CMC100: Introduction to Coordinate My Care and Accessing the System

Welcome to *CMC100 Introduction to Coordinate My Care and Accessing the System*.

This module introduces the Coordinate My Care (CMC) organisation, explains the purpose of care plans, and provides steps for requesting a Coordinate My Care system login.

Prerequisite Learning or Experience None.

Audience This module is intended for new users of the Coordinate My Care system and others interested in knowing more about Coordinate My Care.

Learning Objectives By the end of this module, you will be able to:

1. Recognize Coordinate My Care's goals and partner organisations.
2. Identify the benefits of care plans to patients and healthcare professionals.
3. Understand the role of consent in care plan creation.
4. Understand the role of information governance in gaining system access.
5. Contact Coordinate My Care to request a login to the live system.

Duration 15 minutes.

Grading Criteria This module is not graded.

Resources Needed None. Users do not require a CMC system login to complete this module.

Questions, Comments, or Feedback? Contact us at cmc_training@nhs.net

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Module Introduction

Module Introduction

Module Introduction

Welcome to *CMC100 Introduction to Coordinate My Care and Accessing the System*.

This module introduces Coordinate My Care (CMC) and its history, goals and accomplishments. The CMC consent and information governance processes are also emphasised.

By the end of this module, you will be able to:

1. Recognise Coordinate My Care's goals and partner organisations.
2. Identify the benefits of care plans to patients and healthcare professionals.
3. Understand the role of consent in care plan creation.
4. Understand the role of information governance in gaining system access.
5. Contact Coordinate My Care to request a login to the live system.

1. About Coordinate My Care

1.1 About Coordinate My Care

1.1.1 Introduction (text)

This lesson introduces Coordinate My Care. It describes how CMC is positively impacting patient care and explains CMC's goals for patients and the healthcare community.

1.1.2 Overview (text)

Coordinate My Care was established in May 2012 to address the need for patients to have integrated, coordinated and quality care.

We provide people who have long-term health care conditions and/or life-limiting illnesses an opportunity to create a personalised urgent care plan in order that they might express their wishes and preferences for how and where they are treated and cared for. This care plan can be shared electronically with all legitimate providers of urgent care, especially in an emergency situation.

Professionals trained to use CMC work across all the service providers responsible for delivering patient care and include ambulance control staff, NHS 111 operators, GPs, out of hours GP services, hospitals, nursing and care homes, hospices, and community nursing teams.

All the organisations involved have signed formal agreements that govern how care plan information is used and protected, and they undertake to provide CMC with updated lists of staff who are authorised to access the system.

CMC is currently a pan-London service and available to residents of all 32 London Clinical Commissioning Groups (CCGs).

The video below provides an overview of Coordinate My Care.

Coordinate My Care from CMC on Vimeo.

1.1.3 Goals (text)

For Patients and Carers, Coordinate My Care is working to:

- Increase the number of patients with an advance care plan.
- Increase the number of patients treated in their preferred place of care.
- Increase the number of patients dying in their preferred place of death.
- Integrate service provision from all services – primary care, acute hospitals, in hours and urgent care settings.
- Reduce duplication of difficult or painful conversations for patients – especially at point of care.
- Reduce complaints to the Care Quality Commission; 54% of complaints are related to end of life care.

For the HealthCare Community, Coordinate My Care is working to:

- Reduce the number of unplanned admissions and crises.
- Reduce the cost of stay in hospital.
- Reduce the length of stay in hospital.
- Improve data quality through clinical audits.
- Promote a shift to managed, planned, budgeted care.

1.1.4 Care Plan Numbers (text)

As of August, 2015:

