



Bath and North East Somerset,  
Swindon and Wiltshire Partnership  
Working together for your health and care

# End of Life ICR User Guide

April 2024



## EOL ICR (EPaCCS) – How does it work?

- Direct entry care plan accessible from within the BSW ICR
- You can view, create and edit the EOL-ICR document
- This is alongside other Health Care Professionals (HCPs) in the locality – It is a shared responsibility, designed for the whole MDT, enabling proactive and joined up care
- Basic information is required to create and publish a care plan. However, it is designed to be a fluid document that changes with the patient over time, HCPs can add to and update it, as the patient progresses through their journey
- All localities within the CCG will eventually be able to view the document (alongside digital ReSPECT and contingency plans) – including SWASFT!
- Please initiate for all appropriate BSW patients.
- You do not have to fill in everything, mandatory fields can be marked 'n/a' if information not known at the time of completion



## EOL ICR Content

Diagnosis & Prognosis including Gold Standard Framework (GSF)

Special requirements (e.g., language, disabilities, performance status)

Preferred place of care and death

Advance care planning

Anticipatory medications

Resuscitation status

Life sustaining treatment plans

Other concerns & bereavement

GSF & MDT Reviews

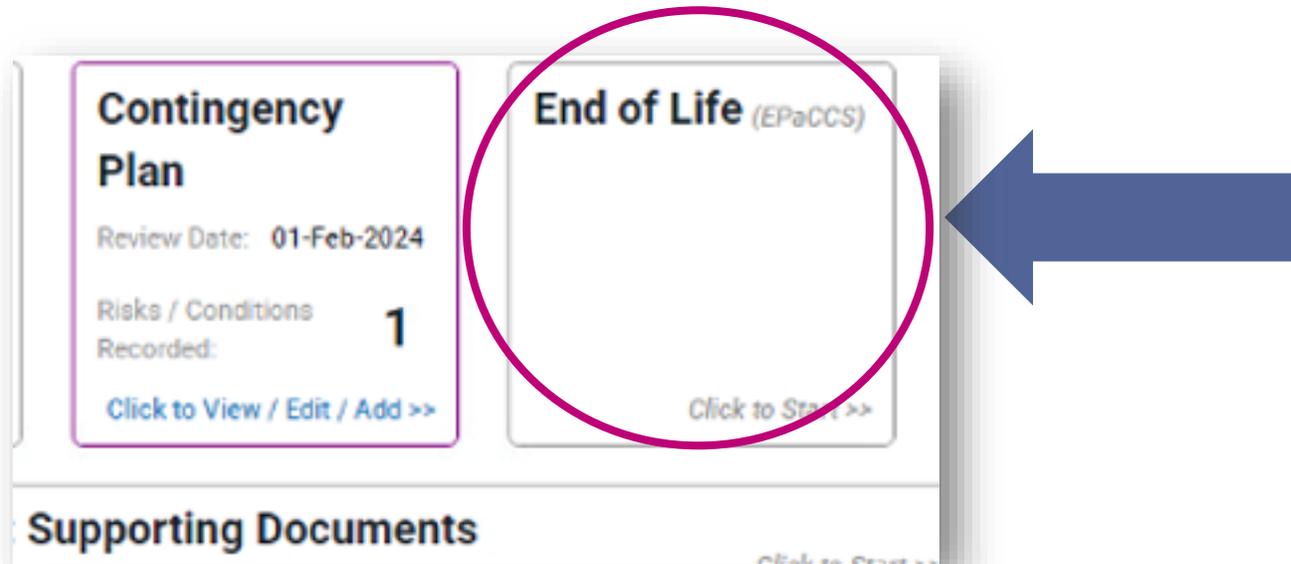
Next Review

## Accessing the EOL ICR

- When the ICR has launched, scroll through the blue tiles and select the **Care Plans** tile:



- Next, within Care Plans, click End of Life (EPaCCS)





# EOL ICR Creation

- To start a new care plan, click CREATE

The screenshot displays a patient's profile page for 'EOL3 Testing (Mr)'. The patient's details include 'Undefined Sex', '01-Jan-1950 (74y) Born', and '999 111 1118 NHS No.'. A navigation bar contains icons for 'GP INFORMATION', 'RESULTS', 'ReSPECT', 'CARE PLANS', 'CLIN. LETTERS', 'COMMUNITY HEALTH', 'MEDICATIONS', 'SOCIAL CARE (ADULT)', and 'VT'. Below the navigation bar, a breadcrumb trail reads 'Home > End of Life (EPaCCS) V4 Only'. A 'CREATE' button is highlighted with a red circle, and a 'REFRESH' button is visible to its right. The main content area contains the text: 'No End of Life (EPaCCS) V4 Only has been created for this person.'



