

## End of Life ICR Admin Guide

April 2024





What is a Digital

**ReSPECT?** 



What is EOL ICR?





**Creating Shortcuts to** 

ICR and Dashboard in

S1



Accessing the EOL

Dashboard



Using the dashboard to

improve your palliative

MDT



Using the dashboard to keep track of palliative care patients



Making patients appear on the dashboard



Creating EOL Care Plan

Coding patients with digital Respect/ EOL ICR

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Accessing the ICR

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ICR/Digital ReSPECT

Set up Patient Status Alert

ICR opt-in/opt-out



What to do if you encounter an error



Feedback and contact details



- New default way of recording ReSPECT plans for all organisations across BSW
- All updates are made digitally, with paper print-out given to patient/put in notes
- The digital form acts as Single Source of Truth/Master Copy and everyone updates the same record
- This is significantly improving issues around multiple forms being created, forms going missing, difficulty knowing what info has been put on a form in another organisation, and improved audit.
- Digital plans will also shortly be automatically shared with SWAST



- Care plan available on the ICR
- In the Palliative Care world these records are also called EPaCCS (Electronic Palliative Care Coordination Systems)
- A tool to share and assist in the management of end-of-life patients accessible to everyone who looks after the patient, and designed to streamline your palliative MDTs
- Designed to be easy to fill in during GSF/Palliative MDTs
- You can see what other teams (e.g. hospital or hospice) have written, and other teams can see your updates (e.g. ambulance/OOH GP staff can see care plans and contingencies)



- Digital ReSPECT plans are now the default way of recording ReSPECT information across BSW and you should phase out the use of paper/Ardens plans (except in limited circumstances such as patients not consenting to the ICR)
- We have updated the BSW Ardens templates so you can quickly and easily access the ICR directly from the EOL/Palliative template.
- We have also introduced patient status alerts which flag that a patient may have ReSPECT or Advanced Care Plans on the ICR, and lets you access the ICR directly from the alert.
- Ambulance service access to see above plans coming soon.

#### ✓ EoL ICR – how is it used in Primary Care?

- We have found the EoL ICR to fit in well in primary care in two main ways:
  - As a way of recording and running your GSF/Palliative Meetings (via the GSF Dashboard – see below),
  - For practitioners checking the Care Plans for updates from other teams looking after a patient they are about to see.
- The care plan has been designed to mirror the info required in a palliative MDT, with prompts to record important information

#### How do I access ICR from SystmOne?

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An Internet page will open (possibly behind SystmOne) and launch directly into the shared record for the patient you had retrieved.

NB If you can't see the ICR button in TPP it may be that it has not been set up yet. The steps on how to do this are included a little later on. Please email <u>bswccq.icrsupport@nhs.net</u> if you require any support with this

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	Care Provider: Royal United Hospitals Bath (RUH)	Local Identifier: R123456	



- 1. From your host system SystmOne go to the patient record and click on the icon that launches the ICR
- 2. When the ICR is launched, select the Care Plans tile:

3. Click

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- Two main views overview and GSF meeting
- Overview gives you a visual representation of EoL patients in your practice, broken down by various parameters
- GSF meeting mode allows you to run your GSF meetings via the dashboard screen – no more clunky spreadsheets as it automatically updates from information included in the EoL care plan.
- As long as the patients have an EoL ICR they will appear in dashboard you can then update their care record direct from dashboard during GSF meeting
- EoL ICR is set up to include all info you need for GSF meeting (e.g. GSF stage, DS1500 status, PPC/D, anticipatory meds etc)



This process will add a new Button to the tool bar for all users and grant access to the ICR while a patient record is retrieved. You do not require any log in details or patient information as it pulls it through automatically.

#### 1. Go to Setup>Users & Policy> Organisation Preferences

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 Search for 'Toolbars' in the search bar
 Once you have 'Toolbars' selected, right Click the default tool bar and select amend

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4. Highlight a button set where you would like the new ICR button and click 'Amend Button Set'

5. You can also create a new Button Set and create a large button like in the image below.

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6. Search for 'ICR GP' in the search bar.

7. Highlight the ICR GP URL with a left click, and press the + button in the middle of the screen to bring it across to the right screen.

8. Press Ok to close this page, and the one behind it to return to the main page of system one.

9. If configured correctly there should be a new Icon in the tool bar that can be pressed to launch the ICR as long as a patient is retrieved.