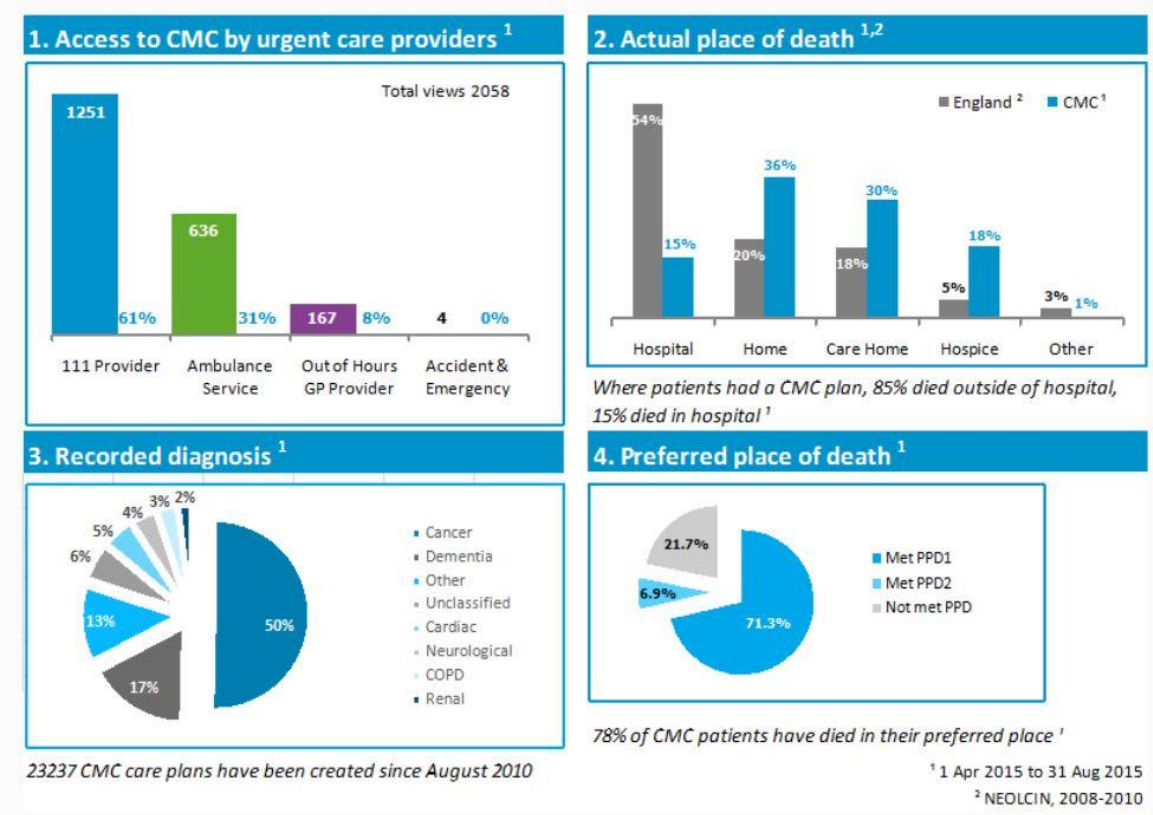
- 23,237 patients had a personalised care plan.
- On average, 680 new care plans are added each month.
- 68% of care plans are created by hospital and hospice professionals.

1.1.5 Activity and Outcomes (text/image)

1. Between April 2015 and March 2015, the Coordinate My Care system was **accessed by urgent care** providers **2058** times.
2. **85% of patients with a CMC care plan died out of hospital**.
3. **Patients** with CMC care plans have a **wide range of ages and diagnoses**.
4. **78%** of patients with a CMC care plan **died in the place of their preference**.

Additionally, the **NHS** saw an **average cost reduction of £2,100** for patients with a CMC care plan due to reduced use of unplanned hospital and emergency services.

Source: Frontier Economic Evaluation Report



1.1.6 Partners (text)

We are working to empower patients to have choices about the care they receive. We continually look to link up the organisations that provide care for a patient. We work closely with the London Ambulance Service and NHS 111 to ensure patients receive the most appropriate care.

