

---

**RM Partners**

---

Accountable Cancer Network



# CMC UPDATE

## RM Partners

diana.howard@rmh.nhs.uk

CMC is hosted by The Royal Marsden NHS Foundation Trust



## Recent updates, and work in progress...



- EMIS 'in context' link – and others to come
- Cohorts of patients – and implications for health economics
- Patient Portal: view, edit, initiate
- Quality reports
- Review date
- Ceiling of Treatment
- Automated AUP
- Mobile Devices
- Clinical Engagement Manager – new training model
- Data overview changes
- Research
- RM Partners – acute hospitals

Active BOLTON, Amy (Mrs) Born 06-Mar-1965 (50y) Gender Female NHS No. 916 488 8490 Usual GP

**View -> My Record**

**My Record**  
All Records

**Record Sharing**  
There are no other organisations contributing to the Shared Record.  
Data entered by this organisation  
Implied record sharing consent operational for this patient.  
**Summary Care Record**  
No consent preference set - Implied consent for medication, allergies, and adverse reactions only

**Problems (23) - No Shared Data Available**

Active Problems	Onset Date
Notes summary on computer	03-Jul-2001
FH: Asthma	03-Jul-2001

**Significant Past Problems**  
Tennis elbow • Excision of sebaceous cyst NEC • Letter from consultant • Seen in ENT clinic • O/E - ulcer on tongue  
Gastro-oesophageal reflux • Haemorrhoids • Cervical smear: negative

**Medication (0) - No Shared Data Available**

**Allergies (0) - No Shared Data Available**

**Diary (3) - No Shared Data Available**

**Overdue Tasks**

GPLinks New Registration	31-Dec-2015
--------------------------	-------------

**Clinical Alerts**

Thyroid function tests [Repeat TFT's]	18-Jul-2005
Cervical neoplasia screen	13-Oct-2007

**Recent Activity (4) - No Shared Data Available**

**My Last Contact**  
No contact

**Last 4 Contacts**

LI, Z (Mr)	EMIS PCS Test Practice 1	17-Oct-2005
LI, Z (Mr)	EMIS PCS Test Practice 1	20-Sep-2005
SWALLOW GSTT, Peter (Dr)	EMIS PCS Test Practice 1	31-Jul-2005
BRADSHAW, Eileen (Mrs)	EMIS PCS Test Practice 1	11-Jul-2005

[More >>>](#)

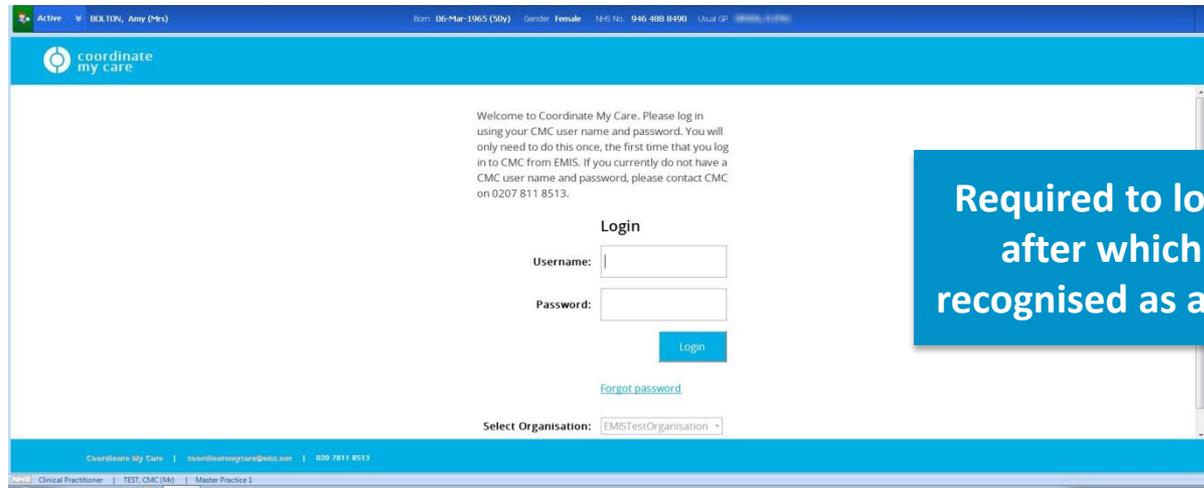
**Health Status (8) - No Shared Data Available**

Body Mass Index	25.59	04-Apr-2001
Cervical smear: negative		12-Oct-2004
Never smoked tobacco		24-Mar-2005
Notes summary on computer		03-Jul-2001
O/E - height	163 cm	04-Apr-2001
O/E - weight	68 Kg	04-Apr-2001
O/E Blood Pressure Reading	120/62 mm Hg	24-Mar-2005
Teetotaler		24-Mar-2005

**External Views**  
Coordinate My Care

NHS Clinical Practitioner | TEST, CMC (Mr) | Master Practice 1

# How does this look?



Active | BOLTON, Amy (Mrs) | Born: 06-Mar-1965 (50y) | Gender: Female | NHS No: 946 488 8490 | Usual GP: [None, (1)]

coordinate my care

Welcome to Coordinate My Care. Please log in using your CMC user name and password. You will only need to do this once, the first time that you log in to CMC from EMIS. If you currently do not have a CMC user name and password, please contact CMC on 0207 811 8513.

