



**coordinate
my care**

Hosted by
The ROYAL MARSDEN



Julia Riley

**Royal Marsden and Royal Brompton Palliative Care
Department**



(1) No further active treatment

diagnosing dying/end of life care

(2) Complete assessment

Medical + anticipated problems -*pain, bleeding*
Nursing *catheters*
OT/Physio *aids, stairs, ,relaxation*
Social *continuing care*
Spiritual
Cultural

(3) Case Conference

in patient's home
chaired by patient or GP

(4) Documentation

RMH electronic patient record only

(5) Information sharing

faxed.....electronic

Care conference

- Nurse specialist leads conference where a care plan is developed to ensure patient's wishes to die in a preferred location are carried out
- The document is agreed among patient, nurse, and GP/other community staff
- Each stakeholder knows their specific role in the patient's end-of-life journey

Illustrative care plan

Current issues

- Dysphasia

Anticipated problems

- Haemoptysis
- Bone pain
- Liver pain
- Constipation
- Renal failure
- Fatigue

What to do

- Give X medication of X dose kept in X location

Who to contact

- Could be GP, district nurse, out-of-hours GPs or ambulance
- Where to re-route patient (e.g., hospice) should they deteriorate further beyond home care facilities

LAS – current paper form

Palliative Care Handover Form

FAX to:

London Ambulance

Fax: 020 7887 6690 **AND**

GP on Call service

Fax:

CONFIDENTIAL MEDICAL INFORMATION: Please update every THREE months and as required

Patient details Name: DOB/age: Address: Tel(s):	Carer details Name: Approx age: Address: Tel(s): Relationship to pt:	GP details Name: Practice/code: Address: Tel (in hours): Fax: Tel (out of hours): 0845 603 1087
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Unless it is a medical emergency please contact the night nursing service before considering admission. For specialist advice contact are below

District Nursing Service District Nurse (days): Address: Tel: Fax: Hours: 8am – 5pm Mobile(week days): Mobile(w/es & BHs):	Night Nursing Service Base: Tel: Mobile: Fax: Hours:	Specialist Palliative Care Advice Provider: Address: Tel: Fax: Advice:
Patient medical information Diagnosis: <i>(please enclose relevant medical summaries)</i> Diagnosis Date: Is patient known to hospice? Yes/No Is patient under the care of a hospital? Yes/No	Medicines management Has the patient been prescribed strong opioids? Yes/No Details:	End of Life Care When is death anticipated? <i>(Circle)</i> Hours/days/weeks/months/longer Is there a signed DNAR form? Yes/No Where is it stored?

Print name of person completing form:

Signature:

Date:

Designation:

Base:

Tel numbers):

Actual place of death

	H2H	National (EOLC)
Home	22(32%)▲	18%
Nursing Home	2 (3%)▼	17%
Hospice	35(52%)▲	4%
Hospital	7(10%)▼	58% (London 66%)
In transit	1(1%)	

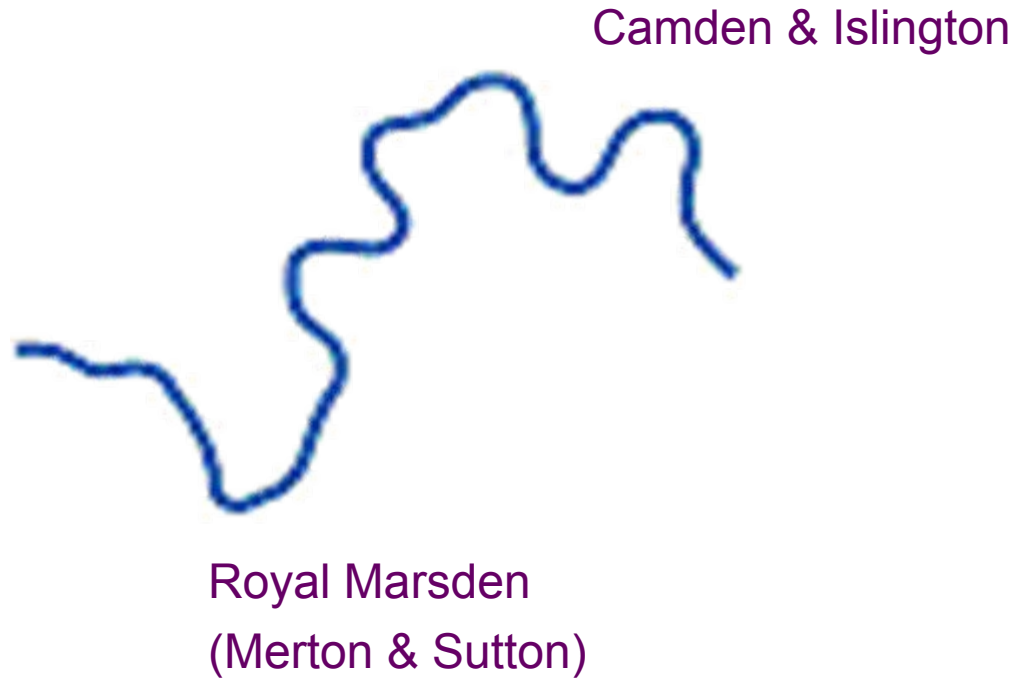
labour intensive, once off.....what happens when change in condition or patient's wishes??