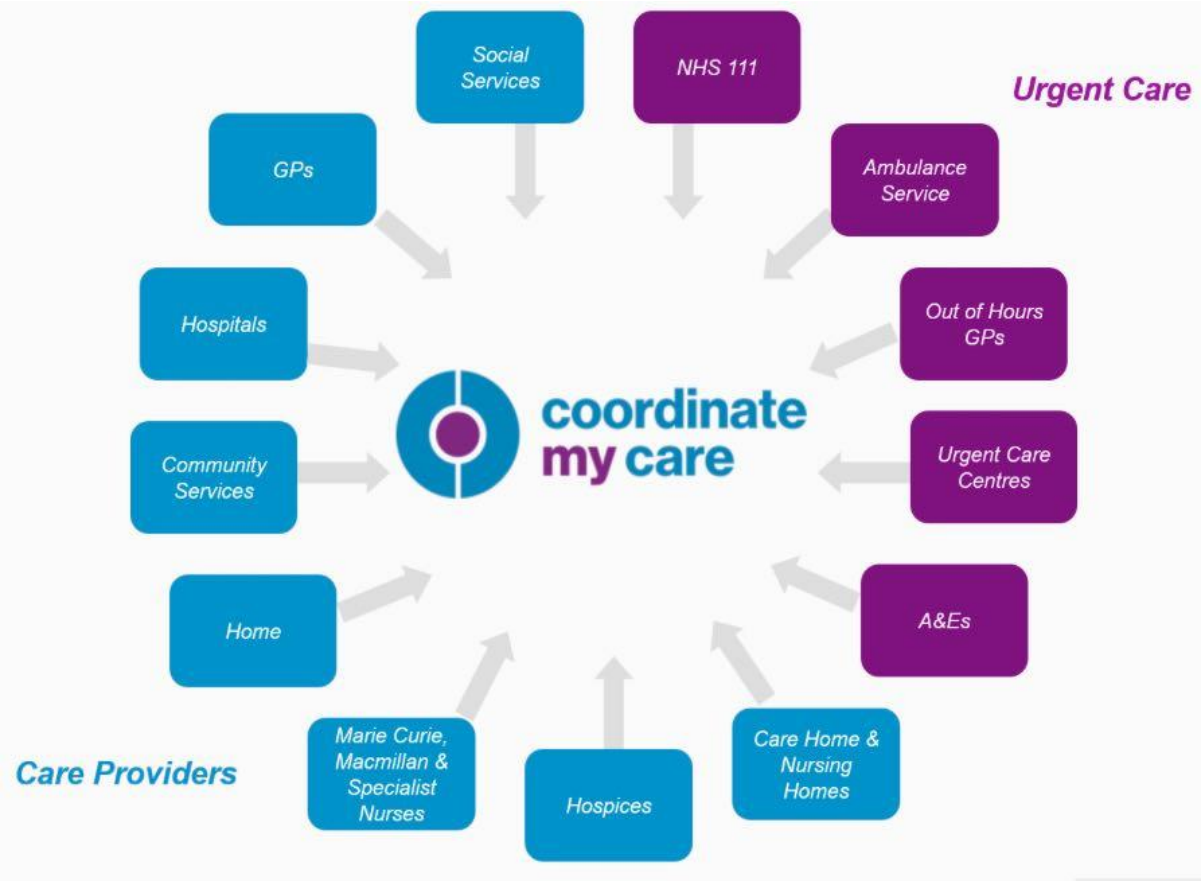
We are developing partnerships across all of the NHS and the private sector. Clinical Commissioning Groups, NHS Trusts, nursing homes, hospices, and community providers all play an integral role in the successful coordination of care. If you are a GP we can assist you to support the needs and wishes of your patients.

> "CMC gives a great opportunity for better communication, bridging the gap between hospital and community services. Not only the record itself but the process of trying to 'get it right'… as we know communication is key to good quality end of life care. I also like the fact that it offers choice and a means for the patient's wishes to be heard… which is about individualised care, respect and dignity."

End of life care facilitator | Kingston Hospital

1.1.7 Summary (text)

Coordinate My Care is a pan-London service working to improve patient end of life and urgent care by making patient wishes about their care available to healthcare professionals including GPs, hospitals, hospices and urgent care services.



2 About Care Plans

2.1 Care Plan Overview

2.1.1 Introduction (text)

This lesson explains what a care plan is, what types of information it contains. First, we will discuss the role of consent in the care plan creation process.

2.1.2 Patient Consent (text/image)

Coordinate My Care care plans are created only with consent. Ideally, the patient consents to the creation of a care plan after discussion with a healthcare professional who knows them well. However, if the patient lacks the mental capacity to consent, then the patient's health and welfare lasting power of attorney can consent on the patient's behalf. If the patient has not designated a health and welfare lasting power of attorney, the patient's clinical team can make a decision in the patient's best interest, preferably after discussion with the patient's family. At any time consent can be withdrawn, and the CMC care plan will be removed.

Care plan consent is obtained verbally and recorded as part of the care plan; it is accessible to all those involved in the patient's care, including out of hours staff.