**Login**

Username:

Password:

[Forgot password](#)

Select Organisation: EMISTestOrganisation

Coordinate My Care | [coord@nhs.uk](mailto:coord@nhs.uk) | 020 7811 8513

NHS Clinical Practitioner | TEST.CMC (06) | Master Practice 1

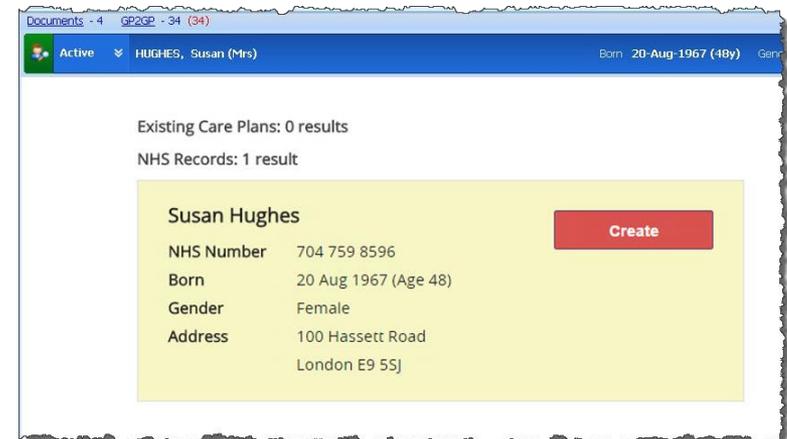
Required to log in only once after which you will be recognised as a returning user



Active | BOLTON, Amy (Mrs) | Born: 06-Mar-1965 (50y) | Gender: Female | NHS No: 946 488 8490

Existing Care Plans: 1 result

<b>Amy Bolton</b>	<input type="button" value="View Published Care Plan"/>
NHS Number: 946 488 8490	
Born: 6 Mar 1965 (Age 50)	
Gender: Female	<input type="button" value="Edit Published Care Plan"/>
Address: 1591 Maple Drive Washington AB36 8TQ	



Documents - 4 | GP2GP - 34 (34)

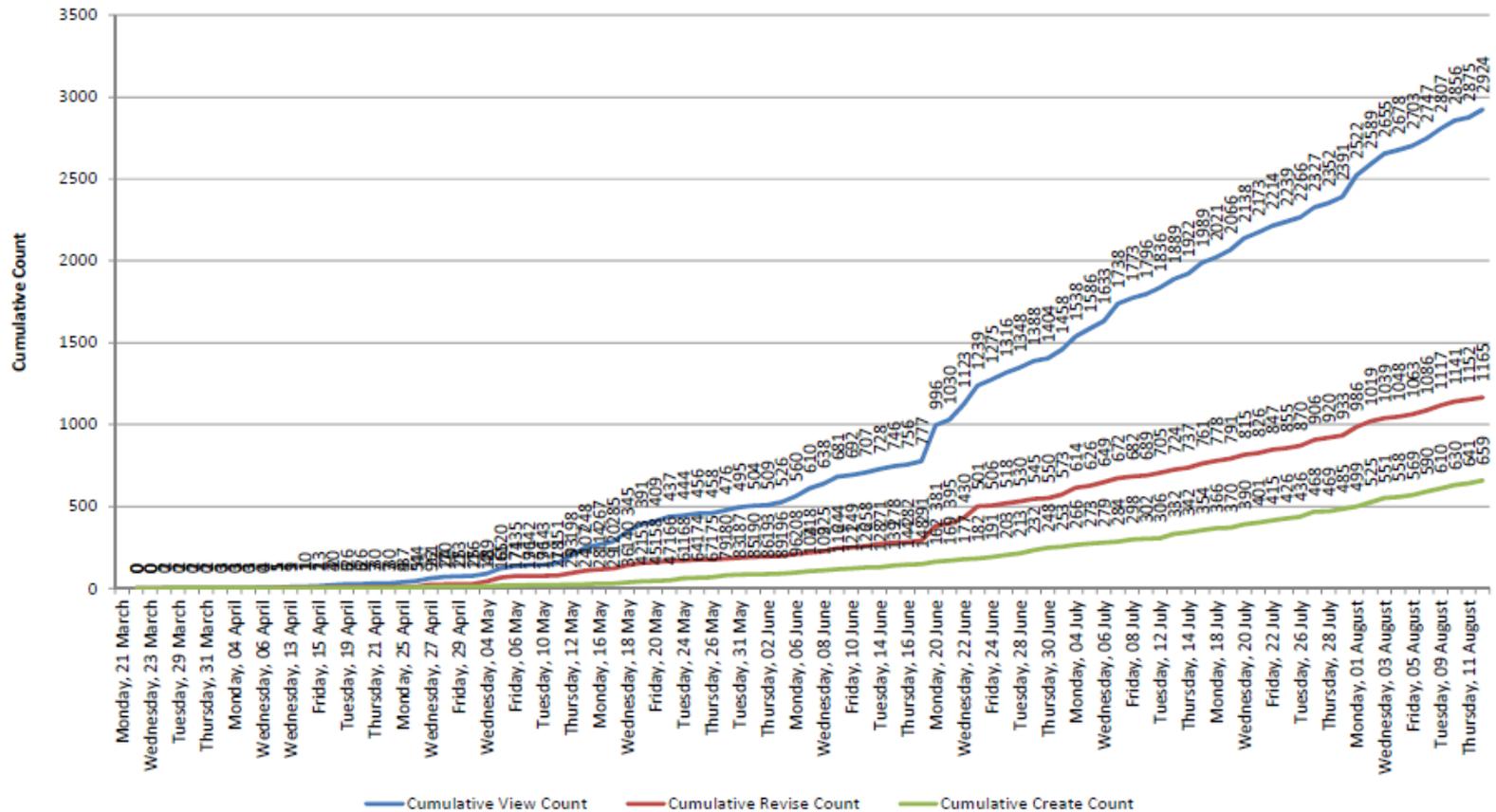
Active | HUGHES, Susan (Mrs) | Born: 20-Aug-1967 (48y) | Gender: Female

