

## **Barnsley Electronic Palliative Care Coordination System (EPaCCS): Hints and Tips**

EPaCCS is designed to improve the identification of patients in the last year of life, record the wishes and preferences of these patients (CPR status, preferred place of death etc.) and share the information recorded with as many health care professionals as possible who are caring for these patients. The codes in the template are based on the Information Standard for End of Life Care (SCCI 1580).

The template is designed to be used by professionals with access to EMIS who may be caring for this group of patients. If all professionals contribute and update the information recorded as necessary it will be a useful tool in GP Palliative Care / Gold Standards Framework meetings and the information can be used to support appropriate decision making e.g. out of hours. Access to the information recorded such as emergency care plans and treatment escalation plans may prevent potentially avoidable hospital admission.

The template includes links to relevant local and national resources to support end of life care such as clinical guidelines and forms.

This document provides hints and tips for completion of the template. Some codes are 'tick box' but there are other codes where the addition of extra 'free text' information ensures that EPaCCS becomes a more useful clinical tool.

If information has already been recorded and is accurate and up to date there is no need for duplication of recording.

For any further information about EPaCCS please contact:

Janet Owen

End of life care clinical lead

[janet.owen@swyt.nhs.uk](mailto:janet.owen@swyt.nhs.uk)

Selecting '**On end of life care register**' ensures the patient is included in the GP Palliative Care 'QOF' register so forms part of the discussion in the monthly palliative care MDT meetings.

'**Consent**' for sharing information recorded can be obtained from the patient or recorded in the best interests of the patient if they lack capacity.

A **printed summary of EPaCCS information** recorded can be produced from this link. This can be helpful as it can be produced at the point of care in emergency situations

An **Information leaflet** about EPaCCS supports the consent process and can be printed from this link.

Selecting '**Express consent for core and additional SCR dataset upload**' can only be done by a GP practice. It is highly recommended that this is done for all patients at the end of life as this allows the information recorded in EMIS in the EPaCCS template to be shared with other services using different IT systems such as SystmOne (OOH GPs) and Adastra (NHS 111, YAS) that access Summary Care Record. An additional consent form may be required by some GP Practices for this and it can be printed off from the link. Further information: [SCR with AI](#)

The '**Primary Palliative Diagnosis**' codes are divided into 'cancer' and 'non-cancer' codes. About three quarters of all deaths will be from non-malignant disease so it is expected that there are significant proportion of patients with non-cancer on the GP practice palliative care register.

The '**Likely prognosis**' code should be kept up to date as the condition of the patient changes. This information can be used to support the discussion at the GP palliative care meetings to focus on those patients with the most urgent need. A report can be produced for the meetings which includes this information.

Template Runner

Born 07-Jul-1931 (87y) Gender Male  
NHS No. Unknown

Core

**Barnsley EPaCCS Template**

The template has been designed to provide a structured way of recording key information about a patient who may be in the last year of their life. It is expected that all sections will be completed for all patients, but it should be regularly reviewed and updated where required. The addition of 'free text' to the recording of codes is recommended to enhance the template as a shared clinical record.

On end of life care register 20-Sep-2018

Consent

'Express consent for core and additional SCR dataset upload' can only be recorded by a GP practice. It is good practice to consent the patient where possible for this, or if not possible to complete this in the 'best interests' of the patient. Doing so will allow much of the information recorded in this template to be shared as part of an enhanced Summary Care Record (SCR).

Express consent for core and additional SCR dataset upload 20-Sep-2018

[Enhanced SCR Consent Form](#)

EPaCCS Patient Information Leaflet given No previous entry

[EPaCCS Patient Information Leaflet](#)

To print a copy of the information recorded in the EPaCCS template, please print a copy of the "Barnsley EPaCCS Summary" letter once the template has been saved to the patient record.

Diagnosis

Primary Palliative Diagnosis - Cancer (please specify) Text No previous entry

Primary Palliative Diagnosis - Non-cancer (please specify) Text No previous entry

Likely Prognosis 20-Sep-2018 GSF prognost...

[GSF Prognostic Indicator Guidance](#)

[Supportive and Palliative Care Indicators Tool](#)

If the patient is likely to be in the last days of life have you considered supporting care with My Care Plan?

