



Dear Colleague

## THE PRIMARY MEDICAL SERVICES DIRECTED ENHANCED SERVICES (SCOTLAND) 2014 PALLIATIVE CARE

### Purpose

1. This circular provides clarification of activity and reporting, consolidating previous information to Health Boards, initially issued under cover of circular [PCA 2012\(M\)06](#) that came into force on 1 April 2012.
2. Practices that provide reports under existing arrangements, are not to be disadvantaged by the issuance of this guidance. Year end reports are to be accepted by Health Boards, from practices that have already completed the work this year.

### Reporting

3. For practices that have not yet completed the Palliative Care work in relation to the Palliative Care DES for 2014-15 the new arrangements offered are, as detailed at **Annex A**, but summarised below;
  - Activating KIS/ePCS becomes 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 2 numbers in 2014/15 (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.

05 November 2014

---

#### Addresses

##### For Action

Chief Executives NHS Boards

GP Practices

NHS National Services Scotland

##### For information

Scottish General Practitioners  
Committee

Primary Care Leads NHS Boards

---

#### Enquiries to:

Frank McGregor  
Primary Medical Services  
1 East Rear  
St Andrew's House  
Edinburgh  
EH1 3DG

Tel: 0131-244 2684

Fax: 0131-244 2621

[Frank.McGregor@scotland.gsi.gov.uk](mailto:Frank.McGregor@scotland.gsi.gov.uk)

#### Clinical Enquiries by email to:

Dr John Nugent  
Primary Medical Services  
1 East Rear  
St Andrew's House  
Edinburgh  
EH1 3DG

[John.Nugent@scotland.gsi.gov.uk](mailto:John.Nugent@scotland.gsi.gov.uk)

4. Reports are to be submitted to Health Boards

**Action**

5. NHS Boards are requested to action this guidance and ensure that their primary medical services contractors are aware of it.

**Enquiries**

6. In the instance for any initial enquiries on this circular please contact Frank McGregor

Yours sincerely

A handwritten signature in black ink, appearing to be 'D Thomson', written over a horizontal dashed line.

DAVID THOMSON  
Deputy Director, Primary Care Division

**Table 1**

Practice population (1 April 2014)	Number who died from cancer (1.4.14 - 31.3.15)	Number who died from LTC (other than cancer) (1.4.14 - 31.3.15)	Number of SEAs completed, shared and submitted

From their total patient deaths during the year, practices will be required to 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 will be required to 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 1 April 2014	Total Number of SEAs required
<6,000	3
6,000-6,999	6
7,000-7,999	7
8,000-8,999	8
9,000-9,999	9
10,000-10,999	10
11,000-11,999	11
12,000-12,999	12
13,000-13,999	13
14,000-14,999	14
15,000-15,999	15

For absolute clarity the **minimum** number of SEAs required is **3**.