

# Special notes and end of life Coordinate My Care (CMC) register

August | 2015

**Responsible Committee:** Operations Committee & Board

**Date Effective:** August 2015

**Supersedes:** February 2014

**Next Review Done:** August 2017

## 1. Introduction

In order to enhance the quality of clinical care that SELDOC can provide to patients, it is important that call handlers and duty doctors dealing with patients in the out of hours period have access to clinical information held by the registered GP.

This is particularly important where a patient has special and particular needs. The care of the patient will be improved by co-ordination of information.

## 2. Background

Currently, OOH staff cannot access the clinical systems of registered GP and therefore cannot see the full medical record of any patient. **Summary Care Record**  
Staff can access a Summary Care Record (SCR) where these have been created, and provided they are accessing Aadastra using a Smartcard. However, the SCR only holds basic information, which includes patient demographics, registered GP, current medication and allergies. It does not hold other information, and currently there are no plans for the contents of SCR, although this may be expanded in the future. Furthermore, the creation of SCRs is not supported by all GP clinical computer systems, and has not been implemented by all PCTs, so currently there are only a limited number of SCRs in existence.

## 3. Special Notes

Aadastra Web Access is used to manage Special notes. Its a web-based platform that is accessible from any location with N3 connectivity. It links seamlessly with Aadastra. It allows for:

1. Remote access, uploading and editing of information by any clinician who has a current log in for Aadastra. This means that the registered GP or other member of their staff can access special notes from their practice.
2. Creation of a 'flag' when that patient's notes are accessed by any member of staff while using Aadastra. This highlights that there are special notes held on this patient.
3. Easy access to the special notes held by all clinical staff. The special notes can be easily accessed by one click from the consultation screen to any consulter.

## 4. Coordinate My Care (CMC) Register

In addition, there is an End of Life Care (CMC) Register for palliative care patients which has been created across Lambeth, Southwark, Lewisham & Sutton. This allows for:

1. Access by any approved clinician, who can then upload and edit information. Access is not limited to the registered GP so this means that secondary care and palliative care nurses working within a local trust or hospice service or in the community can access and edit the register, so that information is kept up to date.

2. Read only access by London Ambulance Service (LAS), and creation of a flag on LAS computer systems to highlight a CMC entry on that patient.
3. Read only access by call handlers, supervisors and duty doctors working in the OOH period, but only if they have been issued with a specific log in for this register.

Currently, not all GP practices are using the CMC Register, but the majority of practices across LSL and Sutton have signed up to use the register. Hence it is important to note that not all palliative care patients will be on the CMC register and indeed, the information on the register may not be entirely up to date.

A further issue to consider is that Adastral matches patients using demographic details. If new encounters with SELDOC have different demographic details Adastral may not recognise the patient and bring up Special notes or a CMC register flag. Additionally, SELDOC SPNs are accessible by SEL 111 Providers, but only on cases where patients have a spine matched and verified NHS Number.

## **5. Types of Patient where use of special notes is appropriate**

Such clinical groups of patients include, but are not limited to:-

1. **Palliative Care patients:** This should include:
  - a. Awareness of patient and their carers re diagnosis
  - b. Current prognosis e.g. is death anticipated imminently?
  - c. Current care plan
  - d. Details of any medication or equipment held in case of need in the house
  - e. Details of any advanced care plan that is in place
  - f. Preferred place of care (PPOC)
  - g. Resuscitation plans (DNAR)
  - h. Carer
  - i. Names of professionals involved in their care, and contact details.
  