Barnsley: EPaCCs (v1.0) - Template Runner

BAKER, Stuart (Mr) Born 07-Jul-1931 (87y) Gender Male  
NHS No. Unknown

Template Runner

Pages <<

- Core
- Relationships**
- Function / social
- Advance care planning (ACP)
- Escalation / CPR Status
- Medication
- MDT
- After Death
- Referrals
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### Relationships

Record names and contact details for all carers and professionals involved in the patient's care

Key Services Involved

<input type="checkbox"/> Has end of life care key worker	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Has a carer	Text <input type="text"/>	No previous entry
<input type="checkbox"/> Does not have a carer	Text <input type="text"/>	No previous entry
<b>If a formal assessment of carers needs is needed, contact the BMBC on 01226 773300</b>		
<input type="checkbox"/> Assessment of needs offered to carer	Text <input type="text"/>	No previous entry

Details of the exact disability of the patient can be added as 'additional text'

The 'Karnofsky Performance Status' is a standardised way of measuring the functional status of the patient. Regular recording can be used to demonstrate overall changes in the condition of the patient. Use the hyperlink as guidance to score.

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### Function / disability

<input type="checkbox"/> Cognitive decline	Text		No previous entry
<input type="checkbox"/> Hearing loss	Text		No previous entry
<input type="checkbox"/> Impaired ability to recognise safety risks	Text		No previous entry
<input type="checkbox"/> Difficulty communicating	Text		No previous entry
Impaired vision			No previous entry
<input type="checkbox"/> Unable to summon help in an emergency	Text		No previous entry
<input type="checkbox"/> Other disability	Text		No previous entry
<input type="checkbox"/> No known disability			No previous entry
<a href="#">Australia-modified Karnofsky Performance Status</a>			
Australia-modified Karnofsky Performance Status scale		/100	No previous entry

### Social and financial support

If referral to Social Services is required, contact the BMBC on 01226 773300

CHC / Fast Track status			No previous entry
	25-Oct-2018		
<input type="checkbox"/> Blue badge holder			No previous entry
<a href="#">Blue badge referral</a>			
<input type="checkbox"/> DS 1500 completed		20-Sep-2018	
Record information including family relationships and accomodation details below:			
<input type="checkbox"/> Social/personal history	Text		No previous entry

Any relevant information about the social situation of the patient can be recorded in the 'Social and personal history' section. Examples include family relationships, housing situation, caring relationships.

Select 'CHC Fast Track funding granted' if appropriate. This is usually allocated to patients in the last weeks of life with rapidly deteriorating condition in order to access appropriate care as required to meet changing needs.

Some patients may not wish to discuss **ACP** or discussion may be inappropriate at a particular time. It is important to include this information. As relationships develop then discussions may take place. Use the box to record details.

Any information the patient provides can form the basis of an **'advance care plan'**. Examples include: 'has made a will' or 'in event of incapacity the person to involve in decision making is....'.

Barnsley: EPaCCs (v1.0) - Template Runner

BAKER, Stuart (Mr) Born 07-Jul-1931 (87y) Gender Male  
NHS No. Unknown

Template Runner

Pages << Advance care planning (ACP)

Core  
Relationships  
Function / social  
Advance care planning (ACP)  
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Advance care planning (ACP)

If ACP not discussed, state reason: No previous entry

Record any wishes and preferences the patient may have for end of life care below.

Has end of life advance care plan 25-Oct-2018 20-Sep-2018

Does the patient have:

An **Advance Decision to Refuse Treatment** (include details of location)

Has advance decision refuse life sustaining treat (MCA 2005) No previous entry

[Link to suggested ADRT document](#)

An **Appointed Lasting Power of Attorney** (Record name of the person appointed and ensure contact details in 'relationship')

Has appointed LPA (Property and Financial Affairs) 20-Sep-2018

Has appointed LPA (Health and Welfare) No previous entry

A **Preferred Priorities for Care** document completed

Preferred priorities for care document completed 20-Sep-2018

[Link to PPC document](#)

**Preferred place of death**

Preferred place of death 20-Sep-2018 Preferred pl...

Tissue donation:

Does the patient wish to donate tissue? No previous entry

Requires referral to coroner:

Requires referral to coroner at time of death No previous entry

If the patient has completed an **'Advance decision to refuse treatment'** then please add details as to where this document is located as it may need to be viewed in an emergency situation. A link to a form is included if a patient wishes to complete an ADRT.

Telephone /address details for the **LPA** should be recorded so they can be contacted as required.

The **'Preferred place of death'** may change as the condition of the patient changes. Ensure this field is kept up to date with any new decisions. There are codes to record 'discussion not appropriate' or 'patient unable to express preference'.

Deaths due to industrial disease or injury such as mesothelioma **MUST** be referred to the coroner. It can be useful to note this prior to death and explain the process to the family to avoid unnecessary distress.

'Emergency health care plans' can be extremely useful to share and they can support decision making out of hours for professionals who may be called for advice. Include management plans for potential problems e.g. 'at risk of hypercalcaemia. Would be appropriate to treat with iv bisphosphonates' or 'has oral antibiotics and steroids at home for use in infective exacerbations of COPD'.

