

BSW End of Life Integrated Care Record (ICR)

All Users

What is an ICR?

The End of Life Integrated Care Record (EoL ICR) is a shared care plan for palliative/end of life patients found within the Integrated Care Record (ICR). Everyone involved in the patient's care can see the same record irrespective of the system they are using.

It is accessible via the ICR tab in your patient record (Graphnet ICR button at GWH, ICR 'eye' icon in S1, EHR on AdAstra etc). A web page will then open (possibly behind your EPR) directly launched into the Integrated Care Record for that patient.

What is the point of it?

The aim of the EoL ICR is to improve information sharing about advanced care planning/treatment escalation/contingency plans for predictable issues, so that we can deliver better care for our patients at the best time and place for them while optimising use of limited system resources.

There is also a GSF Dashboard available based on the information within each patient's EoL ICR that provides a single portal for streamlined organisation and documentation of EoL/GSF meetings, saving time for GP practices and giving them a better overview of their Palliative/EoL patient cohort.

Who is it for?

An EoL ICR can be created for any patient who is registered with a GP in the BaNES, Swindon and Wiltshire Integrated Care System.

How do I the EoL ICR?

It is found in the section 'End of Life (EPaCCS)' under the Care Plans tile in the middle of the blue banner at the top of the ICR page, or via direct header link within the main ICR homepage if an EoL care plan is already in place.



Who can update an EoL ICR?

Editing a care plan is restricted to registered healthcare professionals and certain trained administration staff; however, anyone eligible should be empowered to create/update a care plan – it is explicitly not restricted to consultants / GPs as we recognise that EoL care is a multidisciplinary endeavour.

When should I create or update one?

Please consider creating/updating an EoL ICR care plan for any patient who is for best supportive care and/or has a likely prognosis of a year or less.

What should I document?

You should document any discussions regarding prognosis, treatment escalation status, advanced decisions to refuse treatment, and preferred place of care/death. It is also possible to include other information such as any access/language issues, who is aware of patient's prognosis, Gold Standards Framework stage etc.

How about plans for predictable issues?

There is a related section called 'Contingency Plans' in the care plans tab. Please document here plans for managing predictable symptoms e.g. SOB/agitation/catastrophic haemorrhage or crisis situations that can be trialled by pre-hospital teams, paramedics, OOH GP's and district nurses etc, with the aim to resolve or temporarily settle symptoms in a crisis until specialist support can be sought if required. Your specialist palliative care team will be happy to advise on specific instructions for the above if you're unsure on what to include in a plan.

Where do ReSPECT forms come into this?

Digital ReSPECT plans on the ICR are now live in Swindon, BaNES and North / West Wilts. The intention is for these plans on the ICR to be the 'single source of truth' with all new or updated ReSPECT plans completed on the ICR. This will bring numerous benefits, including improved version control, instant information sharing, confidence for us all knowing we are viewing the most up to date information, paramedics and OOH professionals viewing current ReSPECT plans at the scene and improved audit capabilities. NB, Digital ReSPECT plans should replace any locally held paper plans or Ardens template currently used by your organisation except in very limited circumstances (eg EoL nurse specialists with no printer access reviewing actively dying patients who need a ReSPECT plan in place there and then).

Why should I use the EoL ICR?

The benefits of these care plans include but are not limited to;

- Helping patients to be cared for and die in the way that matters to them
- Avoiding unnecessary ambulance journeys and hospital stays
- Reducing the duplication of distressing and emotive conversations
- Proactive not reactive planning of patient's care
- Better coordination between different services
- Ensuring more efficient use of existing resources

The overall aim of the ICR is to provide better care for our End of Life patients in a more efficient and less time-consuming way for healthcare professionals.

FYI...

A few important things to remember when accessing or updating an EoL ICR:

- If you are creating a care plan for the first time please remember to 'publish' the care plan; if you are updating it then press 'save' instead.
- Do not press discard unless you want to completely delete the care plan. If you want to leave the care plan with your changes unsaved, simply press 'exit' and any unsaved changes will be erased.
- Regarding consent, if a patient has already consented to data sharing in to the ICR from their GP records then there is no requirement to take consent again for creating an EoL ICR. However, we would encourage you to inform patients that you have created one to empower them so that they can then signpost staff involved in their care to check their EoL ICR for information.
- If you update any of the below on their EoL ICR please document this on SystemOne (and potentially referral letters) so that community and hospital teams know to look for this information.
 - Patient's treatment escalation status
 - Advanced care plans
 - Contingency plans
- To avoid duplication of work it is acceptable to document your discussions in the ICR, and put in your usual clinical notes 'see documentation on EoL ICR care plan on ICR'.

Further resources:

Attached below are some links to further resources regarding the EoL ICR and Digital ReSPECT plans.

Digital ReSPECT cribsheet and user guide [on the ICB website](#)

(scroll down to the digital ResPECT section)

Primary Care Admin Guide for EoL ICR and Digital ReSPECT [on the ICB website](#)

(scroll down to the EoL ICR section)

Contact:

If you have any issues, questions or feedback, or think that you or another team would benefit from training on how to use the EoL ICR then please don't hesitate to contact one of the EoL ICR team and we will be very happy to help.

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