## EOL ICR creation, consent and empowering the patient

- When you first create a EOL ICR it will ask about consent
- As the patient has an ICR they have already consented to data sharing so you can assume consent
- However, if patient in front of you, always good practice to ask consent to both ***create and share*** the EOL ICR
- Explain that current IT don't allow important discussions and documentation to be shared with other HCPs outside your organisation
- Thus, the hope is that this will reduce unnecessary repetition for them and allow delivery of care in line with their wishes
- Please use this as ***an opportunity to empower the patient***

***“Please see my Integrated Care Record”***



## EOL ICR Consent

- You won't be able to access the form until you complete the consent section

 **Consent to Create and Share**

The person giving consent understands an EPaCCS record will be created and shared with those involved in the provision and coordination of the end of life care. Also that personal identifying data will be shared when notifications are sent to the contacts included on the record via the contacts chosen method of notification.

Do you have consent to create and share an EPaCCS (end of life) record for this person?

Consent date:

Created by: michelle.ainsworth    Role: +    Agreed with:    Created date: 07-Mar-2024

Yes - Agreement of the individual (patient)

Yes - Agreement given by appointed person (Person with LPA for Personal Welfare (Mental Capacity Act 2005))

Yes - Clinical best interest decision (Mental Capacity Act 2005)

No - Agreement not given or withdrawn

Click on the drop-down arrow to reveal a list of consent options. Most commonly will be top option but select the most appropriate for your patient and then fill in your role & the date



## EOL ICR Creation

- Then complete the form based on your conversation with the patient and the available information to you at that time
- Sections are a mixture of tick-box, drop-down menus and free-text boxes.
- Some sections are mandatory but if you don't have the information to hand you can type 'n/a' or 'discussion not appropriate' into these boxes and still publish the plan
- You are **NOT** expected to complete every section, just key highlights. It is designed to be completed by different members of the MDT as the patient's condition progresses
- The care plan will be completed by hospital teams, hospice teams, primary care and other community providers



# EOL ICR Completion

The screenshot shows a navigation menu at the top with several options: Consent, GP ACP, Diagnosis (circled in pink), Special Req's, Pref Place of Care, Pref Place of Death, Adv Care Planning, Anticipatory Meds, CPR, Life Sustaining Tx, Other Concerns, After Death, MDT GSF Review, and Next Review (circled in pink). A 'Return to top' button is also circled in pink. A pink arrow points from the 'Return to top' button to the 'Diagnosis' menu item. Another pink arrow points from the 'Next Review' menu item to the 'Diagnosis and Prognosis' section. The 'Diagnosis and Prognosis' section includes a dropdown for 'End of life diagnosis' (set to 'End stage Parkinsons'), a question 'Are there other relevant end of life diagnoses or clinical conditions?' with 'Yes' checked, and a text box containing 'Multiple falls secondary to diagnosis'. Below this is the 'Gold Standard Framework stage' dropdown (set to 'Amber - Deteriorating, exacerbations - weeks') and the 'Stage change authorised by' section with fields for NAME (Dr Michelle Ainsworth), ROLE (Mid Grade), and DATE (28-Mar-2024). A blue arrow points from the 'Return to top' button to the top of the form. A pink box highlights the 'Are there other relevant end of life diagnoses or clinical conditions?' section. A blue box highlights the 'Gold Standard Framework stage' dropdown.

Navigate quickly to and from the top content section to the relevant parts of form via the pink arrows

If you click yes - a free text box appears which can be helpful for additional information regarding diagnosis

Applying a GSF stage will colour code the EOL ICR form



## Gold Standard Framework Note

- The Gold Standard Framework (GSF) stages are a way of colour-coding patients based on their expected prognosis
- It is relevant to anyone with a life limiting illness
- A prognosis can be very helpful to colleagues who have never met the patient before
- In addition to colour coding the EOL-ICR form for a visual prompt, it also automatically pulls through this information for another bit of software (the dashboard) that primary care frequently use
- This helps them filter their patients appropriately

A screenshot of a software interface showing a list of color-coded options for patient prognosis stages. The options are:

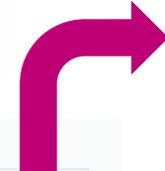
- Blue - Stable from diagnosis - years
- Green - Unstable, advanced disease - months
- Amber - Deteriorating, exacerbations - weeks
- Red - Last days of life pathway - days
- Navy (after death)

A "Close" button is located in the bottom right corner of the interface.



# EOL ICR Completion

|                            |                   |                   |               |                           |
|----------------------------|-------------------|-------------------|---------------|---------------------------|
| Consent                    | GP ACP            | Diagnosis         | Special Req's | <b>Pref Place of Care</b> |
| <b>Pref Place of Death</b> | Adv Care Planning | Anticipatory Meds | CPR           | Life Sustaining Tx        |
| Other Concerns             | After Death       | MDT GSF Review    | Next Review   |                           |



- at Home
- Care Home
- Community Hospital
- Hospice
- Hospital
- Learning Disability Unit
- Mental Health Unit
- Nursing Home
- Relative's Home
- Residential Home
- Unable to express a preference
- Undecided
- Discussion not appropriate
- Discussion declined
- Other

