EpaCCS
Electronic palliative care co-ordination System
• The 2008 National End of Life Care Strategy recommended locality registers as a way to enable effective communication among professionals.

• From this experience grew the Electronic Palliative Care Coordination Systems (EPaCCS), which are now being implemented across the country.

• EPaCCS provide a shared locality record for health and social care professionals. They allow rapid access across care boundaries, to key information about an individual approaching the end of life, including their expressed preferences for care.
Statement 8.
People approaching the end of life receive consistent care that is coordinated effectively across all relevant settings and services at any time of day or night, and delivered by practitioners who are aware of the person's current medical condition, care plan and preferences.
House of Commons Select Committee report on End of Life Care 2015

• The use of Electronic Care Planning makes it easier to document and share people's wishes and care records between providers and also reduces the risk of an unwanted admission to hospital or failure to act on advance decisions to refuse treatment.

• The third thing is around IT and communication. The only way we will get the sort of continuity of information that people are seeking in order to manage the complex needs that people have around end of life care, and complex care needs, is to make sure that the information can be shared between providers, preferably, I would say, between the individual and, with their permission, their carers if they so wish. End of life care is one of the key themes in the National Information Board priorities.
People approaching the end of life receive consistent care that is coordinated effectively across all relevant settings and services at any time of day or night, and delivered by practitioners who are aware of the person's current medical condition, care plan and preferences
Operational status of EPaCCS in CCGs
“When the sharing of up-to-date information about a patient and their wishes across agencies works effectively, it is the most brilliant thing and makes a huge difference to the patient, family and those involved with the patient. We all need to hold on to that thought when working through the implementation difficulties!”

Wandsworth CCG
## Do’s and Don’ts

<table>
<thead>
<tr>
<th>Do…</th>
<th>Don’t…</th>
<th>Don’t…</th>
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<tbody>
<tr>
<td>Ensure you have agreed your local vision and have gained commitment from all stakeholders.</td>
<td>Underestimate the time and effort required in setting up and getting started.</td>
<td>Try to solve the issues alone</td>
<td>Underestimate staffs resistance to change and working differently</td>
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<td>Work together across localities</td>
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<td>Ensure you have clinical engagement /leadership</td>
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<td>Recognise that the IT landscape is complex however, there are solutions</td>
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<td></td>
<td>Get stuck on issues around information governance and interoperability</td>
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Do’s and Don’ts

Do... Provide education/training for all users

Do... Remember language is important!

Do... Keep connected – remember to share learning

Don’t... Rely on a cascade model

Don’t... Just develop another register or say ‘the patient is placed on an EPaCCs’

Don’t... Struggle, help is available
So what about the South West?
Discharge letters from the hospice in patient unit clarify extent of acp discussions. Out patient, community nursing pt letters all contain information regarding acp discussions. The teams regularly update and populate EPaCCS.

Marie Curie, voluntary sector and care homes do not have direct access to EPaCCS.

nil-are commissioners

3 separate EPaCCS registers for the different areas. Shared records for many SystmOne patients which gives access the the ACP template information which includes whether EPaCCS information input as well

No EPaCCS in Cornwall. Communication mainly fax, but also phone calls and e-mails, especially a palliative care advice line e-mail account, and SPC advice line number for health professionals.

Adhoc on electronic discharge summary Plus phone and Adastra End of life Care Register

Summary Care record and hard copies

System 1
I don't think so...not 100% sure.

direct from OOHs to GP practices

Mac GPs

Staff have access to the register it is updated by the PDT at the trust when palliative pts in the last 3 months of life

NHS111, OOH, GHT, rapid response

No probably not relevant for this organisation to do so

Not routinely - clearly we work very closely with others in delivering care to individual patients

All involved

unsure

Unsure
Local ward based audit, completed weekly

I don't think so.

we have monthly returns showing numbers in various fields - I will email example to Gina. We hope that it will be possible soon to combine EPaCCS data with HES & ONS which will make a powerful improvement tool.

But we should do!

once a year ADA for GSF purpose and when auditing new end of life paper work.

Not sure.

EPaccs data used as part of End of Life Programme Board dedicated work stream around electronic data.

We audit our own SysmtOne information.

out of hours conveyancing from care homes, other Ambulance data.

i know it is collected, but unsure of the details.

Unsure.

Data on Epaccs tends to be poor and lacks detail.
Through Devon Docs this is then cascaded to any new staff.

Initially rolled out by Education Team but I think this is now taught by those experienced in its use to new staff.

We provide this training for others offered by OOH provider.

Devon Doctors very good at delivering training provided by end of life education facilitator and Devon DRS.

Our wonderful Gina King can provide this.

Informally from those currently using the EPaCCS systems.

Adastra being phased out. Systm 1 being introduced.

In process of discussing systems.

Although uptake is very poor.

Currently the CCG’s are exploring the electronic end of life care record systems that are used so we are currently in a state of flux around which system will be adopted and which we should be working with in line with the CCG’s.

Unsure of details, just know it exists.

We have received training from DDoc in the past, and have also done some in-house training.

Within your organisation are you able to access training on the use of EPaCCS or other electronic systems to record/share end of life information?

Answered: 26  Skipped: 1

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<tr>
<th>Answer Choices</th>
<th>Responses</th>
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<tbody>
<tr>
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<tr>
<td>No</td>
<td>42.31%</td>
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<tr>
<td>Total</td>
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Comments (14)
EPaCCS works well when it is populated fully and updated regularly.

ACP discussion offered as part of GSF process used in our community hospitals currently over 1500 living patients on Somerset EPaCCS. Change in OOH provider to Northern Drs is both an opportunity and a threat - there may be a move away from Adastra for EPaCCS.

Rarely recorded on EPaCCS even if have been completed and often discussed but document not completed.

Still huge gaps in provision and use - we have the tools but need to keep going with education.

I think EPaCCS is used more widely than ACP, easier and more intuitive to use as people are in the EoL already. Also it is electronic so do not have to look for paper version in the practice which we can run out of.

The end of life programme board has identified ACP as a key work stream for 15/16 - we have implemented a TEP form this year pan county.
• Each of our 3 CCGs is dealing with the ongoing issues with Adastra EPaCCS registers slightly differently and are likely to choose different routes for recording the relevant information electronically. 2 currently have 'interim' arrangements in place.

• Have attempted to get information re identified end of life care patients from GP surgeries from their GSF registers, but this information has been refused to me / acute trust with reason given as 'confidentiality of patient data'.

• Organisisation rolling out The Conversation Project, linked to CCG CQUIN 2014-2016

• As Above, trying to work towards a joined up system

• We are planning a training course to create end of life champions who will hopefully promote the use of ACP and EPCCS

• We are encouraging the doctors to include a section on the discharge summary about ACP and helping them think about what should be included in this

• ACP planning has not currently become embedded in a formal way that we are currently delivering services. Other HCP we work with are not familiar with the concept of ACP.
Just a few questions……..

• How are you managing challenges of intraoperability?

• Are you unifying Read codes and templates in Primary care?

• How do you engage healthcare professionals to add data?

• How do you ensure quality of data added?

• How can you use the data to improve your services?

• How are you capturing information about value of EpaCCs in terms of quality of care?