Eolc strategy July 2008

‘Good commissioners of end of life care will wish to ensure that effective mechanisms are in place to facilitate coordination of care within individual organisations and across organisational boundaries: Establishing a locality-wide register for those approaching the end of life....’

DH appoints 8 pilots

2 London Official DH PILOTS



2 London DH pilots

Merton & Sutton

Camden & Islington

Extended pilots

Richmond & Twickenham

Lewisham, Lambeth &

Southwark

KCWHF



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Pan London

(7.7 million)



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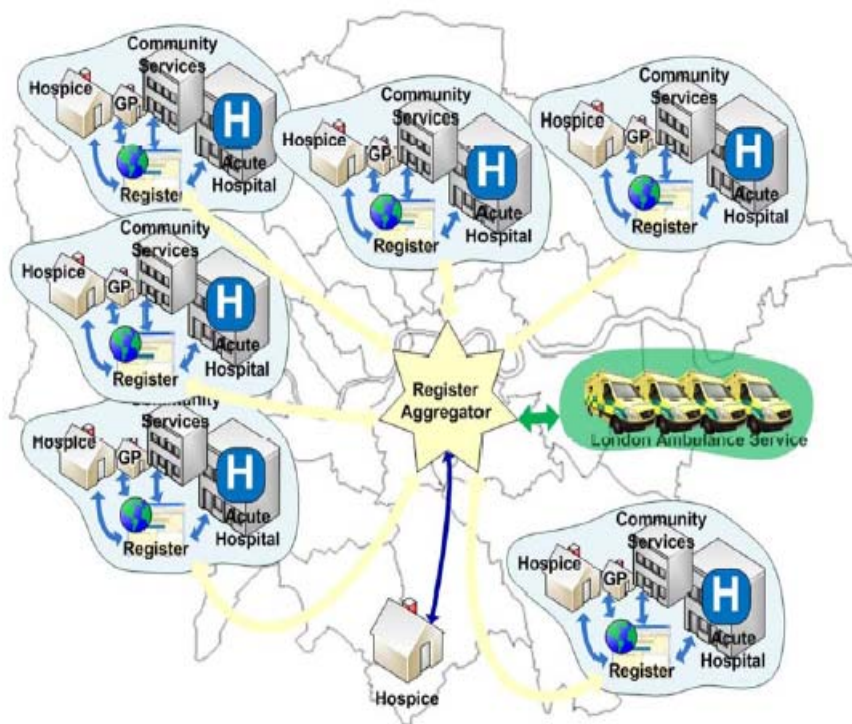
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**when it's less
urgent than 999**

