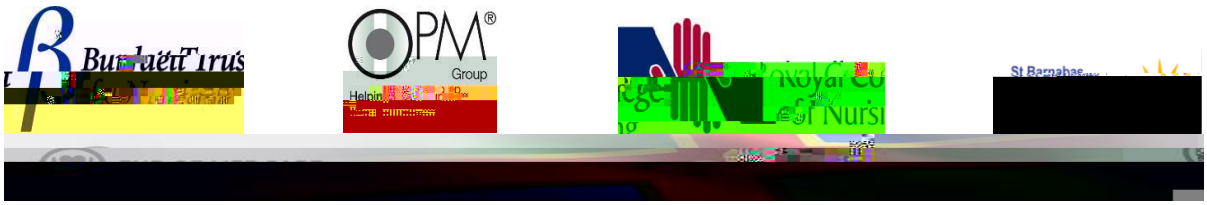
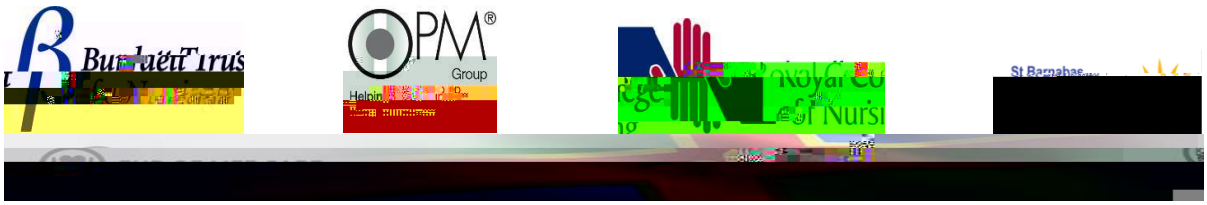


End of life care has been, and remains, a key and emotive subject within the NHS. In 2015 the Economist Intelligence Unit ranked the United Kingdom as the top in the world for End of Life Care, while still acknowledging that progress could be made in improving "problems in communication or symptom control". EPaCCS is aimed at improving communication and coordination of care. With an aging population, ensuring a quality of experience at End of Life is a high priority for the NHS.

The recently published document Ambitions for Palliative and End of Life Care, disseminated in September 2015, outlines NHS England's ambitions for End of Life Care by 2020. The document puts forward eight foundations supporting the six Ambitions for End of Life Care, and these foundations describe a robust EPaCCS solution as a means of achievement of the identified outcomes.

In February 2013 NHS England published an Economic Evaluation of EPaCCS projects, stating that the average hospital death costs £1,480. Combined with Dying Matters assertion that 70% of people wish to die at home an EPaCCS project should save money by reducing unwanted hospital deaths, while improving patient outcomes at end of life care by enabling them to meet their end of life care wishes. NHS England's Economic Evaluation states that savings from an EPaCCS project could range from £35,910 to £133,200 per year, per 200,000 population[1].

In September 2014, the EPaCCS Professional Lead for Lincolnshire undertook extensive scoping of the national pilot sites and those areas that had subsequently had or were in the process of implementing EPaCCS.



Unlike other solutions, the MyRightCare application focuses on creating a unified care plan for the patient and sharing that amongst all necessary health and social care professionals.

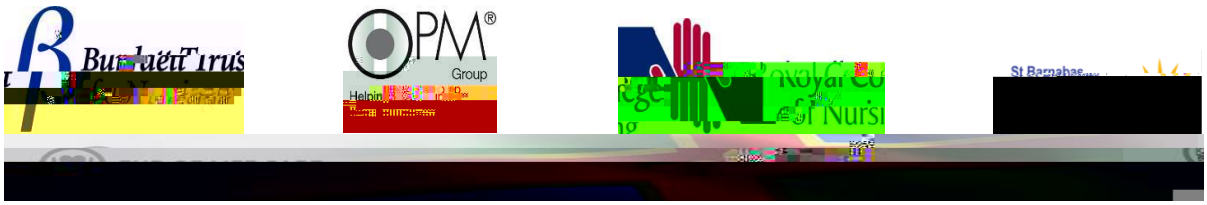


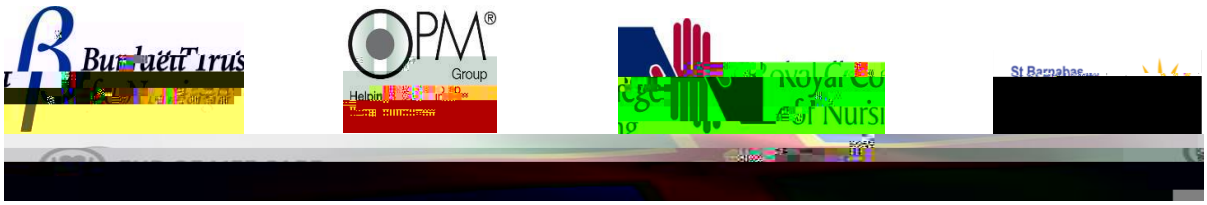
Table 1 below shows the annual investment required to meet the ongoing costs of EPaCCS in Lincolnshire, using the current model.

