

PERSONALISED CARE PLANS RAISED BY PATHWAY REVIEW COULD BE ANSWERED BY INNOVATIVE LONDON PROGRAMME

The independent review findings of the Liverpool Care Pathway (LCP), announced today, have recommended the uptake of electronic co-ordination systems to help improve end-of-life care, citing innovative London-based Coordinate My Care (CMC) as one such example.

Dr Julia Riley, clinical lead of Coordinate My Care, and Head of Palliative Medicine at The Royal Marsden and Royal Brompton NHS Foundation Trusts, welcomed the recognition of Coordinate My Care within the review. She said she was pleased that the CMC programme also delivers on a number of other priorities detailed by the review panel. These include creating personalised care plans that can be documented and shared on CMC. Clinicians can access and contribute to the patient's record online from any setting, at any time of the day or night.

“We are very encouraged that Coordinate My Care has already addressed the need for better communication and coordination of a patient's wishes, clarity around patient consent, personalised care plans, and more training for clinicians working with patients with life-limiting illnesses,” she said.

“Currently, in England, the majority of people die in hospital. However, when Coordinate My Care is used to create a care plan and establish their preferences, only 20% die in hospital. Significant numbers of patients can fulfil their wish to die at home, in a care home or in a hospice.”

An NHS service currently available only in London, and hosted by The Royal Marsden NHS Foundation Trust, Coordinate My Care captures the wishes of patients with life limiting illnesses and places them at the heart of all care decisions – allowing them to electronically record their wishes for care and treatment, including preferences for resuscitation, place of death and organ donation. The programme can then communicate them to anyone delivering the patient's care, in and out of hours, allowing them to live fully according to their wishes.

“More than three quarters of the people who have died while on the Coordinate My Care programme have died where they’ve wanted to, and that’s provided tremendous peace of mind for them and their loved ones,” explained Dr Riley.

She said one of the key strengths of Coordinate My Care is that records are created by a trained clinician who sits and discusses options with the patient. “When a new record is created, the emergency services are immediately alerted. The record can only be accessed by those who have a legitimate relationship with the patient, including the patient’s GP, community nurses, hospital team, out-of-hours doctors, specialist nurses, London Ambulance Service and NHS 111. This ensures the patient’s wishes are fully documented and transparent.”

A further £1.5 million has been secured from NHS England (London Region) and the three London Local Education and Training Boards (LETBs). This will support both further development of Coordinate My Care’s IT system so it can ‘talk’ to all other GP-focused and other IT systems in the country and also for ongoing teaching and training of clinical staff how to communicate and create care plans. This will further allow CMC to facilitate a system-wide approach to improving end of life care.

“Should a patient suffer a crisis and an ambulance is called, the Coordinate My Care record is automatically flagged, allowing the medical professionals involved to quickly understand the condition of the patient, the treatment they wish to receive and where they want this given,” said Dr Riley.

“It may mean they are given treatment at home. Or, they may immediately be transferred to the hospice or similar unit they have chosen in their locality for symptom control. This means that the default response of the healthcare system isn’t always that the patient is taken directly to A&E. The patient is taken to where they wish to go.”

A subsequent benefit to this – and which will be shown in soon-to-be-released research data – is that Coordinate My Care is succeeding in decreasing A&E attendance and hospital admissions.

More information can be found at www.coordinatemycare.co.uk

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EDITOR'S NOTES

Coordinate My Care is a clinical service which allows all health care professionals access to a patient's record, ensuring the patient's wishes and needs are met and giving them choice and improved quality of life.

If the patient changes their wishes, or their care plan changes, this information is shared electronically so that all the care providers know about it immediately.

We put the patient at the centre of their care by giving them the opportunity to make decisions and express their views about their medical care. The service improves communications between hospital and community teams who are joined together to deliver end of life care that is designed specifically for each individual.