

# Coordinate My Care: route to well-coordinated patient care across London

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## Background

Around 500,000 people die in the UK each year.<sup>1</sup> Approximately 1% of patients who are registered with a GP throughout England are in their last year of life. The majority of patients would prefer to die at home;<sup>2</sup> however, nationally, 58% die in acute hospitals, 17% in care homes, 4% in hospices and only 18% at home.<sup>1</sup> National statistics show that the number of people dying at home has been declining, with home death rates falling 13% in 30 years.<sup>3</sup> Projections have suggested that, if this trend were to continue, less than 10% of patients would die at home by the year 2030.<sup>4</sup> However, recently published data has encouragingly shown that 20.8% of deaths occurred at home compared with 18.3% in 2004.

The Department of Health *End of Life Care Strategy* recommended the development of electronic locality registers as a way of improving the coordination of care for people at the end of life,<sup>5</sup> an aspect of care that has been recognised as being 'generally poor'.<sup>6</sup>

## What is Coordinate My Care?

Coordinate My Care (CMC) is a new pan-London electronic end-of-life care record hosted by the Royal Marsden Hospital, which was developed in partnership with the two Department of Health London locality pilot sites (Sutton and Merton/Camden and Islington) and the independent locality pilot site (Richmond and Twickenham).

CMC aims to put the patient at the centre and provide better-coordinated services by improving communications between hospital, community and emergency teams. CMC joins teams together and is delivered by a live, secure, electronic system that allows health and social care professionals involved in a patient's care to share, with the patient's consent, the record designed specifically for that individual 24/7. Thus, every time a patient changes his or her wishes, or a doctor or nurse changes the care plan or medication, the whole team is immediately updated and is better able to support the patient with high-quality end-of-life care. Alongside providing relevant health professionals with clinical information, carers' contact details and information on patients' preferred priorities of care, CMC is the first electronic end-of-life care system that allows the London Ambulance Service to view patients' end-of-life care preferences and local services with contact information, when called to see a patient.

## What are the aims of Coordinate My Care?

- To empower and facilitate patient choice.
- To enable patients nearing the end of life to be cared for and die in their preferred place.

- To share high-quality clinical data contemporaneously between legitimate healthcare professionals 24/7.
- To improve the quality of end-of-life care services in the community.
- To produce a clinically championed, locally implemented service.
- To reduce unnecessary ambulance transfers, hospital admissions, hospital bed days and increase timely discharges.
- To record auditable data for future planning and as a commissioning tool.
- To develop disease-specific pathways.
- To integrate end-of-life care pathways between health and social services across London.

## When to use CMC?

CMC is aimed at all patients who are in the last year or phase of their life. There may be patients who have a prognosis of more than one year who may also like to have their wishes recorded, perhaps due to anticipated loss of communication or mental capacity.

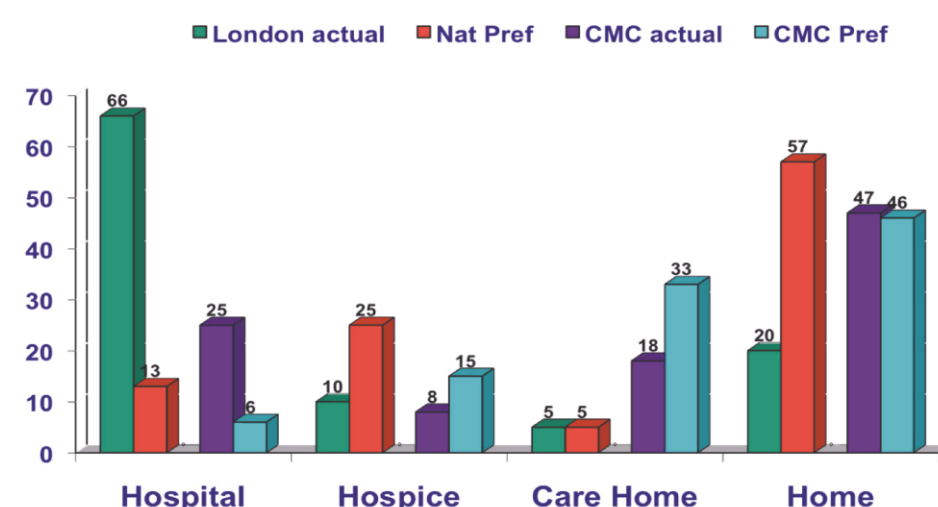
When patients are known to different teams such as community, hospital and hospice, CMC is extremely useful to ensure that clinicians in each setting can access up-to-date information. In addition, anticipated problems or crises can be mitigated or avoided altogether if the management plan has been pre-empted and communicated within the care plan. If the patient is likely to access out-of-hours care CMC helps communicate information and supports healthcare professionals to make appropriate clinical decisions based on patient choice, even if they have not met the patient before. In our new era of medicine with increased shift work, reduced continuity of care and an increasing number of out-of-hours calls not directly involving a patient's GP, communicating a patient's wishes between services is crucial and increases the significance and effectiveness of CMC.

## References

1. Office of National Statistics. *Mortality Statistics* (2004; Series DH1 No. 37) London: ONS, 2006.
2. Higginson IJ, Sen-Gupta GJA. Place of care in advanced cancer: a qualitative systematic literature review of patient preferences *Journal of Palliative Medicine* 2000; 3(3): 287–300.
3. Office of National Statistics. *Mortality Statistics* (2005; Series DH1 No. 38) London: ONS, 2007.
4. Gomes B, Higginson IJ. Where people die (1974–2030): past trends, future projections and implications for care *British Medical Journal* 2008; 332: 515–21.
5. Department of Health. *End of Life Care Strategy*. London: DH, 2008.
6. House of Commons Public Accounts Committee. *End of Life Care* London: The Stationery Office, 2009.

## What has CMC achieved so far?

**Figure 1:** Actual and preferred place of death – CMC vs. London and national figures



In 2011, for patients where preferred place of death and actual place of death were known, 74% of patients died in their preferred place

of death. Of the total deaths that occurred, 73% of patients died outside hospital, regardless of preference.

## Implementation plan

The CMC strategy is to deliver a well-coordinated end-of-life care service across London over the next year and to be fully integrated with 111 service delivery.

The provisional dates for the roll-out are summarised in the table below. The CMC team will contact key professionals in each area to discuss the roll-out and related training programme.

PCT cluster	111 go live	CMC go live
Hillingdon	February 2012	December 2011
INWL – Kensington & Chelsea, Hammersmith & Fulham, Westminster	March 2012	July 2012
Croydon	March 2012	April 2012
ONEL – Barking & Dagenham, Havering, Redbridge, Waltham Forest	September 2012	August 2012
Tower Hamlets, City & Hackney, Newham	TBC	January 2013
Hounslow, Harrow, Ealing, Brent	September 2012	December 2013
Kingston	September 2012	October 2012
Wandsworth	June 2012	July 2012
Richmond	September 2012	April 2012
Sutton & Merton	September 2012	April 2012
Lambeth, Southwark, Lewisham, Greenwich, Bexley, Bromley	September 2012	November 2012
Barnet, Enfield, Haringey, Camden & Islington	September 2012	January 2013

For further information on when CMC will come to your area, please contact the CMC office by email at [cmc@rmh.nhs.uk](mailto:cmc@rmh.nhs.uk) or phone on 020 7811 8513.