

Electronic Palliative Care
Coordination System / Palliative
Care Register
(EPaCCS)

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Background

- Caring for patients at EOL requires multiple professionals
- Good communication is highly valued
- Discussing and recording preferences for EOLC leads to reduction in hospital deaths (ACP)
- Professionals document important information such as DNACPR decisions in a variety of ways even if using the same IT system

What is EPaCCS?

- Shared template for professionals to record information
- Based on a national 'Information Standard'
- Ensures effective handover of information (without duplication)
- Leads to a locality-wide register of 'palliative' patients
- UK policy suggests all localities introduce an EPaCCS by 2020 (43% CCGs in last survey in 2014)

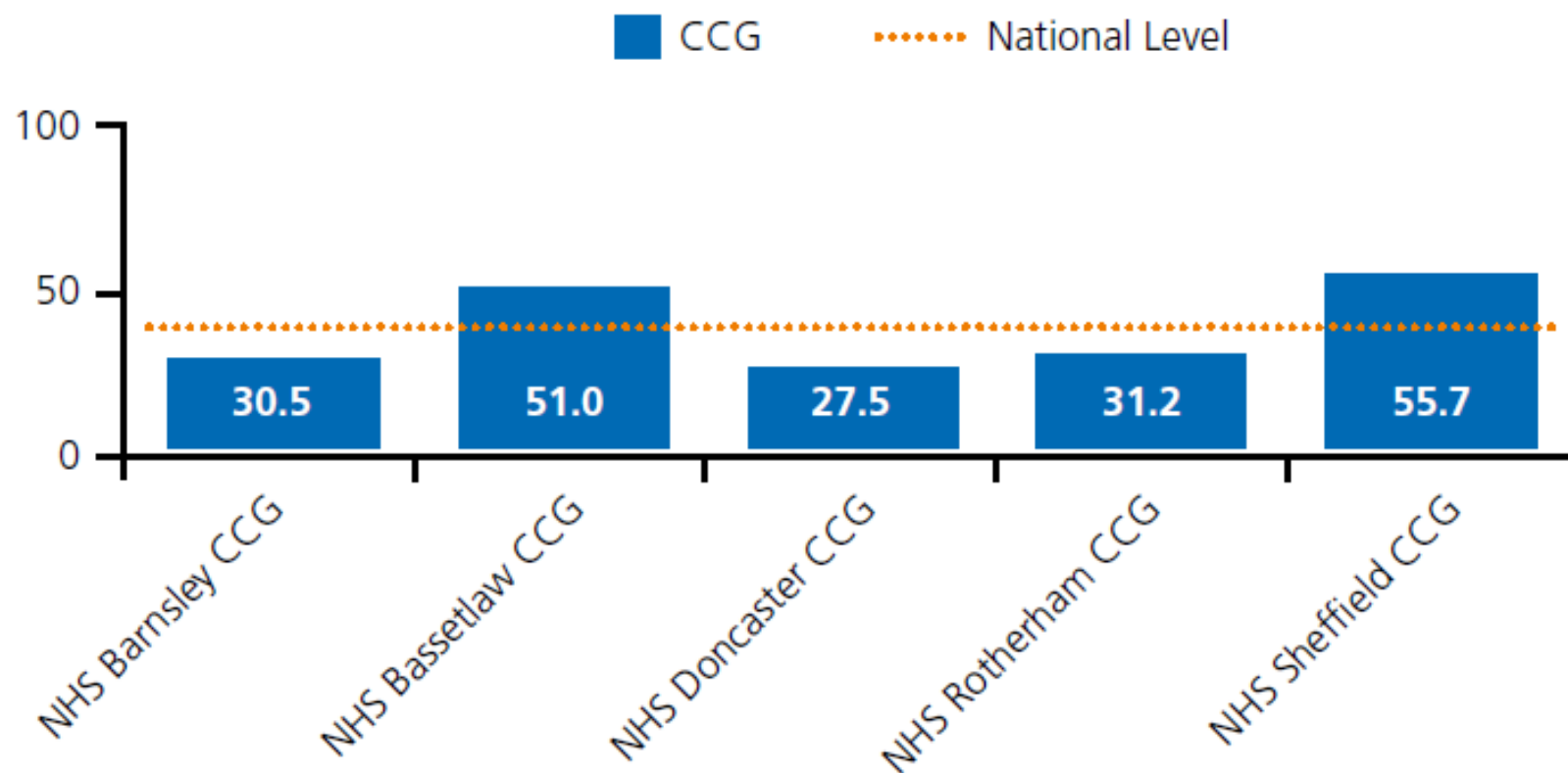
Why do we need it? (1)

95% GP practices have a palliative care register (QOF) and regular meetings to discuss these patients

National After Death Audit revealed from practice held registers:

- only 27% patients who died had been identified
- 75% of practice deaths are non-cancer patients, yet only 29% were identified prior to death
- only 42% had an advance care plan recorded
- patients on registers received better coordinated care

