NHS
Harrogate and Rural District
Clinical Commissioning Group

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Case study database – Electronic Palliative Care Coordination Systems (EPaCCS)	
Title of case study	**Harrogate and District EPaCCS**
The issue	Before EPaCCS was implemented all the GP practices in the locality had regular palliative care register / Gold Standard Framework (GSF) meetings with the palliative care team and district nurses, to discuss patients identified as being in the last year of life. These were predominantly patients with malignant disease. There was no standardised way to record information about these patients, even between users of the same IT system. For example, even in SystmOne, which is used by the majority of professionals caring for patients at the end of life, a DNACPR (do not attempt CPR) decision could be recorded in a variety of different places in the system and using a variety of different Read codes. That meant that accessing this information in a timely manner could be a challenge. As a result of these difficulties we identified a need to develop and implement a locality register of patients at the end of life and improve the sharing of information and coordination of care between care providers. The use of EPaCCS is in line with the move towards shared care records for all people whose care spans a range of agencies.
Intervention chosen	We developed a shared template on SystmOne to record key information about patients in the last year of life, based on the Information Standard SCCI 1580. SystmOne was chosen as a pragmatic solution as this is the IT system in use by the majority of professionals caring for patients at the end of life including 13 out of 17 local GP surgeries, community care teams (district nurses), the hospice, hospital and community palliative care team, respiratory and heart failure nurses. It is hoped that interoperability with other IT systems used in the area will be developed in the future i.e. EMIS (for the remaining GP practices), Adastra (NHS 111 and out of hours doctors), Web V (hospital), Liquidlogic Adults System (social care) and CIVICA PARIS (mental health services). All professional groups with access to the EPaCCS template are actively encouraged to consent patients to having an EPaCCS record and being part of the locality register if they believe them to be in the last year of life and they have not already been identified. We hope to significantly increase the number of patients identified this way, particularly those with non-malignant disease who may been seen most frequently, for example, by our respiratory nurse specialists . We ask any professional caring for the patient and with access to monitor

	the information on the EPaCCS, record and update it as any new information becomes available. This reduces the administrative burden on one particular group, for example, GPs. The organisations involved sign up to an organisational group hosted by Harrogate and District Foundation Trust (as there is no local organisational group of GP practices for sharing data, templates or benchmarking). This allows access to the template (which can be updated centrally) and access to data for the purposes of reporting. All of the teams using SystmOne, described above will have access to the template and summary views. They will also be trained to add a patient to the locality register and to update their record with any relevant information.
How it was implemented	We have been fortunate to secure funding from the NHS England New Care Models Harnessing Digital Technology Workstream. Approximately £44,000 was provided which funded the project for the six months rollout from July 2017. This includes one day per week palliative medicine consultant (clinical lead), approximately £9,000 for external Information Governance support, time for local GP support and six months Band 5 IT support. A small steering group made up of these people and other relevant professionals has been formed. The funding ends at the end of December 2017 and from then ongoing support for EPaCCS will become 'business as usual' with the clinical lead aiming to secure allocated time in their job plan to continue providing oversight.
Impact	Initial reaction has been positive. Information is currently being shared between the hospice and palliative care teams and this is already improving coordination of care. To encourage staff to use the EPaCCS template we included links to commonly used forms and clinical guidelines designed to improve efficiency and promoted the use of electronic referrals between the services. Reports are being developed to support the GP palliative care register / GSF meetings where a list of the patients and other relevant information such as diagnosis, prognosis, preferred place of death (PPD), CPR status can be produced. Locality reports will be produced to monitor the key outcomes (see below). This will ensure support can be offered to those with smaller numbers of patients on the register (in line with the 'find your 1% campaign' http://www.dyingmatters.org/gp) or with a high number of admissions to hospital.
Conditions for success	• Develop and implement clear protocols for information sharing and consent • Support GP practices to identify the 1% of their practice

	population that would be expected to be in the last year of life
	• Record care plans (including Advance Care Plans) for these patients and share this information between a wide variety of professionals involved in their care
	• Increase the proportion of patients who die in their preferred place of death
	• Reduce the number of inappropriate admissions to hospital in the last year of life
	• Reduce the average hospital length of stay for patients in their last year of life
Learning from key challenges	As we are not yet fully implemented it is difficult at this stage to describe all of the challenges. Interoperability is significant, in particular that the EPaCCS information cannot currently be viewed in the hospital, by the ambulance service or out of hours doctors. The funding has been very helpful but a significantly greater time commitment is required than the funding has paid for so a dedicated, committed project team is essential. As part of the rollout we will need to increase confidence of professionals in identifying patients in the last year of life and having conversations with these patients around Advance Care Planning as well as recording this information. We aim to be able to 'flag' patients on the locality register in hospital so that with appropriate staffing, the palliative care team may have a more proactive approach to reviewing their treatment/care which may influence length of stay. We have benefitted from our external Information Governance support which has allowed us to develop the following documents which we would be happy to share: • Data Sharing Agreement • Privacy Impact Assessment • Fair Processing Notice
Key contact for further info	Name: Dr Kath Lambert (Consultant in Palliative Medicine) Organisation: Harrogate and District Foundation Trust Email: kath.lambert@hdft.nhs.uk
Link to useful resources	https://www.hdft.nhs.uk/services/palliative-care/epaccs/