

# Cheshire EPaCCS Digital Roadmap



## 2019 - 2023

### **Executive Summary**

This is Cheshire's digital roadmap for the implementation of an Electronic Palliative Care Coordination System (EPaCCS); a key digital initiative enabling advance care planning and improved communication and coordination of care at end of life.

Covering a four-year period, this roadmap provides an overview of the shared digital vision for EPaCCS across Cheshire and sets out the short, medium and longer-term goals (and required plan) to fully embed the system within the local end of life healthcare system and to ensure greater alignment overtime with the wider digital strategy for Cheshire and Merseyside.

This digital roadmap has been developed in line with the Palliative Care Coordination: Core Content 'Requirements Specification'<sup>1</sup>, and the associated 'Information Governance Guidance'<sup>2</sup> and 'Implementation Guidance'<sup>3</sup>, as well as the 'EPaCCS Recommended IT System Requirements'<sup>4</sup> documents.

## Introduction

People considered to be approaching end of life often require care that is supported by a combination of health and social care services, which are often provided by a wide range of professionals and staff groups, as well as by their families and other carers.

EPaCCS is a nationally recognised system for enabling improved communication and better coordination of care. EPaCCS is underpinned by technology, which facilitates the recording and sharing of accurate, consistent and timely information about patients in their year of life, so that the right information is available in the right place, for the right person, to make the right decisions, at the right time.

The overall aim of EPaCCS is to improve patient experience and care at the end of life, by putting patient's wishes and preferences at the centre and helping to create an environment where healthcare professionals (regardless of employer) can work easily together.

## A digital vision for EPaCCS

*A fully embedded system that enables the transfer of information electronically, to support advance care planning and improved communication and coordination of care at the end of life*

### We will do this by:

- ☑ Using technology to identify those individuals with progressive life-limiting illness whom would benefit from advance care planning, such as people with a dementia diagnosis, people with long-term conditions and people who are severely frail, as well as those individuals with a cancer diagnosis.
- ☑ Empowering individuals (and their families/carers) to have direct access to their EPaCCS record and enabling them to contribute information to it, so that they have greater control over determining what information is recorded and how it is then shared.
- ☑ Supporting healthcare professionals to have proactive, person-centred conversations with individuals about their condition and their wishes and preferences for end of life care, and enabling them to then share this information with others professionals involved in delivering care
- ☑ Empowering healthcare professionals to have direct access to accurate, consistent and timely information, electronically, at the point of care delivery, to support appropriate treatment decisions and interventions



## Our Approach

Improving experience and quality of care for patients coming to the end of their lives is everyone's business – there is no single individual, team, service or organisation that can do this alone.

We are therefore taking a whole-systems approach to delivering EPaCCS across Cheshire i.e. organisations and practitioners are committed to working together to plan and implement coordinated actions, that address several key success factors, required to achieve the shared vision for EPaCCS. These critical success factors include:



## Our Pledges

### ***We will:***

- ☑ **Make the most of what we already have** by using existing systems and trying best to connect our present digital resources and committing to new ways of working
- ☑ **Co-design and co-produce with the person at the centre**, by working with patients and staff; ensuring that what we develop is designed around what works for them
- ☑ **Share our learning and also learn from others**, both locally and nationally; creating a learning from best practice approach

## Our Digital Partners

Implementation of EPaCCS across Cheshire involves the following partner organisations:

▪ Central Cheshire Integrated Care Partnership	▪ NHS South Cheshire CCG
▪ Cheshire & Wirral Partnership NHS Foundation Trust	▪ NHS Vale Royal CCG
▪ East Cheshire Hospice	▪ NHS West Cheshire CCG
▪ East Cheshire NHS Trust	▪ St Luke's Hospice
▪ EMIS Health	▪ The Countess of Chester Hospital NHS Foundation Trust
▪ Graphnet	▪ The End of Life Partnership
▪ Mid Cheshire Hospitals NHS Foundation Trust	▪ The South Cheshire and Vale Royal GP Alliance
▪ NHS Eastern Cheshire CCG	

## Cheshire EPaCCS – Achievements So Far

Implementation of EPaCCS across Cheshire commenced with an early adopter pilot in East Cheshire during 2013 –14. The learning and outcomes of the pilot evaluation were used to subsequently plan the phased roll-out of EPaCCS across Cheshire (phase 1 during 2014 /15 and phases 2,3 and 4 during 2015/16 onwards).

As part of implementation an EPaCCS steering group comprising representation from key partner organisations was established and importantly, continues to meet on a regular basis to oversee EPaCCS implementation and provide the necessary direction and expert advice required to plan and deliver local developments.






To date partners across Cheshire have digitally achieved the following:





- Compliance with the Palliative Care Coordination Information Standard (ISB 1580), which specifies the core content required to support high-quality, coordinated end of life care
- Compliance with SNOMED CT coding , meaning we're all using the same language which makes it easier for clinicians to view shared information
- Secured EMIS Health for two of the three Hospices (East Cheshire Hospice and St Luke's) and Hospitals (MCHFT & MDGH) meaning that they are now using EMIS Web software to record EPaCCS information
- Signed EPaCCS information sharing agreements for the secure recording, storing and sharing of end of life information between relevant partner organisations – *see appendix for current information sharing agreement matrix*
- Secured EMIS Web EPR Viewer for GP OOHs in South & Vale Royal giving clinicians 24 hour access to patients' GP records, including end of life information
- Influenced the prioritisation of EMIS Health access for a number of teams that frequently care for people at the end of life: Specialist Palliative Care, Acute Oncology, Tumour site specific specialist nurses, Integrated Discharge & Heart Failure.
- Development plans for the integration of EPaCCS with the Cheshire Care Record that are built using national Interoperability Toolkit (ITK) specifications.

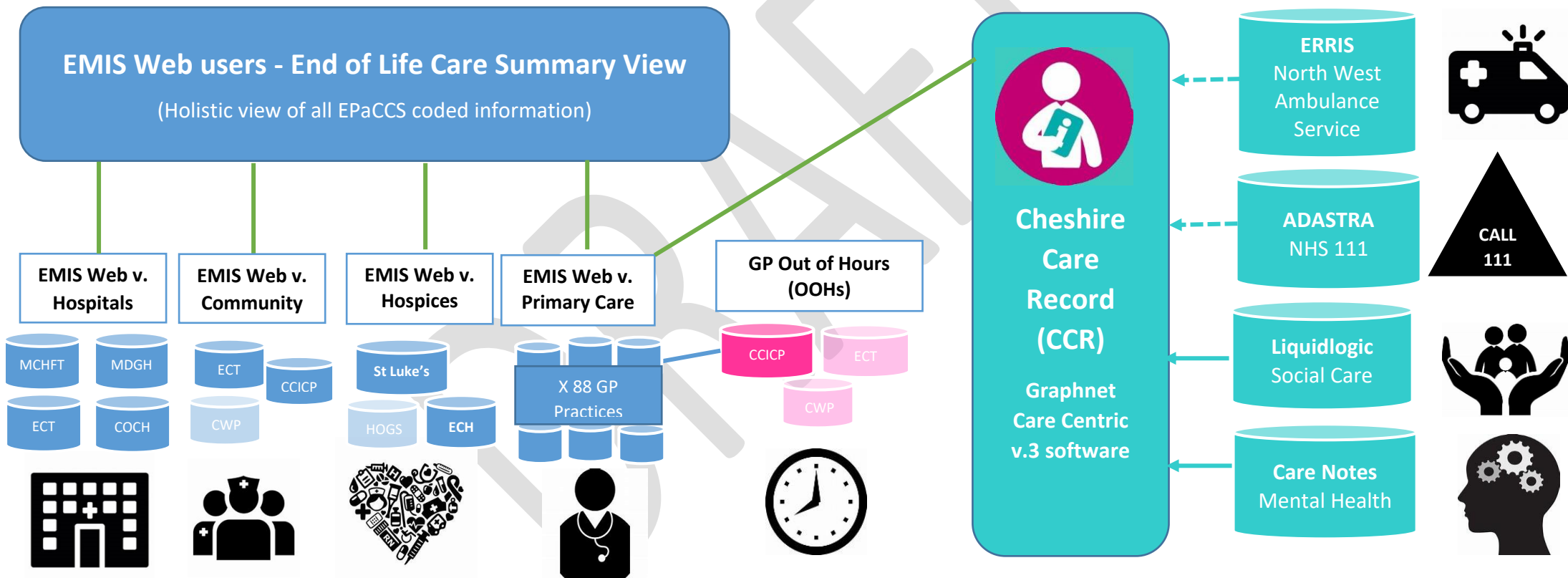
***The following page provides a visual overview of the current EPaCCS landscape across Cheshire***