Finally, the first time a user uses this button, they will be prompted to put in their name, please do so as well as ticking the box to 'remember' these details to stop it from popping up again.



- The process for adding the GSF Dashboard shortcut icon to your S1 taskbar is very similar to the process for the ICR shortcut button detailed on the previous two slides.
- The only difference is at Step 6 on the previous slide, search for 'EoL ICR Dashboard' and then select the relevant link for your practice, and then continue the process as above.

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 If you are having any issues setting up your ICR or Dashboard shortcuts, please contact Lewis Johnson (lewis.johnson5@nhs.net) at BSW ICB for assistance. It may be that your dashboard link has not been activated, but Lewis can help with this,



#### The button was added by my practice but I am unable to see it

- If you are using a custom toolbar (i.e. not the default toolbar used by the practice), you will need to add it yourself:
- follow steps 1-3 but instead right click and choose 'set staff toolbar usage'
- Here you can see the list of users names on the left, identify the staff members who need the default tool bar to see the ICR button, highlight them by left clicking, and then press right arrow to move them across to the left of the screen.

#### I click on the ICR button but receive an error message, such as "404 file or directory not found":

- This usually happens when your practice has shared administration switched on in SystmOne. ICR is set up to show information of patients registered at your own practice – so accessing from Practice A, you can only view patients registered at that practice.
- To enable viewing of patients from partner practices, please ask the practices' Caldicott Guardian(s) to email <u>bswccg.icrsupport@nhs.net</u> to request sharing to be turned on within the ICR.



In SystmOne, click on the ICR EOL Dashboard icon\*



A new window will open, and you will see an error message, this is as expected. To open the Dashboard Click on DASHBOARDS:

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/ou do not have permission to	o view file '/Gateway/Gateway/Forms/TabsV3/PatientSearch.aspx'.		]

Then select EPaCCS Dashboard:



\*If you can't see the dashboard button, it may be that it has not been set up yet. For further help with this, email <u>bswicb.icrsupport@nhs.net</u>



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- Patient List
- You will see your practice's patient list.
- You can filter by GSF stage (to remove this filter click on the selected colour again)
- Grey= no GSF stage set
- You can also order/sort by clicking on relevant column



- You can open the person's ICR record from here.
- Right click on relevant patient and click 'View Patient Record



Toggle between views by clicking Dashboard/Patient List tabs at the bottom of the window





- Dashboard View.
- Hover over graphs to see patient count
- If you select one of the categories, the graphs will change accordingly. To deselect, click on the same category again.



If you experience any issues with the Dashboard, please email bswicb.icrsupport@nhs.net

## EoL ICR – how can we use the dashboard to support our meetings?

- A suggested process is whoever is allocated to generate the lists for the palliative MDT crossreferences the dashboard with the practice palliative register, and then creates basic care plans for those patients who do not yet have one. There is a guide on how to do this in the following section.
- All patients will then appear on the dashboard, which can be used as the list for the MDT. No need for multiple printed spreadsheets!
- We suggest running your meetings with one member of the team sharing the dashboard and reviewing (but not editing) the care plan, and another person recording any updates for the meeting by editing the EoL ICR care plan. For the flow of the meeting it may be worth noting down any details/updates discussed during the meeting and updating the care plan afterwards.
- We also suggest someone is logged in to S1 to find information/document that the patient has been discussed (*e.g. Pt discussed at GSF Meeting, see EoL ICR for update*). This avoids the need to double-enter information, and still gets you QoF!

EoL ICR – how can we use the dashboard to help keep track of our palliative patients?

The Gold Standards Framework (GSF) stages are a way of colour-coding patients based on their expected prognosis

The GSF stages are as follows:

Light blue: life limiting illness but years plus prognosis Green: within last year of life but not actively deteriorating Amber: actively deteriorating, prognosis weeks to short months Red: actively dying, within last few days of life Navy: deceased

We strongly suggest that you update this section as it automatically pulls through to colour code the patient on the dashboard

✓ EoL ICR – how can we use the dashboard to help keep track of our palliative patients?

- We strongly recommend you ensure patients have their GSF stage assigned on their EoL ICR care plan as this allows you to filter the dashboard by each colour so you can quickly and easily identify certain groups of patients
- If your practice has a 'watch-list' of stable patients with a life limiting illness who do not necessarily need discussing at each meeting, we suggest assigning these patients the light blue GSF stage . Similarly, we suggest ensuring deceased patients are given the navy blue colour code
- This way these patients can be quickly identified and filtered in/out during meetings, saving you the time of organizing a separate list.



