SCW

coordinate my care
Urgent Care Plan

NHS

Introducing Coordinate My Care digital urgent care planning service

- Ensuring that patient and carer's wishes and preferences are at the core of decisions made in an urgent care situation with clinician-approved personalised care plans
- Patients with Coordinate My Care (CMC) plans die less frequently in hospital. On average approximately 50% fewer patients who have a CMC plan who die, will die in hospital.

What Coordinate My Care (CMC) can do for...

Patients
Confidence that their care wishes are understood, documented and available to everyone who will be responsible for their care.

Clinicians
Ensuring clinical safety is at the heart of the service with the ability for the patient's most up-to-date information to be available to health and social care professionals when it is needed. This reduces unwanted hospital admissions and can realise savings to the NHS as a whole.

Urgent care practitioners
Patient created, and clinician completed plans are standardised and easily accessible. This means, patients are at the centre of their care. CMC supports the delivery of the NHS 2022 planning guidance priorities:

- Improving the responsiveness of urgent and emergency care and community care capacity.
- Using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
- Achieving a core level of digitisation in every service across systems.

What the service does

Ensuring critical information is available to the right people

CMC ensures the vital information about individual patients is available in the right place at the right time to enable the best care to be delivered 24/7, in line with patients wishes. It offers access to the enhanced Urgent Care Service within a Shared Care Record.

Transforming the clinical service

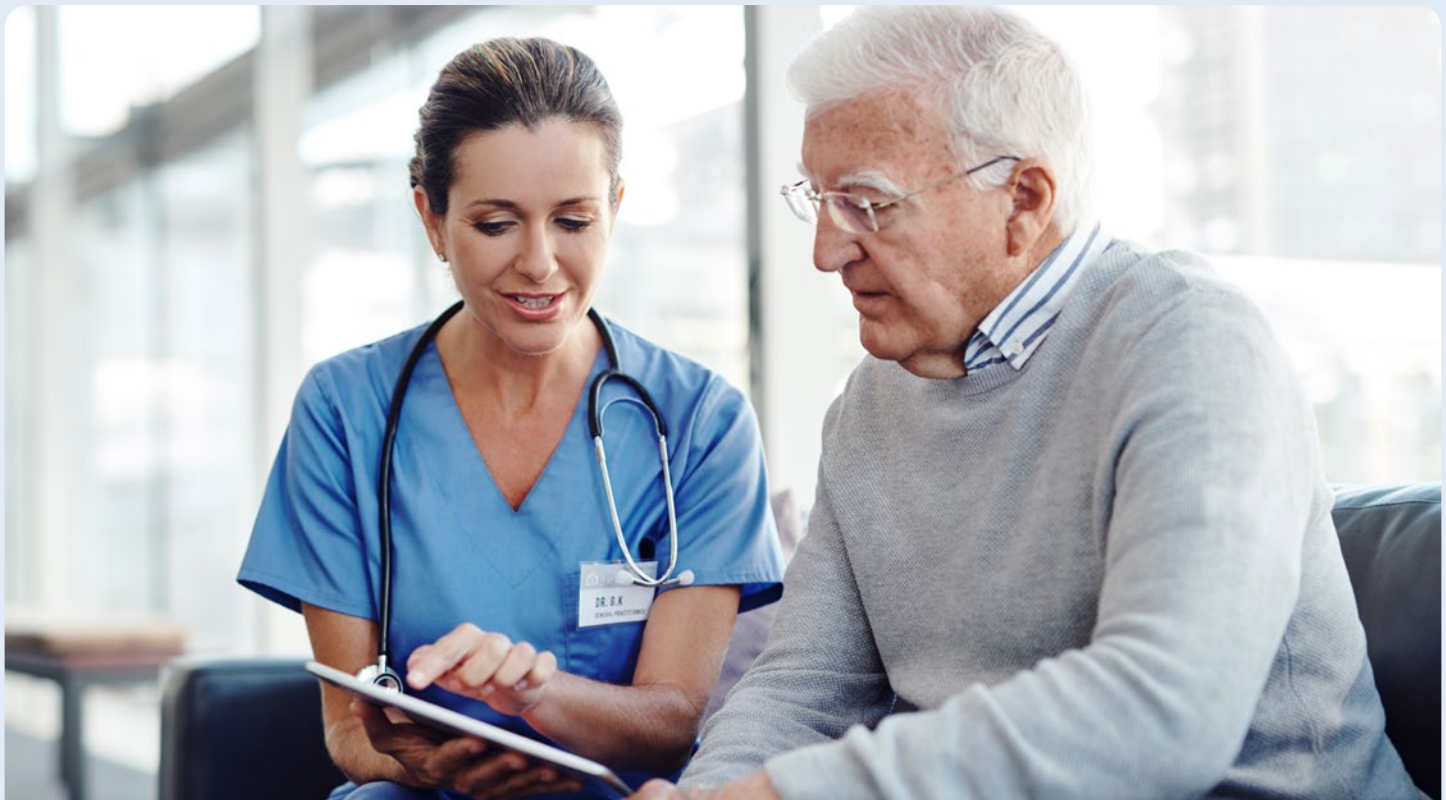
CMC delivers a redesigned way of working across the whole Integrated Care System, using new pathways, coordinating care across all heath and social care services.