# Current EPaCCS Landscape

**Key:**

-  Solid Green Line – Coded EPaCCS data exchanged
-  Dashed Green Line – Data exchange in development
-  Blue Cylinder – Instance of EMIS with active end of life coding
-  Faded blue cylinder – Instance of EMIS requires/in development
-  Read only access to patients' GP record via EMIS EPR Viewer

-  Pink cylinder- Access to EPaCCS data via EPR Viewer
-  Faded pink cylinder – Access to EPaCCS data required/in development
-  Solid Turquoise Line – Exchange with CCR enabled
-  Dashed Turquoise Line – Exchange with CCR in development



To help contextualise the current EPaCCS landscape, the following sections provide a detailed summary of the local systems 'specification'. *In creating this section people should refer to the 'EPaCCS Recommended IT System Requirements' document (page 17 Requirements Summary), as a guide.*

## Information Governance

Where data is transferred between organisations, a secure legal basis for doing so is needed. This should additionally be supported by data sharing agreements to ensure there are appropriate information governance safeguards and adequate data security and data protection measures in place.

Each delivering organisation should ensure a **Privacy Impact Assessment (PIA)** has been completed or retrospectively undertaken. Further guidance on performing a PIA can be found on the [Information Commissioners Office website](#)

**Approach** – In order for a complete EPaCCs record to be available and usable participating organisations must agree to information sharing via the EMIS system whether this is via enabling data sharing from within an organisations own EMIS system or via other connections to other local Patient Information Systems such as the Cheshire Care Record. This data sharing should meet the specifications outlined in the local Minimum Dataset for End of Life.

Organisations are also advised to complete data sharing agreements with all partner organisations based on the templates that can be found in the local EPaCCs Operational Policy.

**EPaCCs Consent** – Consent wording for the EPaCCs template is dictated nationally. At a local level, patients EPaCCs data will still be shared even if this consent box is unticked, this is because consent checkboxes within the EMIS EPaCCS template have no relation to the general sharing consent for the patients' whole medical record. The Cheshire EPaCCS steering Group have produced [a consent statement](#) that describes this function and how it should be applied locally.

Further details of recommended implementation standards around Audit and Data Security and Confidentiality can be found on the [NHS Digital Website](#). However all implementations of EPaCCs should also consider other local and national guidance, standards and legislation such as General Data Protection Regulation where applicable.

## Interoperability

Using EPaCCS dataset in line with the national information standard – with all our different systems meeting the same standard and using the same language, information can be shared and viewed by other healthcare professionals

The core dataset for EPaCCS is held within EPaCCS records, based on the North West EPaCCS Template

*There is a national interoperability specification, which includes specific interoperability messages that have been developed to help information flow between different systems and therefore support care co-ordination such as **notifications, document retrieval***

## Functional Overview

Systems are designed to perform specific tasks to fulfil specific functions. Locally any implemented system where possible should seek to confirm with the [Requirements Specification](#) outlined in national information standard SCCI11580.

It is recommended that each provider record any areas where their implementation is not able to meet the national recommended standards.

Locally it is recommended that any EPaCCs implementations supporting system be capable of the following:

### **General**

- Data items conform to the national information standard for palliative care (SCCI 1580)
- Supports the recording of palliative and end of life preferences
- capture a consent decision that relates directly to recording and sharing an EPaCCS record
- Allows for the removal of EPaCCS related information
- Prompts a review date to be set when an EPaCCS record is created
- Provides prompts users about recording cardiopulmonary resuscitation
- All coded information should be capture using SNOMED CT codes

### **Patient Access**

- Allows for the printing of EPaCCS records
- Information provided to a patient can be filtered

### **Reporting**

- Provides reporting capabilities
- Supports full data extracts
- Provides a summary view of all the EPaCCS coded information in a patients' record
- Prevents further access to a patients EPaCCS record if the patient withdraws their consent

## Technical (Non-Functional) Overview

Systems must work in a certain way in order to meet 'business' needs. This section helps to describe the technical (or quality) aspects of our current EPaCCS.

### **Data**

- Information held within the system is coded using SNOMED CT
- SNOMED CT data is kept up-to-date
- NHS Numbers are used as the primary unique identifier for a person
- Documentation can be attached to EPaCCS records
- Changes to the core data set can be made easily

### **Infrastructure**

- Accessible over N3
- Offline access is provided (via EMIS Mobile and via locally redundant infrastructure where appropriate)
- Interoperability between non-EMIS systems is supported by the Graphnet Care Centrix software

### ***User Interface***

- A person's preferences appear as a single record
- Cross-organisational tasks, alerts and warnings

## **Access to EPaCCS data via EMIS Web**

### **Hospitals**

**Mid Cheshire Hospital NHS Foundation Trust (Leighton Hospital)** has an EPaCCS instance of EMIS web, which runs alongside their OOH and A&E instances. There are a number of key clinical teams that have been given appropriate access rights to EMIS to use EPaCCS within their working practice, these include:

<b>Team</b>	<b>No. of Licences</b>	<b>Access rights</b>
Macmillan Specialist Palliative Care	X2	Read and Write
Macmillan Lung Cancer	X4	Read and Write
Acute Oncology	X5	Read and Write
Bowel cancer screening	?	Read only
Heart Failure	X2	Read and Write
Upper GI	X3	TBC
Head and Neck	X1	TBC
Haematology	X2	Read and Write
Integrated Discharge	X9	TBC

**East Cheshire NHS Trust (Macclesfield District General Hospital)** provides physical health services for the population of Eastern Cheshire. All ECNT palliative care teams, community nursing and therapy services, adult and paediatric, use EMIS Web as their full EPR with full read and write access to EPaCCS as well as via their mobile device using the mobile app or Horizon virtual desktop, allowing access anytime, anywhere. Several areas within the Acute setting now have access to EMIS Web and are actively encouraged to access EPaCCS and the shared records and summaries.

With full sharing agreements across all East Cheshire Primary Care organisations as well as East Cheshire Hospice we are able to share appropriate EPaCCS summary screens.

Whilst East Cheshire GP OOH service remains on Adastra they do have full access to EMIS Web, able to view EPaCCS, full patient records and book published appointments directly into GP surgery diaries.

