

SERVICE LEVEL AGREEMENT

between

St Helena Hospice and GP Practice

TYPE OF SERVICE AGREEMENT:	Sessional Primary Care payment
SERVICE COMMISSIONED:	PCN End of Life Lead
PERIOD OF AGREEMENT:	Up to 10 Months dependant on start date
COMMISSIONING BODY:	St Helena Hospice Myland Hall Barncroft Close Highwoods Colchester Essex CO4 9JU
COMMISSIONING LEAD:	Dr Karen Chumbley St Helena 07779971628
TELEPHONE NO:	
PRACTICE NAME:	(Enter)
GP LEAD CONTACT NAME:	(Enter)
TELEPHONE DIRECT NO:	(Enter)
ADMIN LEAD CONTACT NAME:	(Enter)
TELEPHONE DIRECT NO:	(Enter)
EMAIL ADDRESS FOR CORRESPONDANCE:	(Enter)

CONTENTS

1.0	Purpose of End of Life Care Champion role
1.1	Provide a link and clinical voice for the primary care network (PCN) with the hospice and the system-wide work on developing an integrated care model for palliative and end of life care.
1.2	Support the delivery of the North East Essex Alliance End of Life Strategy within the represented PCN
1.3	Take a lead role in the improvement of the 10 'Outcomes that matter' for the patients served by the PCN
1.4	Support the development and further embedding of the My Care Choices Register within primary care practice.
1.5	Escalate issues of concern and opportunities for development relating to palliative and end of life care to the NEE Alliance End of Life Board.
1.6	Cascade updates on palliative and end of life care to colleagues within the PCN.
2.0	Specification of Service
2.1	Up to 12 hours per month for up to a 10-month period for a Primary Care Clinician to act as End of Life Care Lead for the primary care network with the following commitments:
2.2	Individual objectives associated with the role to be agreed with the NEE Alliance End of Life lead and reviewed quarterly.
2.3	Review the EoL dashboard data for your PCN and create and implement an action plan to improve the outcomes
2.4	Attendance at the NEE Alliance end of life board and submit bimonthly report on PCN EoL outcomes
2.5	To attend and facilitate training and updates on the My Care Choices Register as required and agreed.
2.6	To provide timely response (within 1 week) to correspondence and proposals relating to the development of palliative and end of life care.
2.7	Contribute to clinical audits and information gathering to support evidence-based service development and commissioning.
2.8	Facilitate the implementation of the ReSPECT process within the PCN when launched
2.9	Attendance at the PCN Community Palliative and End of Life Care meeting
3.0	Person specification:
3.1	Must be a clinician empowered to represent the PCN and willing to participate in decision-making on matters relating to palliative and end of life care pathways and models of care within North East Essex.
3.2	Must be able to demonstrate an interest in and provide examples of commitment to personal development in palliative and end of life care skills and knowledge.
4.0	Price and Activity

4.1 Up to £80 per hour for up to 12 hours per month.

4.2 The hourly rate will be dependent on the rate of pay for the role of the individual, eg an Advanced Nurse Practitioner we would match their hourly rate.

4.3 Invoices to be sent quarterly itemising the hours undertaken, to Finance1664@sthelena.org.uk

5.0 Duration of Agreement

5.1 The Agreement will commence: ~~xxxxx~~. The duration of the scheme will be for up to 10 months, until 31 March 2022, in the first instance.

5.2 Subject to earlier termination in accordance with the terms of this Agreement, the Agreement will expire on: 31 March 2022.

6.0 Termination

6.1 This Agreement will terminate on 31 March 2022 unless any of the following reasons are used to terminate the agreement early.

6.2 Termination by the Provider

This Agreement may be terminated by the Provider by giving twelve weeks' notice in writing on the following grounds:

- The Provider no longer wishes to provide the service.
- The Provider's premises are no longer available.
- The Hospice fails to make payment for services provided in accordance with this Agreement.

6.3 Termination by the Hospice

This Agreement may be terminated by the Hospice giving twelve weeks' notice in writing to the Provider on the following grounds:

- The Hospice funding arrangements are required to change during a financial year.
- The scheme fails to deliver its objectives/aims.

6.4 Either party may terminate the agreement at any time giving notice in writing. The Provider agrees to continue with provision of service up to the final date of notice.

6.5 If the agreement is terminated, the Hospice agrees to pay for all activity undertaken up to the date of the termination, providing this does not exceed any activity levels or prices agreed.

6.6 Where any clause within this agreement is breached the Hospice reserves the right to terminate this agreement with immediate effect.

7.0 Support

7.1 Practices will be expected to meet with Dr Karen Chumbley if any concerns arise.

8.0 Authorisation

End of Life Care Lead 2021

Please note that in signing and returning the authorisation form to St Helena Hospice you are formally signing and agreeing to be bound by all obligations contained within the specification, therefore any variations or termination of the agreement shall be in accordance with the terms of the individual Service Level Agreements

To confirm your practice's participation in the scheme please return this form below to kchumbley@sthelena.org.uk. You will receive an email acknowledging receipt and documents will be referred to the Hospice.

End of Life Care Lead 2021/2022 Authorisation form

Authorised by St Helena Hospice and Provider

Practice Name: _____

Authorising Practice Signatory: _____

Print Name: _____

Date: _____

Authorising Hospice Signatory: _____

Print Name: _____

Date: _____