E A R L Y

TOP TIPS

NHS North West Coast Clinical Networks

HOW TO SET UP AND MANAGE A SUPPORTIVE AND PALLIATIVE CARE REGISTER

E	Early identification	EMIS Early Identification Tool, best practice, MDT
A	Advance care planning	Facilitate discussion and communication with patients/family
R	Record	And share information
L	Look again	Review and update preferences
Y	You can continually improve	Through mortality reviews/reflection/change in practice

> **Important to include frailty, elderly, non-cancer, dementia, stroke, MS, MND, Parkinson's, multiple comorbidities, cancer**

- Keep the patient and their needs at the centre of the discussion.
- Aim to identify the individualised practice target for your supportive and palliative care register.
- Between 75% and 90% of deaths can be predicted/ anticipated.
- Identifying patients enables early discussions and improved care at the end of life.
- Supportive and palliative care register will help plan and co-ordinate care for all your patients with less than a year to live.
- Opportunity for multidisciplinary learning and peer support

Plan and prepare your meetings

o Nominate a lead clinician and a lead administrator with IT/organisational skills;
o Ensure use of the appropriate EoLC QOF read codes;
o Become familiar with IT system and palliative care template including EPaCCs templates;
o Ensure appropriate MDT;
o Set up a regular meeting, ideally monthly;
o Plan meetings in advance;
o Update patient records electronically during the meeting (or as soon as possible afterwards);
o Establish terms of reference, including attendance and quorum.

> **Recommended MDT: GP, District Nurses, Community Matrons, Clinical Nurse Specialists, Practice Nurses, GP Trainees, Palliative Care Teams**

E – Early identification: EMIS Early Identification Tool, best practice, MDT

- Aim to identify patients early
- Utilise the EMIS electronic early identification search tool
- Use existing predictor tools
- Review and ask "would I be surprised if this patient died in the next 12 months"? (Surprise Question).
- Encourage your team to use the Surprise Question when seeing patients.
- Use any other available information.

> **EMIS Search**
> **GSF PIG**
> **SPICT**
> **DS 1500**
> **Surprise Question**

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A – Advance Care Planning: facilitate discussion & communication with patient/family

Open conversations
Information sharing
Check consent

- Identify a lead clinician who knows the patient the best.
- Ensure key clinicians' ACP and DNACPR training is current.
- Share outcomes with all settings to avoid duplication.
- ACP may take several discussions.
- Use every opportunity to discuss wishes and preferences.
- Check consent to share information is given.

R – Record: and share information

- Record outcomes from meetings
- Discuss with patient and gain consent to share information.
- With consent, ensure all involved in care are aware of preferences.
- Share the right information with the right people.

Create EPaCCS record

L - Look again: Review and update preferences

- Establish a small key team e.g. administrator, lead GP, practice nurse, district nurse.
- Record and update either in meetings or as soon as possible afterwards.
- Add new patients identified as being in last year of life.
- Remove patients (those who have died or moved to another practice)
- Move patients according to their needs/changing health status
- Add new important statements
- Update EPaCCs record.
- Use every opportunity to discuss wishes and preferences for future care and check consent to share information is given.

Y - You can continually improve: Mortality reviews / reflection / change in practice

- Review outcomes for patients.
- Discuss all deaths since the last meeting.
- Complete after death analysis:
  - o Good practice from "good deaths"
  - o Patients who died in hospital – was this the preferred place of death?
  - o Patients not on the register who died – could they have been identified?

MORTALITY REVIEW

- Encourage a culture of trust and learning.
- Supports the team; validates and shares good practice.
- Learns lessons to inform service improvements.
- Identifies training needs.
- Seek opportunities for education and training.
- Consider champions to support development.