

Coordinate My Care: A clinical service that coordinates care, giving patients choice and improving quality of life.

A new electronic end of life service for patients is being rolled out in line with NHS 111 across London by April 2013.

Coordinate My Care (CMC) is a service dedicated to preserving dignity and autonomy at the end of life and was developed in response to the End of Life Care Strategy which aimed to improve care for patients, irrespective of diagnosis, during the last year and ultimately at the end of their life.

The project's care pathways enable health professionals from primary, secondary and community care to put the patient at the centre of health care delivery at this most sensitive time. This service is underpinned by an electronic solution which enables all healthcare professionals that the patient is likely to come into contact with access to real time clinical information, in order to guide decision-making according to the patient's wishes. It takes *less than 5 minutes* to create a new patient record but can be used to safely and securely share the patient's diagnosis, prognosis, current and anticipated problems, advanced care plan, resuscitation status and specific patient directives or plans. In addition a list of patients known to the practice or team can be generated and reviewed/updated in multidisciplinary meetings, e.g. practice palliative care meetings. Thus the benefits can be reaped during the normal working day as well as out of hours. The aim is to put the patient at the centre and provide better coordinated services by improving communications between hospital and community teams to deliver the care that is designed specifically for each individual patient (Figure 1).

Figure 1: The CMC approach





CMC is underpinned by an electronic solution. All patients prospectively give verbal consent to having their details added to CMC. If patients do not have the mental capacity to do so, a clinical decision can be made and a record created in their best interests. The CMC record can be accessed 24/7 by health and social care professionals who have a legitimate relationship with the patient. It is a central password protected web-based record that has a robust security structure allowing professionals secure access to only that information which is relevant to them and their geographical areas of work.

The implementation programme in London

CMC is a progressive technology, and implementation in London requires a clinical culture change in terms of delivery of the service. As such CMC includes a highly defined clinical teaching and training package which encompasses identification of patients approaching the end of life, gaining consent, medical care plan (e.g. current problems, anticipated problems, ceiling of treatment), advance care plan (e.g. patient's preferences and wishes), cardiopulmonary resuscitation (CPR) status, and guidance on how to input data on to CMC.

The system has been implemented in the boroughs of Croydon and Hillingdon and was originally piloted in Sutton and Merton, followed by Richmond & Twickenham. Following feedback from stakeholders the CMC team have been developing an updated version which will be released in the autumn. A full implementation review is yet to be conducted; however, a review of the 1087 patient records entered onto CMC between August 2010 and March 2012 shows an emerging positive trend with more care being delivered outside of hospitals (41% vs 70%) when compared to the Audit after Death (ADA) 2009 (2) as a baseline.

In Sutton and Merton, one of the early adopters of CMC, the After Death Audit 2009 (2) showed that 32% of patients on a GP paper End of Life Care register died in their PPD, compared to 62% who had their preferences documented electronically on CMC (2012).

Preparing for CMC in your area

As CMC will be rolled out across London in conjunction with NHS111 by March 2013, the CMC Rollout team, which is based at The Royal Marsden is liaising with pan-London bodies including the London LMC, The Royal College of GPs and emerging Clinical Commissioning Groups (CCGs) to introduce the project across the capital.

CMC will follow the roll out order of the NHS111 services across London and ahead of rollout will liaise with relevant NHS111 and end of life leads in each region to:

- provide an overview of how the technology will be implemented and costs of running CMC
- identify key stakeholders in the area
- map IT provision, including firewalls and N3 connectivity



- identify the location and numbers of professional groups that require training
- agree and where necessary alter the training package for specific professional groups
- develop an agreed training plan with tipping points including end-to-end testing of CMC and its links to NHS111.

It is expected that CMC will be implemented in the following order across London.

Borough Cluster	Earliest CMC 111 Go-live date
Hillingdon	Live
Croydon	Live
INWL - Kensington & Chelsea, Hammersmith & Fulham and Westminster	October/ November 2012
Wandsworth	October 2012
ONE London – Barking & Dagenham, Havering, Redbridge, Waltham Forest	October 2012
Hounslow, Harrow, Ealing, Brent	December 2012
Kingston	November 2012
Richmond	Live – pilot site
Sutton & Merton	Live – pilot site
SE London - Greenwich, Bexley, Bromley	December 2012
NC London - Barnet, Enfield, Haringey, Camden & Islington	January 2013
SE London - Lambeth, Southwark, Lewisham	November 2012
Tower Hamlets, City & Hackney, Newham	January 2013

If you have any questions about CMC or when CMC is coming to your area, please contact the team at Tel: 020 7811 8513

Email: coordinatemycare@nhs.net

References

1. Riley J et al, *Coordinate My Care Training Pack 2011*.
2. Omega, *End-of-life care in primary care. 2009 National snapshot*. 2009. <http://www.omega.uk.net/admin/uploads/file/National%20snapshot%20of%20end%20of%20life%20care%20-%20key%20findings.pdf>. Accessed 3rd March 2011