Edinburgh **Health and Social Care** Partnership

Managing KIS's created without consent

At the start of the pandemic all of us have created hundreds if not thousands of new KISs without consent for our elderly patients and those with chronic diseases. Now we need to consider our attitude towards these.

- **Is there value in continuing to have more basic KISs that have no special notes?**
- **Do we want to create meaningful future care plans for this group of patients?**
- **Do we need to delete these now the pandemic is 'over'?**

Why this was done?

These KISs were created because it was felt that having a record of past medical history (PMH) and resuscitation status for those admitted to hospital was helpful, even if there was nothing more in the KIS. Many departments are delighted to have even this basic information.

What information is helpful?

Some of the information needed for a high-quality future care plan is time consuming to collect, such as future wishes for treatment. Other areas are not difficult. If a nurse is doing a COPD review and recording the baseline Oxygen saturations, adding that figure to the special notes is pretty straightforward.

There is no doubt that high quality future care plans are more effective than basic ones. If the future care plan captures baseline clinical function, understanding of condition, wishes for future treatment and care, contacts for NOK/POA and care services, other professionals involved, and resuscitation and AWI status, it is much more likely to influence patient care than a list of PMH. However, just having some of the background information and functional status is still valuable.

Who benefits?

We have always used a mixture of formal and informal methods for identifying who should have a future care plan-KIS. Palliative care reviews are an obvious example of a formal mechanism. Living in a care home and being identified as severely frail are other formal mechanisms. However, many are created because clinicians recognise they would be useful for the patient. These processes are imperfect and some people who would clearly benefit from a future care plan will be missed.

Why is this an opportunity?

The vast majority of those that have had a KIS created without consent will have contact with the practice each year, either through chronic disease or medication reviews. Many of these contacts may be with practice nurses. I would argue that these contacts are an opportunity for deciding whether people with a KIS created without consent would benefit from either:

1. a full future care plan that may require further detailed conversation,
2. a few additions of baseline function data (SO2%, how far can they walk, etc), and perhaps next of kin details,
3. not benefit from a longer term KIS.

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What do we do?

‘1’ and ‘2’ would both require KIS consent to be obtained. The free text ‘KIS created during covid’ that was generally added should be deleted and information recorded in the special notes.

Practices for whom the nurse team are not already engaged with KISs may need some training for their staff on how to carry out these tasks.

If there is nothing meaningful in the KIS and no significant PMH that might be useful to secondary care, it is ok to delete the KIS.

Some of our community colleagues will also be using the future care planning bundles of resources developed for health and social care teams and will be sending information to the clinical inbox to update our KISs.

Visit https://services.nhslothian.scot/futurecareplanning/community-health-care-teams/ and https://services.nhslothian.scot/futurecareplanning/community-health-and-social-care/ for more information.

What next?

The dispensation at the start of the pandemic to allow KISs without consent is still in place. At some point in the future it may be withdrawn. If that occurs we will need to delete all those created that have not subsequently had consent for a KIS. Further guidance on how to do this efficiently will be available closer to the time. For now they can all be left in place.

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For more information and advice

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