**THE ELECTRONIC PALLIATIVE CARE SUMMARY (ePCS) / EMIS**

**INTRODUCTION**
The electronic palliative care summary (ePCS) was introduced in 2010. ePCS is a fairly simple template that allows in-hours general practice to gather important information regarding their patients with supportive and palliative needs, plan those patients care and share this information and planning with OOH medical services. Since its introduction there have been over 1800 palliative care records created and 68% of GGC practices are using it. It supersedes the previous OOH handover form.

Apart from GGC OOH Medical Service ePCS records can be viewed by all Acute Receiving Units and by the Scottish Ambulance Service.

**BENEFITS**
There are considerable benefits for patients, their carers, primary care (in and out of hours) and indeed the NHS.
**Patients**
A group that clearly matters – there is only one chance at caring for the dying
Tend to have a lot of rapidly changing need
Earlier identification of needs
Earlier planning of care
Information transfer is much better
Reassurance and feeling of safety for patients / carers
**Primary care**
*In hours*
Makes information transfer very simple
Much easier to update information
More effective and less work
Fits with both the GSF and the Palliative Care DES
*OOH*
More information
Legible information
No more laborious transcription
More pro-activity from in hours should lead to less OOH medical contacts
**NHS**
Clearly will lead to a better service for the reasons already mentioned
Less inappropriate actions e.g. 999 ambulances
Less work for OOH services

Before dealing with how to use ePCS there are three issues to highlight – consent, ePCS coding and the Palliative Care DES and ePCS coding and electronic referral.

**ePCS CONSENT**
As has always been the case consent must be given by the patient for transfer of information from GP practices to OOH medical services. In ePCS consent has become very explicit in that the use of the consent box is also one part of the two part 'trigger' that allows data upload / transfer to occur. Thus, though the ePCS template can be used to gather information regarding the patient's needs it can only be used to transfer

this information to the OOH service after consent has been obtained and the consent box ticked. In some cases the practice may feel that is inappropriate to broach ePCS and palliative care.

The second part of the trigger for data upload / transfer is the inclusion of a review date. It is worth highlighting that both the 'ticking' of the consent box and the addition of a review date are required for data upload / transfer.

## ePCS CODING AND THE PC DES

The codes that are used by the Palliative Care DES to define this patient cohort and the codes used in the 'Palliative Care' section of ePCS are identical. Practices need to be aware that coding a patient in ePCS adds them to the PC register and thus within two weeks of this coding they must create some form of Anticipatory / Advance Care Plan (ACP) and transfer information to the OOH service.

It is very likely that the use of ePCS to collect information will, in itself, constitute an ACP for the purposes of the PC DES. Clearly the transfer of information can be facilitated by the use of ePCS. It may be logistically difficult to sensitively obtain consent within the 2-week time frame.

These factors should be considered before ePCS coding.

## ePCS CODING AND ELECTRONIC REFERRAL

Electronic referral to specialist palliative care requires the attachment of an ePCS. Instructions on how to generate and upload to referral are available at (LINK). Again this creates some potential problems around nomenclature and patient perception.

## USING ePCS - PATIENT SELECTION

Basically, which patients should have an ePCS record?

This is probably the hardest part of ePCS.

The most important issue is the potential need for information to be available to the OOH services regarding any patient with a life threatening illness.

A useful starting point would be consideration of the practice Palliative Care register and any pre-existing Gold Standards Framework register. In addition practices might wish to consider their CDM registers e.g. heart failure, COPD & 'multiple appearances' and any patients who are say housebound or in a care home due to ill health.

In addition consideration must be given to how individual patients might feel about having a 'Palliative Care' summary which due to the need to obtain consent to transfer information might pose some problems.

The matter of coding and the Palliative Care DES must also be borne in mind.

## USING ePCS - FINDING THE TEMPLATE

This is relatively easy. The link to the EMIS training documents is:
http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/LivingandDyingWell/ePCS/EMISGuidance

Anyone unfamiliar with ePCS would be best to 'play' with the system dummy patient to start with. However the only way to really be comfortable with the template is to use it clinically. Remember that as long as the consent box is not ticked then data will not be sent.