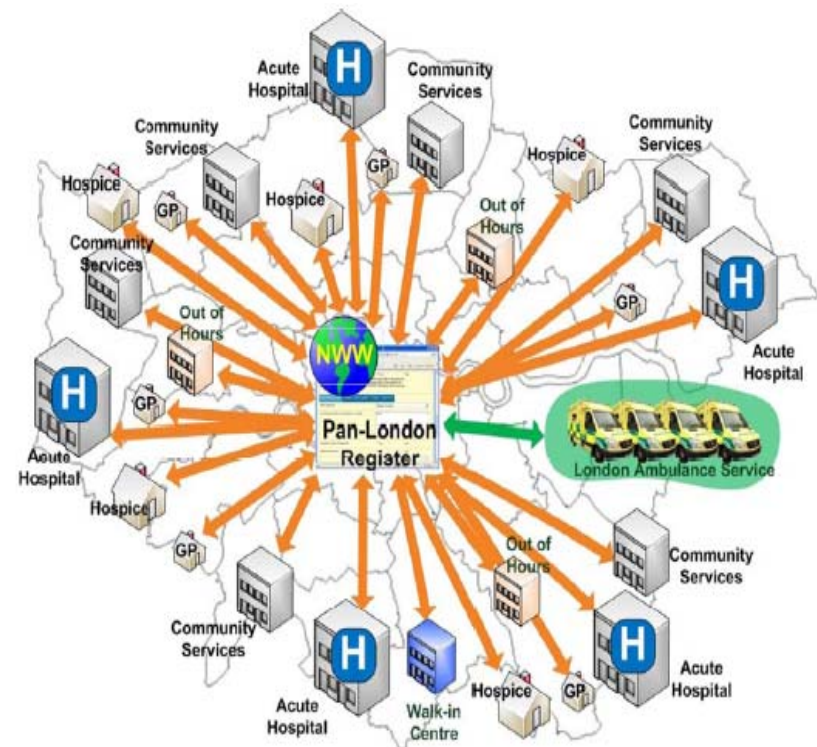
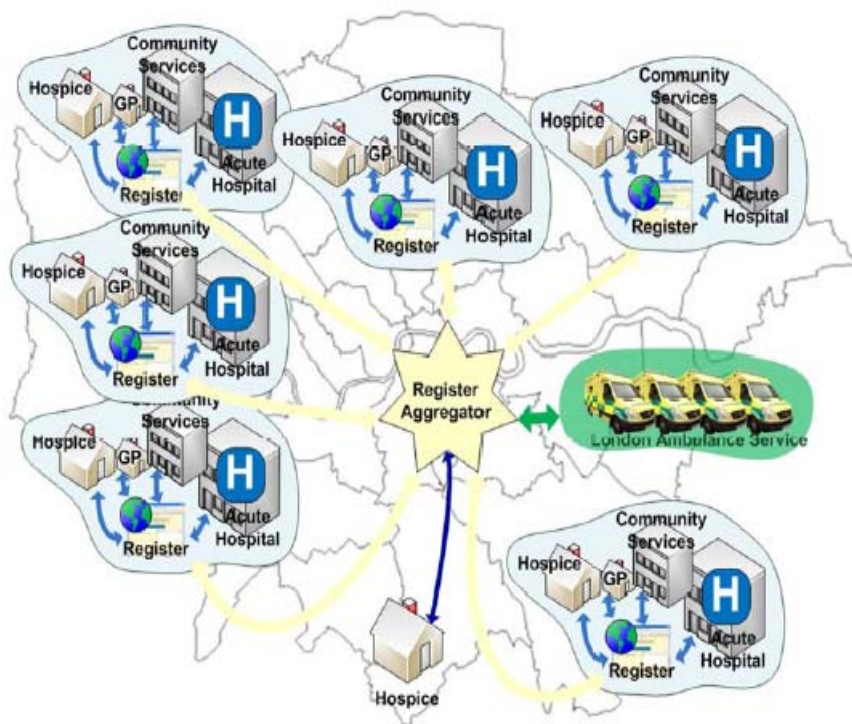
- Hillingdon
- Newham

18 months what we have learnt



18 months what we have learnt

Single Pan London solution



18 months what we have learnt

- CONSENTING
- CLINICAL
 - Clinical engagement
 - » MULTIPROFESSIONAL
 - » Trigger points
 - » Implications
 - Training – identifying (SPICT) , consenting, clinical implications

What will be different in the CMC pan London version

CLINICAL DATASETS

- Speed/intuitive
- PDS
 - Key worker
 - Names and numbers of contacts
- Consent
- Groups of tabs
- Save
 - to draft + submit
 - Save per page
- Clinical content datasets
- DNAR –National Council
- Funding Review
 - Phase of illness/provider type/problem severity/functional status/age

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REPORTING

- PPC
- PPD
- Variance + change of preference
- Admissions to hospital
- Funding Review
 - Key Classification (adults)
- Outcomes

FUNCTIONALITY

- 111
- Integration GP systems
- Read Codes
- Logistics
- Emails OOH, LAS, N/H, C/H
- ePrescribing
- Languages