The 'Treatment escalation plan' may include information such as 'comfort/symptomatic treatment only' or 'full active treatment'. Other options can be added to this section as appropriate for the patient. This section may need to be updated over time as the condition of the patient changes

Born 07-Jul-1931 (87y)  
 NHS No. Unknown

Pages << Treatment Escalation Plan

Core  
 Relationships  
 Function / social  
 Advance care planning (ACP)  
**Escalation / CPR Status**  
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**Treatment Escalation Plan**  
 Please include details about any potential problem or condition and a plan for management e.g. practical information that could be useful for urgent and emergency care  
 Use the preset notes to record an overall plan of care for the patient

EHCP (Emergency health care plan) agreed *Text* [ ] No previous entry

Emergency health care plan [ ]

Treatment Escalation Plan *Text* [ ]

Treatment Escalation Plan [ ]

If this patient has consented to an enhanced SCR (SCR Additional Information on Core page), then there is no need for a handover form

GP out of hours handover form completed *Text* [ ]

**Resuscitation**

Resuscitation [ ] 17-May-2018 For attempt... »

*Text* [ ]

Resuscitation discussed [ ] No previous entry

*Text* [ ]

[DNACPR form](#)  
[Resuscitation Council: Decisions related to CPR](#)  
[What happens if my heart stops?](#)

Additional 'text' information recorded can be helpful. This information may include which professional had the discussion with the patient and which members of the family were involved in the decision making e.g. partner, wife, daughter (and name)

Record the 'CPR status' for the patient. This section may need updating as the condition of the patient changes.

A DNACPR form can be printed using this button. Note a black and white form is acceptable but the original form must be with the patient and both sides of the form must be printed

The only code to record on this page of the template is 'Prescription of palliative care anticipatory medication'.

Contact details of the Macmillan Community Palliative Care Team and Hospice are included for further advice.

Use the boxes and clinical guidance to support prescribing for patients. Ensure the 'anticipatory medication' includes an opioid, anti-emetic, sedative and anti-secretory as well as water and tegaderm.

Barnsley: EPaCCs (v1.0) - Template Runner

Born **07-Jul-1931 (87y)** Gender **Male**  
NHS No. **Unknown**

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It is recommended to prescribe 'anticipatory' medication for any patient expected to be in the last days of life even if they are not currently experiencing any particular symptoms. A minimum of 5 ampoules of medication plus water for injection should be prescribed. The doses and quantities will need adjustment if the patient is taking the medication regularly.

For advice contact the Macmillan Community Palliative Care Team on 01226 645280 or Hospice on 01226 244244.

[General advice about anticipatory medications](#)  
[Palliative care participating pharmacies](#)  
[Barnsley Last Days of Life Symptom Management](#)  
[YH Guide to Symptom Management in Palliative Care](#)

Tick when anticipatory medications have been prescribed:

Prescription of palliative care anticipatory medication  No previous e

**Pain**

Prescribe **morphine 2.5-5mg sc 2 hourly prn** if not on regular opioid. To convert oral morphine to sc divide by 2. It is not recommended if oral morphine fails - seek specialist palliative care advice.  
Oxycodone is an alternative to morphine. To calculate the sc dose from the oral dose divide by 2.

Prescribe:

- Morphine sulfate 10mg/1ml injection OR
- Oxycodone 10mg/1ml injection

**Nausea and vomiting**

**Haloperidol 0.5-1.5mg sc PRN up to 4 hourly** is recommended first line.  
**Cyclizine 50mg sc PRN** is an alternative used in patients with Parkinsons Disease or who have experienced extrapyramidal side effects.  
**Levomepromazine 6.25mg sc PRN up to 4-6 hourly** is an alternative broad spectrum antiemetic.

Prescribe:

- Haloperidol 5mg/1ml injection
- Levomepromazine 25mg/ml injection
- Cyclizine 50mg/1ml injection

**Anxiety, restlessness or panic**

Usual dose is **midazolam 2.5-5mg sc PRN up to hourly**

Prescribe:

- Midazolam 10mg/2ml injection

**Respiratory tract secretions**

Usual dose is **hyoscine butylbromide 20mg sc PRN up to 2 hourly**.

Prescribe:

- Hyoscine butylbromide 20mg/1ml injection

Cancel

Some GP practices record the outcomes of any MDT meetings on the clinical record. This is not mandatory but is considered good practice.