### **Community Services**

**Central Cheshire Integrated Care Partnership** provide physical health services for the populations of South Cheshire and Vale Royal. During the summer of 2018, the partnership procured and transitioned staff to a new EMIS.org, following the re-commissioning of the community contract in 2016 (previously staff were using ECT's version of EMIS Community). All staff have full read and write access to EPaCCS through EMIS Web and have mobile working software (EMIS Mobile) to enable them to access all the core elements of EMIS Web anytime, anywhere.

NB: As part of CCICP's transition to EMIS Community there were a number of services which were not in scope including the GP Out-of-Hours Service. GP OOH continue to use ADASTRA as their primary clinical system, however staff within the service have been permitted read only access to EMIS Web via EMIS EPR Viewer.



## Hospices

**St Luke's Hospice** provide palliative and end of life care to people in the Cheshire Area. During 2017 St Luke's Hospice implemented a new EMIS Community system to replace their use of Crosscare. All staff both in care and day hospice have access to EMIS and are coding EPaCCS information within their settings

**East Cheshire Hospice** provide palliative and end of life care to people in East Cheshire and Buxton area. The Hospice have been using EMIS Web as their clinical system since April 2015. All clinical staff in all services have access to EMIS Web and are using coded templates to record patient information. The Hospice has an EPaCCS template and summary screen available to all services.

## Primary Care

There are 88 individual practices across Cheshire, each with their own instance of EMIS.

## Other routes of digital communication

- Cheshire Care Record allows interoperability with non-EMIS systems and is provided by Graphnet using the Care Centrix software. Participating partners currently include: East Cheshire NHS Trust, Mid Cheshire Hospital Trust, Countess of Chester Hospital, Cheshire Wirral Partnership, and a growing number of GP Practices that represent Primary Care.
- North West Ambulance Service (NWAS) uses a Clinical IT system called ERRIS. This system provides a secure portal for organisations to inform NWAS of care planning arrangements for specific patient groups.  
  
Current concerns with using this communication route include, requires a separate log-in, is an additional task that needs completing alongside many other similarly important tasks, and limitations to the information held within ERIS that subsequently affect the quality of the information relayed to ambulance crews on the ground.
- Special Patient Notes for NHS 111 and GP OOH - Notes that can be attached to a new or existing patient to alert or highlight any specific care requirements, long term care plans or any other item of useful information for the patient. They will show up in the main Adatastra v3 system when the patient contacts the service.

## Cheshire EPaCCS - Where we want to be, digitally?

There are a number of gaps in terms of current access to and subsequent use of electronic end of life information. Partners across Cheshire plan to address these gaps through the EPaCCS steering group including:

- Ambulance service, NHS 111, Social Care and Mental Health to have access to end of life information via the Cheshire Care Record
- EPaCCS module to be part of the Hospitals EPR
- Find solutions so that Care Homes are part of the EPaCCS landscape

- Explore solutions for partners currently not involved in EPaCCS
- Enable patient access to EPaCCS records
- Upload Advance Care Planning documentation within EPaCCS including DNACPR forms

With regards to outstanding functional and non-functional requirements, Partners expect to see progress with:

- Printable version of the End of Life Care Summary View which could then be taken on home visits, or left in the front of care home notes
- Equality reporting to support organisations in ensuring equitable provision of care and support at end of life

## Future Considerations/Dependencies/Assumptions

### Considerations

MCHFT and MDGH are to jointly commence procurement of an Electronic Patient Record (EPR) called Cerner. This is a system already used at Wirral University Teaching Hospital, whom are currently developing an end of life module. The local EPR is likely to terminate use of EMIS Web software at the hospitals and efforts will be required to ensure that data feeds from within Cerner can easily integrate and transfer information between itself and existing EMIS systems.

EMIS Cloud development – Current planned developments to move EMIS into a cloud based infrastructure will eliminate current sharing issues between Primary Care and Community Care systems where by entries in EPaCCs records in the community systems are not fed back into the Primary Care systems. However, these developments will most likely not be seen in the Community EMIS environment for 5-10 years.

Care Home technology limitations – Many Care Homes still operate in an environment where computers are situated only in management offices and technology is not widely available to care staff.

NWAS are working across a much wider geography than Cheshire and are currently exploring their involvement in the Care to Share work across Cheshire & Merseyside. Developments in Greater Manchester Health & Care Partnership around EPaCCS also have the potential to impact on the Eastern Cheshire locality due to patient flows.

Requirement to further understand the planned implementations of EPR and EPaCCs within the West Cheshire Area.

### Dependencies

Delivery of Cheshire Care Record development activity

Delivery of a Hospital EPR with abilities for EPaCCS integration

NWAS solutions for interoperability with the CCR are realised and progressed

IT solutions for Care Home access to EPaCCS are identified

Partners are willing to share data and data sharing agreements remain relevant and up to date

**Assumptions**

Ambulance service have access to electronic devices

Staff working out in the community have access to EMIS Mobile

**Digital Challenges and Barriers**

- Providing patient's with access to view and contribute to/update their EPaCCS record
- Uploading of ACP documentation
- EPaCCS Reporting – GP system is currently the primary system
- IT Leadership & resources
- Overall engagement – functionality requires commitment from staff to new/different ways of working to realise the potential of EPaCCS
- Up-to-date information – discrepancies between different systems data entries do not become embedded within other clinical systems only the professionals native system
- Care Homes not using electronic IT systems. A lot of their patient records and care plans are paper-based and we have over 120 care homes within our geography
- Number of practices choose not to share their information with other organisations/professionals, including not participating in the Cheshire Care Record
- Misconceptions around EPaCCS, including around the consent position
- Commitment to information sharing amongst partners- including keeping data sharing agreements' relevant and up to date

**How are we going to get where we aspire to be?**

<b>Short-Term Goals (to March 2019)</b>			
<b>Key Area</b>	<b>Deliverables</b>	<b>How</b>	<b>By Who</b>
<b>Data Exchange</b>	Test EPaCCS data feed from EMIS to the Cheshire Care Record	<ul style="list-style-type: none"> <li>- Identify test practice</li> <li>- Identify test patient</li> <li>- Obtain practice &amp; patient consent to test</li> <li>- Enable the practice</li> <li>- Test data feed</li> <li>- Evaluate</li> </ul>	EMIS & Graphnet
	To influence inclusion of EPaCCS within Hospital EPR implementation plans	-Secure representation from EPaCCS clinical and IT leads within EPR design plans	EPaCCS Steering Group
	Develop unified approach to data sharing agreements across partners	<ul style="list-style-type: none"> <li>- Draft Initial Agreement</li> <li>- Review with local steering groups and partners</li> </ul>	EPaCCS steering group

	Resolve data sharing issues between MCHT , CCICP & St Luke's	<ul style="list-style-type: none"> <li>- Implement agreement with providers (EMIS etc)</li> <li>- Publish Templates</li> <li>- Replace agreement where appropriate</li> </ul> <p>Work with partner organisations to identify the source of the problem and to resolve</p>	EMIS/ CCICP/MCHT/SLH
<b>Data Collection</b>	EPaCCS reporting across all partner organisations to provide a full – picture of EPaCCS uptake and the quality of its use locally	<ul style="list-style-type: none"> <li>- Establish viable reporting mechanisms with partners</li> <li>- Agree ongoing reporting arrangements and secure commitment/resources</li> </ul>	EPaCCS Steering Group
<b>Improve uptake</b>	<p>Launch of template for Cheshire Wirral Partnership Community Teams</p> <p>Support Primary Care Quality Improvement work</p> <p>Define Western Cheshire approaches to EPaCCS</p>	<ul style="list-style-type: none"> <li>- Work with CWP to develop template and to launch across District Nursing and Macmillan Teams</li> <li>- Run a series of Quality Improvement workshops with Primary Care Networks aligned to use of EPaCCS</li> <li>- Include Western Cheshire plans within digital roadmap</li> </ul>	<p>CWP/EoLP/West CCG</p> <p>EoLP/CCG's</p> <p>West CCG</p>
<b>Medium-Term Goals (April 2019 – March 2020)</b>			
<b>Direct patient access to EPaCCS Record</b>	<ul style="list-style-type: none"> <li>- Deliverables to be defined by the Patient Knows Best Project in Cheshire East</li> </ul>	<ul style="list-style-type: none"> <li>- Link with patient knows best project leads to explore potential solutions</li> </ul>	EoLP/ Cheshire East Council