When consent is given for the creation of a care plan, the consent covers the following things:

1. Creation of an electronic care plan stored by Coordinate My Care.
2. Sharing of the care plan among healthcare professionals.
3. Secondary use of data, such as the anonymous reporting of statistics.

A leaflet for patients which explains consent can be downloaded here.

Guidance on assessing mental capacity and making best interest decisions is available here.

2.1.3 Care Plan Overview (text)

The care plan is at the heart of CMC. It is developed with a patient by their healthcare professional, if and when both feel it is appropriate. The care plan contains information about the patient and their diagnosis, key contact details of their regular carers and clinicians, and their wishes and preferences in a range of possible circumstances.

Care plans are available on the CMC system to which only trained professionals involved in their care can have access. These include ambulance control staff, NHS 111 operators, GPs, out of hours GP services, hospitals, nursing and care homes, hospices and community nursing teams.

2.1.4 Care Plan Data (text)

A Coordinate My Care care plan allows healthcare providers to record significant information from and about the patient, including:

- Diagnoses and prognosis
- Medication
- Allergies
- Contact details for professional care team and family
- Social support structure
- Preferred places of care and death
- Decisions about resuscitation
- Anticipated problems and guidance on their immediate management

2.1.5 Summary (text)

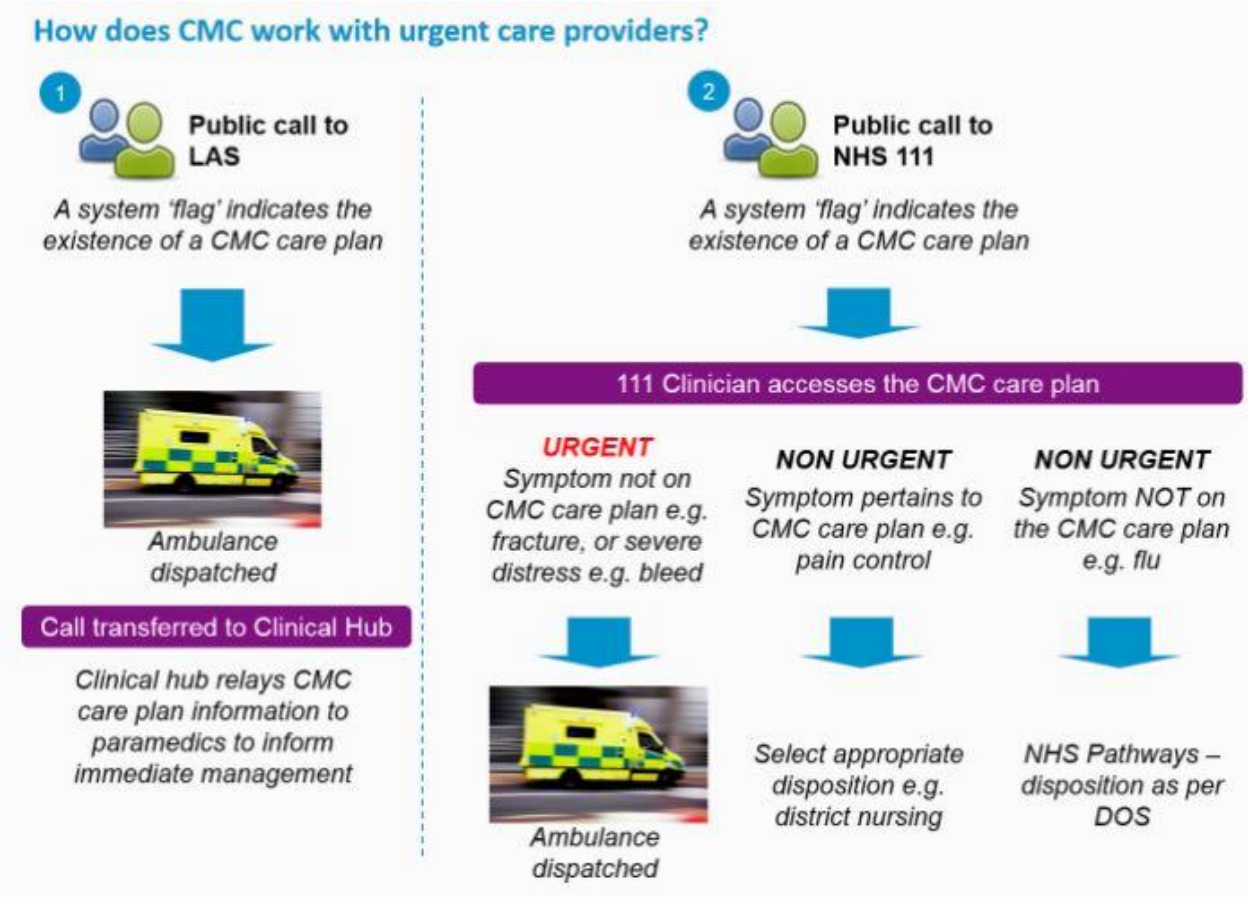
Coordinate My Care care plans are created only with consent. They record data about the patient's medical conditions, care preferences, medical and social support contacts, and anticipated problems and their management.