At the heart of the CMC service is a personalised care plan co-created by the patient and their doctor or nurse.

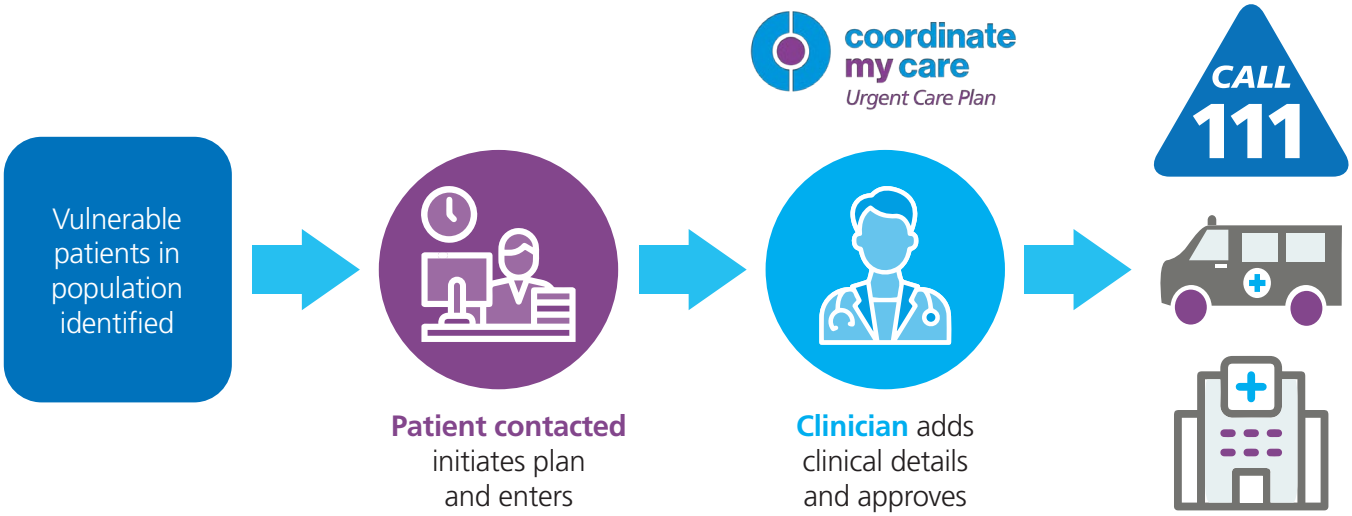
Transforming these pathways is about more than simply delivering a digital solution. Key to implementation is getting people to use it effectively and efficiently. CMC provides:

- Teaching and training for clinical and administration staff in how to conduct the most sensitive conversations with patients and their families and how to create and use high quality urgent care plans.
- Real time clinical audit reporting to clinical teams about the quality of the care plans they create.
- Feedback on the outcomes for their patients as a result of their plans.
- Systematic identification of vulnerable patients, benchmarking and guidance on reliable and sustainable urgent care planning at a local level. This reduces inequality as every vulnerable patient is prospectively identified.
- Plans can be created locally by clinicians or centrally by SCW's clinicians.