	- Align activity to GP Practice patient access related activity	- Link with wider work around patient access	Steering Group
<b>Data exchange</b>	- To pilot sharing of EPaCCS data with NWS	- Secure NWS representative at EPaCCS steering group  - link to wider interoperability projects between Cheshire Partners & NWS	Steering Group/EoLP
<b>Care Homes</b>	- Develop and test models of using EPaCCS in Care Homes	- link to other care home initiatives to integrate EPaCCS agenda	Steering Group/EoLP
<b>Longer-Term (April 2020 and beyond)</b>			
Digital maturity	ACP documentation uploaded to EPaCCS record	TBC	TBC

## Glossary

<b>Adastra</b>	A web-based system ....
<b>CBD Number</b>	A Customer Database number for EMIS Health clients. Each instance of EMIS is assigned a CBD number.
<b>EMIS EPR Viewer</b>	A version of the EMIS software specifically for read only access to Electronic Patient Records
<b>EMIS Health</b>	A provider of healthcare technology (systems/software/services)
<b>EMIS Mobile</b>	A software application that allows healthcare professionals to securely access all core elements of EMIS Web through their mobile devices, anytime, anywhere
<b>EMIS Web</b>	A clinical system that allows healthcare professionals to record, share and use information
<b>Functionality</b>	The tasks that an electronic system is able to do i.e. the system provides reporting capabilities
<b>Instance of EMIS</b>	An occurrence of EMIS. Different organisations have set up their own instances of EMIS (often known as EMIS.orgs) – linked to CBD number
<b>Interoperability</b>	The ability of one electronic system to exchange and make use of information from another electronic system
<b>ITK Messages</b>	Messages sent via an ITK system
<b>ITK Toolkit</b>	Insight Toolkit (ITK). ITK is an open-source, cross-platform system that provides developers with an extensive suite of software tools for image analysis

<b>IT Solution</b>	An aggregation of products and services, as opposed to a single, discrete product to help solve a 'business' problem. For example, for antivirus software to be a solution to preventing, detecting and removing malicious software it would need to be bundled with related products, such as spam filters or a backup service.
<b>N3 Connection</b>	The private internet/connectivity service provided specifically to NHS providers and partners
<b>HSCN Connection</b>	Health and Social Care Network. The private internet/connectivity service provided specifically to NHS providers and partners. Will replace N3
<b>Technical</b>	How an electronic system behaves to satisfy a user's standards and needs i.e. information should be coded using SNOMED CT
<b>User Interface</b>	The means by which the user and a system interact, in particular the use of input devices and software.

## References

Ref	Title	Source
1.	National End of Life Care Intelligence Network. Palliative care coordination: core content. Requirements Specification	<a href="http://www.endoflifecare-intelligence.org.uk/national_information_standard/end_of_life_care_coordination">http://www.endoflifecare-intelligence.org.uk/national_information_standard/end_of_life_care_coordination</a>
2.	Electronic Palliative Care Coordination Systems: Information Governance Guidance	<a href="https://webarchive.nationalarchives.gov.uk/20160921152006/http://systems.digital.nhs.uk/qipp/library/index_html#end-of-life-care-1">https://webarchive.nationalarchives.gov.uk/20160921152006/http://systems.digital.nhs.uk/qipp/library/index_html#end-of-life-care-1</a>
3.	National End of Life Care Intelligence Network. Palliative care coordination: core content. Implementation Guidance	<a href="http://www.endoflifecare-intelligence.org.uk/resources/publications/implementation_guidance">http://www.endoflifecare-intelligence.org.uk/resources/publications/implementation_guidance</a>
4.	EPaCCS Recommended IT System Requirements	<a href="http://www.endoflifecare-intelligence.org.uk/national_information_standard/end_of_life_care_coordination">http://www.endoflifecare-intelligence.org.uk/national_information_standard/end_of_life_care_coordination</a>

## Appendix 1. North West EPaCCS Dataset

Possible grouping	selection	Read V2	Read CTV3	SNOMED	text	Read code term	Item No	S C R
Demographics	s					Record creation date	2	
	s					Planned review date	3	
	s					Date and time of last amendment	4	
	s					Person family name	5	
	s					Person forename	6	
	s					Person preferred name	7	
	s					Person birth date	8	
	s					NHS number	9	
	s	01 Number present and verified 02 Number present but not traced 03 Trace required 04 Trace attempted - No match or multiple match found 05 Trace needs to be resolved - (NHS number / Patient detail conflict) 06 Trace in progress				NHS number status indicator code	10	
	s					Person gender	11	
	s					Person address	12	
	s					Person telephone numbers	13	
	s					Usual GP name	19	
s					Practice details	20		
Consent status	m	9Nu6.	XaaYI	8829210 0000010 9	✓	Consent given for sharing end of life care coordination record	1	
		9Nu7.	XaaYJ	8829410 0000010 2	✓	Withdrawal of consent for sharing end of life care coordination record		

		9Nu8 .	XaaYK	8829610 0000010 1	✓	<b>Best interests decision taken (Mental Capacity Act 2005) for sharing end of life care coordination record</b>		
		9Nu9 .	XaaYL	8829810 0000010 5	✓	Consent given by legitimate patient representative for sharing end of life care coordination record		
		9Nu90	XaaYM	8830010 0000010 6	✓	<b>Consent given by appointed person with lasting power of attorney for personal welfare (MCA 2005) for sharing end of life care coordination record</b>		✓
<b>On gold standards palliative care framework</b>	<b>s</b>	8CM1 .	XaJv2	4149370 09	☐	<b>On gold standards palliative care framework</b>	<b>33</b>	✓
<b>GSF Supportive Care Stage</b>	<b>s</b>	8CM10	XaR50	5189010 0000010 1	☐	Gold standards framework supportive care stage 1 - advancing disease		✓
		8CM11	XaR53	5189410 0000010 3	☐	Gold standards framework supportive care stage 2 - increasing decline		✓
		8CM12	XaR5A	5190410 0000010 6	☐	<b>Gold standards framework supportive care stage 3 - last days: category C - wks prognosis</b>		✓
		8CM13	XaR5B	5190610 0000010 7	☐	Gold standards framework supportive care stage 3 - last days: category D - days prognosis		✓
<b>GSF Prognostic Indicator Stage</b>	<b>s</b>	8CM15	XaZb7	8457010 0000010 4	☐	<b>Gold standards framework prognostic indicator stage A (blue) - yr plus prognosis</b>		✓
		8CM16	XaZbA	8457210 0000010 8	☐	<b>Gold standards framework prognostic indicator stage B (green) - months prognosis</b>		✓
		8CM17	XaZbD	8457510 0000010 3	☐	<b>Gold standards framework prognostic indicator stage C (yellow) - weeks prognosis</b>		✓
		8CM18	XaZbE	8457710 0000010 7	☐	<b>Gold standards framework prognostic indicator stage D (red) - days prognosis</b>		✓
<b>Likely prognosis</b>	<b>s</b>	2Jg . .	XacdB	9682110 0000010 1	☐	<b>Last months of life</b>	<b>34</b>	✓



