction Days for new participating practices have been scheduled across NI in early May 2019. Invitations to the Induction Days will be extended to Practice Managers and District Nursing.
- Funding will be available in each Trust area to enable the District Nurses to attend the monthly palliative care meetings in participating practices and ongoing education in the role of Palliative Care Keyworkers will be facilitated through the local HSC Trusts. The programme will encourage and facilitate (where appropriate) further focus groups with District Nurses involved in the Early Identification Prototype.
- The programme will continue to work with partners such as RCGP, BMA and Integrated Care to provide education regarding the benefits of early identification of patients who could benefit from a palliative care approach in particular for patients with diagnoses other than cancer.
- The programme also plans to link with two aligned identification projects, looking at:
  - If Anticipal can help identify (in primary care) palliative patients who are at risk of emergency admissions? (with the University of Edinburgh)
  - A project looking at Dementia and Palliative Care (funded by the Global Brain Health Institute, the Alzheimer's Association and the Alzheimer's Society).

  Practices participating in the Early Identification Prototype in Year 2 will be offered the opportunity to be involved with these research projects.

If you have any questions about the Early Identification Prototype please contact:

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