The screenshot displays a software interface titled "Barnsley: EPaCCs (v1.0) - Template Runner". At the top, a blue header bar shows the patient's name "BAKER, Stuart (Mr)" on the left and his details "Born 07-Jul-1931 (87y)", "Gender Male", and "NHS No. Unknown" on the right. Below the header, a "Template Runner" section contains a list of categories on the left and a main content area on the right. The categories include "Core", "Relationships", "Function / social", "Advance care planning (ACP)", "Escalation / CPR Status", "Medication", "MDT" (highlighted in orange), "After Death", "Referrals", "Guidelines", and "Template Information". The "MDT meetings" section is active, showing a heading "MDT meetings" and a sub-heading "Pages". The main content area contains the text: "It can be helpful to record the outcome and any actions of any MDT discussions. By recording below these can be viewed." Below this text is a checkbox labeled "Multidisciplinary meeting" followed by a "Text" input field and the text "No previous entry".



Recording '**Actual place of death**' is helpful as can be used by services to evidence good practice in supporting patients to achieve their preferences for end of life.

Ensure the most recently recorded '**Preferred place of death**' is correct at the time of death. Reports can demonstrate the proportion of patients who achieve this preference as evidence of good practice in end of life care. This information can be updated after death if necessary.

The screenshot shows a 'Template Runner' interface for a patient named 'BAKER, Stuart (Mr)'. The patient's birth date is '20-Sep-2018' and their NHS number is 'Unknown'. The form is titled 'Preferred place of death' and includes a date field set to '25-Oct-2018'. Below this, a note states: 'Please ensure the the preferred place of death has been updated (if necessary) to record the most recent information'. The 'Actual place of death' section contains three options: 'Patient died in usual place of residence' (with a checkbox), 'Place of death', and 'Place of death not in preferred location'. Each option has a corresponding text input field and a 'No previous entry' label. A note below these options reads: 'If preferred place of death not achieved, please select main reason why preferred place was not achieved. It can be helpful to add 'free text' information to provide more detail for audit purposes'. A sidebar on the left lists various template categories, with 'After Death' highlighted in orange.

'**Death in usual place of residence**' should be recorded for deaths in the home or care home.

Recording '**Reason why preferred place of death not achieved**' can inform local strategy for end of life care to ensure that services are developed to support the wishes and preferences of patients. Additional 'text' information is often required as the reasons can be complex or multifactorial.

Barnsley: EPaCCs (v1.0) - Template Runner

BAKER, Stuart (Mr) Born 07-Jul-1931 (87y) Gender Male  
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**Template Runner**

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**Referrals**

Specialist level palliative care (SLPC) services are for patients who have advanced life-limiting illness, and/or their families, who have complex needs or needs persisting in spite of input from the team currently caring for them. These needs may be physical, psychological, spiritual/existential, or social, and are often a combination of the above. Patients can be referred to our services through their GP, Macmillan nurse, community nurse/matron, social worker or other medical professionals.

If telephone advice is required between 09.00 and 17.00hrs call the Macmillan Community Specialist Palliative Care Team on 01226 645280. Outside these hours telephone advice is available for health care professionals from Barnsley Hospice on 01226 244244.

Use "Barnsley Specialist Palliative Care Referral Form" or select hyperlink below.

[Barnsley Specialist Palliative Care Referral Form](#)

Click on the link to access a referral form for palliative care services.

This section will be kept updated with local and national clinical guidelines supporting patients at the end of life.

Barnsley: EPaCCs (v1.0) - Template Runner

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NHS No. Unknown

Template Runner

Pages « Guidelines

Core  
Relationships  
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**Symptom management**  
[YH Guide to Symptom Management in Palliative Care](#)  
[YH Symptom Management in End Stage Heart Failure](#)

**Prescribing**  
[General advice about anticipatory medications](#)  
[Palliative care participating pharmacies](#)

**Last days of life**  
[Barnsley Last Days of Life Symptom Management](#)  
[GMC guidance on care towards the end of life](#)  
[Last days of life oral hygiene management](#)

**Other**  
[Barnsley Diabetes Guidelines](#)  
[Diabetes UK End of Life Care Guidelines](#)  
[Oxygen assessment and provision](#)

Note the email address for any problems related to the template.

**Barnsley: EPaCCs (v1.0) - Template Runner**

**BAKER, Stuart (Mr)** Born **07-Jul-1931 (87y)** Gender **Male**  
NHS No. **Unknown**

**Template Runner**

Pages << **Template Information**

- Core
- Relationships
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**Template Information**

This template was created for

Date of Implementation: Aug 2018

Review date: Aug 2019

Please note that it may be may be updated prior to the review date.

This template was created by Kath Lambert, Consultant in Palliative Medicine. For any comments or suggestions about this template please contact: [embed.bss@nhs.net](mailto:embed.bss@nhs.net)