		2Jf..	XacFk	9552310 0000010 9	<input type="checkbox"/>	Last weeks of life		✓
		2JE..	XaQg1	5114010 0000010 2	<input type="checkbox"/>	Last days of life		✓
Personal care plan / review date	s	8CMD.	XaRB2	5230510 0000010 0	✓	Personal care plan completed		✓
	s	9Ne0.	XaKSG	1855510 0000010 6		Single Assessment Process summary care plan completed		✓
	s	8CM3.	XaLG1	1961210 0000010 4	✓	Palliative care plan review	2	✓
	s	389..	Ua1P6	2253430 06	<input type="checkbox"/>	Assessment of needs		<input type="checkbox"/>
	s	9e02.	XaQ8a	4923210 0000010 3	<input type="checkbox"/>	Notification to primary care OOHS of palliative care plan in place		✓
Allowances / benefits	s	9EB5.	9EB5.	5145910 0000010 8	✓	DS 1500 Disability living allowance (terminal care) completed		
	s	9EB8.	XabBG	9100510 0000010 9	✓	Personal Independence Payment claim form completed		
	s	9RL5.	XaXUh	7693510 0000010 7	✓	NHS continuing healthcare funding granted		
Ambulance service notified	s	9G8..	XaZmb	8540210 0000010 6	✓	Ambulance service notified of patient on end of life care register		
Patient held palliative care record	s	9367.	XaZZe	8450210 0000010 5	✓	Patient held palliative care record		
	s	9365.	XaMie	2801510 0000010 7		Carer holds patient care plan		✓

<b>Supportive Care needs</b>	s	8BJ2.	XaI1N	2431140 00	<input type="checkbox"/>	Supportive Care		
	s	914..	XaQjr	1840870 05	<input type="checkbox"/>	Patient removed from supportive care register		
<b>Palliative care</b>	s	ZV57C	ZV57C	4701910 0000010 9	✓	[V]Palliative care		<input type="checkbox"/>
	s	8BJ1.	XaIpI	3636760 03		Palliative Treatment		
	s	8BAP.	XaIpY	3950920 04		Specialist palliative care		
	s	8BAR.	XaIsf	3956700 02		Specialist palliative care treatment - inpatient		✓
	s	8BAS.	XaIt6	3956940 02		Specialist palliative care treatment - daycare		✓
	s	8BAT.	XaIt7	3956950 01		Specialist palliative care treatment - outpatient		✓
<b>End of Life diagnosis</b>	s				✓	<b>Primary End of Life Care diagnosis</b>	26	
	s				✓	<b>Other Relevant End of Life Care Diagnoses and Clinical Issues</b>	27	
<b>Disabilities affecting care</b>	m	F5A..	XE0s9	1518800 1	✓	<b>Hearing impairment / [ CTV3 / SNOMED: Hearing loss ]</b>	28	✓
		F49D.	XE16L	3975400 03	✓	<b>Visual impairment / [ CTV3: Impaired vision ]</b>		✓
		13oB.	Xa4Cq	2885790 09	✓	<b>Difficulty communicating</b>		
		28E3.	Ua189	3868060 02	✓	<b>Cognitive impairment</b>		✓
		13VM.	Ub0in	1975210 0000010 8	✓	Physical disability		✓
		1P80.	Xa2u6	2847740 07		Able to perform personal care activity		✓
		1P81.	Xa2u7	2847750 08	✓	Unable to perform personal care activity		✓
		1461.	1461.	1614650 02	✓	H/O: dementia		

		1PA0.	Xaato	3255410 0000010 6	✓	Unable to summon help in emergency		✓
		13i2.	XabGs	9142710 0000010 3	✓	Impaired ability to recognise safety risks		✓
		13VCZ	13VCZ	2113400 2	✓	Disability NOS		
		115M.	XaX0D	7506910 0000010 6	✓	No known disability		✓
		11520	XaaYD	7031540 09	✓	Patient reports no current disability		✓
Functional status	s	38QF.	Xab0M	9013610 0000010 1	*	Australia-modified Karnofsky Performance Status scale	29	✓
Allergies	s				✓	Allergies / adverse drug reactions	30	
Cardiac device	s	ZV450	ZV450	4271210 0000010 6	✓	[V]Cardiac pacemaker in situ		✓
	s	2JS..	XaNR7	4290820 09	✓	Patient with internal cardiac defibrillator pacemaker		✓
Occupational exposure	s	ZV4C.	ZV4C.	4018410 0000010 8	✓	[V]Occupational exposure to risk-factors		
Frailty	m	13C1.	13C1.	1606800 06	<input type="checkbox"/>	Fully mobile		✓
		13C2.	13C2.	1606810 05	<input type="checkbox"/>	Mobile outside with aid		✓
		13C3.	13C3.	1606820 03	<input type="checkbox"/>	Mobile in home		<input type="checkbox"/>
		13C4.	13C4.	1606830 08	<input type="checkbox"/>	Needs walking aid in home		
		13C5.	13C5.	1606840 02	<input type="checkbox"/>	Confined to chair		✓
		13C6.	13C6.	1606850 01	<input type="checkbox"/>	Bed-ridden		✓

1611.	1611.	1618250 05	<input type="checkbox"/>	Appetite normal
1612.	XE24f	2698130 09	<input type="checkbox"/>	Appetite loss - anorexia
1613.	1613.	7240500 4	<input type="checkbox"/>	Appetite increased
1614.	XE0qa	2670230 07	<input type="checkbox"/>	Excessive eating - polyphagia
1615.	Ua1iv	6437900 6	<input type="checkbox"/>	Reduced appetite
161Z.	161Z.	1618240 09	<input type="checkbox"/>	Appetite symptom NOS
1621.	XE2th	2713980 06	<input type="checkbox"/>	Weight steady
1622.	1622.	1618310 08	<input type="checkbox"/>	Weight increasing
1623.	1623.	1618320 01	<input type="checkbox"/>	Weight decreasing
1624.	1624.	1618330 06	<input type="checkbox"/>	Abnormal weight gain
1625.	XE0qb	2670240 01	<input type="checkbox"/>	Abnormal weight loss
1626.	XaKaA	4165280 01	<input type="checkbox"/>	Intentional weight loss
1627.	XaXTs	4487650 01	<input type="checkbox"/>	Unintentional weight loss
1628.	XaXjS	4493610 03	<input type="checkbox"/>	Pattern of weight gain
162Z.	162Z.	1618290 04	<input type="checkbox"/>	Weight symptom NOS
2231.	2231.	1627010 07	<input type="checkbox"/>	O/E - Fully conscious
2232.	2232.	1627020 00	<input type="checkbox"/>	O/E - Mentally confused
2233.	2233.	1627030 05	<input type="checkbox"/>	O/E - Delirious