**1st preferred place of care:**

Hospice

\* Dorothy House Winsley 22/400

**2nd preferred place of care:**

Hospital

\* RUH Bath 8/400

Has this been discussed with the person? Yes  No

Has this been discussed with the person's family? Yes  No

**Summary of what has been discussed and with whom:**

\* discussed with Mr Test & his Wife. They are going to discuss with their two children Jack and Jill. He Would like to die/be cared for in Dorothy House but understands there may not be a bed available when the need arises. However, he is very clear that he does NOT want to die at home therefore 2nd option would be hospital but for EOL measures and care only. He doesn't want his wife to struggle with him being @ home and thinks this would be traumatic for her and affect how she feels about the family home after his death. 525/1000

PPD and PPC drop-down options are both the same. Options available if discussion not appropriate or declined

Example text to illustrate



# EOL ICR Completion

|                            |                   |                   |               |                           |
|----------------------------|-------------------|-------------------|---------------|---------------------------|
| Consent                    | GP ACP            | Diagnosis         | Special Req's | <b>Pref Place of Care</b> |
| <b>Pref Place of Death</b> | Adv Care Planning | Anticipatory Meds | CPR           | Life Sustaining Tx        |
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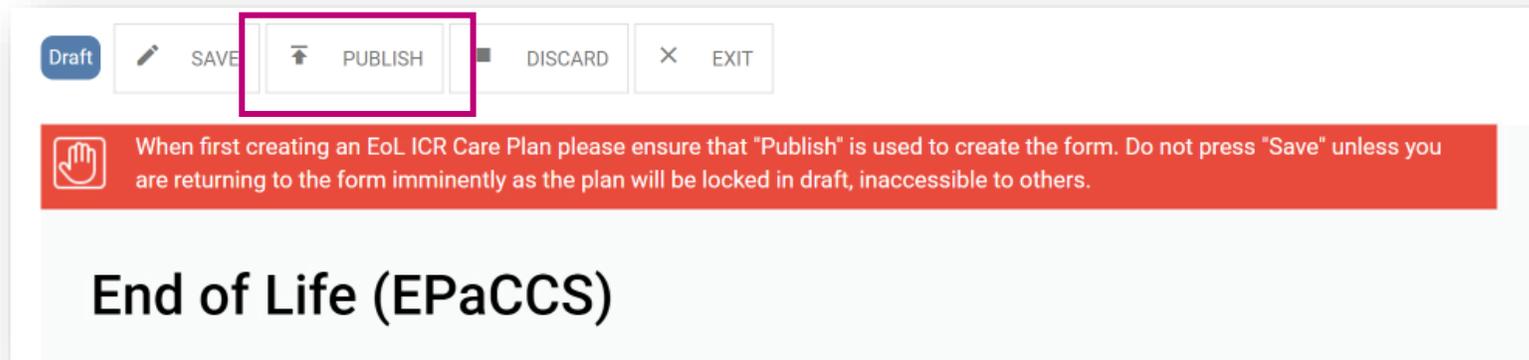
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Example text to illustrate

## ◀ EOL ICR - Newly Created – How to Save

Once the EOL-ICR has been CREATED follow the instructions on the red banner at the top of the ICR page. Please hit PUBLISH!

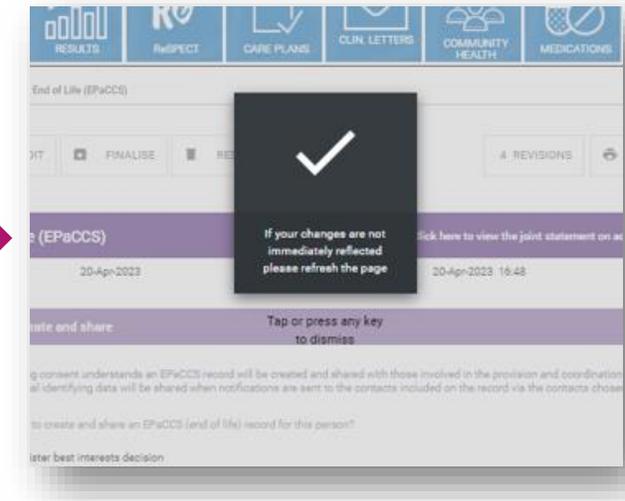
**PUBLISH** = make the care plan available to other professionals



Draft SAVE PUBLISH DISCARD EXIT

When first creating an EoL ICR Care Plan please ensure that "Publish" is used to create the form. Do not press "Save" unless you are returning to the form imminently as the plan will be locked in draft, inaccessible to others.

### End of Life (EPaCCS)



RESULTS INSPECT CARE PLANS CLIN. LETTERS COMMUNITY HEALTH MEDICATIONS

End of Life (EPaCCS)

FINALISE 4 REVISIONS

If your changes are not immediately reflected please refresh the page

Tap or press any key to dismiss

**SAVE** – Save changes without publishing them – only you will be able to see the draft form. Prevents others from accessing or editing the plan.

**PUBLISH** – Makes the care plan available to other users. They can then view and contribute to it

**DISCARD** – delete the care plan (only do this if created in error e.g. wrong patient)