NHS Circular:
PCA(M)(2014) 06 (Revised)

Directorate for Health & Social Care Integration
Primary Care Division

18 December 2014

Addresses

For Action

Chief Executives NHS Boards

GP Practices

NHS National Services Scotland

For information

Scottish General Practitioners Committee

Primary Care Leads NHS Boards

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Dear Colleague

THE PRIMARY MEDICAL SERVICES DIRECTED ENHANCED SERVICES (SCOTLAND) 2014 PALLIATIVE CARE

Purpose

1. This circular addresses some concerns that Palliative care DES issued on 5 November may have been perceived as disadvantaging some practices. There was never any intention to disadvantage practices and though the text was clear, unfortunately the tables were not. Therefore this revised DES has been issued to clarify reporting arrangements.

2. Initially issued under cover of circular PCA 2012(M)06 that came into force on 1 April 2012.

3. Practices that provide reports under existing arrangements, are not to be disadvantaged by the issue of this guidance. Year end reports are to be accepted by Health Boards, from practices that have already completed the work this year.

Reporting

4. For practices that have not yet completed the Palliative Care work in relation to the Palliative Care DES for 2014-15 the new arrangements offered are, as detailed at **Annex A**, but summarised below;

    - Activating KIS/ePCS becomes the standard way of recording the palliative care summary (with professional discretion as to what is included in what is an evolving document as the clinical condition progresses).

    - Maximum number of SEAs claimable remains at the current Table 2 numbers in 2014/15 (1 per 1000, minimum 3, maximum 15).

- SEA case choice will be at practice discretion, in line with our professionalism agenda, but should reflect, where possible, a case mix of both cancer and non-cancer diagnoses and a case mix where care went according to plan (a so called good death) and where care did not go according to plan.

5. Reports are to be submitted to Health Boards.

Action

6. NHS Boards are requested to action this guidance and ensure that their primary medical services contractors are aware of it.

Enquiries

7. In the instance for any initial enquiries on this circular please contact Frank McGregor.

Yours sincerely

DAVID THOMSON
Deputy Director, Primary Care Division

Annex A

Table 1

Practice population (1 April 2014)	Number who died from cancer (1.4.14 - 31.3.15)	Number who died from LTC (other than cancer) (1.4.14 - 31.3.15)	Number of SEAs completed, shared and submitted

From their total patient deaths during the year, practices should carry out 1 reflective practice (SEA - as detailed in section 18 of NHS Circular: PCA(M)(2012) 6) per 1000 patients on their practice list (with a minimum of 3, maximum 15). The maximum number for list sizes >15000 is 15. If the total number of eligible deaths is less than 1 per 1000 patients, then practices should carry out a reflective practice on all such deaths.

SEA case choice will be at practice discretion, in line with our professionalism agenda, but should reflect, where possible, a case mix of both cancer and non-cancer diagnoses and a case mix where care went according to plan (a so- called good death) and where care did not go according to plan.

Table 1

Practice population at 1 April 2014	**Minimum** Number of SEAs	**Maximum** Number of SEAS
<1,000 – 3,999	3	3
4,000 – 4,999	3	4
5,000 – 5,999	3	5
6,000-6,999	3	6
7,000-7,999	3	7
8,000-8,999	3	8
9,000-9,999	3	9
10,000-10,999	3	10
11,000-11,999	3	11
12,000-12,999	3	12
13,000-13,999	3	13
14,000-14,999	3	14
>15,000	3	15

*For absolute clarity the **minimum** number of SEAs required is **3**.*