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| **DIRECTED ENHANCED SERVICE (DES) 2020-21:****PCA(M)(2019)06** | NHSGG&CRGB |

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| **Annual Claim & Declaration – Directed Enhanced Service (DES) – Palliative and End of Life Care** |
| **GP Practice Details** |

Greater Glasgow and Clyde

NHS Board Area

Practice Ref Number:

01/04/2020

Date Effective From

Date Effective To

31/03/2021

**Level 1 Activity**

Number of patients identified with palliative and end of life care needs, irrespective of diagnosis, first included

on the palliative care register between 19th March 2020 and 18th March 2021 inclusive

Patients on the palliative care register must have been assessed and a care plan compiled and an electronic palliative care summary (ePCS) or equivalent completed, and made available to professionals involved in their care in the out of hours period within 4 weeks of inclusion on the register.

**Level 2 Activity**

Administration and infrastructure costs – please tick the box to claim this fee

Number of reflective practices carried out, from a minimum total of three up to a maximum total of 15,

at a maximum rate of 1 per 1000 patients registered on the practice list as at 1st April 2020.

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| I declare that the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that my claim will be authenticated from appropriate records, and that payment will be made to my Practice, which will be subject to Payment Verification. Where Practitioner Services is unable to obtain authentication, I acknowledge that the onus is on my practice to provide documentary evidence to support this claim. |

Completed By

Date:

**Please complete and return from your admin mail box to:**

**GMS.Contractteam@ggc.scot.nhs.uk** **by Friday 28th May 2021.**

**Annex A**

|  |  |  |  |
| --- | --- | --- | --- |
| Practice population (1 April 2020) | Number who died from cancer (1.4.20 - 31.3.21) | Number who died from LTC (other than cancer) (1.4.20 - 31.3.21) | 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 1April 2020 | **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****.*