2.2 How Care Plans Are Used

2.2.1 Introduction (text)

This lesson describes how CMC care plans are used in urgent care situations and at multi-disciplinary care meetings.

2.2.2 Urgent Care Use (image)



2.2.3 Use at Multi-Disciplinary Team Meetings (text)

It is estimated that 1% of each GP list will die each year. CMC and palliative care within general practices have a shared vision for patient care. CMC care plans can be used to facilitate a multi-disciplinary team (MDT) meeting, and any changes can be made to the patient's record in real time. External changes made by another care provider (Clinical Nurse Specialist, District Nurse, etc) will be visible on the report during the MDT meeting and these may inform decisions made in the meeting.

2.2.4 Summary (text)

CMC care plans have two key uses:

- At the point of urgent care, they can be used to determine if an ambulance should be dispatched. Non-urgent problems can be referred to the appropriate care team.
- During MDT meetings, they can be used to facilitate discussion and can be updated immediately with any necessary changes.

3 About Access to the Coordinate My Care System

3.1 Information Governance

3.1.1 Introduction (text)

This lesson explains what you have to do to request a system login. Links to the necessary forms are included in the lesson.

3.1.2 Requirements to get Access to the Coordinate My Care system (text)

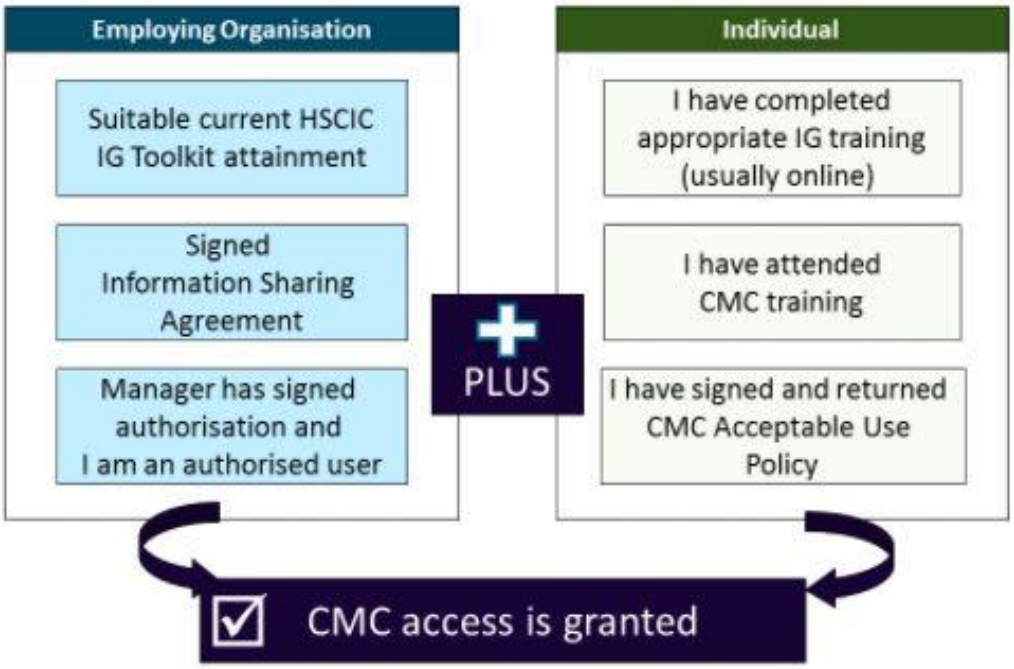
In order for you to gain access to the Coordinate My Care system several elements must be in place – Information Governance, training and requesting your log-in.

