

## Resource pack to support implementation of Coordinate My Care plans at pace.

Document purpose	This resource pack has been collated to respond to the frequently asked questions in order to assist local health and care systems to increase use of Coordinate My Care (CMC).
Target audience	Commissioning and Transformation leads for End of Life, Urgent Care and Primary Care. CMC Strategic Commissioning Group members. Administration staff working in Primary care, Community Services and Acute Trusts. This pack is not aimed at front line staff. However, local leads may choose to use relevant information to support the local response to COVID-19.
Communication channels	CMC Strategic Commissioning Group members CCG End of Life leads Relevant Clinical Networks CMC Stakeholder newsletter
Background	Coordinate My Care is an accepted record of advance care plans and referenced in the Primary Care and Community Respiratory Resource pack for use during COVID-19 (issued on the 27 <sup>th</sup> March (Appendix 1). CMC is a recognised source of information to aid decisions about ambulance conveyance or admission avoidance.

### Frequently Asked Questions:

#### How can we rapidly create CMC plans for people at high risk of severe illness?

1. Practices should identify those patients who are at very high risk of severe illness from COVID-19 because of an underlying health condition (Appendix 2)
2. GP practices are able to run searches on the EPR to identify patients who:
  - a. Are on their palliative care registers
  - b. A moderate or severe frailty flag
  - c. Using READ and SNOMED codes (Appendix 3).
  - d. A new EMIS Search has been published to help identify those who are likely to be in the last year of their life and not on the palliative care register:  
<https://www.england.nhs.uk/london/london-clinical-networks/our-networks/end-of-life-care/end-of-life-care-key-publications/>
3. GP practices can invite patients by text, e-mail or letter to start their own myCMC plan.  
[www.mycmc.online](http://www.mycmc.online) A template letter is available here:  
<https://www.coordinatemycare.co.uk/wp-content/uploads/2020/03/my-cmc-letter-template-for-gps.docx>
4. If a patient creates a myCMC plan, most of CMC fields are completed. An email will be sent to the registered GP practice notifying the practice that a patient has created a myCMC plan. The plan then just needs to be reviewed by a senior clinician and published.
5. Users can log-in to CMC either directly through their health IT systems that are configured via in-context link or by logging in with N3/HSCN access: [www.coordinatemycare.net](http://www.coordinatemycare.net)

6. Offer those at risk of serious illness, should they contract Covid-19, the ability for relevant care and support information to be made visible to urgent and emergency services via a CMC plan.
7. Both clinical and non-clinical staff are able to create and add clinical details to a CMC plan (using information from established advance care plans recorded on their EPRs or in other formats). However, a senior clinician needs to review and publish this information.
8. Consider extending user access to CMC in nursing and care homes. For the duration of the COVID pandemic, the requirement for nursing and care homes to be DSPT compliant and have an information sharing agreement with CMC in place has been relaxed under COPI legislation. The DPIA relating to this was agreed by the London COVID-19 Information Governance group on the 31<sup>st</sup> of March 2020. Nursing and care homes staff should apply for log-ins using the online portal: <https://www.coordinatemycare.co.uk/joining-cmc/>
9. A CMC plan can be created very quickly. The minimum requirements necessary for a CMC care plan are:
  - a. **Consent:** If a patient has a past/previous care plan on your IT System, consider if the consent includes using CMC to share this information.
  - b. **Diagnosis:** The most significant diagnosis and purpose for creating the CMC plan
  - c. **Prognosis:** If in doubt select “years”.
  - d. **WHO performance status:** Select one.
  - e. **Preferred Place of care:** Select “not discussed/not willing” if unknown.
  - f. **Preferred Place of death:** Select “not discussed/not willing” if unknown.
  - g. **CPR Discussions:** CPR is a medical decision. If it is medically not appropriate please discuss with patient/family. If, as a clinician, you are unsure if CPR should be commenced you can select “not discussed/not willing” or for full CPR.
  - h. **Emergency treatment plan:** Select the appropriate recommendation/ceiling for clinical treatment. Provide free text to support emergency treatment decisions.
  - i. **Medications and allergies:** Only allergies are absolutely necessary.
10. The overall clinical responsibility for decisions about CPR, including DNACPR decisions, rests with the most senior clinician responsible for the person’s care as defined explicitly by local policy. This could be a consultant, general practitioner (GP) or suitably experienced and competent nurse supported by local policy. It is recommended that anyone at Band 6 and below should not be making such decisions in isolation in any circumstance.