CMC works as an enhanced service within any Shared Care Record, supporting patients who require out-of-hours support such as those with chronic long term conditions, mental health needs and end-of-life care.



How CMC works



There are two aspects to the effective delivery of the Coordinate My Care service:

coordinate my care
Urgent Care Plan

Coordinate My Care

The urgent care plan works with any shared care record. CMC accesses the data and collects the dataset required for the CMC template each day. The data is used to feedback to clinicians about patient outcomes, monitor quality of plans, review clinical incidents and create monthly commissioner dashboards to quantify the improved patient outcomes.

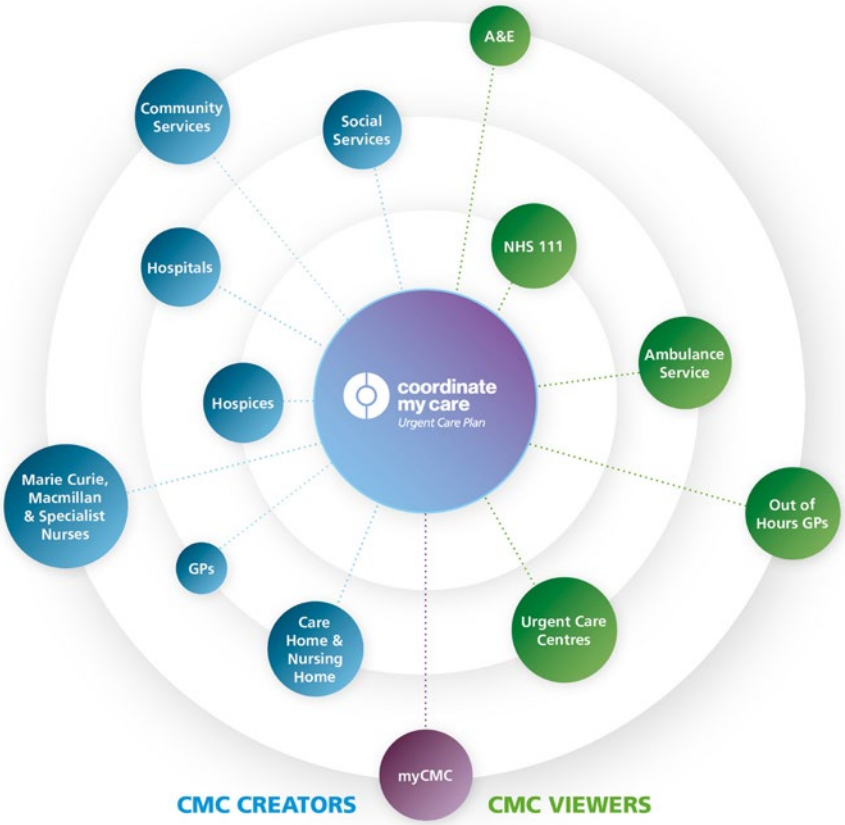
Programme Support

The CMC team works with local stakeholders to initiate and manage the project to deliver the service. Guidance is provided for implementation and subsequent maintenance of the service.

Programme support includes:

- Population analytics to identify appropriate cohorts of patients (e.g end of life, complex high intensity users).
- A communication and engagement strategy that is bespoke for individual areas.
- A training strategy for creators of plans (GPs, nurses, consultants, AHPs, hospice staff and social workers).
- A training strategy for viewers of plans (111, 999, ambulance services, A&E, urgent care centres, out-of-hours GPs, pharmacists).
- Governance strategy to monitor quality of the care plans, clinical incidents and PROMs (patient reported outcome measures).
- Audit and research service to drive continuous improvement.
- A 24/7 helpdesk service.

How CMC works



Benefits

Patients

- Patients are at the centre of their plans. Their wishes and preferences are respected even when they are too ill to communicate them.
- Most patients would prefer to die at home. Currently in England 43% die in hospital. This number is reduced to 21% who die in hospital where patients have a CMC plan.
- Patient care is better coordinated and seamless at times of distress when their GP practice is closed.
- Families know that care delivered has been chosen by the patient.

