



We know about  
**end of life  
care**

## Marie Curie Managed Care

Towards patient-centred commissioning  
of end of life care

[www.mariecurie.org.uk](http://www.mariecurie.org.uk)

Marie Curie  
Cancer Care



# Overview

This briefing gives an overview of some current policy drivers and challenges around commissioning palliative and end of life care. It proposes an innovative approach to commissioning community nursing to enable commissioners to deliver quality services while managing resources and meeting their quality and efficiency targets.

The challenges commissioners now face demand a new approach to commissioning end of life care that centres on patient need and uses resources in the most efficient way possible.

## Commissioning for quality and efficiency

With an increasingly ageing population, end of life care is attracting growing political and media attention in England and is now one of the Department of Health's Quality Innovation Productivity and Prevention (QIPP) national priorities.

The QIPP end of life care workstream focuses attention on promoting the early stages of the end of life pathway.<sup>1</sup> It anticipates that the early identification of people approaching the end of their lives and forward planning for their care will help to avoid unnecessary hospital admissions and enable more people to die in their usual place of residence. This is now a QIPP workstream key performance indicator. Expected outcomes include better use of resources and improved patient experience. The national QIPP agenda considers a reduction in the number of hospital admissions of eight days or more which end in death, and a reduction in unplanned admissions in the last year of life to be further achievable outcomes.<sup>2</sup>

The NICE Quality Standard for end of life care for adults<sup>3</sup> outlines how commissioners can deliver excellent outcomes for their local communities while meeting the anticipated outcome framework around quality. The National Commissioning Board will hold clinical commissioning groups to account through an NHS Outcomes Framework indicator derived from the national survey of bereaved carers.<sup>4</sup> This indicator will centre on improving patient experience.<sup>5</sup>

There is also increasing emphasis on the development of a fair and transparent funding system for palliative and end of life care.<sup>6</sup> Palliative Care Funding Review (PCFR) pilots are testing the viability of a new per-patient funding system determined by the complexity and level of patient need. The review predicts that this approach will deliver better outcomes for patients, with coordinated services based on patient need and better value for the NHS. Optimised community services could potentially save £180 million a year in hospital costs and help satisfy the growing demand for palliative and end of life services.<sup>7</sup>

The challenges commissioners face demand a new approach to commissioning end of life care that centres on patient need and uses resources in the most efficient way possible. The current payment for activity model lacks this patient focus and does not incentivise providers to deliver quality outcomes. With a tariff approach on the horizon, commissioners may be obliged to adopt a different funding model.

<sup>1,2</sup> QIPP End of Life Care Event Report February, 2012

<sup>3</sup> Quality Standard for end of life care for adults, National Institute for Health and Clinical Excellence, 2011; Commissioning for Quality in end of life care: Summarising the NICE Quality Standard, Marie Curie Cancer Care, 2012

<sup>4</sup> National Survey of the Bereaved, ONS, 2012

<sup>5</sup> NHS outcomes framework 2012/13

<sup>6</sup> Palliative Care Funding Review, Thomas Hughes-Hallett and Professor Alan Craft, 2011

<sup>7</sup> The Palliative Care Funding Review estimates unmet need for palliative care at between 92,000 and 142,500 people a year

# Marie Curie and integrated commissioning

Marie Curie has been championing a whole-systems approach to end of life care provision since 2004. Our pioneering Delivering Choice Programme has helped us to build vast experience in designing and delivering innovative patient-centred end of life care. Working together with NHS, local authority and independent partners, we have developed, tested and delivered effective local solutions to end of life care across 18 UK sites.

Our experience of different health economies enables us to integrate our services with local NHS and independent providers to improve coordination of end of life services. We work across diverse geographic areas from remote Scottish islands to urban estates, and our services extend across the demographic spectrum from affluence to deprivation.