		2234.	2234.	1627040 04	<input type="checkbox"/>	O/E - Drowsy		
		2235.	2235.	1627050 03	<input type="checkbox"/>	O/E - Semiconscious		
		2236.	XE1h1	2689130 04	<input type="checkbox"/>	O/E - Unconscious/comatose		
		2237.	2237.	1627070 06	<input type="checkbox"/>	O/E - Conscious level fluctuating		
		2238.	XaKSA	4168650 08	<input type="checkbox"/>	O/E - Clouded consciousness		
		2239.	XaKSB	4174730 04	<input type="checkbox"/>	O/E - Decreased level of consciousness		
		223Z.	223Z.	1627000 08	<input type="checkbox"/>	O/E - level of consciousness NOS		
Language	s	9NU0.	XaI8X	3155940 03	<input checked="" type="checkbox"/>	Interpreter needed	14	<input checked="" type="checkbox"/>
	s	131../13 u../13w. .	XaPGh /XaPG i	3701570 03	<input type="checkbox"/>	Main spoken language	15	<input checked="" type="checkbox"/>
Religion	s	135../13 y../13z. .	135..		<input checked="" type="checkbox"/>	Religion / [ CTV3: Religious affiliation ]		
Ethnic category	s	9i...	XaJQu	9238100 0000106		Ethnic category - 2001 census		
Sexual orientation	s	1b0..	X766r	4203500 5	<input checked="" type="checkbox"/>	Bisexual	58	
		1b1..	X766q	2043000 5	<input checked="" type="checkbox"/>	Heterosexual		
		1b20.	E2201	8921700 8	<input checked="" type="checkbox"/>	Lesbian		
		1b21.	E2200	7610200 7	<input checked="" type="checkbox"/>	Male homosexual		
		1b3..	XaPO2	4405830 07	<input checked="" type="checkbox"/>	Sexual orientation unknown		
Social - accommodation	s	13F2.	13F2.	1607250 05	<input checked="" type="checkbox"/>	Lives alone - help available		<input checked="" type="checkbox"/>
		13F3.	13F3.	1607260 06	<input checked="" type="checkbox"/>	Lives alone - no help available		<input checked="" type="checkbox"/>

		13FH.	13FH.	1607560 02	✓	Lives with relatives	✓
		13F61	13F61	1607340 00	✓	Lives in a nursing home	✓
		13FK.	XaImT	3949230 06	✓	Lives in a residential home	✓
		13HQ.	XEOpK	1055680 01	✓	In prison	
		13D..	Xa8O5	2669350 03	✓	Homeless	
		13FZ.	13FZ.	2242090 07	✓	Housing NOS	
Social - family	m	13W9.	13W9.	2195900 5	✓	Single parent family	
		13WL.	Ua0II	2241200 01	✓	Family with young children	
		13WP.	Ua0IO	2241260 07	✓	Family with school aged children	
		13WQ.	Ua0IQ	2241280 08	✓	Family with teenage children	
		13WJ.	13WJ.	1610830 00	✓	Help by Relatives	
Other social issues	m	13Z1.	13Z1.	1611120 04	✓	Illiteracy	✓
		13Z5.	13Z5.	1611380 04	✓	Literacy problems	✓
		13Z8.	13Z8.	1611520 02	✓	Social problem	
		13ZN.	XaIOM	3907900 00	✓	Asylum seeker	
		13ZR.	XaKbP	4161420 00	✓	At risk of emotional/psychological abuse	
		13ZS.	XaKbQ	4174270 01	✓	At risk of discriminatory abuse	
		13ZT.	XaKbR	4169360 03	✓	At risk of physical abuse	
		13ZW.	XaKbT	4173610 00	✓	At risk of sexual abuse	

		13Z..	13Z..	1604760 09	✓	Social/personal history NOS		
Organ donation	s	139..	139..	1606540 05	✓	Wishes to be donor		
	s	8922.	8922.	1827740 07	✓	Consent to donate organs given		
Other preferences	s				✓	Other Relevant Issues or Preferences about Provision of Care		
Patient is a carer	s	918G.	Ua0VL	2244840 03		Is a carer		✓
	m	918W.	XaKBe	4137610 04	✓	Carer of a person with Learning Disability		✓
		918X.	XaKBf	4137630 01	✓	Carer of a person with Physical Disability		✓
		918Y.	XaKBg	4137640 07	✓	Carer of a person with Sensory Impairment		✓
		918y.	XaZ4h	8244010 0000010 5	✓	Carer of a person with Dementia		✓
		918c.	XaKBj	4137600 03	✓	Carer of a person with Chronic Disease		✓
		918d.	XaKB1	4137620 06	✓	Carer of a person with Mental Health Problems		✓
		918m.	XaMHZ	2486110 0000010 8	✓	Carer of a person with Terminal Illness		✓
Main carer and/or next of kin details	s	918F.	918F.	1841560 05		Has a carer	16	✓
		918V.	XaJvD	4140410 06	□	Does not have a carer		✓
	s	91800	Ua0VP	2244870 05	✓	Details of carer		✓
	s	918J.	XaJOJ	4084000 06	✓	Carer - home telephone number	17	✓
	s	918K.	XaJOK	4084010 05	✓	Carer - work telephone number		✓
	s	918L.	XaJOL	4084020 03	✓	Carer - mobile telephone number		✓

	s	9182.	9182.	1841420 08	✓	Patient's next of kin		✓	
Awareness of diagnosis	s	1H0..	1H0..	1625650 02	✓	Patient aware of diagnosis			
	s	1H1..	1H1..	1625660 01	✓	Patient not aware of diagnosis			
	s	1H2..	1H2..	1625670 05	✓	Family aware of diagnosis			
	s	1H3..	1H3..	1625680 00	✓	Family not aware of diagnosis			
	s	n/a	XaZKn	4733080 07	✓	Carer aware of diagnosis			
	Awareness of prognosis	s	67D1.	XaClt	3108680 02	✓	Informing patient of prognosis		
s		67G1.	XaE7h	3130100 03	✓	Informing next of kin of prognosis			
s		66W31	XaX1e	7519610 0000010 4	✓	Relative aware of prognosis	18	✓	
		66W41	XaXBG	7601010 0000010 1	✓	Relative unaware of prognosis		✓	
s		66W30	XaX1d	4733010 01	✓	Carer aware of prognosis		✓	
		66W40	XaVzE	7119510 0000010 5	✓	Carer unaware of prognosis		✓	
End of Life Care Key Worker	s	9NNZ.	XaQkE	5128310 0000010 1	✓	Has end of life care key worker		21/2 2	✓
	s	9NNA.	XaQkJ	5128910 0000010 0	✓	Has end of life care key general practitioner			✓
Careworkers or services involved in care	m	9NN6.	XaAOt	3054550 09	✓	Under care of GP	23/2 4/25	✓	
		9NNA.	XaAQs	3055800 07	✓	Under care of Practice Nurse		✓	
		9NNF.	XaARG	3056020 08	✓	Under care of dietician		✓	



