Edinburgh **Health and Social Care** Partnership

ACP in Secondary Care

The challenges of Covid have resulted in a sharp focus on the role of Anticipatory Care Planning in secondary care. Clinical staff should be aware of how to access the ACPs created in primary care and documented in a Key Information Summary (KIS). They should be familiar with where ACP information is stored in TRAK. They should also know how to ensure ACP decisions made in hospital are shared with primary care on discharge.

Accessing KIS

ECS vs KIS (Emergency Care Summary vs Key Information Summary)

KIS special notes are visible in both ECS and KIS. However, there is often information in the KIS that is not in the ECS. This may be next of kin details, social care details and information about AWI. Most importantly, the way that resuscitation is coded in primary care does not always get recognised by ECS so the resuscitation information there might be wrong. Specifically, it might not be clear on ECS that some people have DNACPR forms in place.

Whilst accessing KIS for all admissions is the gold standard it is especially relevant for those with more serious conditions, complex past medical histories, a high degree of frailty and those with impaired capacity through either physical or mental illness.

Tens of thousands of KISs without consent have been created in the Lothian since the start of the pandemic. It was felt by the Scottish Government that access to the PMH in the GP notes was sufficiently valuable to dispense with consent for KIS creation in March 2020. Most of these KIS's have no special notes and appear blank.

Adding ACP information on TRAK

ACP form

This is available through EPR/Patient preferences. It focuses on the specific interventions that may or may not be appropriate during the current admission.

TEP (Treatment Escalation Plan)

The Treatment Escalation Plan is a communication tool that documents and creates plans for treatment when a patient is admitted to hospital. It shows treatment plans that would be ideal for a patient who is unstable or potentially dying. Existing ACPs or ReSPECT information should be taken into consideration and used to create TEPs. TEPs are an attempt to steer away from non-beneficial, potentially harmful treatments by taking into account the bigger picture of each individual patient. There should no longer be DNACPR conversations occurring without also having a TEP in place.

RED-MAP is a guide for having ACP conversations developed locally. It helps guide the clinician through the process in a way that minimises the likelihood of distress for the patients and of the resultant ACP being inappropriate.

https://www.ec4h.org.uk/covid-19-effective-communication-for-professionals/

Sharing information

KISs can only be updated in primary care IT systems. It is therefore important that any ACP conversations that take place in hospital are included in the IDL, including information from a TEP.

Baseline functional status after recovery, next of kin details and contact numbers, care package and contact details for who provides this, the patient's understanding of their condition , and what their wishes are for future treatment are all important aspects of a high quality KIS . If they are not mentioned in other areas of the IDL they should be included in the section on 'Changes to the ACP/KIS'. There should also be a comment confirming that consent has been obtained for a KIS to be created if one hasn't been created previously.

DNACPR and AWI status are also important to include, if relevant.

Many specialities have detailed care plans drawn up for their patients. It is helpful to convey the important aspects of these in communications to primary care but remembering that the character limit for KIS special notes is 2048.

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