The layout of the ePCS template can be a little confusing and indeed some of the data fields can be accessed by different routes! There are two further documents in this

section that have colour coded explanations of these overlaps. They are most useful if printed off and used in conjunction with EMIS.

## USING ePCS - DATA ENTRY

The *I-Italic* headings correlate with the headings that EMIS use for the various date entry fields.

The easiest way to add ePCS data is from Medical Record – Summary. Some data can be added via Consultation Mode. The link in each case is *9-ePCS*.

### D-Diagnosis

This is populated by the practice from the existing diagnostic list. This ensures that only the relevant information is transferred.

*Understanding* of diagnosis and prognosis is also included in this section. This can be detailed for both the patient and their carers. Knowing who knows what can be very helpful for practitioners seeing patients in the out of hours period.

### T-Treatment

*Chemotherapy* and *radiotherapy* can be noted here. In addition there are a list of *palliative care options*. The codes used are identical to those used by the Palliative Care DES and so if any of these are checked the patient will be placed on the Palliative Care register.

### A- Agency

This gives an extensive pick-list of those who may be involved in the patient's care.

### W-Wishes

*OOH arrangements discussed with patient / carer* and *will GP issue a death certificate* are drop down boxes within this section

*Does the GP wish to be contacted OOH* is a more important drop down option also in this section. All have some attached free text space.

*Additional OOH information* is a free text box with space for 198 characters. The addition of data in this section is probably the link between the patient's current situation and their potential future health care needs and is one of the most important sections in ePCS.

*Resuscitation status* is a simple drop down list

*Preferred place of care* is again a drop down list of options

*Availability of other medications* is a sizeable free text box. This not only ensures that the OOH service is aware of 'Just in Case' medication but also acts as a prompt for in hours anticipatory prescribing.

*Availability of syringe pump* can be noted here though in *GGC* it is not a problem to obtain these in the out of hours period.

*Continence products / moving and handling equipment*

The presence of these can also be noted.

### M-Medicines

The list of current medication transfers automatically. In addition the last 30 days worth of prescriptions are visible when an ePCS record is accessed in the OOH period. This is hugely beneficial.

*E-Edit*
*Carer details* can be added by creating a new entry in the carer database on EMIS via User Manager.
*Next of Kin Details* are also noted here.
The *E-Edit* heading can be used to access the majority of the fields detailed above.
The five headings 'below the line' in *E-Edit* are the same list as appears when *9-ePCS* is used in consultation mode.

*Z – consent*
*Consent* and *review date* are accessed here. Consent can only be accessed from the Medical Summary. It cannot be accessed in Consultation mode.

## ePCS INFORMATION TRANSFER
Information transfer is very simple. All that is needed is the patient consent box to be checked and a review date entered. Once these steps are taken data will transfer and continue to do so without any further actions being needed. The review date does not need to be updated or even 'in date' for the process to continue. The data transfer is thought to be pretty fool proof but practices can check if an ePCS record is available by logging on to ECS.

## OTHER FUNCTION OF ePCS
ePCS can also be used to produce lists of palliative care patients (once they have a palliative care entry coded and thus appear in the Palliative Care DES register). This can help to give structure to palliative care / GSF meetings.
In addition an ePCS summary can be produced for each patient in case a paper copy is needed to aid data transfer to a service that as yet cannot access ECS / ePCS e.g. a local hospice.

## CONCERNS
### ePCS and OOH Community Nursing
The ePCS record is not available to OOH Community Nursing due to issues around access to ECS and data security.

### Data transfer delay
Unfortunately there is a data transfer delay. This seems to be due to a combination of events including the timing of data extraction from GP software and the processing of all the updates to records across Scotland and this then being visible via the ECS record. This means that data entered late afternoon is unlikely to be visible to the OOH service before midnight. This issue should be borne in mind when there is the potential for OOH involvement in the early evening and in particular concern when a new ePCS record is created. Unfortunately these are national problems and are unlikely to be resolved in the near future.


**Many thanks to Dr Euan Paterson**