Marie Curie's work has also helped to shape the national end of life agenda in England. In 2008, informed by the work of the Marie Curie Delivering Choice Programme, the Department of Health published its end of life care strategy. This highlighted the need for better planning and delivery of services to give people choice over where they receive care and where they die.<sup>8</sup> The Scottish Government has also recognised the Delivering Choice Programme as an example of good practice in planning and delivery of care at the end of life.<sup>9</sup>

Marie Curie has long campaigned to increase people's choice of place of care and death. To help us achieve our aim we are offering a new proposition to commissioners of end of life care nursing that we believe will result in better outcomes for patients and better value for the NHS.

## Our Managed Care model

We know commissioners have funding concerns. Marie Curie's Managed Care model supports commissioners to develop integrated services with positive outcomes within a fixed budget. Our expertise in service design is underpinned by years of fieldwork and evaluation and our advisers have worked on a number of projects to improve end of life care outcomes across the UK. They know what good end of life care looks like and how to achieve it.

Our aim is to increase home deaths and reduce avoidable admissions drawing on our extensive operational and strategic experience. By adopting the Managed Care model, commissioners are taking the first step towards commissioning for these outcomes.

Marie Curie's advisers will work alongside commissioners to help them plan effective and equitable end of life services. This involves a move away from activity-based contracts, with pre-determined nursing shifts, which often, do not reflect patients' wishes or health needs.

Payment is patient based and reflects the availability of other local services. Patients will receive the care they need when they need it determined by the complexity of the patient's situation and the best use of resources available.

Marie Curie's Managed Care model supports commissioners to develop integrated services with positive outcomes within a fixed budget.

<sup>8</sup> End of Life Care Strategy, Department of Health, 2008

<sup>9</sup> Living and Dying Well, The Scottish Government, 2008

Our Managed Care approach fits in with our wider approach to the delivery of services. Marie Curie follows each patient's progress, maintaining close contact with the family and with other healthcare providers. District Nurses can continue to coordinate other aspects of care confident in the knowledge that Marie Curie Nurses are meeting the end of life nursing care needs of their patients.

## How we work

### **Effective integration**

To help you ensure there is optimum end of life care in your area, we will examine your existing services and agree on service specifications. Free service design comes as part of the package. We will also suggest optimum service specifications backed by a business case.

### **A collaborative approach**

Marie Curie Senior Nurses work closely with professionals in acute and community settings to identify patients who need end of life nursing care. They assess patients' end of life care needs and work closely with the other health professionals.

### **Patient-centred care planning**

Proactive assessment allows Marie Curie's Senior Nurses to tailor care packages to meet patients' individual requirements. Assessment is based on the complexity of the patient's needs and changing condition. Our nurses recognise that families have needs too and will include families in their planning process.

### **A flexible care delivery model**

Patients receive nursing care from Marie Curie's dedicated end of life care team as and when they need it. We can provide care day and night, with long and short visits, at scheduled and unscheduled times.

### **Operations and reporting**

Marie Curie will work with commissioners to agree a cost and contract time frame and provide a full operational and implementation process. Reporting criteria may include number of patients referred, average hours per patient, staff ratio, and the percentage of patients achieving preferred place of care.



# What do people think of Managed Care?

## Patients and families

Initial findings in our pilot sites indicate that patients and families appreciate the close contact they have with the nurses. Closer dialogue promotes a better understanding of the family's needs, so that Marie Curie can structure care in the most meaningful way. Whether this means overnight care, urgent visits, or short periods of respite, patients and families know what to expect and can be confident that their needs are paramount.

“ Marie Curie contact me at least twice a week. And the nurse phones too to confirm she's visiting. That way, I know who'll be at the door – I won't open it to just anyone.

Before they came to look after me, the nurses were fully informed about my situation, which was helpful. It meant I didn't have to explain anything – they already knew. They knew what was in my files – and they still keep detailed notes about things like whether or not I've had a restless night's sleep. That way, the next nurse who comes to look after me knows what's happening.”