The number of people on GP palliative care register per 100 people who died

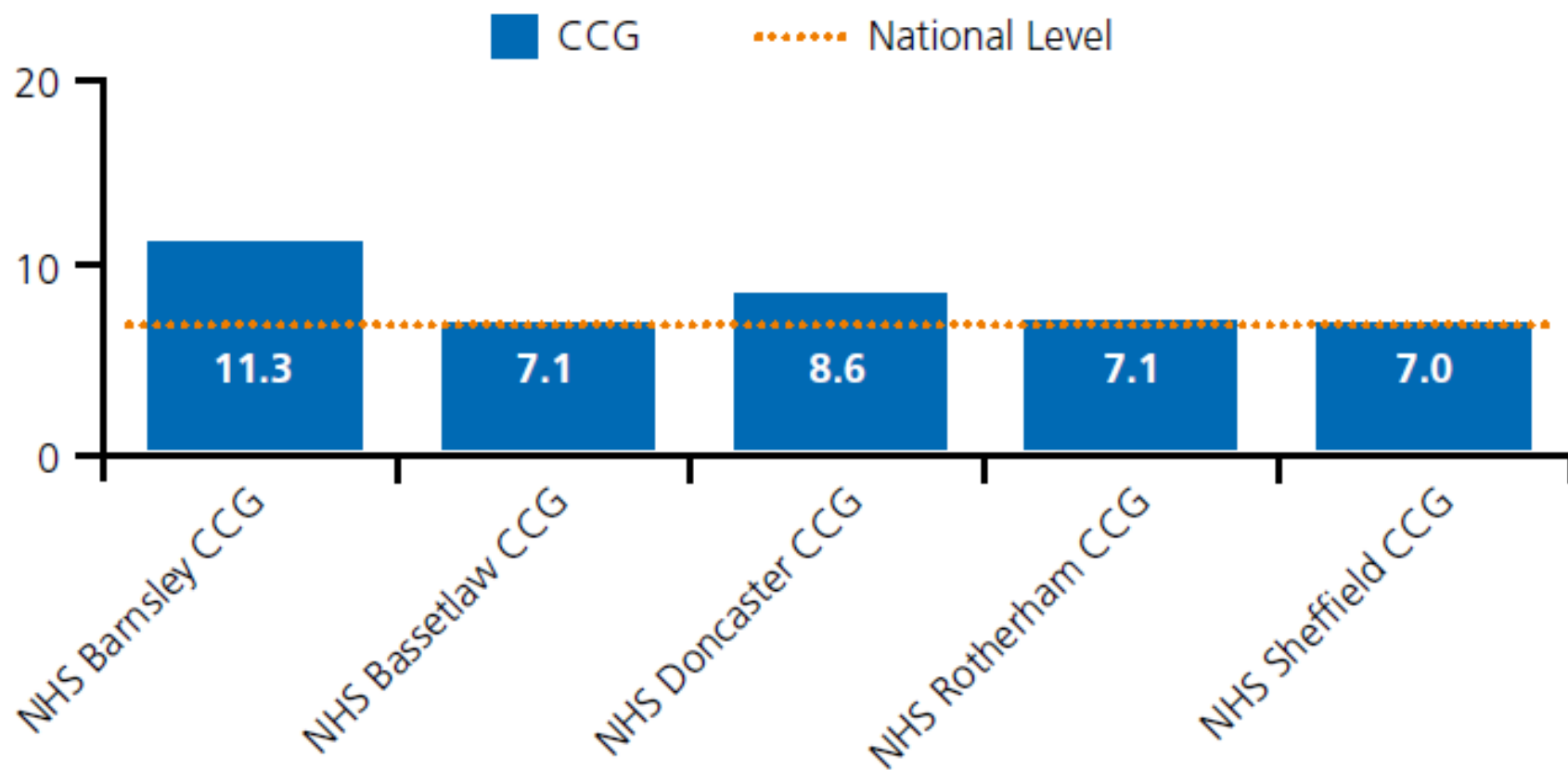


Why do we need it? (2)

Independent economic evaluation of EPaCCS suggests that:

- An additional 90 deaths occurring in a person's usual place of residence per 200,000 population each year
- Can save at least £35,910 per 200,000 population each year

Percentage of people who have three or more emergency hospital admissions during the last 90 days of life



What are other potential benefits? (1)

- Patients identified by multiple professionals
 - Increase number of patients on QOF register
 - Closer to the 1%
- A resource for guidelines, documents and patient information
- Documents ACP discussions and wishes and preferences in standard way
 - No need to have 'difficult' conversations twice

What are other potential benefits? (2)

- Improved efficiency (and effectiveness of palliative care meetings)
 - More patients are identified but recording prognosis means discussion of only relevant patients
 - Run reports prior to meetings and missing information identified
- Reports can be used as supporting evidence of good practice for CQC

EPaCCS in Barnsley

- Project began in April 2018
- Developed S1 and EMIS based EPaCCS template using 'Information Standard'
 - In use by Community Palliative Care Team, DNs, LTCs, Respiratory, HF teams
 - Rolled out to several GP practices
 - Information can be viewed at iHeart and RightCare
- 2019: roll out to remaining GP practices and consolidate use with current services

What are the challenges?

- Identifying patients who are 'palliative'
- Interoperability between IT systems
 - SCR with Additional Information (GP consent only)
 - Medical Interoperability Gateway (MIG)
 - Project with NHS England, NHS Digital and YAS to flag patients with EPaCCS record and share details
- Ensuring all professionals contribute

Next steps to request EPaCCs

- Contact Jo Daveron – community Macmillan CNS Palliative Care leading the project

Joanne.daveron@swyt.nhs.uk

- Jo will then contact Laura Fisher
- Jo will contact the practice to arrange training

Community services palliative/end of life care

