JOINT COMMISSIONING: CHALLENGES AND POSSIBILITIES

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Introduction In 2014 the hospice became a joint commissioner with the CCG for end-of-life care in North East Essex.

We are commissioned to host the local EPACCs, locally called the My Care Choices Register, as well as provide the local 24 hour single point of access. We commission the Marie Curie night service as well as transition services from the J’s hospice.

Joint Commissioning has allowed us to develop a strategic role in end-of-life care across our community.

Key initiatives include the following:

1. Care home education, role shadowing and EPACCs promotion.
2. Partnership working with the local hospital influencing locality key performance indicators.
3. Shared initiatives with the paramedic service involving education and promotion of the use of the My Care Choices register.
4. Partnership working with community health providers, recently expanding the My Care Choices register to allow incorporation of the community health team frailty register.
5. A primary care grant to support administration costs associated with the My Care Choices register.

Results The proportion of deaths in hospital is falling faster locally than the average figure for England. Currently 43% of deaths locally occur in hospital. England average 47%.

Over 2200 people currently have their choices recorded on the My Care Choices register. One in three people who died in our area in 2015 had recorded choices in the register. Over 70% die in a place of preference.

Advantages of joint commissioning
1. A raised profile in end-of-life care
2. Increased income from the NHS and subsequently from fundraising
3. A 50% increase in the number of people accessing a hospice service
4. Increased influence in service development across the locality.

Challenges
1. Reputational risk
2. Financial risk of expansion and increased dependence on NHS funding
3. Responsibility for other provider service quality.

HOSPICE SERVICES ARTICULATING CARE DELIVERY WITHIN A PLATFORM OF EXTERNALLY COMMISSIONING SERVICES

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Background Non-malignant diseases have advocated for the involvement of palliative care services to help deliver end-of-life care for patients and carers. The challenge comes within a fiscally constrained health economy when the drive is to cut and ultimately balance budgets. Therefore palliative care needs to be clear with its stakeholders in articulating the needs of the population it serves and how it will deliver care in tandem with existing services across the multiple settings of care.

Aim To articulate a service specification in terms of care delivery for non-malignant disease couched within the wider remit of the health economy commissioning groups.

Method An iterative process of baseline review, literature review, horizon scanning with other providers and involvement of specialist and generalist teams.

Results A working group with professionals tasked internally with delivering care within non-malignant diseases was convened, with an action plan using a solution focused approach guiding the process. Each nominated person was responsible for devising a model of care that would ensure effective care delivery embedded within an environment of structured holistic assessment ensuring consistency, clarity and uniformity. This approach was guided by aligned work from the sustainability and transformation plans (STPs) within the external Clinical Commissioning Groups (CCGs). Discussion with external stakeholders and testing of proposed approaches was proposed to ensure suitability, feasibility and piloting of any new practice will deliver in terms of patient and carer experience and cost effectiveness.