Elizabeth McCann, Marie Curie patient

Benefits for patients and families include:

- ✓ greater equity of access to care: those in greatest need are given priority
- ✓ care packages tailored to their changing needs
- ✓ a focus on the things that matter to them – pain and symptom control; physical, spiritual and emotional support
- ✓ better management of risk of inappropriate admission to hospital
- ✓ care in their preferred place
- ✓ contact with Marie Curie staff between visits

## Commissioners

Commissioners who have adopted the model appreciate Marie Curie's overview of end of life patients across the trust. They have also welcomed Marie Curie's effective utilisation of staff skill mix and responsiveness to help avert crises.

“ The biggest improvement (compared to the standard service) is the trust wide coordination...the joined-up thinking means you can ultimately move the resource to where it is most needed.”

Commissioner

Benefits commissioners can expect include:

- ✓ meeting the QIPP agenda
- ✓ better patient experience and outcomes
- ✓ fewer avoidable acute admissions for end of life patients
- ✓ fewer acute bed days in the last year of life
- ✓ assured service outcomes within fixed NHS budget

### **Community staff**

Feedback from community staff in the pilot sites has shown that they appreciate Marie Curie's extended role in patient assessment and coordination once working relationships develop and our nurses demonstrate better outcomes for patients and families.

“ The Managed Care Service has allowed me to work much closer with Marie Curie's professionals. Marie Curie's nurses give us detailed reports after they've seen patients. It makes looking after patients at home much easier for us.

I think patients who are looked after as part of Managed Care receive a better service. It's very good and efficient. Marie Curie tries to give patients the same nurses each time to give them some continuity. This is important for patients and their families because they really build a rapport with the nurses. The nurses really get to know them. ”

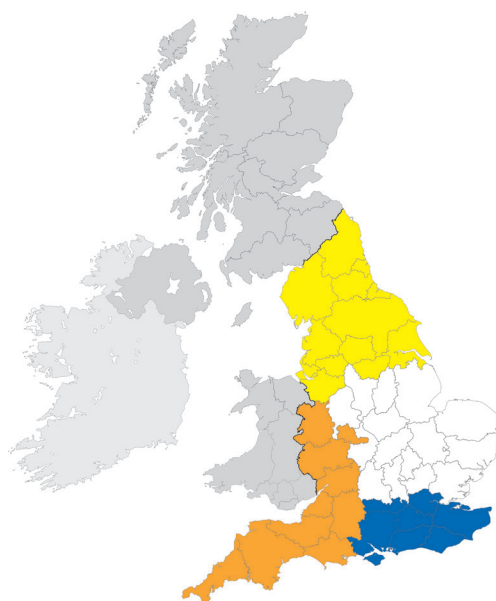
**District Nurse**

Benefits for community staff include:

- ✓ greater integration and communication between providers
- ✓ the ability to better meet patient and family expectations
- ✓ better use of Registered Nurse and healthcare assistant skill mix

# Find out more about Managed Care

## Contact our service development team:



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## Download publications from our website:

[www.mariecurie.org.uk/commissioningpublications](http://www.mariecurie.org.uk/commissioningpublications)

### *We know about end of life care*

Find out how Marie Curie is helping commissioners in England to meet their end of life care quality and efficiency objectives.

### *Understanding the cost of end of life care in different settings*

This briefing draws on Marie Curie's vast knowledge and experience in end of life care to consider the economic impact of providing care to patients in the community, rather than in the acute setting.

### *Commissioning for quality in end of life care: Summarising the NICE Quality Standard*

This briefing illustrates how Marie Curie can help commissioners to deliver excellent services to their local communities while meeting the anticipated outcome framework around quality.

### **End of life care from a *trusted provider***

Marie Curie's reputation as the leading end of life care organisation stems from the wealth of experience gained through its Marie Curie Hospices and Marie Curie Nursing Service, supported by its integrated service design expertise and palliative care research.

[www.mariecurie.org.uk/commissioning](http://www.mariecurie.org.uk/commissioning)