Roll out

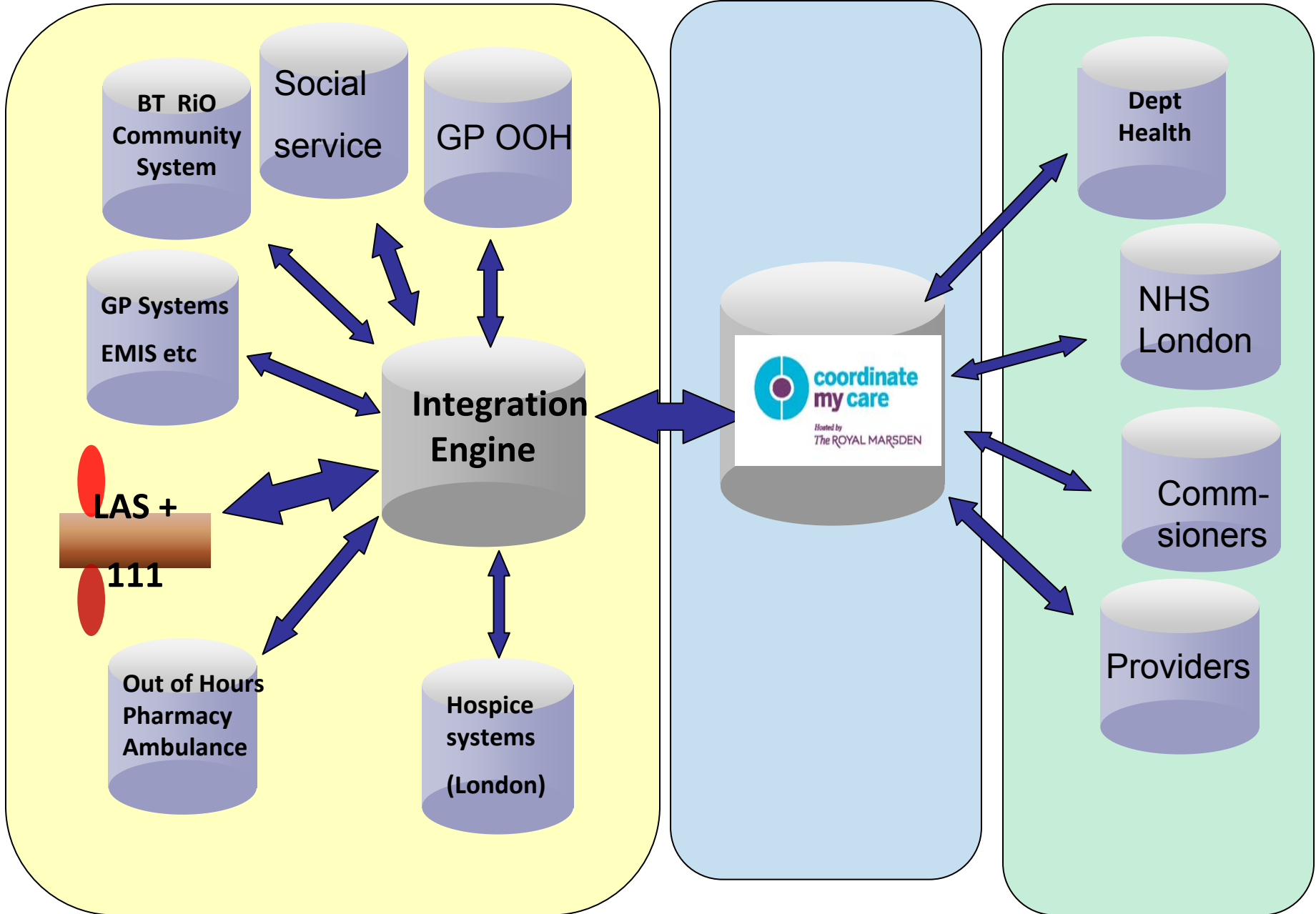
Phase one February 2012

5 pilots plus 111

Phase two July 2012

Completion

2013 April





WORK STREAMS

DNAR

Hospital +A&E

Patients

GP(RCGP rep)

Social Service

Community
Nursing home
Care Homes

Hospice

District Nurses

Research

Pharmacy

Pathways
e.g.MND

comms

Libby.hough@rmh.nhs.uk

Thank you

ROYAL MARSDEN CHARITY DEPARTMENT OF HEALTH - pilots

- Dr Chi Chi Cheung (Co-Chair), Consultant Palliative Care, Camden and Islington PCT and Clinical Lead, C&I DH funded pilot project Dr
- Catherine Millington Sanders, RCGP representative and Clinical Lead, Richmond and Twickenham pilot project
- Prof Michael Thick, NHLI, Imperial College, London
- Libby Hough, Lead Facilitator, SMPCT pilot project
- Anna Marie Stevens, RMH
- Dr Clare Smith, Imperial College
- Mel Francis, Lead Facilitator, C&I pilot project
- JJ Naidcksbernd, Lead Facilitator, R&TPCT pilot project
- Richard Penney, Project Lead, Westminster, Kensington and Chelsea, Hammersmith and Fulham PCTs.
- Jane Chidgey Clark Modernisation Initiative (MI)EOLC Programme and Lambeth, Southwark and Lewisham pilot project lead.
- Suzanna Scholes, MI
- Dr Rob George, Commissioning Support for London (CSL)
- Dr Cathy Burton, LSL
- Eleanor Brown, Nelson Commissioning Group
- Simon Wren, Advanced Health Care
- Dr Phil Koczan, Clinical lead, LPfIT
- Dr Tim Ladbrooke, GP and Medical Director LCW, and Clinical Lead SPA (111 for London) EOLC project.
- Dr Victoria Holt, GP and Associate Medical Director LCW
- David Whitmore, Clinical Advisor to Medical Director, London Ambulance Service.
- Katie Horrell, Project Officer, CSL
- Patrice Donnelly, Project Officer, CSL.
- Marlene Winfield, CFH
- Dr Jayne Wood, RMH, RBHT
- Dr Joy Ross, RMH, RBHT, Imperial
- Maureen Davies NHS London
- Eileen Sutton 111