Planning Ahead: Digital ACP for Leeds

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Advance Care Planning

Planning Ahead

- * Treatment escalation/ECTP
 - escalation in/out of hospital
 - hospital admission/avoidance
 - CPR
- * Care preferences

* ADRT/LPA

* Decision making preferences

Current Situation

- PPM+/LCR
- Alerts
- EDAN
- LTH/Hospices
- Anybody

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Electronic Palliative Care Co-ordination System (EPaCCS)

- SystmOne/EMIS
- LCH/1 ° Care/ Hospices
- Palliative/EoL care focus

Drivers for Change

* Digital ReSPECT/EPaCCS

*** Frailty, Dementia and Long Term Conditions**

*** Earlier advance care planning**

*** More integrated models of care**

Developments

Planning Ahead

- * ReSPECT
- Gold Standards
 Framework
- * Care preferences
- * SystmOne/EMIS

- * Single Leeds Advance Care Plan
- * Independent of prognosis / condition

PPM+/LCR

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cations			Patient has advance statement? No Additional information regarding patient's priorities:		on to refuse treatment? Unknown
eds Prescription Chart @			Patient now in-patient at St German's Hospice. Condition deteriors On NHS Organ Donor register? Unknown	ating. Wishes to focus on comfo	rt and symptom management.
rvations					
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patient Referrals >			3. Personal preferences to guide this plan		
in the second second			How would you balance the priorities for your care Prioritise sustaining life,	(you may mark along th	e scale, if you wish): Prioritise comfort,
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dures ts (0+)			of some comfort		or suscaming me
ical Photography			Considering the above priorities, what is most impo	ortant to you is (optional):
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Best Practice			A Clinical accommondations for	en energiand terration	
is Health Pathways			4. Clinical recommendations for emergen		
			Focus on life-sustaining treatment	Pocus on s	mptom control

SystmOne

Planning Ahead (ReSPECT / EPaCCs) - HCH		×	
Other Details Exact date & time Thu 21 Nov 2019 12:50			
Changing the consultation date will affect all other data ent	ered. To avoid this, cancel and press the 'Next' button Hide We	arning	
Planning Ahead Summary View Wellbeing Support / Referrals Meetings Medication CH	HECKI Medication CHECK (OLD LCH) Last days + +	ReSPECT	
Planning Ahead (ReSPECT / EPaCCS) TEMPLATE		Enter values into the ReSPECT template	
The purpose of this template is to record and share advance care plann decisions irrespective of prognosis and diagnosis.	ing (ACP) discussions and		
	ReSPECT Complete the ReSPECT template before generating the form		
Recommended Summary Plan For Emergency Care and Treatment			
Click here to complete treatment recommendations and care preferences for:	Respect		
Cardiopulmonary Resuscitation Treatment Escalation Plan Preferred Place of Care & Death	I Generate Respect form		
EPaCCS / GSF Electronic Palliative Care Coordination System / Gold Standards Framework The box below MUST be ticked for the patient to be included on EPaCCS / Gold Standard 1	framework		
On GSF for Pallative Care			
Prognosis / OSF Status	¥		
Who to include (EPaCCS / GSF) Patients whose health is deteriorating despite maximal therapy, or for whom maximal therap focus of care prioritises comfort, wellbeing and symptom management. This may include pa determine and could be more than a year.			
Supportive and Palliative Care Indicators Tool			
Leeds Palliative Care Network Leeds Palliative Care Website: information for the public	c and professionals	Show recordings from other templates	
Information Print Suspend	Qk Cancel Show Incomplete Fields		

SystmOne

	Recommended Summary Plan for Emergency Care and Treatment for:	Preferred name		
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Full name Mr Mickey Mouse		Date of birth 26 Feb 1972	Date completed	
		Address	21/11/2019	
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who can parti	cipate on their behalf	Ifare attorney, person wit in making the recommen cy contact section below	h parental responsibility) dations?	
6. Involvem	ent in making this pl	an		
 Clinicians Emergen 				
9. Confirma	tion of validity (e.g. f	or change of condition		
Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature
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EoLC metrics development

- * Enhancing EoLC data quality
- * Incorporating hospital data
 - * Admissions in last 3/12 of life
 - * Length of stay
 - * Conditions / reasons for admission
- * Supporting GP Quality Improvement in EoLC QOF
- * Use within Local Care Partnerships / supporting PHM
- * Bereaved carers survey qualitative measures

NHS Leeds Clinical Commissioning Group



Quarterly EoLC reports

EPaCCS Outcome Report

NHS Leeds CCG

2019-20 Report (Q1) - CCG Leve

 Data Source :
 SystmOne and EMIS

 Data provided by :
 Health Care Hub (Leeds), Leeds Community Healthcare, St Gemma's Hospice and Sue Ryder Wheatfields Hospice

 Report Complied by :
 Ilusiness Intelligence Team, NHS Leeds CCG

Combine S1 and EMIS

Key indicators include
Recognition of needs
Preferred place of death

Time on EPaCCS

How are we doing?

EoLC data 2017-18-19

- * Recognition of palliative care needs increasing year on year
- * Q1 2019-20 = 49% of patients deaths in Leeds
- * 75% of patients died in their PPD
- * 20% of patients died in hospital
- * 50% have an EPaCCS record started 3+ months before death
- * Q1 19-20 43% of people with EPaCCS non cancer



Any questions/comments?