THE ELECTRONIC PALLIATIVE CARE SUMMARY (ePCS) / VISION

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 three 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 other parts of the VISION trigger for data upload / transfer are that the patient must have a Read code that places them on the palliative care register and they must have a palliative care plan with a review date.

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 to add the patient to the palliative care register at 'Step 1' in 'information about using this guideline' 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 GUIDELINE
This is relatively easy. The link to the VISION training documents is:
http://www.inps4.co.uk/my_vision/vua/scotland/index.html#Electronic_Palliative_Care_Summary__ePCS_
It is likely that the guideline will either be accessed via the ***Local Guidelines Index*** or from a created ***ePCS tab***.
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 in VISION is fairly straightforward. Once the ePCS guideline has been accessed all the relevant sections appear on a single template. The only exception to this is ***'consent'*** that is accessed from the consultation screen via 'consultation', 'patient registration' and 'consent'.

USING ePCS - DATA ENTRY
The ***Italic*** headings correlate with the different sections used by VISION for data entry.
Carer details
These can be added via patient details / contacts.

Important information about the use of this guideline contains the 3 key steps to creation of an ePCS record and data transfer.
Step 1 adds the patient to the ***palliative care register***
Step 2 creates a palliative care plan and adds a ***review date***
Step 3 records patient ***consent*** (see above)

Relevant Diagnoses and Surgery
This is populated by the practice from the existing diagnostic list. This ensures that only the relevant information is transferred. In VISION this includes both medical and surgical procedures.

Key Professionals
There are a number of possible additions in this section which allows the practice to note who and what services are in contact with each patient

Access Information
This simply allows entry / access instructions to be recorded

Palliative Care Issues, Awareness and Understanding
Palliative care issues is a 198 character text box for recording specific issues relating to the patient's wishes.
Awareness and understanding of diagnosis and prognosis can be detailed for both the patient and their carers. This information is very helpful for practitioners seeing patients in the out of hours period.
If these entries are completed then the core information concerning the patient's current situation will have been dealt with. Completion of some or all of these sections provides the ideal start to anticipatory care planning.

Terminal Phase
The ***Palliative Care Plan*** can be updated from here this includes whether the patient's ***own GP will sign death certificate***.
Resuscitation status is a simple pick list.

Preferred Place of Care
This is simply a list of options

Treatment
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.
Chemotherapy, radiotherapy and palliative treatment are also noted here.

OOH Information
OOH information includes instructions to try and contact patient's own GP.
Additional OOH information is a free text box of 198 characters. Information in this section will help to ensure that the 'strange' doctor who visits the patient has as much awareness as is possible of what the patient would like to happen and what they would wish to avoid. A key issue here will be the matter of potential admission if there is deterioration. Though other factors are clearly involved the knowledge that a person wishes if at all possible to remain at home goes a long way towards the formulation of any acute management plan. This could also be an appropriate place to note the use of the Liverpool Care Pathway for the last few days of the patient's life.

Care At Home
Extra drugs available at home are noted here. 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.
Continence products & moving and handling equipment can also be noted in this section.
Availability of syringe pump appears here also though in GGC it is not a problem to obtain these in the out of hours period.

ePCS INFORMATION TRANSFER
Information transfer is very simple. All that is needed is the patient to be added to the palliative care register (step 1), a review date to be inserted in the palliative care plan (step 2) and the patient consent box to be checked (step 3). 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