2. **Patients with special needs:** This should include
  - a. Significant learning disability
  - b. Speech or language problems which will limit telephone communication (other than English as a second language)
  - c. Frequent callers, including patients where the registered GP feels a face to face assessment or home visit may not be appropriate
  - d. Patients with severe mental illness who are liable to crisis
  - e. Patients who are on a medication plan for controlled drugs or benzodiazepines and who should not be supplied additional supplies in the OOH period
  - f. Patients who have or may request potential drugs of abuse or other medication for non clinical use
  - g. Patients on medications where particular caution is needed e.g. immunosuppressant's

- h. Patients who have a history of violence and where there may be a safety risk to the visiting clinician
- i. Adults at risk of violence or considered vulnerable in other ways
- j. Patients who are currently in patients of the Virtual Ward.
- k. Patients with chronically abnormal laboratory test results
- l. Patients with complex medical needs or medical history where background information would be particularly important for the Out-of-Hours service.

### **3. Children who are the subject of a child protection plan.**

## **6. Responsibilities:**

### **Registered GP**

As stated in the SLA signed by all GP Practice Members:

1. GP Practice Members are required to upload special notes regarding their patients. This should be done as soon as possible after they are aware a patient meets the above criteria.
2. The clinician or member of staff in the GP Practice creating a new special note for a patient should consider whether it is appropriate to obtain consent from the patient to create the special note. Wherever possible it is preferable to obtain consent and to inform the patient that a special note has been created for them.
3. GP Practice Members will ensure that these special notes are reviewed at least quarterly, and preferably monthly, to update the information and make sure it is still current, and to 'hide' any redundant notes.
4. GP Practice Members will respond to requests to upload special notes onto SELDOC's clinical system within 48 hours of receiving a request from SELDOC – either from management or from feedback from a duty doctor or call handler in the clinical notes following a patient contact.

## **7. Duty Doctor**

For unregistered patients it is the responsibility of the duty doctor who has contact with that patient to create the special note following the consultation.

## **8. Call Handlers**

In the OOH period it is the responsibility of the call handler to use their smart card at all times when they are taking calls, and to ensure that all calls wherever possible are matched to the NHS spine, so that any special notes held on a patient are accessible and duplicate records are not created.

When special notes are available the call handler should access the special note and if the special note indicates that there is an entry on the CMC Register they should inform the shift supervisor so that the shift supervisor can access the CMC Register in advance of the duty doctor taking the call.

## **9. Supervisor**

In the OOH period it is the responsibility of the shift supervisor to access the EOLC CMC Register when requested to do so by any duty doctor and print the information and pass to the duty doctor dealing with the patient.

## **10. Virtual Ward GP**

The Virtual Ward GP will be responsible for entering information on patients who are currently in the Virtual Ward pilot in Lambeth and Southwark on AdastrA, and updating this information weekly, including 'hiding' redundant notes.

## **11. Operations Team**

The operations team are responsible for producing a monthly report on special notes held currently on AdastrA by GP Practice and sending this to each practice by secure email. This will be sent out with the covering email as detailed in Appendix 1

They are also responsible for reviewing the use of special notes in the NQR report, and reporting activity to the Operations Committee in the monthly operations report, and to commissioners in the monthly NQR report.

The operations team are responsible for ensuring that ALL call handlers, shift supervisors and duty doctors are able to use a Smart card when working on AdastrA, and for ensuring that shift supervisors are able to access to and have received training on using the CMC Register.

## **12. Sutton Special Patient Notes**

Currently all Special Patient Notes for Sutton Patients are emailed to SELDOC at [seldoc.spn@nhs.net](mailto:seldoc.spn@nhs.net), by the Sutton GP Practices. It is the responsibility of the GP Practices to inform SELDOC when a patient requires a SPN uploaded to AdastrA.

## **13. Procedures**

1. For instructions on how to create/edit and upload a Special Note please refer to Appendix 2.
2. For instructions on how to create a practice level report on special notes please refer to Appendix 3.

## **14. Templates for Special Notes**

### **Palliative care patients**

1. Are details of this patient on the CMC Register? If yes, no further details need to be added and please refer to Gold Register.