- In order to appear on the dashboard for a GSF meeting a patient must have an End of Life ICR Care Plan.
- This is very simple to do and can be done by any appropriately trained healthcare professional e.g. GP, practice nurse, practice admin etc.
- The dashboard should update hourly; however we suggest adding patients a couple of days before the meeting and checking they have appeared on the dashboard.
- If it has not updated, please email Karolina and Lewis and we will ensure the dashboard is refreshed manually.

- To check if they have an EoL ICR care plan open the patient's ICR.
- If they already have a care plan in place there will be a big purple End of Life banner on their ICR home page. If this is present you do not need to do anything else as they will appear on your dashboard.
- If not, use the guide on the following slides. If you have coded your patients who do have care plans with the suggested code (Y27df) you can use this list of patients to keep track of patients with an ICR.
- You could also run an S1 protocol to generate a list of all patients coded as palliative that **do not** have the EoL ICR code to give you a list of patients requiring an EoL ICR

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						Click to Start >>	

- Open the patient's ICR.
- Click on the Care Plans tile in the main task bar (circled in green) and open the End of Life (EPaCCS) tile which can be found circled in red.
- This will bring you to the care plan creation page.



- Click CREATE this will bring up a new care plan with a section called 'consent to create and share'.
- Do not press option 2 as it is not applicable and is superseded by option 4.

End of Life (EPaCCS)	<ul> <li>Yes - Agreement of the individual (patient)</li> <li>Yes - Agreement given by appointed person (Person with LPA for</li></ul>
	Personal Welfare (Mental Capacity Act 2005)) <li>Yes - Clinical best interest decision (Mental Capacity Act 2005)</li>
Do you have consent to create and share an EPaCCS (end of life) record for this person?  Concent date:  Created by:  Role: Agreed with:  Created date:  07-Mar-2024	<ul> <li>No - Agreement not given or withdrawn</li> <li>Close</li> </ul>

- In the circled drop down box, select the section that applies. This is most likely to be 'Yes – agreement of the individual' as if a patient has an ICR it means they have consented to this form of information sharing
- If they do not have capacity you can select either the 2<sup>nd</sup> or 3<sup>rd</sup> option, depending on whether they have a lasting power of attorney or not.

- Once you have completed the consent section, you then need to fill in the compulsory sections which include 'End of Life diagnosis' and 'Preferred Place of Death', and patient/family discussions for these sections.
- For diagnosis you can either select one of the options, free text or put unknown if you are not sure.
- For place of death you should put undecided unless this information is already clearly documented.
- For any compulsory free text boxes you can type n/a in here unless this information is known to you.
- The above steps are illustrated with screenshots on the following slides.

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	Chronic Obstructive Pe	ulmonary Disease (COPD)			
	O Dementia				
	O Frailty				
	O Heart Failure				
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* N/A			0	Other						
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Recorded created on: 20-Au	pr2023 Last up	dated: 20-Age-2023 16-41	e (EPaCCS) 20.4p-20	If your changes are not immediately reflected please refresh the page	lick have to view the joint statement on ac 20-40-2023 16-68

- Once the compulsory sections are completed, press the circled 'publish' button. You should see the black tick box appear and then the care plan status will change to published.
- Once done the patient will appear on your dashboard
- Do not click 'save' as it will lock the document as a draft, and do not 'finalise' as the patient will not appear on the dashboard.

### $\blacktriangleleft$ How to quickly bulk-add that patients have been discussed at MDT

- Download a list of NHS numbers of the patients on your practice EPaCCS dashboard, saved as a CSV, and import this into the ad hoc patient list section of S1.
- Then, Bulk code "Gold Standards Framework multidisciplinary meeting (Y3b02)" and add the note "Discussed at Palliative/GSF MDT – see EoL ICR for detail."
- You could also add the code **Y27df** (Integrated Care Plan) during the bulk-coding stage above as this is the designated code for the presence of a care plan on the ICR, and will then help flag the presence of an EoL ICR care plan to users of S1
- All in all, this process should take about 5 minutes, and eradicates any transcription errors as the patients were found by NHS number imported from the ICR.
- This will also quickly and easily allow you to evidence that your patients have been discussed at the MDT, which should equal QoF!