### How can we rapidly update records for people in high risk groups?

11. Identify those patients that already have a CMC care plan. Practices can see a list of their patients who have a CMC plan on the CMC portal. This list can be filtered to view those plans that are still draft, or other relevant criteria. (Appendix 5)
12. CMC have been commissioned to create an excel spreadsheet for each CCG to identify those patients that have a CMC plan. The search will contain: CMC plan status published/draft, CPR status and last date published. **Using e-mail to share this list is NOT standard practice.** To enable this flow of data, a short form Data Protection Impact Assessment (DPIA) has been agreed by the London COVID-19 IG group under the COPI legislation. Please e-mail [Murrae.tolson@swlondon.nhs.uk](mailto:Murrae.tolson@swlondon.nhs.uk) to provide the e-mail of the person for each CCG who should receive this list. This list can be used to identify and act on the following:
  - a. Review and **publish DRAFT CMC plans**. Please note DRAFT CMC plans are NOT visible to urgent care services.
  - b. Review CMC plans that were published a long time ago – they may no longer be accurate. In addition there may be further information including **symptom control**

**guidance and access to anticipatory medication** in the home which is important to add to the record.

- c. Check that the patient and **carer contact** details are correct. Administrators are able to edit and publish non clinical items like demographic details on the CMC plan.
- d. Add **professional contacts** such as community palliative care teams contact details. This will enable those attending to contact professionals in an emergency situation for advice.
- e. Cross reference with local search identifying vulnerable in order to identify those who do not have a CMC plan. Consider comparing this with community or social service case lists. (Return to point 1&2)

### How can we increase the number of CMC plans that are viewed?

13. Some Acute and Community Services have very few staff with CMC log-ins. The practice of viewing CMC plans may not be embedded in their usual operations. Large organisations that require access for more than 50 people can collate a list of staff who should have access to CMC and submit their details using the **batch log-in** request. Note that each member of staff needs to supply their unique e-mail address. <https://www.coordinatemycare.co.uk/joining-cmc/>. (Appendix 5.)  
Some Trusts have arranged CMC log-ins for ED administrators and FY1s and FY2s. E-mail the attached list to [coordinatemycare@nhs.net](mailto:coordinatemycare@nhs.net) by 9am Monday morning for log-ins to be issued by close of Tuesday, or by 9am Thursday morning for log-ins to be issued by close of Friday.
14. Some Trusts have arranged for clinicians and non-clinicians to check if patient presenting at ED have a CMC plan. Attached quick guide explains how the CMC urgent care summary can be printed in order to attach to the admission notes. (Appendix 6)

### Appendix 1: Primary Care and Community Respiratory Resource pack for use during COVID-19



Primary Care and  
Community Respirat

### Appendix 2: Those considered to be at increased risk:

- Aged 70 or older (regardless of medical conditions)
- Under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds)
- Chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- Chronic heart disease, such as heart failure
- Chronic kidney disease
- Chronic liver disease, such as hepatitis
- Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- Diabetes
- Problems with spleen – for example, sickle cell disease or have had your spleen removed
- A weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid therapy or chemotherapy
- Being seriously overweight (a body mass index (BMI) of 40 or above)

- Those who are pregnant.

### Appendix 3: READ and SNOMED codes relating to resuscitation.



READ codes relating  
to resuscitation.docx

### Appendix 4: CMC Practice list functionality



CMC Quick guide  
Practice search.pdf

### Appendix 5: CMC Batch log-in request (50+ users)



CMC  
BATCH-LOGIN-UAF-!

### Appendix 6: How to find and print the CMC urgent care summary



CMC Find and print  
urgent care summary

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