9NNV.	XaLKF	2014810 0000010 4	✓	Under care of social services	✓
9NNd.	XaZhw	8509510 0000010 7	✓	<b>Under care of palliative care specialist nurse</b>	✓
9NNe.	XaZi1	8510110 0000010 3	✓	<b>Under care of oncologist</b>	✓
9NNf.	XaAP7	8520310 0000010 0	✓	<b>Under care of physician</b>	✓
9NNf0	XaAPW	3054960 07	✓	<b>Under care of palliative care physician</b>	✓
9NNf1	XaAPQ	3054900 01	✓	<b>Under care of care of the elderly physician</b>	✓
9NNf2	XaAPC	3054760 04	✓	<b>Under care of respiratory physician</b>	✓
9NNf3	XaAP9	3054720 02	✓	<b>Under care of cardiologist</b>	✓
9NNf4	XaAPU	3054940 05	✓	<b>Under care of neurologist</b>	✓
9NNf5	XaAPT	3054930 04	✓	<b>Under care of nephrologist</b>	✓
9NNg.	XaAQS	3055540 06	✓	<b>Under care of nurse</b>	✓
9NNg0	XaAQU	3055560 08	✓	<b>Under care of clinical nurse specialist</b>	✓
9NNg1	XaAQm	3055740 04	✓	<b>Under care of community based nurse</b>	✓
9NNg2	XaAQq	3055780 01	✓	<b>Under care of district nurse</b>	✓
9NNR.	XaLJP	2011610 0000010 2	✓	Under care of community matron	✓
9NNh.	XaAP6	3054690 09	✓	<b>Under care of pain management specialist</b>	✓
9NNi.	XaAPz	3055250 00	✓	<b>Under care of surgeon</b>	✓

		9NNj0	XaARJ	3056050 05	✓	Under care of occupational therapist	✓
		9NNj1	XaARR	3056130 06	✓	Under care of physiotherapist	✓
		9NNj2	XaARU	3056160 03	✓	Under care of speech and language therapist	✓
		9NNk.	XaZri	4057750 00	✓	Under care of social worker	✓
		9NgD.	XaLKI	2015110 0000010 5	✓	Under care of palliative care service	✓
		9NgZ.	XaZj7	8518210 0000010 0	✓	Has spiritual and cultural support	✓
		9NgW.	XaZhv	8509310 0000010 0	✓	Has social services care manager	✓
		9Nga.	XaZj9	8518510 0000010 5	✓	Has social care assessor	✓
		9Ngb.	XaZm0	8537210 0000010 6	✓	Has direct care worker	✓
		9Ngc.	XaZm1	8537410 0000010 4	✓	Has healthcare support worker	✓
		9Nh0.	XaLkE	2469310 0000010 7	✓	Under the care of community palliative care team	✓
		9Nh2.	XaLr5	2476910 0000010 0	✓	Under care of community respiratory team	✓
		66S3.	66S3.	1709350 08	✓	Full care by hospice	✓
		66S4.	66S4.	1709360 09	✓	Shared care - hospice and GP	✓
<b>Referrals</b>	<b>s</b>	8H7g.	XaAex	3062370 05	✓	Referral to palliative care service	

	s	8HH7.	XaI1k	2541100 0000109	✓	Referral to community specialist palliative care team		✓
	s	8H72.	XaBSn	3084360 05	✓	Referral to District Nurse		
	s	8HY..	XaAeN	3062050 09	✓	Referral to Hospice		
	s	8HHB.	XaAey	3062380 00	✓	Referral to Social Service		✓
	s	8H7y.	XaIwd	3892100 0000104	✓	Referral to housing department		
	s	8H7..	XE0iP	3457005	✓	Other referral		
Advance care planning	s	8CME.	XaRFF	5266110 0000010 0	✓	Has end of life advance care plan		✓
	s				✓	<b>Name and details of additional person to be Involved in Decisions (1)</b>	54/5 5	
	s				✓	<b>Name and details of additional person to be Involved in Decisions (2)</b>	56/5 7	
	s	9NgH.	XaY1c	8162810 0000010 1	✓	<b>Has advance statement (Mental Capacity Act 2005)</b>	35	✓
	s	9NgE.	XaYYQ	7651410 0000010 5	✓	Best interest decision made on behalf of patient (MCA 2005)		✓
	s	9NgzG	XaZfO	8491010 0000010 3	✓	Standard authorisation for deprivation of liberty under Mental Capacity Act 2005 given		
	s	2JR..	XaXvr	7873810 0000010 6		Lack mental capacity make decision (MCA 2005)		
Preferred priorities for care - discussion	m	9NgJ.	XaXrX	7850910 0000010 2	✓	<b>Preferred priorities for care document completed</b>	33	✓
		8Ce8.	XaR4x	5188410 0000010 7	☐	Preferred place of care - discussed with patient		✓

		8Ce9.	XaR4y	5188610 0000010 8	<input type="checkbox"/>	Preferred place of care - discussed with family		✓
		8CeA.	XaR55	5189810 0000010 6	<input type="checkbox"/>	Preferred place of care - patient unable to express preference		✓
		8CeB.	XaR7D	5205410 0000010 0	<input type="checkbox"/>	Preferred place of care - patient declined to participate		✓
<b>Preferred place of care - location</b>	s	8Ce0.	XaQTk	5054010 0000010 2	✓	Preferred place of care - home		✓
		8Ce1.	XaQU3	5054310 0000010 8	✓	Preferred place of care - hospice		✓
		8Ce2.	8Ce2.	5054610 0000010 3	✓	Preferred place of care - community hospital		✓
		8Ce3.	XaQU5	5054910 0000010 9	✓	Preferred place of care - hospital		✓
		8Ce4.	XaQU7	5055510 0000010 2	✓	Preferred place of care - nursing home		✓
		8Ce5.	XaaYt	8831610 0000010 6	✓	Preferred place of care - residential home		✓
		8Ce6.	XaR4m	5186610 0000010 9	✓	Preferred place of care - learning disability unit		✓
		8Ce7.	XaR4n	5186810 0000010 0	✓	Preferred place of care - mental health unit		✓
<b>Preferred place of death 1 - discussion</b>	m	8CN1.	XaIsy	3956870 00	✓	Preferred place of death: discussed with patient	36/3 7/38	✓
		94ZB.	XaR4u	5188010 0000010 9	✓	Preferred place of death: discussed with family		✓

		94Z6.	XaQzq	5171110 0000010 3	<input type="checkbox"/>	Preferred place of death: patient unable to express preference		✓
		94Z7.	XaQzr	5171310 0000010 6	<input type="checkbox"/>	Preferred place of death: discussion not appropriate		✓
		94Z8.	XaQzt	5171610 0000010 1	<input type="checkbox"/>	Preferred place of death: patient undecided		✓
		94ZD.	XaXOt	7663910 0000010 8	<input type="checkbox"/>	Preferred place of death: patient declined discussion		✓
Preferred place of death 1 - location	s	94Z1.	XaJ3g	1104810 0000010 8	✓	Preferred place of death: home		✓
		94Z2.	XaJ3h	1084010 0000010 2	✓	Preferred place of death: hospice		✓
		94Z3.	XaJ3i	8975100 0000108	✓	Preferred place of death: community hospital		✓
		94Z4.	XaJ3j	1094010 0000010 8	✓	Preferred place of death: hospital		✓
		94Z5.	XaJ3k	8976100 0000106	✓	Preferred place of death: nursing home		✓
		94Z9.	XaR4q	5187410 0000010 0	✓	Preferred place of death: learning disability unit		✓
		94ZA.	XaR4s	5187710 0000010 6	✓	Preferred place of death: mental health unit		✓
		94ZE.	XaQiX	5120710 0000010 6	✓	Preferred place of death: residential home		✓
PPD 1 - usual place of residence	s	94ZF.	XaYsj	8192110 0000010 2		Preferred place of death: usual place of residence	39	✓
	m	8CN1.	XaIsy	3956870 00	✓	Preferred place of death: discussed with patient		✓