Refinement, updating and printing of End of Life brochure	Up to date resource for health and social care professionals in Lincolnshire	£ 5080	£ 5208	£ 5340	2000 x copies per yr 2.5% increase per yr (based on Bank of England average inflation figure)
PCCC EPaCCS Coordinator 1 x WTE	Administration	£ 20,256	£ 20,762	£21,281	Inc. of on costs@ 22.5% 2.5% increase per yr
My RightCare plans	Sharing pan system patient care preferences wishes and choices	£45,000	£45,000	£45,000	0.5% population £12 per plan My RightCare early implementer discounted price

The benefits of implementing EPaCCS within Lincolnshire are widespread and include those for patients, CCGs, providers and the system. Fundamentally the aim of EPaCCS is to improve the coordination and quality of care for patients at the end of life.

The anticipated benefits and outcomes of EPaCCS in Lincolnshire are:

- Reduction in 999 ambulance dispatches
- Reduction in unscheduled admissions to hospital resulting in death
- Reduction in hospital readmissions
- Reduction in NHS 111 conveyance to see GP next working day
- Increase in Deaths in Usual Place of Residence (DiUPR)
- Increased number of patients identified as palliative, particularly those with a non cancer diagnosis
- Increased number of carers identified and supported
- Increase number of patients with an advance care plan
- Improved equitable access to palliative and end of life care services
- Improved quality outcomes for patients and carers
- Facilitate achievement of preferred place of care and death



Improved co-ordination and continuity of care
Improved communication across all providers
Fully integrated with and embedded in Lincolnshire Health and Care
Encourage self help and willingness to self care at home
Support for seven day and out of hours working
Improved palliative care knowledge of frontline staff

However it is acknowledged for the purposes of this paper and of QIPP, the quantitative benefits will be the focus for which the financial information will be provided.

The following information in italics is taken from the Economic Evaluation of the Electronic Palliative Care Coordination System (EPaCCS) Early Implementer Sites published May 2013 by NHS Improving Quality. These are the anticipated generic cost savings resulting from the implementation of an EPaCCS and will be realised by the direct increase in Death in Usual Place of Residence (DiUPR).

For each additional Death in Usual Place of Residence, it is assumed that there is a corresponding cost of support in the community. For the purposes of Lincolnshire, it is anticipated that these potential costs will either not materialise or be met by the work being undertaken by Lincolnshire Health and Care (LHAC).

The National EoLC Programme publication 'Reviewing end of life care costing information', published in September 2012, identified the mid-point of End of Life Care when provided as an alternative to dying in hospital at £2,107. However, estimates for the cost of an end of life care episode in hospital vary:

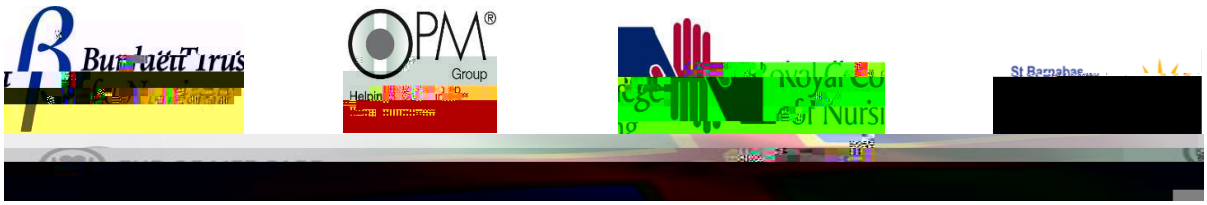
1. £2,506 is used by NICE and is the basis for QIPP calculations. This gives a saving of £399 per saved admission ending in death.

2. £3,065 is the mid-point in the 'Reviewing end of life care costing information' report noted above. This gives a saving of £958 per death outside of hospital.

3. £3,587 is the latest evidence for the average cost of an unscheduled admission ending in death for the evaluation sites in this study, giving a saving of £1,480.

Sarah Furley (2014) having studied end of life care in hospital over the last six years in Lincolnshire estimates that the county's average cost of an unscheduled admission ending in death is approximately £3,500.

The costs and savings are modelled in Table 2 below assuming that 330 deaths in acute care can be prevented, as suggested by the EPaCCS Economic Evaluation (2013) paper.



Please note that for the purpose of this report the 2012 published figures will be increased by 2.5% per year based on Bank of England average inflation figure, to ensure that they can be accurately comparable in 2016.

£2,757 used by NICE	£144,837	£909,678