Existing Care Plans: 0 results

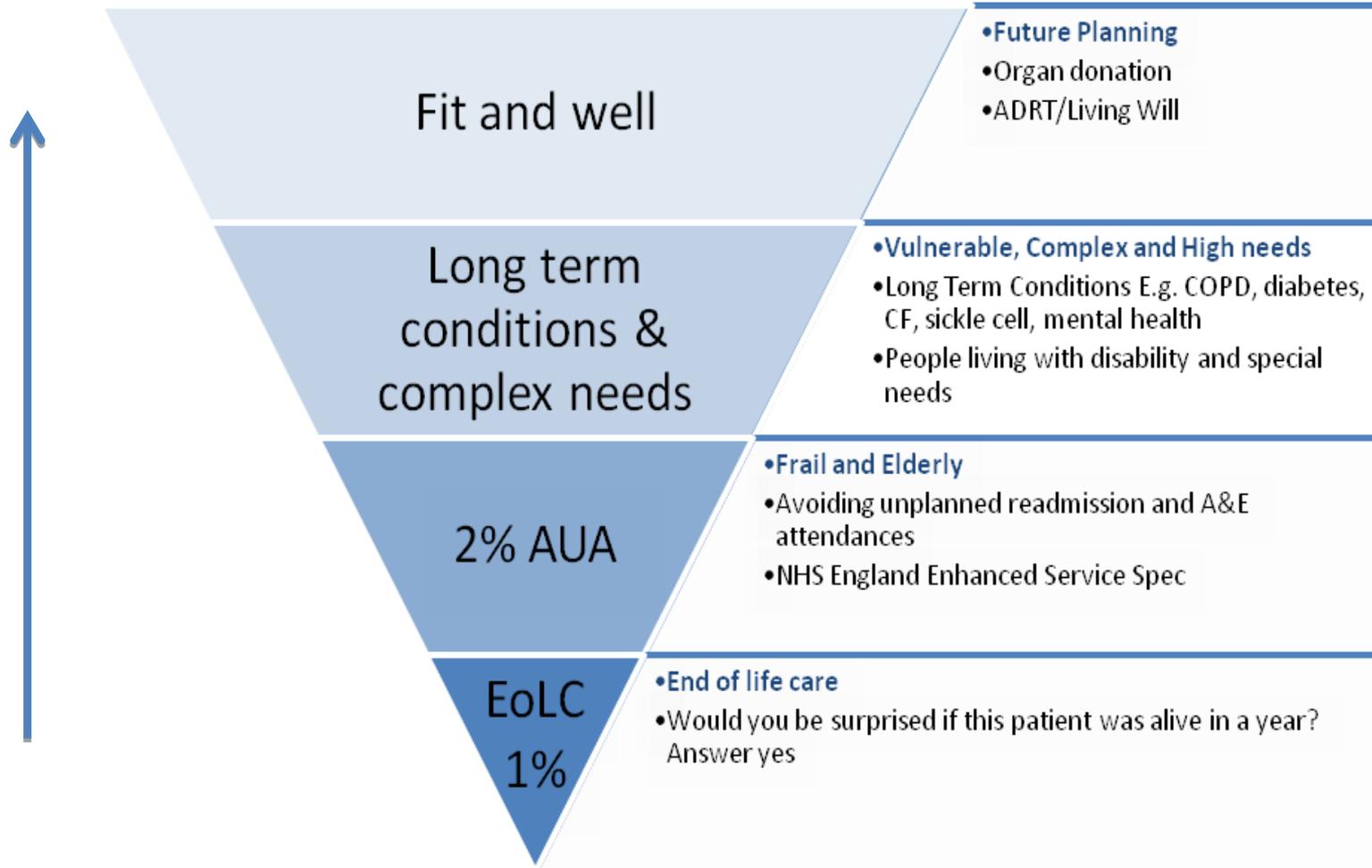
NHS Records: 1 result

<b>Susan Hughes</b>	<input type="button" value="Create"/>
NHS Number: 704 759 8596	
Born: 20 Aug 1967 (Age 48)	
Gender: Female	
Address: 100 Hasset Road London E9 5SJ	