Preferred place of death 2 - discussion		94ZB.	XaR4u	5188010 0000010 9	✓	Preferred place of death: discussed with family	✓
		94Z6.	XaQzq	5171110 0000010 3	☐	Preferred place of death: patient unable to express preference	✓
		94Z7.	XaQzr	5171310 0000010 6	☐	Preferred place of death: discussion not appropriate	✓
		94Z8.	XaQzt	5171610 0000010 1	☐	Preferred place of death: patient undecided	✓
		94ZD.	XaXOt	7663910 0000010 8	☐	Preferred place of death: patient declined discussion	✓
Preferred place of death 2 - location	s	94Z1.	XaJ3g	1104810 0000010 8	✓	Preferred place of death: home	✓
		94Z2.	XaJ3h	1084010 0000010 2	✓	Preferred place of death: hospice	✓
		94Z3.	XaJ3i	8975100 0000108	✓	Preferred place of death: community hospital	✓
		94Z4.	XaJ3j	1094010 0000010 8	✓	Preferred place of death: hospital	✓
		94Z5.	XaJ3k	8976100 0000106	✓	Preferred place of death: nursing home	✓
		94Z9.	XaR4q	5187410 0000010 0	✓	Preferred place of death: learning disability unit	✓
		94ZA.	XaR4s	5187710 0000010 6	✓	Preferred place of death: mental health unit	✓
		94ZE.	XaQiX	5120710 0000010 6	✓	Preferred place of death: residential home	✓
							40/4 1/42

PPD 2 - usual place of residence	s	94ZF.	XaYsj	8192110 0000010 2		Preferred place of death: usual place of residence	43	✓
Cardiopulmonary resuscitation decision	s	1R00.	XaZVX	4504750 07	✓	For attempted cardiopulmonary resuscitation	44	✓
		1R10.	XaZ9c	4504760 08	✓	Not for attempted cardiopulmonary resuscitation		✓
	s					Date of cardiopulmonary resuscitation decision	45	
	s	1R...	Xa9tR	3042510 08	□	Date for review of cardiopulmonary resuscitation decision	46	
	s				✓	Location of cardiopulmonary resuscitation documentation	47	
	s	9NgV.	XaZZn	8451510 0000010 4	✓	Not aware of do not attempt cardiopulmonary resuscitation clinical decision	48	✓
	s	67P0.	XaLwc	8733410 0000010 0	✓	Resuscitation discussed with patient		✓
	s	67F2.	XacqM	9752910 0000010 8	✓	Family member informed of cardiopulmonary resuscitation clinical decision		
	s	671E3	XacqN	9753110 0000010 9	✓	Carer informed of cardiopulmonary resuscitation clinical decision		
Legal Advance Decision to Refuse Treatment [ ADRT ]	s	9NgG.	XaYld	8163010 0000010 0	✓	Has ADRT (advance decision to refuse treatment) (MCA 2005)	49	✓
	s	9NgG0	XaYle	8163210 0000010 9	✓	Has advance decision to refuse life sustaining treatment (MCA 2005)		✓
	s	9NgK.	XaYv4	8206210 0000010 7	✓	Has involved healthcare professional in discussion about ADRT (MCA 2005)		✓
	s				✓	Location of Advance Decision to Refuse Treatment Documentation	50	
	s	9X0..	XaCEL	3103020 07		Advanced directive discussed with patient		✓
	s	9X1..	XaCEM	3103030 02	□	Advanced directive discussed with relative		✓

Lasting Power of Attorney [ LPA ]	s	9W4..	XaOc4	3410410 0000010 3	✓	Lasting power of attorney property and affairs		✓
	s	9W5..	XaOc5	3410510 0000010 0	✓	Lasting power of attorney personal welfare	51	✓
	s	9W8..	XaYlg	8163610 0000010 1	✓	Has appointed person with personal welfare LPA (MCA 2005)	52/5 3	✓
	s	9W80..	XaYlh	8163810 0000010 5	✓	Has appointed person with personal welfare LPA with authority for life sustaining decisions (MCA 2005)		✓
Anticipatory Medicines / Just in Case Box issued	s	8BAe..	XaQ8S	4437610 07		Anticipatory Palliative Care	31/3 2	✓
	s	8B2a..	XaaD3	8710210 0000010 6	✓	Prescription of palliative care anticipatory medication		✓
	s	8BMM..	XaPmq	3762010 0000010 2	✓	Issue of palliative care anticipatory medication box		✓
	s	8BC4..	XaIlh	3949070 06	☐	Syringe driver commenced		✓
		8BC5..	XaIlj	3949090 09	☐	Syringe driver discontinued		✓
Care of patient with epidural in situ	s	8C1N..	XaIrK	3951850 07	☐	Care of patient with epidural in situ		
Oxygen	s	745E2	XaMGg	2292410 0000010 0		Oxygen Therapy single assessment		☐
	s	66Yj..	XaLL9	2016710 0000010 4	✓	Home oxygen supply - cylinder		✓
	s	66Yk..	XaLLA	2016810 0000010 2	✓	Home oxygen supply - concentrator		✓
	s	66Yl..	XaLLB	2016910 0000010 0	✓	Home oxygen supply - liquid oxygen		✓



	s	p42..	p42..		✓	Nebuliser		
<b>Discharged from hospital</b>	s	8HE..	8HE..	1836650 06	✓	Discharged from hospital		
<b>Anticipated death</b>	s	9e01.	XaQ8Z	4922910 0000010 8	✓	Notification to primary care OOHS of anticipated death		✓
	s				✓	Additional GP details to issue a Medical Certificate of Cause of Death		
<b>Unexpected death</b>	s	94A..	XE2IP	2701150 05	✓	Referral to coroner		
<b>Date of death</b>	<b>s</b>	<b>94E..</b>	<b>XaJOG</b>	<b>3997530 06</b>	<input type="checkbox"/>	<b>Date of death</b>	<b>59</b>	
<b>Place of death</b>	s	9491.	9491.	1842930 09	✓	Patient died at home	60	
		9493.	9493.	1842950 02	✓	Patient died in nursing home		
		9494.	9494.	8189610 0000010 1	✓	Patient died in residential institution NOS		
		9495.	9495.	1842970 05	✓	Patient died in hospital		
		949A.	XaEK5	3133720 07	✓	Patient died in hospice		
		949B.	XaJ2g	8967100 0000108	✓	Patient died in community hospital		
		949H.	Xac3V	9283210 0000010 5	✓	Patient died in learning disability unit		
		949J.	Xac3W	9283110 0000010 4	✓	Patient died in mental health unit		
	949Z.	949Z.	3660440 04	✓	Patient died in place NOS			
	s	949E.	Xaafy	8878010 0000010 6		Patient died in usual place of residence		✓
<b>Cause of death</b>	s	94B..	94B..	1843050 05	✓	Cause of death		

<b>White text - red background</b>	<b>EoLC flag</b>
<b>Bold text - pink background</b>	<b>ISB - mandatory</b>
<b>Bold text</b>	<b>ISB - optional</b>
Black text	NW EPaCCS items
Yellow striped background	QOF code

<b>* Modified Karnofsky Performance Scale (IP35, COM 32)</b>	
100%	Normal, no complaints or evidence of disease
90%	Able to carry on normal activity, minor signs or activity
80%	Normal activity with some effort, some signs of symptoms of disease
70%	Care for self, unable to carry on normal activity or to do active work
60%	Occasional assistance but is able to care for most of own needs
50%	Requires considerable assistance and frequent medical care
40%	In bed more than 50% of the time
30%	Almost completely bedfast
20%	Totally bedfast and requiring nursing care by professionals and/or family
10%	Comatose or barely arousable
0%	Dead

DRAFT