### How to code patient with ICR plans

#### Patients with an End of Life ICR Care Plan should be coded as follows: • CTV3: **Y27df** (Integrated Care Plan) Snomed: **32567100000104**

#### Patients with a Digital ReSPECT plan should be coded as follows: CTV3: Y1fc1 (Has ReSPECT) Snomed: 110789100000106

Please see the following slides for guides on how to you can set up processes to code all your patients in the practice with the above plans in bulk. This includes for plans that have been created outside of the practice.

The advantage of this process, in combination with installing the patient status alert, is that it allows you to know if Digital ReSPECT or EoL ICR plans have been created for your patients elsewhere, and then flags this directly in the patient record for clinicians to access directly.

Instructions for the bulk upload process and how to install the new patient status alerts are found in the following slides.

Process Summary for bulk-uploading of EoL ICR and Digital ReSPECT codes:



# Requesting access to EOL and ReSPECT BI dashboards to view patient list

#### **Requesting Access to patient list**

In order to view the EOL and the ReSPECT patient list for your practice you will need to have a Microsoft BI account set up. To do this please email <u>bswicb.icrinfo@nhs.net</u> to request this with the following information: Name and Surname Email address Job title Practice

You will only need to do this once for each user as once the account is set up the relevant staff member(s) will be able to access the information as and when needed.

Please note there are two dashboards – your account will give you access to both dashboards, but you will need to repeat the steps below to export both EPaCCS and Respect patient lists

#### **Retrieve the patient list**

Once the account has been set up you will receive and email with your logon details and how to access the dashboards. The dashboard menu will look something like this (this is a non-PID version)



## Requesting access to EOL and ReSPECT BI dashboards to view patient list

Please note there are two dashboards – one for patients with Digital Respect and one for patients with an EpaCCS form.

Once you have access to the dashboard(s) please follow the next steps to extract and save the NHS numbers and later apply the relevant code to each extract

> Codes to be used: Y27df (Has shared care plan) Y1fc1 (Has Respect)

#### Retrieving NHS numbers form BI dashboard



#### Retrieving NHS numbers form BI dashboard

6. Convert the file to CSV format and save in an appropriate location: Open the downloaded Excel file, in the top left corner click File>Save As

7. Select CSV, rename the file and change location to where you would like it saved.



8. Click Save

↑  Downloads	
EOL Patients	
CSV (Comma delimited) (*.csv)	
G Unsupported ~	Save
Sensitivity labels are not supported for the current file type. Learn More	
More options	
New Folder	

### Importing a Patient list and bulk adding read code

- 1. In SystmOne navigate to Reporting>Miscellaneous Reports>Ad Hoc Patient List
- 2. Select Import CSV file
- 3. Browse you CSV file that must contain NHS numbers for each patient you want to import. If any patient number, you try to report you will get an error as shown below detailing the patient numbers that couldn't be imported. All accepted numbers will be imported



## Importing a Patient list and bulk adding read code

4. The screen will now populate with all the patients contained in your CSV file



5. Select all the patients in the list using the dotted square icon or by dragging with the mouse to select.

6. Right click on the selected patients and choose Actions>Add Read Code

Codes to be used: Y27df (Has shared care plan) Y1fc1 (Has Respect)



7. Search for the code you wish to add. Then click OK. This will add this read code to your patient list.



8. The process is now complete, and you can repeat the process for the other read code.

Codes to be used: Y27df (Has shared care plan) Y1fc1 (Has Respect)

#### A Making the ICR Patient Status Alerts live in your practice

- 1. In SystmOne navigate to Setup>Workflow Support>protocols
- 2. Find the BSW published protocol called 'End of life ICR Available' and click the Active check box to make active at your practice.
- 3. Amend the protocol to then determine which staff this protocol is active for.

Details Trigger Filters Design		
Allow this protocol to be launched manually		
Allow this protocol to be launched automatically		
rigger this protocol Patient record retrieve	Ŧ	
The options below will not take effect if the protocol is run in Remember, protocols trigger on actions performed by user	n Airmid. rs. The receipt	of integration messages does not trigger protocols.
Prompt to launch this protocol when multiple protocols apply		
Restrict triggering based on staff member	This protoco	I will trigger for staff who match any of the role, team or specific staff filters.
	Roles	C GP Assistant C GP Associate GP Partner GP Loum
	Teams	Q X Click to select
	Specific staff	Cick to select

In the Triggers tab as shown above select the 'Restrict trigger based on staff member' then you can either restrict by role as in the example above or by a team using the middle Teams box or by individual named staff using the bottom box. Once completed click Ok at the top of the screen to save your changes.

