Royal College of General Practitioners

Marie Curie
Care and support through terminal illness

The Daffodil Standards

For Primary Care Networks in England – achieving EOLC QOF

RCGP and Marie Curie UK General Practice Core Standards for Advanced Serious Illness and End of Life Care

End of Life Care across populations
One person dies every minute in the UK. With an ageing population, deaths - along with a greater need for palliative and end of life care and support - are set to rise by 17% by 2030. Evidence tells us the majority of people want to be cared for and die in their own home or care home, where possible. Most people who die in the community receive palliative and end of life care from general practice, without involvement of hospice care. We have the opportunity to make a bigger impact on people's experiences towards the end of their lives with high quality, consistent, planned care, across GP practices and their networks.

Primary Care Networks (PCN) role
An ambition for a PCN is to improve the care for their local populations. This short guide gives a step by step approach, using the RCGP & Marie Curie Daffodil Standards General Practice quality improvement framework to support PCNs to:

a) achieve the requirements for the new EOLC QOF module 2019/20 GP Contract (England)

b) to work with practices, across their populations of 30-50K and progress continuous quality improvement to achieve the best possible care for patients and those important to them, affected by advanced serious illness and end of life.

Understanding how signing up to the Daffodil Standards helps practices and PCNs achieve the EOLC QOF module
The Daffodil Standards are the UK General Practice Standards for Advanced Serious Illness and End of Life Care. They are a blend of quality statements, evidence-based tools, reflective learning exercises and quality improvement steps. The Standards have been designed by GPs and experts to offer a structure for practices, whatever the starting level, to have a clear strategy to consistently deliver the best care to all people affected by terminal illness.

What do they cover?
The Daffodil Standards cover eight core areas below with areas highlighted in green, where quality improvement activity supports the EOLC QOF module:

Daffodil Standards – domains:

1. Professional and competent staff
2. Early identification (supports QOF)
3. Carer Support – before and after death (supports QOF)
4. Seamless, planned, coordinated care
5. Assessment of unique needs of the patient (supports QOF)
6. Quality care during the last days of life
7. Care after death (supports QOF)
8. General Practice as hubs within compassionate communities

Step 1 - Confirm PCN practices have signed up to EOLC QOF module and reviewed the new Quality Improvement approach indicators **(Appendix Fig 1: Summary)**

Step 2 – Confirm which PCN practices have **signed up** to RCGP / Marie Curie Daffodil Standards (highlighted in the new GP Contract to underpin EOLC QOF module).

Step 3 – Share **Appendix Fig 2: Primary Care Networks – collated practice audit results and reflection questions on achieving PCN SMART goals for QOF** and **Appendix Fig 3: timeline planner** with all practices.

Step 4 - Encourage all practices to complete the recommended EOLC Audit template (last 10-20 deaths), consider the baseline EOLC performance and agree practice relevant SMART goals at practice meeting and **Appendix Fig 4. Example PCN goals for EOLC QOF** and matched Daffodil Standards 2019/20.

Step 5 – Book first PCN meeting date (minimum of two to achieve QOF payment)

- Collate learning from EOLC practice audits
- Discuss ambition for and agree PCN relevant SMART goal(s). Consider from practice list of SMART goals
- Consider sharing learning with other multi-professional leads and PCNs, commissioners and providers
- Document on QOF reporting template
- Book second PCN meeting date (consider timeline planner)

Step 6 – Consider best method for PCN to keep up momentum between practices, share easy wins etc. N.B. The RCGP send regular updates to practices registered to the Daffodil Standards including top tips and case studies to help share best practice.

Step 7 – At second PCN meeting

- Confirm progress against agreed PCN SMART goal(s)
- Consider evidence and learning
- Agree next steps
    - what to adopt, adapt or stop
    - ambition between meeting and next meeting
- Consider sharing learning with other multi-professional leads and PCNs, commissioners and providers
- Document on QOF reporting template

Is there a cost to the practice?

No. Access to the Daffodil Standards is completely free.

Can Practice Participation Groups (PPG) get involved?

Yes, they can. There is a Daffodil Standards PPG pack to act as discussion points for your PPG and practice to harness feedback and suggestions to help improve care.

Appendices

Fig 1.
New GP Contract 2019/20, EOLC module approach

The new 2019 EOLC QOF offers 37 points.

