THE PRIMARY MEDICAL SERVICES
DIRECTED ENHANCED SERVICES (SCOTLAND) 2015
PALLIATIVE CARE

Purpose

1. This DES specification provides clarification of activity and reporting, for 2015-16, consolidating previous information to Health Boards, initially issued under cover of circular PCA 2012(M)06 that came into force on 1 April 2012 and was updated by circular PCA 2014(M)06.

Reporting

2. For 2015-16 the arrangements offered are, as detailed at **Annex A**, but summarised below;

- Activating KIS/ePCS is 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 1 numbers in 2015/16 (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.

Table 1

Practice population at 1 April 2015	**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**.*

The completed Table 2 (below) should be returned to the Health Board by 31/05/2016, together with the appropriate claim form.

Annex A

Table 2

Practice population (1 April 2015)	Number who died from cancer (1.4.15 - 31.3.16)	Number who died from LTC (other than cancer) (1.4.15 - 31.3.16)	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.