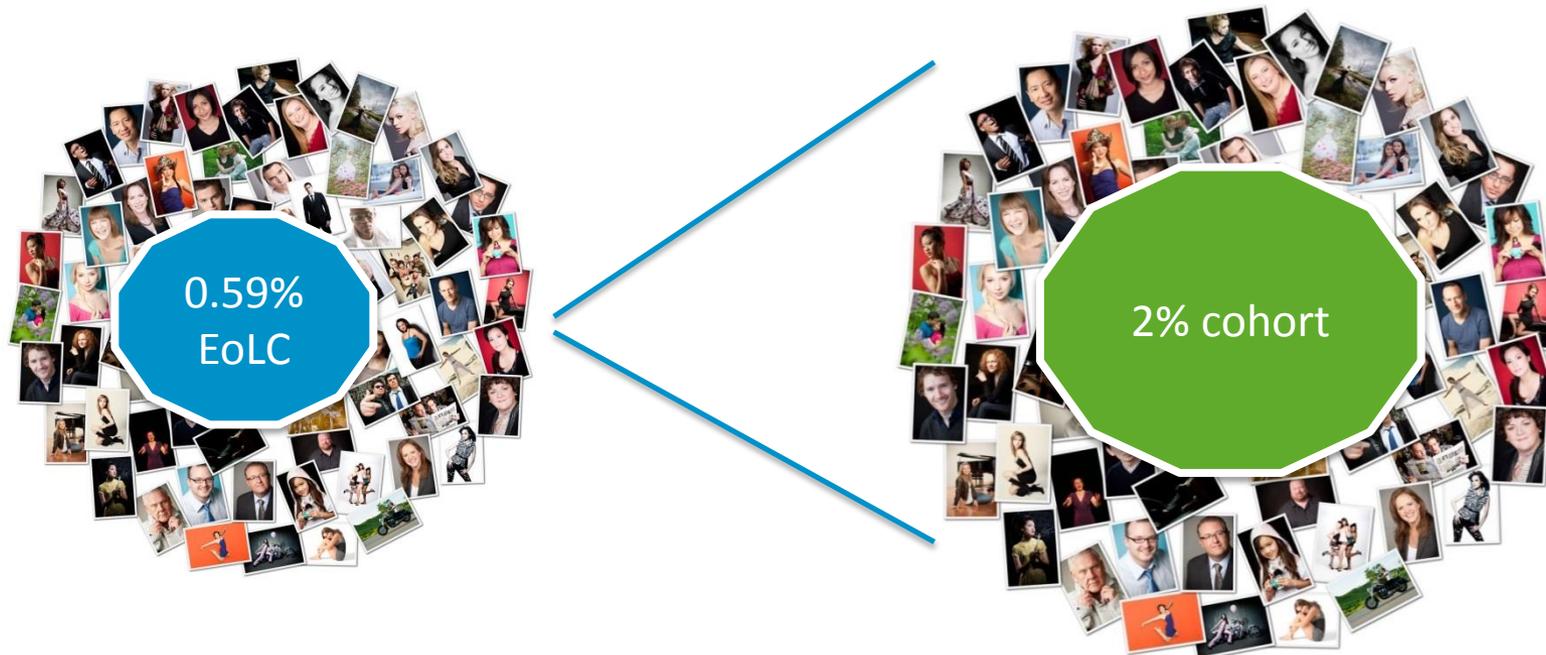
### Cumulative EMIS Care Plan Click Through Activity by Day Since March 21 (Rollout)



# Moving from palliative care to urgent care



# Potential cost savings if CMC is expanded to just the 2% cohort



Approx saving of £2,100/ patient

- 0.59% EoLC population = 48,000 pts
- CMC care plans = 8,500 (Jan 2015)
- **Potential saving = £17.8 million**

Approx saving of £2,100/ patient

- 2% frail /elderly LTC population = 164,000 pts
- If all have a CMC care plan
- Potential saving = £342 million**



### Start your CMC Plan

If you're ready to start creating your plan, click here.

[Start My CMC](#)

### View your CMC Plan

If you already have a CMC plan, you can view it here:

User name

Password

[Login](#)

[Forgot your username or password?](#)

[Activate Account](#)





Welcome to MyCMC, the above video gives you some information about the steps you will go through to start creating your urgent care plan, some tips on what to have in front of you before you begin and the type of questions you will be asked on your health, wellbeing and preferences.

The questions that you must provide an answer to are marked with a "\*".

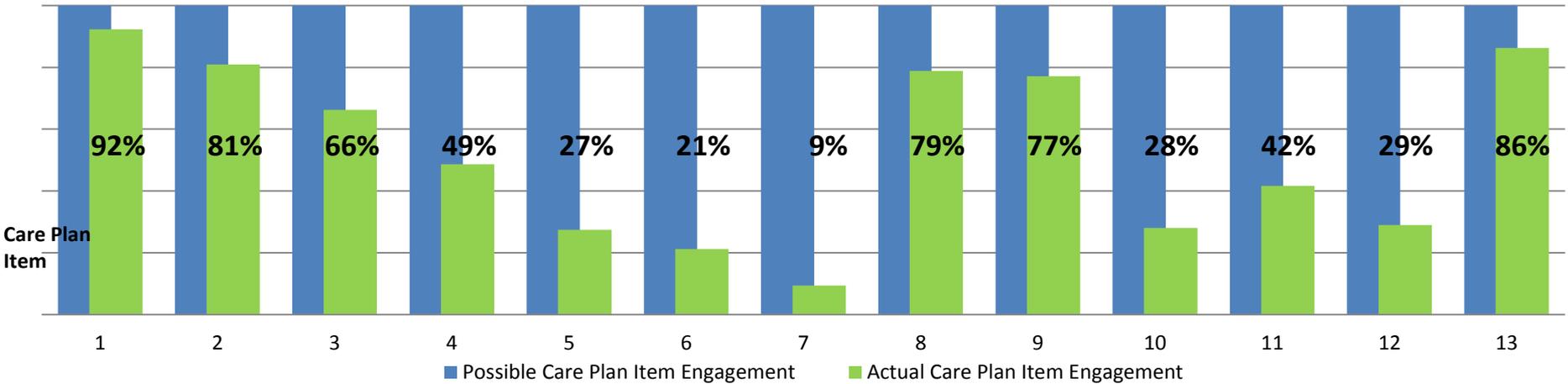
By starting your care plan you agree to our [Terms of Use](#)

