



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

End of Life ICR User Guide

July 2026



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 ICB are able to view the document (alongside digital ReSPECT and contingency plans). These are also shared with SWAST and other ambulance services via the National Record Locator.
- 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

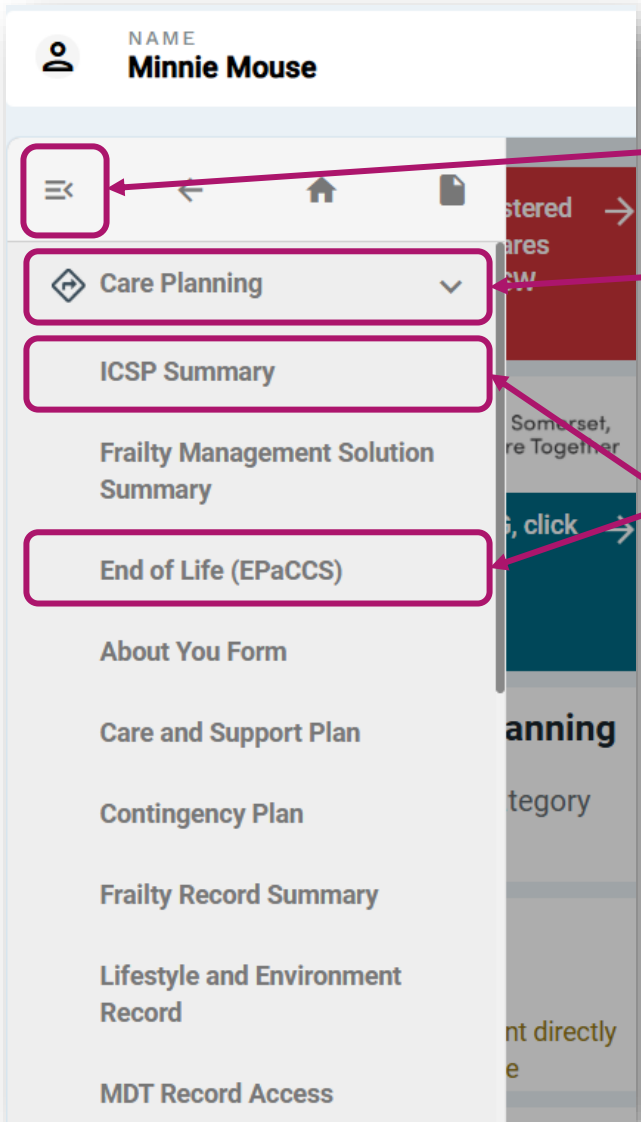
Other concerns & bereavement

GSF & MDT Reviews

Next Review



Accessing the EOL ICR



When the ICR has launched, click on the menu icon

Click on Care Planning

Click End of Life (EPaCCS) to open the EOL ICR eform or click on ICSP summary to create/view all the forms available for the patient



EOL ICR Creation

- To start a new care plan, click CREATE

NAME	SEX	BORN	NHS NO.	PATIENT NO.	ADDRESS	CONTACT NUMBER
 Minnie Mouse	Male	01-Jan-1966 (60y)	199 199 1991	199 199 1991	Graphnet Health, MK14 6DY	07777 11111



 **CREATE**

No End of Life (EPaCCS) 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: Role: Agreed with: Created date:

☐ 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 the EOL ICR Completion form with a navigation bar at the top containing the following items:

- Consent
- GP ACP
- Diagnosis
- 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
- Next Review

A pink arrow points from the 'Diagnosis' link in the navigation bar to the 'Return to top' link in the left sidebar. Another pink arrow points from the 'Next Review' link in the navigation bar to the 'Return to top' link in the left sidebar.

The main content area is titled 'Diagnosis and Prognosis' and includes the following sections:

- End of life diagnosis:** A dropdown menu with 'End stage Parkinsons' selected.
- Are there other relevant end of life diagnoses or clinical conditions?** A checkbox question with 'Yes' checked and 'No' unchecked. Below the question is a text box containing 'Multiple falls secondary to diagnosis'.
- Gold Standard Framework stage:** A dropdown menu with 'Amber - Deteriorating, exacerbations - weeks' selected.
- Stage change authorised by:** A section with three fields: 'NAME' (Dr Michelle Ainsworth), 'ROLE' (Mid Grade), and 'DATE' (28-Mar-2024).

A blue arrow points from the 'Return to top' link in the left sidebar to the top of the form.

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 web-based selection interface for the Gold Standard Framework. It features a list of five radio button options, each with a color-coded label and a time frame. The 'Amber' option is selected. A 'Close' button is located in the bottom right corner of the interface.

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

Close



EOL ICR Completion

Consent	GP ACP	Diagnosis	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	Next Review	

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

- ☐ 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

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

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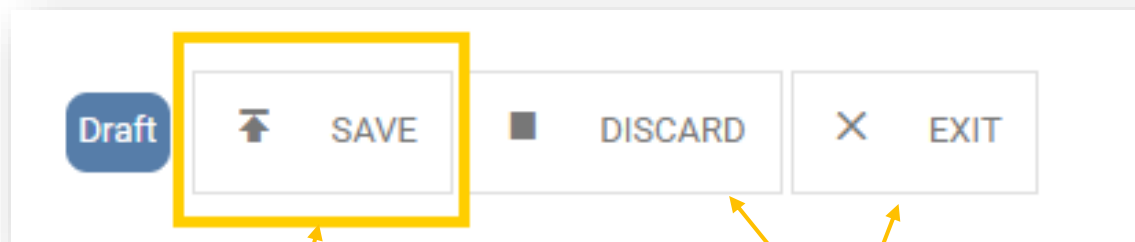
525/1000

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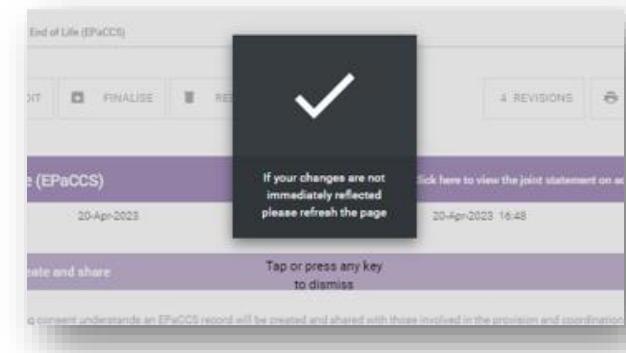
Example text to illustrate

◀ EOL ICR - Newly Created – How to Save



SAVE – This will make the form go live and visible to other ICR users.

(DISCARD /EXIT – exit without saving any changes.)



There is no longer an option to save a draft copy. Please ensure you fill out all mandatory fields. The Publish button has been removed and replaced with SAVE which now saves and publishes the form.