Indicator	Points	Achievement thresholds
QI003: The contractor can demonstrate continuous quality improvement activity focused on end of life care as specified in the QOF guidance.	27	N/A
QI004: The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two network peer review meetings.	10	N/A

Fig 2.
Primary Care Networks – collated practice audit results and reflection questions on achieving PCN SMART goals for QOF

EOLC Death Audit criteria	Practice 1	Practice 2	Practice 3	Practice 4	Actual Average PCN % Meeting 1	Actual Average PCN % Meeting 2	Best practice/ Ideal SMART GOALS %	CCG /STP Average %
People who have died in audit: % of people identified on EOLC Supportive Care Register							60% or above	
People who have died in audit: % of people identified on the practice EOLC 'supportive care register', who had a personalised care and support plan							100% of people on EOLC SCR	
Carers: % of care-givers/ NOK identified of people who died in audit and on EOLC Supportive Care Register							60-90% of carers on EOLC SCR	
Carers: % of identified family members / informal care-givers/ next-of-kin offered holistic support before death							100% of carers on EOLC SCR	
Carers: % of identified family members / informal care-givers/ next-of-kin on EOLC Supportive Care Register, contacted and offered information on dealing with grief and bereavement							100% of carers on EOLC SCR	

Fig 3.
Timeline planner

TO DOs	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Confirm PCN practices sign up to EOLC QOF module												
Confirm PCN practices sign up to Daffodil Standards												
Share timeline planner (Fig 2)												
Practices to complete EOLC Audit (last 10-20 deaths)												
1st PCN meeting												
Agree PCN SMART goals												
Practices to implement QI improvement plan to achieve SMART goals for QOF												
Practices continuous monitoring of agreed data												
Data collation and summary of SMART goal achievements and learning												
2nd PCN meeting (minimum QOF)												
Complete QOF reporting template												

Fig 4.

Example PCN goals for EOLC QOF and matched Daffodil Standards 2019/20.

The Daffodil Standards cover eight core areas below with areas highlighted in red where quality improvement activity supports the EOLC QOF module:

Below you will find for each Daffodil Standard an example for a

a) baseline of what collated network practice EOLC audits may confirm your PCN has achieved
b) SMART goal you agree that is relevant to your PCN

The exact baseline figures will be determined by the results of your practice audit and the SMART goals you select should be relevant and feasible for your practice (and primary care network) to achieve.

Daffodil Standard 2. Early identification of patients and carers/NOK – QOF
Evidence-based best practice identification = 60%

PCN baseline from retrospective practice audits – Example outcome: 20% of people affected by serious illness and end of life care who died, had already been identified on a practice 'supportive care register'.

Example PCN SMART outcome: Increase from 20% to 60% of people **affected by serious illness and end of life care who died, to be identified** on a practices 'supportive care registers', over the next 6 months.

Daffodil Standard 3. Carer Support – before and after death – QOF
Evidence-based best practice identification of carers = 60-90% of people in the last year of life will have an informal carer

Example PCN baseline from retrospective practice audits
a) For people who died in audit - Example outcome: 10% of family members / informal care-givers/ next-of-kin identified in patient's notes and on the practice 'EOLC supportive care register'.
b) For people who died in audit - Example outcome: 20% of identified family members / informal care-givers/ next-of-kin were offered holistic support before and after death, reliably and early enough for all those who may benefit from support. Consider using CSNAT.org tool.

Example PCN SMART outcomes:

a) For people who died in audit - Over 3 months, increase from 10% to X% (PCN to decide) of family members / informal care-givers/ next-of-kin to be identified in patient's notes and on the practice 'EOLC supportive care register'.
b) For people who died in audit - over 6-12 months, steadily increase from 20% to X% (PCN to decide) of identified family members / informal care-givers/ next-of-kin to be offered holistic support before and after death, reliably and early enough for all those who may benefit from support.

Daffodil Standard 5. Assessment of unique needs of the patient – QOF

***Ideal best practice – 100% of people identified on the practice 'supportive care register' (involving those important to them) should be* sensitively offered timely and relevant personalised care and support plan discussions, where possible.**

Example PCN baseline from retrospective audits – Example outcome: 10% of people **affected by serious illness and end of life care who died**, had been sensitively offered timely and relevant personalised care and support plan discussions and these were **documented and shared electronically.**

Example PCN SMART outcome: Increase from 10% to X% over the next 6 months (PCN to decide) and X-Y% over the 6-12 months (PCN to decide) of people **affected by serious illness and end of life care who died, to be** sensitively offered timely and relevant personalised care and support plan discussions and have these **documented and shared electronically.**

Daffodil Standard 7. Care after death – QOF

Ideal best practice – 100% of care-givers identified on PCN practices 'supportive care register', involving those important to them should be contacted and offered information on dealing with grief and bereavement within 1 month of the person on the register dying, where possible.

PCN baseline from retrospective audits - Example outcome: 10% of family members / informal care-givers/ next-of-kin identified on PCN practices 'supportive care register' were contacted and offered information on dealing with grief and bereavement within 1 month of the person on the register dying.

Example PCN SMART outcome: Within a 12-month period, increase from 10% to 60% of family members / informal care-givers/ next-of-kin identified on practices 'supportive care register' to be contacted and offered information on dealing with grief and bereavement within 1 month (PCN to decide) of the person on the register dying.

Daffodil Standard 1. Professional and competent staff
Daffodil Standard 4. Seamless, planned, coordinated care
Daffodil Standard 6. Quality care during the last days of life
Daffodil Standard 8. General Practice as hubs within compassionate communities