- Your organisation must comply with the CMC Information Governance process, i.e. must have signed an Information Sharing Agreement (refer to Information Governance section).
- You must have completed your NHS IG training.
- You must have completed the CMC system training appropriate to your role.
- You must complete a User Access Form, which is signed (manually or electronically) by your manager.
- You must email CMC requesting a login.

3.1.3 Coordinate My Care's Information Governance Process (text/image)

The purpose of information governance (IG) is to ensure all person-identifiable information is kept secure at all times.

CMC's IG process is as follows:



- Your organisation must comply with the Health & Social Care Information Centre's (HSCIC) IG requirements and have signed an Information Sharing Agreement (ISA). Each CMC user organisation agrees, via the CMC ISA, to share its entered CMC information with all such

organisations, which means that all individual users agree to share any CMC information they may enter onto the CMC system. The Organisational ISA can be downloaded here.

- As a CMC system User you must be up to date with your NHS Information Governance (IG) Training, and must confirm your agreement to the CMC Acceptable Use Policy, which explains the purpose and context of CMC, the responsibilities of the user, and the information governance and other requirements with which they must comply. Download the AUP here and the signature form here.

We expect our users to take responsibility for adhering to national and legal IG requirements. Remember, any breaches of IG, such as the sharing of passwords, may lead to the removal of access or, in serious cases, legal prosecution for breaching legislation such as the Data Protection Act or the Computer Misuse Act.

You can familiarise yourself with the Data Protection Act here:
https://www.gov.uk/data-protection/the-data-protection-act

You can familiarise yourself with the Computer Misuse Act here:
http://www.legislation.gov.uk/ukpga/1990/18/contents

3.1.4 Training (text)

Before completing the User Access Form, new users should complete the online training appropriate for their role.

Clinicians and administrative staff:

1. CMC101 Logging In to the Coordinate My Care System
2. CMC102 Creating a New Care Plan
3. CMC103 Reviewing, Updating and Recording Death

Urgent care staff:

1. CMC101 Logging In to the Coordinate My Care System
2. CMC104 Viewing a Care Plan

Clinical guidance is also available for the following topics:

1. CMC201 Patient Consent
2. CMC202 Mental Capacity
3. CMC203 Advance Care Planning

3.1.5 User Access Form (text)

Each CMC user must be listed on a CMC User Access Form signed by his/her manager. The UAF may be downloaded here.

3.1.7 Request a Login (text)

If you had a CMC login prior to the system upgrade in November 2015, then you do not need to request a new login.

If you are a new user and would like to request a login to the CMC system, please follow the steps below.

- ☐ Confirm your organisation has signed an Information Sharing Agreement.
- ☐ Complete the online training as listed here.
- ☐ Complete the User Access Form, including management authorisation.
- ☐ Sign the Acceptable Use Policy.
- ☐ Email CMC (cmc_training@nhs.net), attaching your signed and scanned UAF and AUP.
- ☐ Include your Smartcard Id with your request, as CMC can link your Smartcard to your CMC username to make logging in quick and easy.

Once we have confirmed that we have your organisational ISA on file, that you have completed the online or classroom training, and that we have received your UAF and AUP forms, you will receive your CMC login via email.

3.1.8 Summary

CMC system logins can be requested for administrative, clinical and urgent care users. Each user requesting a login should complete the training appropriate for their role and complete the necessary forms before their login can be activated.

Requests for access to the CMC system are granted only if the requestor's organisation has signed an Information Sharing Agreement, the requestor has completed IG training and signed the Acceptable Use Policy, and the requestor and their manager have signed (manually or electronically) the User Access form.

Module Conclusion

Module Conclusion

C.1.1 Module Summary (text)

Coordinate My Care is a pan-London service seeking to improve patient end-of-life and urgent care through the sharing of electronic care plans among healthcare professionals. A care plan is created only with consent, and system users and partner organisations must strictly adhere to information governance policies.

System logins can be requested from Coordinate My Care, but system access is not granted until the necessary forms and training have been completed.

Feedback on this module can be provided to Coordinate My Care via email.
cmc_training@nhs.net