Continue

To monitor an aspect of quality (*are care plan fields engaged with – filled in?*)  
 CMC performs a 13 item survey of all care plans (11,171) created or updated  
 on the CMC system since the Nov 2015 new system launch



**Whole CMC System Nov 24 2015 – Feb 28 2017**



	Preferences & Prognosis	General wishes/awareness /spiritual	Advance Treatment Plan	Contacts & Published Date
CMC Care Plan Items	1 - PPC	5 - Patient Wishes	8 - CPR Decision	11 - Personal Contacts
	2 - PPD	6 - Family Awareness	9 - Ceiling of Treatment	12 – Contacts – Professional
	3 – Prognosis	7 - Cultural/ Religious	10 - Symptom Treatment Plans	13 – Publishing timeframe
	4 – Surprise Question			

Comments:

Care plan item engagement generally unchanged since January 2017

Items 1&2: Place preferences strong. For Place preferences we are scoring a place or indication that patient not able or wishing to discuss.

Item 3: Prognosis has good engagement – 66%

Item 5,6,7 are poorly shared with Urgent Care Services – unchanged over recent months.

Item 8: CPR decision (Yes or No) is good.

Item 9: Ceiling of Treatment is reasonably strong.

Items 10: Information on how to achieve place preferences and ceiling of treatment requires a treatment plan – these are largely absent – unchanged.

Items 11 & 12: Personal NOK & Professional contacts are poor and these are items that would increase care plan quality significantly - useful to Urgent Care

Items 11 & 12: Contacts could be easily addressed.



# CMC system changes – and things to make life easier!

- Review Date
- Ceiling of Treatment
- Automated AUP
- CMC on mobile devices
- Clinical Engagement Manager
- Training model – including waiver

**85% of respondents in last year's survey of user opinion describe CMC system as 'user friendly'.**

# Data Overview (Reporting) Changes

Web Version Forward



coordinate  
my care

MONTHLY  
REPORTS FOR  
JANUARY 2017

---

## CMC News and Data Reports January 2017

### LATEST DATA REPORTS

Our data reports for January 2017 show:

- 708 new care plans created in January: **up nearly 25% over the same month last year.**
- 40% of care plans were created by GPs, 30% by hospices and 23% by acute care clinicians.
- There were 556 urgent care views of CMC plans – **up 5% over December 2106.**

We're pleased that the data shows more care plans being created for patients with long-term conditions and other vulnerabilities that make them more likely to use urgent care services, as this suggests that our CMC message of 'urgent care plan' is really taking root.

Please see below for more monthly data detail.

### QUALITY APPROACH TO CARE PLANNING

Our Clinical Quality Manager Gerard Bowden is developing a new clinical quality initiative to help us improve care planning and offer you new insight into the quality of the care plans you create.

Web Version Forward



coordinate  
my care

MONTHLY  
REPORTS FOR  
FEBRUARY 2017

---

## CMC News and Data Reports February 2017

### LATEST DATA REPORTS

Our data reports for February 2017 show:

- 786 new care plans created in February.
- GPs created 50% of urgent care plans, a 10% increase on January's figure.
- There were 460 urgent care views of CMC urgent care plans.

See February's data report, with a breakdown of CMC data for each CCG. This report is [available here](#).

### SUSTAINED PROGRESS

We now have Information Sharing Agreements (ISA) in place with over 1,000 GP practices (covering TPP, EMIS, Microtest and INPS), and are delighted that at the end of last month we passed the milestone of 500 GP practices switched on for the EMIS in-context link.

### SUCCESSFUL SYSTEM UPGRADE

Our CMC system upgrade went according to plan on March 1st, and we hope you'll quickly appreciate the improvements we're making in response to your feedback.

In particular, we have streamlined our information governance requirements and now ask you to read the Acceptable Use Policy (AUP) on the system and then indicate your agreement digitally instead of completing the paperwork. **Organisations** will continue to email us the Information Sharing Agreement and User Access Form, but **individual IG** will be captured online. We will ask you to renew the AUP annually.

And whilst the system will continue to default to a 90 day Review Date, it now also allows the clinician approving the urgent care plan to enter another date (up to one year) instead.



## Highlights

- £141,000 from RMH Partners Cancer Vanguard to support their key objectives
- Investment can be used to introduce this to **all** hospitals across London and eventually nationally
- All development costs covered by CMC
- Each Trust has an annual maintenance fee and usage fee (<7K)

# Introduction of CMC via an in-context link / CMC icon



- Chelsea and Westminster NHS Foundation Trust
- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Imperial College Healthcare NHS Trust
- Kingston Hospital NHS Foundation Trust
- London North West Healthcare NHS Trust
- Royal Brompton & Harefield NHS Foundation Trust
- St George's University Hospitals NHS Foundation Trust
- The Hillingdon Hospitals NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
  
- Homerton University Hospital NHS Foundation –testing in March and ‘go live’ in April



*If you are interested please let me know at the end of today*



---

**RM Partners**

---

Accountable Cancer Network



# CMC UPDATE

## RM Partners

diana.howard@rmh.nhs.uk

CMC is hosted by The Royal Marsden NHS Foundation Trust



---

# **Evaluation of Greenwich and Bexley Community Hospice Dementia Service**

Alison McCarthy,  
Modern Matron, Community Services,  
Greenwich and Bexley Community Hospice



# Evaluation of Greenwich and Bexley Community Hospice Dementia Service

Alison McCarthy, Modern Matron,  
Community Services, Greenwich and  
Bexley Community Hospice

# *Project*

- Improving the experience of people with dementia at the end of life in Greenwich and Bexley Boroughs, through expert support, training and partnership working
- Supported by a St James's Place Foundation Grant, managed by Hospice UK



# *Three conclusions*

1. A high quality service that demonstrates how integrated services open the door to earlier, more appropriate, community based services for people living with advance dementia.
2. The service shows demonstrable evidence of improved care, sustained family support, and reduced anxiety and crisis.
3. The evidence points to a more effective use of the health care system with better outcomes at the end of life with a reduced use of unplanned care.