## What to do if a patient has opted out of ICR

- If you try to access an ICR for patients who have opted out of information sharing to the ICR then you will get screen saying that they have opted out when you try to access the ICR
- Please see the following two slides for information why this may be and how it is coded.
- We recommend that the patient is contacted, explained the consequences of not sharing info to ICR and then asked if they still do not consent to share information.
- If they change to consenting to share to ICR, apply the opt-in code **XaKRv** to the patient's record. This will override the opt-out codes and mean their ICR is accessible from this point on.

## ICR Opt Out Summary

The national position on opt outs has changed. The table below describes the relevant codes to be applied to stop patient information to be shared with the ICR

	National Data Opt Out	Type 1 Opt Out	GDPR Objection
Summary	The National Data Opt Out used to be called the "Type 2 Opt Out". Utilising this means that data will flow to NHS Digital but will not flow onwards for research and planning.	A Type 1 Opt Out means that identifiable data will not leave an individual's GP Practice for reasons other than direct care.	Under Article 21 of the GDPR an individual has the right to object to their data being processed. Where an individual is objecting to their information being shared for direct care, further information from the individual must be provided to assess whether their Objection is upheld or rejected. This decision will be made by a clinician.
What do patients need to do?	Individuals can set the National Data Opt Out status via the relevant <u>website</u> or via the NHS App.	Individuals may register a Type 1 Opt Out of secondary use of their data. The patient needs to register this wish with their practice.	If a patient does NOT wish to share data for direct care, then they must lodge a request with their GP. Subject to local process and approval, a code will be placed on their record and they will be opted out of the local direct shared care record.
What does the Service need to do?	The CareCentric Population Health Analytics platform will respect the National Opt Out at the point that data is requested to be sent to NHS Digital. Nationally Opted Out data will not flow into the Population Health De- identified or Pseudonymised data marts.	The GP practice needs to store the appropriate administrative code against the individual's record.	The GP practice needs to store the appropriate code against the individual's record.



	National Data Opt Out	Type 1 Opt Out	GDPR Objection
Is there a code that is applied?	National Data Opt Out CareCentric will integrate with the National Opt Out service and identify where a citizen has Opted Out.	Type 1 Opt OutThe following codes can beused to identify a Type 1Objection: <b>9Nu0</b> . – Dissent fromsecondary use of generalpractitioner patientidentifiable data. <b>XaZ89</b> – Dissent fromsecondary use of generalpractitioner patientidentifiable data. <b>XaZ89</b> – Dissent fromsecondary use of generalpractitioner patientidentifiable data. <b>82724100000103</b> – Dissentfrom secondary use ofgeneral practitioner patient	GDPR Objection The following codes can be used to identify a GDPR Objection: 93C1. – Refused consent for upload to local shared electronic record XaKRw – Refused consent for upload to local shared electronic record. 416409005 – Refused consent for upload to local shared electronic record (finding).
		identifiable data.	
ls there		<b>82724100000103</b> – Dissent from secondary use of general practitioner patient identifiable data.	







- A lot of errors that appear are non-functional and occur when the ICR is taking its time to run a process e.g. it says that your changes were not saved when they were in fact saved.
- The first thing to do is to give the system a few seconds, then check if the action has actually happened; if it says you don't have access, try accessing the relevant part of the system anyway.
- If the error persists, please take a screenshot of the error, along with a brief description of the error and the patient's NHS number and send it to Karolina Fulluck (email addresses on next slide)
- For more information please refer to the error troubleshooting guide which should have been sent alongside this guide, and can also be found on the BSW ICB website.



Thank you all very much for your efforts in helping to improve the care we give to our Palliative and End of Life patients — it is greatly appreciated. If you have any feedback about when an EoL ICR/Digital ReSPECT made a difference, have further questions or would like to arrange some training for your practice please let Karolina or Natasha know at the email addresses below.

Karolina Fulluck (Karolina.fulluck@nhs.net) – First contact at ICB Digital Team

Dr Natasha Wiggins (<u>Natasha.wiggins1@nhs.net</u>) – Alternative contact for general feedback/queries and clinical lead for this project

Lewis Johnson (Lewis.johnson5@nhs.net) – First contact for any S1 set-up/Dashboard issues

For more information on how to use Digital ReSPECT plans, please check the User Guide on the <u>ICB Website</u> (scroll down to the Digital ReSPECT section)