

Electronic Palliative Care Co-ordination System EPaCCS

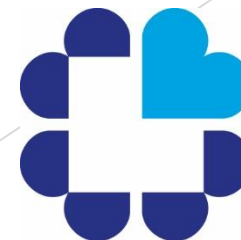
North Tyneside

GP palliative care registers at **0.52 %**

DNACPR in place in **87%** of patients on register

Deaths at home - **53.7%**

Nursing Homes residents dying at their home - **83%**



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Regional End of Life Network- identified priorities for EPaCCS

- ▶ Can be accessed (to read and to input) by any professional 24/7 (both health and social).
- ▶ Can be accessed (to read and to input) by patients
- ▶ Must have a flagging system to alert professionals when the plan has been changed.
- ▶ That can generate reports for individuals, organisations, or as a whole. These reports must be able to look at different groups of patients as well as analyse individual patient journeys to see how future care planning evolves (and at what points in their journey).
- ▶ Any changes made to a record would need to be instantly available to patient and professionals.
- ▶ No 'double data entry' for any professional



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Next steps: Connecting Health Cities

- ▶ Review intra-operability solutions in line with EPaCCS
- ▶ Connecting Health Cities
- ▶ Review the data set in primary care and the data set on the MIG for End of Life care for secondary care services
- ▶ To agree on a short data set that secondary care would find most useful and workable
- ▶ An Education programme and user support would need to be identified to ensure the region used the data set and intra-operability solution.



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