# *Five domains of outcome*

1. Increased accessibility

2. Improved integration of services

3. Improved outcomes

4. Better system effectiveness

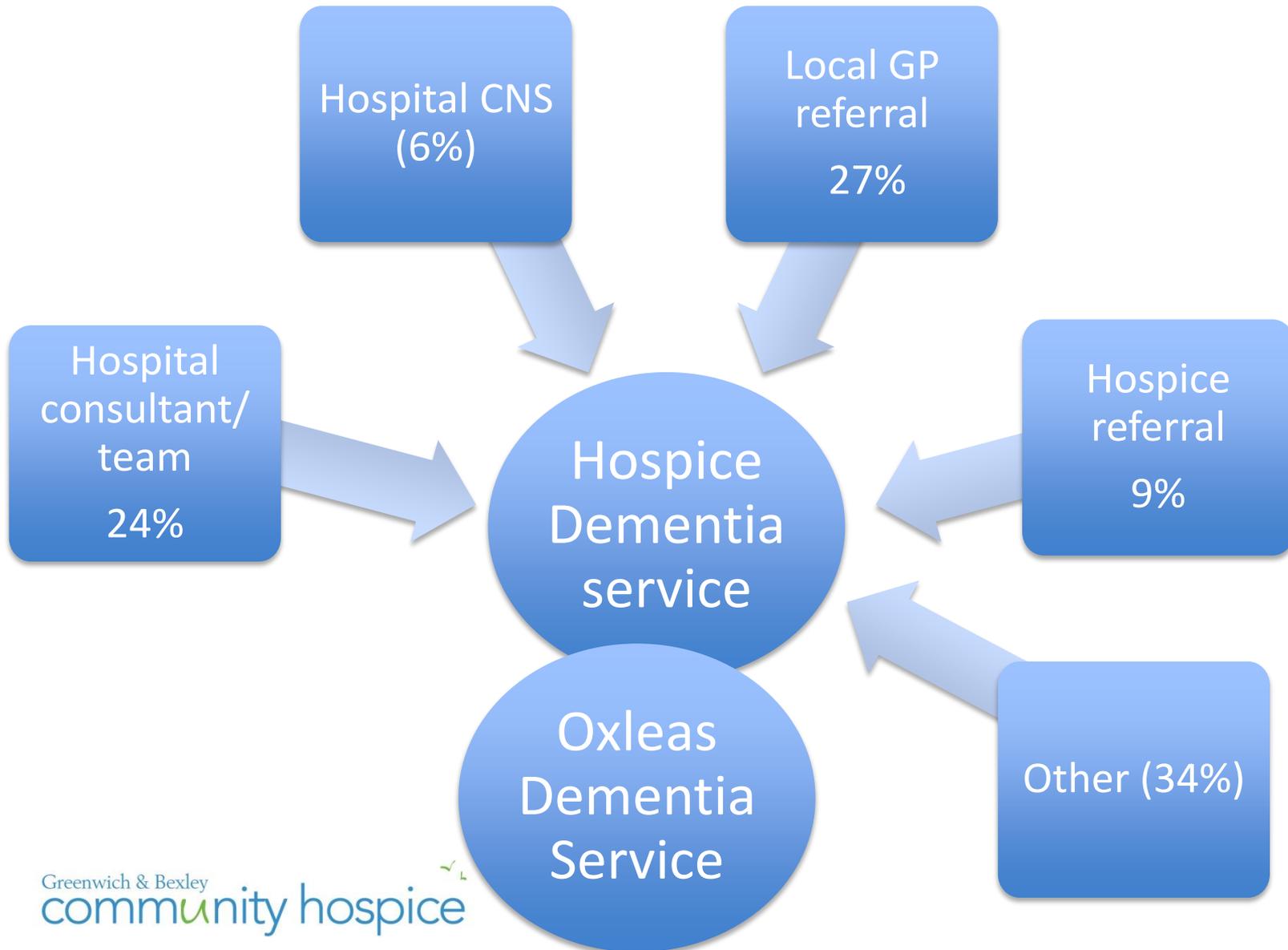
5. Higher quality of care



# *1. Increased accessibility*

- The dementia service has increased access to expert end of life care by over 68% (comparing 2015 to 2016)
- A majority of new patients referred to the dementia service have come from GP and Hospital referral (57%)

