City and Hackney
Clinical Commissioning Group

CODE OF CONDUCT TEMPLATE

For entering into proposed contracts with practices as providers

Service: End of Life Care (EOLC) Contract with the GP Confederation **Programme Board: Crisis Care**	
Question	**Comment/Evidence**
Part A - Developing the service specification	
Please provide a brief description of the service:	This service is to encourage GP's to identify those patients who may be in the last year of life and to offer them an opportunity to create an Advance Care Plan (ACP) and to record the details of this on CMC if the patient agrees to do so.
Outline the benefits to patients if this service is commissioned:	Patients approaching the end of life will have the opportunity to have a discussion with their GP regarding their future wishes. Whilst a sensitive subject that some patients may find difficult, it is an opportunity to explore patient's preferences and requests with regard to their care and plans in the last year of life. Benefits include: • Patient involvement in decision making • Patients having choices related to their care plan and how their care will be managed in the last year of life; • Patients being able to state preferred place of care and death • Ensuring that clinical teams involved in the patient's care have a shared understanding of the patient's wishes, especially in respect of non-invasive medical interventions and location of death

	• Evidence suggests that drafting an advance care plan means that patients are more likely to receive care aligned with their wishes, spent less time in hospital at the end of life and report better patient and carer satisfaction. Patients also find the process of drafting the advance care plan useful, and it can help families and carers prepare for the bereavement. • Evidence from Coordinate My Care suggests that those patients who have an ACP are more likely to die in their preferred place of death and to avoid unnecessary hospital admissions.
How will this service support the delivery of the Programme Board's commissioning intentions:	To provide quality care, closer to home and taking into account the preferences and wishes of the patients at the end of life
Describe how will this service will improve CCG outcomes and service quality:	• Ensuring patients have a positive experience of care (NHS Outcomes Framework) • Treating and caring for people in safe environment and protecting them from avoidable harm (NHS Outcomes Framework) • People in the last year of life, dying in their preferred place (where possible) – likely to increase deaths outside of hospital (CCG Improvement and Assessment Framework)
How does the proposal support the priorities in the HWBBs' health and wellbeing strategies)?	This service is aligned to the HWBB's strategies that aim to drive towards person-centred integrated care and support which is a key imperative to improved health and wellbeing outcomes for residents and to reduce health inequalities and achieve joined-up, holistic services
Outline how you have involved patients in the decision to commission this service and then in the development of the specification. Who has been involved? What changes were made following consultation?	No change to specification from 2016/17. Consultation took place via PPI committee and NHS Community Voice Event: End of Life Care/ Dying Well in Hackney in 2015.
Describe the range of CCG clinicians involved in designing this proposed service and their input to the service specification:	End of Life Care lead for CCG – Dr Meena Kirshmanurthy Care Planning lead for CCG – Dr Nikhil

	Katiyar Independent Clinical expertise Dr Mike Fitchett
When and how have you consulted member practices about commissioning this service: What changes were made following consultation:	Consultation with the member practices through the GP Confederation. No significant changes of the service specification
How will this proposed contract align with other contracts commissioned by the CCG and promote integrated service delivery across providers	The service will be aligned through the other contracts commissioned and delivered through the GP Confederation
Part B – Managing conflicts of interest	
Outline from who you have obtained an independent clinical perspective / external advice on the specification and the KPIs/contract: What changes were made as a result of their comments?	Dr Mike Fitchett, independent GP, supported the proposal for the 2016/17 contract and asked questions for clarification (2015).
Describe how all conflicts and potential conflicts of interests have been declared in the development and agreement of the service specification: Can you confirm how conflicts have been recorded and provide a link to these declarations?	Conflicts of interest are registered at the beginning of each End of Life care Programme Board meeting, where discussions take place regarding contracts and services Members involved note their conflicts and these are recorded in minutes of meetings.
Describe how you have mitigated the conflicts of interest declared?	No conflicts declared
Part C – Proposed contract	
What is the annual value of this contract?	£162,000
How have you determined that this represents value for money and developed the price for this service?	Price based on previous year's value.
What will be the basis of the contract – on what performance and / or outcomes will payments be made?	Payments are made on a patient basis. The practice will receive a payment of £110 per patients on the practice palliative care register with the completed template (see specification)
Describe how you will assess the achievement of these outcomes in recommending payments?	The information is provided by CEG to assess the achievement of the outcomes Information is also available from the Co-

	ordinate my care (CMC) data system, updated monthly.
How will you monitor the quality of the service commissioned?	Through quarterly meetings with the GP Confederation and through the formal GP Confederation oversight Committee.
What systems will there be to monitor and publish data on referral patterns?	CMC and CEG
PART D – List based service only	
Outline why this is a list based service and the advice you have received to confirm this? (i.e. can only be provided by City and Hackney GP practices) Please attach the advice that this is a list based service	The GP confederation and the GP practises that they commission are the only organisation that has access to patient records that are required for this service.
What steps have you taken to demonstrate that there are no other providers that could deliver this service?	The issue was raised at the CCG End of Life Care Board (City and Hackney) for the 2016/17 contract (November 21015 meeting). The board members noted that there was no other provider who could deliver this service.
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	Advance Care Planning is not a core part of GMS GP contract. This service would fill the gap left for some patients by the move from the Gold Standards Framework DES to the Avoiding Unplanned Admissions DES and will provide better service for those approaching the end of life, increasing the chance of providing coordination care in accordance with patient wishes and improving patient and relative/carer experience.
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	Through on-going performance monitoring of the practise through the GP confederation contract and monitoring.
Describe how you will evaluate the contract delivery proposals: Describe: • Who will be involved? • How you will obtain independent clinical advice? How will you ensure there are no conflicts of interest?	Through the review of data form CEG and CMC. Additionally, the CCG will review the monthly MDT practice meetings (provided by the GP confederation) to assess whether the practices are discussing end of life care patients and those who go onto the palliative care register. This will be undertaken on a quarterly basis.
What additional external involvement will there be in scrutinising the proposals?	

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose if appropriate?	
Part E – if you are proposing procurement and practices/GP Confederation are potential bidders	
Please outline the procurement process and timescale – attach the advice about this procurement process	
Describe the process you will use for evaluating bids Describe: • Who will be involved? • How will you obtain Independent Clinical Advice? • How will you ensure there are on conflicts of interest?	
Please attach the proposed service specification	
Signed by Programme Director:	
Signed by Programme Board Chair:	