2. Consent of patient for transfer of information?
3. Awareness of patient re diagnosis and prognosis?
4. Next of kin – name, address, contact details and relationship
5. Carer – if different from above
6. Awareness of carer re diagnosis and prognosis?
7. What is the diagnosis and dates?
8. Current treatment plan and names of professionals involved in their care, and contact details – community nursing team, Marie Curie Nurse, Palliative Care Nurse, Palliative Care Consultant, Hospital Team, other
9. Details of any advanced care plan that is in place
10. Preferred place of care (PPOC)
11. Preferred place of death
12. Details of any medication or equipment held in case of need in the house
13. Has the patient been prescribed opioids? If Yes, please give details.
14. Syringe driver if needed available from
15. Current prognosis e.g. is death anticipated imminently?
16. Resuscitation plans (DNAR) - Has resuscitation been discussed with patient? And with the family/carer? Is there a signed DNAR in the home?
17. Will GP sign death certificate?

#### **15. Patients with special needs:**

1. What is the special need - Significant learning disability/Speech problem/Frequent Caller/Severe Mental Illness crisis plan/Controlled drug medication plan/ Special drug instructions/Risk of violence/Vulnerable/In patient on Virtual Ward/Last abnormal laboratory result and action plan if deviates/Summary of complex medical need/other?
2. Further details of special need – free text
3. Details of any relevant professionals involved in patients care and contact numbers
4. Any special instruction – Home visit will be required/Limited medication to be given/No controlled drugs to be supplied/Only visit with escort/Other?

#### **16. Child Subject to a Protection Plan:**

1. Why is the child subject to a protection plan?
2. Date of the current protection plan and date for review.
3. Name of borough responsible for protection plan? Lambeth/Southwark/Lewisham/Other – specify
4. Contact details for Emergency Duty Children’s social worker

## **Appendix 1**

Covering email for monthly report to GP Practice Members:

Dear GP Practice Member

Attached please find details of your patients who have special notes on our Adastra system.

Please can you review and update these notes as appropriate and hide any redundant notes.

If you are using the EOLC CMC Register, please ensure that ALL patients on the CMC Register have a note on special notes – otherwise duty doctors will not know to access the CMC Register for information.

Thank you for your support in keeping this information up to date and relevant, so that we can offer the best clinical care to your patients.

Yours sincerely,

The Operations Team

## **Appendix 2**

*Double clicking the link below will open the SELDOC User guide notes on uploading Special Notes onto Adastra.*



SELDOC - Webview  
Userguide pt note on!



### Appendix 3

Currently Adastra is configured to automatically email Special Notes reports to all surgeries on the 28<sup>th</sup> of each month.

For those surgeries that use an NHS mail to receive their consultation notes, the report would be sent to the same NHS Mail address.

Surgeries that use a NHS DTS email address to receive consultation notes, the Special Notes reports will be sent to the Practice Manager Email address. For example, the Lambeth Walk Group, Karen Cakmak will receive will receive these reports. This email address can easily be updated through the ProviderGroup Maintenance screens from within Adastra.

The screenshot displays the 'ProviderGroup Maintenance' interface. At the top, there are tabs for 'Provider Group Details' and 'Surgery Details'. The main title is 'ProviderGroup Maintenance'. On the left, there is a list of fields for the provider group: Name (Lambeth Walk Group), Manager (Karen Cakmak), Account Manager (karen.cakmak@nhs.net), Alt Key (empty), Type (Surgery, with a 'Change' button), Rota Group (Lambeth Walk), Organisation Group (Lambeth PCT), Aremote Device (Start typing to search...), External Medical Record Available? (checkbox), and Obsolete (checkbox). On the right, there is a 'Address' section with fields for Address (Lambeth Walk Group Practice), Street (5 Lambeth Walk), City (LONDON), Postcode (SE11 6SP), and Country (United Kingdom). Below the address section, there are tabs for 'Contacts', 'Alt Contacts', and 'Administrative'. Under 'Contacts', there is a 'Public (1)' entry with the number 020 7735 4412.

## Adastra Special Notes Reports.

Ad-Hoc Special Notes reports are located in Adastra > Reporting > **Standard Patient Note Reports.**