# Access





# Access

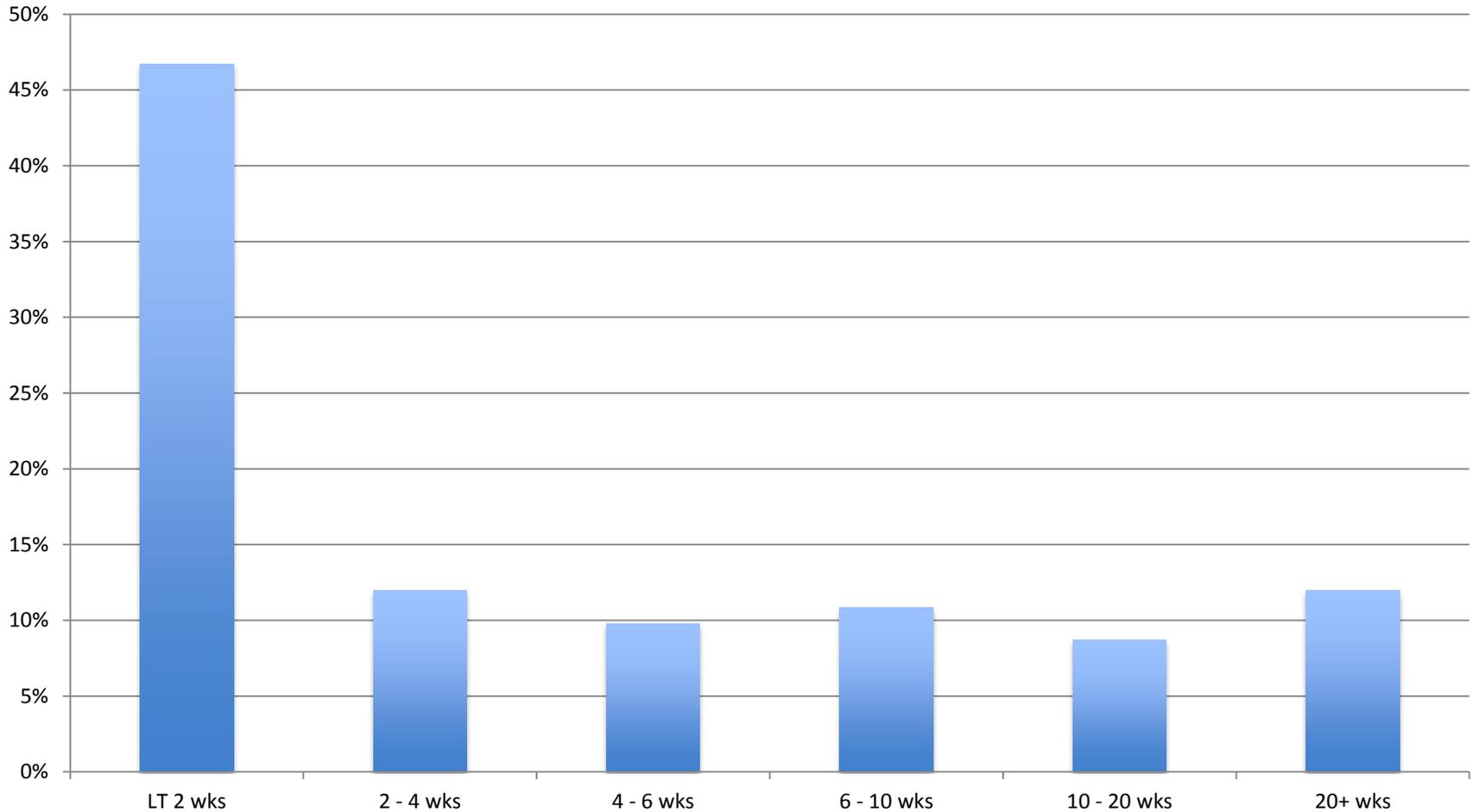
“The hospice project has broken through the barrier of referral for advanced dementia patients”

“A GP recognises an advanced dementia patient as an end of life patient and then feel able to engage the hospice”

