



April 2016

The London Ambulance Service (LAS) believes it is important to keep in touch with GPs. We hope you enjoy this month's newsletter and we welcome your feedback.



London Ambulance Service and end of life care

Ambulance services are increasingly playing a more significant role in end of life care. When a crisis occurs it is an ambulance that is most often called by a palliative care patient their carer or relative.

For 12 years ambulance staff have been able to confirm death without a doctor present. This process is referred to as Recognition of Life Extinct (ROLE) or Pronouncing Life Extinct (PLE), and is the same as what would be carried out by an Out of Hours GP service. Last year approximately 6,500 patients were confirmed dead by our staff.

Deaths fall into two categories, expected and unexpected and the processes differ depending on which category the patient falls into.

For ambulance staff to manage expected deaths there needs to be sufficient evidence for the clinician to determine the patient was in the final stages of a terminal illness or that death was imminent and unavoidable. Such evidence could include a DNA-CPR form, a detailed diagnosis which is documented on notes in the patient's home such as

district nursing notes, palliative care notes or a Coordinate my Care record, or a care plan from the GP.

In January we held our first ever end of life conference to establish how we can collaborate to benefit patients with complex conditions or patients in palliative care.



Coordinate my care

On most occasions ambulance staff assigned to a call have never met the patient before. They can have difficulty finding patient notes and medications in the house. Without knowing the patient's preferred wishes, or contact details to obtain specialist help, the patient may be inappropriately conveyed to the Emergency Department. This lack of information can also lead to inappropriate resuscitation attempts.

Coordinate My Care (CMC), is a clinical NHS service that supports patients in urgent care situations enabling ambulance staff and other healthcare professionals to access patient records at the point of 999 call. Through an electronic personalised urgent care plan, crucial information such as the patient's allergies, medications, resuscitation preferences and end of life care can be shared with crews before they arrive on scene.

Using this system we are able to flag patients who have a CMC record on our database. Should an emergency call be made at any point the 'flag' is activated indicating to control room staff and the ambulance crew that a CMC record is held for a patient at this address. Our Clinical Hub (CHUB) staff who are all experienced paramedics working in the control room are able to access CMC records and provide a key message about the patient to the responding ambulance crew, via mobile data terminals in vehicles, or personal radios. Our crew can then discuss the situation and use the information held on CMC to make decisions regarding treatment, referral or conveyance.

CMC offers health and social care professionals the ability to input into "virtual multidisciplinary care planning, keeping the patient at the centre of their own care. This model supports the delivery of quality of care to patients, even when clinicians cannot be present, for example when they are off duty.

At a patient representative group service users felt the care they received was fantastic though more attention was required when focusing on their needs.

"I am not complaining about any clinical judgments, nor am I complaining about my nursing care. What I am complaining about is the lack of attention to my overall needs. Something has gone wrong when I need to be admitted as an emergency to hospital three times in the space of six weeks, involving ten days

in a hospital bed. This, I believe, could have been avoided if services had operated better than they did. More could have been done in the home or in the surgery or in the day centre at the hospital to cut down on these unnecessary admissions. It was the systems and structures that were inadequate, not individual staff and, as a result, I suffered - the total cost to the NHS must have been very large."

- Patient, Patient Representative Group

Feedback is very positive with clinicians reporting satisfaction concerning the amount of information now available to them, which can assist in complex decision making for the inexperienced in end of life care. Patients who have a CMC plan have also said it provides them with a sense of reassurance and security.

How do I use CMC?

We would encourage GPs to register for CMC, allowing for shared communications and co-ordinated care. The system has been designed to ensure a care plan can be created quickly and efficiently. You can follow the easy steps below to start using CMC:

1

Your organisation must have an Information Sharing Agreement (ISA) in place signed by your Caldicott Guardian. As an individual you need to sign and return a form showing you have read the Acceptable Use Policy and your line manager will need to sign and return a User Access Form. All information governance (IG) documents can be found on our website <http://bit.ly/1IElyvp>.

2

E-learning resources are available at <https://cmc.learning.intersystems.com/>. New users who have not had face to face training are required to register for e-learning and browse the modules in order to become familiar with the CMC system. Following on from this, and once the information governance requirements have been completed, a log in will be issued.

3

Log on to the system at <https://www.coordinatemycare.net> and get going. If you are a smartcard user then provide us your SDS ID number for easy access.

Easy steps to start using Coordinate my Care (CMC)

Coordinate my Care (CMC) have a [webpage](#) to support new users which gives training and information governance advice. There are excellent training modules once you are logged on -any difficulty call the help line to talk you through the process: 020 7811 8513.

For more information on the service please visit their [website](#) where you can see a video about sharing clinical information. This can be useful for your CPD. We acknowledge there are severe time constraints.

