

**The NHS Long term Plan 2019** <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

“1.42. With patients, families, local authorities and our voluntary sector partners at both a national and local level, including specialist hospices, the NHS will personalise care, to improve end of life care. By rolling out training to help staff identify and support relevant patients, we will introduce proactive and personalised care planning for everyone identified as being in their last year of life. A consequence of better quality care will be a reduction in avoidable emergency admissions and more people being able to die in a place they have chosen



**New GP QOF contract 2019/20** <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

In January 2019 the BMA Investment and evolution 5 year framework for GP contract reform was launched with from April 1<sup>st</sup> a **NEW QOF Quality Improvement domain**. There are two quality improvement modules and end of life care is one of them.



**QI003:** The contractor can demonstrate continuous quality improvement activity focused on end of life care as specified in the QOF guidance

**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.

The overarching aim of these QI indicators is to lead to improvements in end of life care through:

1. **Early identification** and support for people with advanced progressive illness who might die within the next twelve months. *le more proactive care through earlier identification*
2. **Well-planned and coordinated care** that is responsive to the patient's changing needs with the aim of improving the experience of care. *le more person-centered coordinated care through advance care planning and reducing hospitalization*
3. **Identification and support for family / informal care-givers**, both as part of the core care team around the patient and as individuals facing impending bereavement. – *ie better support for families and carers*