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COMMISSIONING END OF LIFE SERVICES USING CARE PROFILES

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The Department of Health (DH) required local reviews of End of Life (EoL) services in England ahead of the publication of its National EoL Strategy in 2008. Related cross-sector work undertaken by Liverpool Primary Care Trust (PCT) stressed the need for a means of specifically commissioning EoL services.

It was proposed that care profiles could enable service requirements to be set in respect of skill mix, delivery, quality and outcomes for each stage of the EoL pathway. The DH had used care profiles for a variety of services in the 1990s. Therefore, during 2010, Liverpool PCT undertook a project to establish whether the methodology could be used to commission EoL services (other than those delivered to inpatients in hospitals) by adapting the original structure and tailoring it for commissioning purposes.

An iterative approach was applied through a series of four workshops, based on action learning events, which sought consensus among participants from across a full cross-section of commissioning, provider and service user interests. The outputs were evaluated by an external reference group.

The project was a success. Its recommendations were subsequently used to commission EoL services across Liverpool. One conclusion was that the basic service requirements for EoL care are the same irrespective of the related disease. Care profiles are simple and flexible, and they complement and augment integrated care pathways. By requiring the recording of outcomes throughout the care process, they aid quality and audit processes. They offer the potential to cost EoL services, and should be transferable to other conditions.

Care profiles can support GP commissioning by providing clinically relevant and detailed information to specify services.

Subsequent work established how the EoL care profiles can support advanced care planning, by assuring the range, quality and consistency of information given to patients and carers, with any potential choices highlighted.