Clinicians

- Removes duplication of care planning. Responsibility of creating Advanced Care Plans (ACPs) for patients is shared.
- Services are provided for patients in a joined up way 24/7.

Commissioners

- Avoidance of unnecessary hospital admissions.
- Saving of £2,100 per patient who dies with a CMC plan in place.
- Potential saving per million population £27million/year.
- Reduced pressures on the urgent care services as patients have a care plan that can be followed.

What the patients who use it say

My CMC plan has it all, my care preferences, my medication, my nearest and dearest. It is so reassuring to know that if I am unable to tell healthcare professionals myself, it is all there for them to read 24/7.

When creating MyCMC care plan together with my son who has mental health illness, for the first time we thought about the triggers that lead to crises. We documented them in the logical way and that helped to start recognising crises and calling for help much earlier. It is very reassuring to know that paramedics will access his plan on the way and arrive prepared to deal with the crisis. If conveyance is needed, my son will be transferred to the ward indicated on the care plan, where everyone knows him.

A patient's story

Derek was 93 years old. He had been living in a dementia nursing home in London for six weeks.

He was very proud of his four children and 17 grandchildren. Prior to being admitted to the nursing home he made a Coordinate My Care Plan that included his Advance Care Plan. In it he made it clear that he had enjoyed a fulfilled life and achieved all his goals. He stated in his plan that he did not want to be resuscitated and nor did he want to be admitted hospital. He often said to the staff and his family that he was tired 'and past my sell by date!'

One Thursday evening he collapsed. The on-call GP was called. She examined him and called his daughter saying, 'Your father documented in his CMC plan that he does not want to go to hospital. However, we do not know why he has collapsed, he was fine and chatty at lunch time.' His daughter responded saying that there was only one course of action and that was to do what he asked us to do. The GP agreed to follow his plan.

Derek's daughter drove to London. The family gathered from all parts of the world and came to say goodbye. Derek was at times able to talk and share short periods of laughter and profound moments such as when he said to his daughter, 'It has been a pleasure being your father.' He died peacefully on the Sunday afternoon surrounded by his family.

The alternative pathway without a CMC plan might have been very different. An ambulance trip to A&E, investigations and perhaps an admission in an strange environment.

At a time when Derek was not able to communicate, his CMC plan came into its own. His wishes were respected. His was truly a death - and a life - with dignity until the end.

What the paramedics who use it say

> *CMC has been a paradigm shift for our staff and has changed the way we treat patients for the better…*

A paramedic's story

We were called by a district nurse to take an 86-year-old female to hospital due to a urine infection. We accessed CMC en route and found a very detailed record that gave a history of multiple cancers. Chemotherapy stopped a year ago and the patient's care was palliative. The GP had documented that the patient did not wish to attend hospital again and wanted to be treated at home.

On our arrival the district nurse was unaware of the patient's advance care plan and said she would leave it with us. When we met the patient we could immediately tell she was very unwell, she was confused and unable to engage in conversation. After assessing her it was clear she had sepsis and our normal course of action would be to rush her to the hospital on blue lights.

We knew however from her CMC record that she would not like this to happen and started to plan how we could get treatment for her infection at home. The patient had a carer who had known her for 14 years, who was on scene and clearly concerned for the patient. She wanted her to be taken to hospital and was trying to convince the patient to go.

Under pressure from the carer, it would have been easy to take the patient to hospital but we felt confident in our decision-making and were able to use the plan in CMC to advocate for what the patient would want to happen. CMC really was the patient's voice and going into the call well informed made such a difference.

We called 111 to discuss the situation and request an OOH GP to visit and administer antibiotics. We reassured the carer everything was being done for the patient and helped the patient into bed and made her comfortable. While we were completing the paperwork the OOH GP arrived, performed a urine dip test, prescribed and administered oral antibiotics immediately, leaving medication and a care plan to be followed by the carer the next day.

The job went as well as I hoped, and I felt we achieved the right outcome for the patient. I felt capable in caring and advocating for the patient because of the training I had received. It was comprehensive and equipped me to confidently care for palliative patients, despite the fact that the treatment and care plans are often outside of our normal pathways and guidance.

SCW

To find out more about SCW's CMC services

Please visit www.coordinatemycare.co.uk