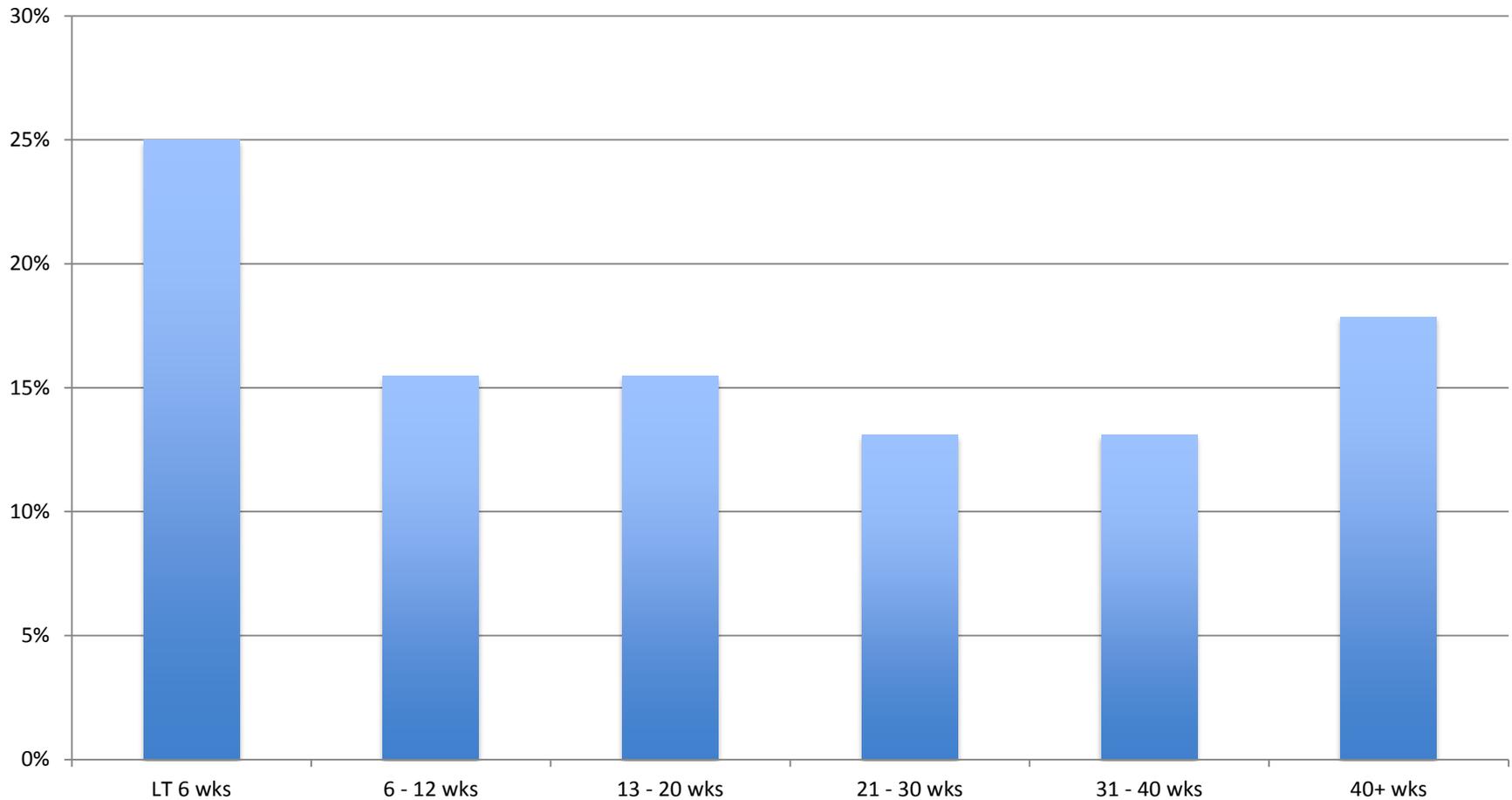
## 2. *Improved integration*

- The connected hospice and community service for advanced dementia has opened the door to a range of expert end of life care services
- 94% of patients have accessed existing hospice community services
- 46% have also accessed one further hospice service and 37% go on to access two additional hospice services
- 22% have used the hospice IPU either for complex symptom control or care at the end of life

# *Time in the service for those who have died*



# *Time in the service for those still living with dementia*

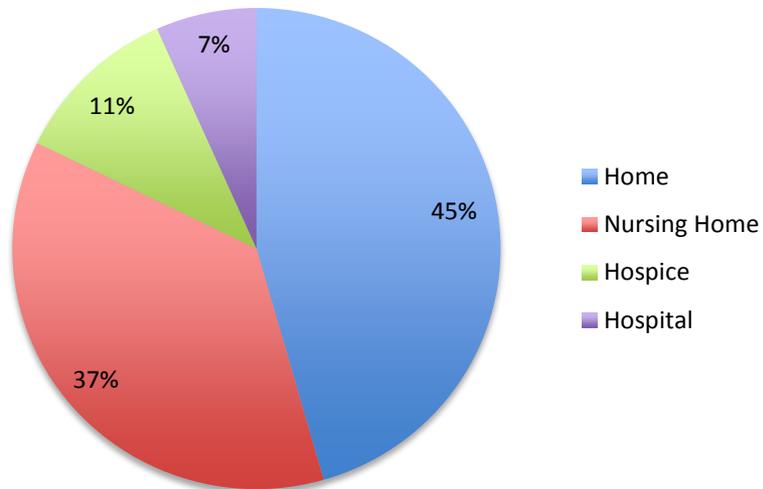


### 3. *Improved outcomes*

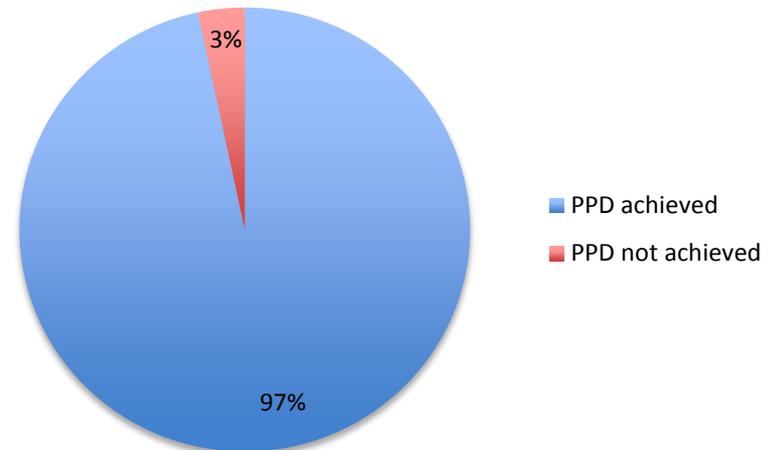
- 97% of patients have achieving their preferred place of care. 93% of patients have died out of hospital either at home (47%) or in a nursing home (37%) or in the hospice (11%)
- The service has sustained carers who were losing their capacity to cope
- The service has provided exemplary care that enables peaceful and dignified death
- Professionals within the Hospice and the Community service report wider reach, better coordination and professional learning

# Place of death and PPD

Place of Death



PPD

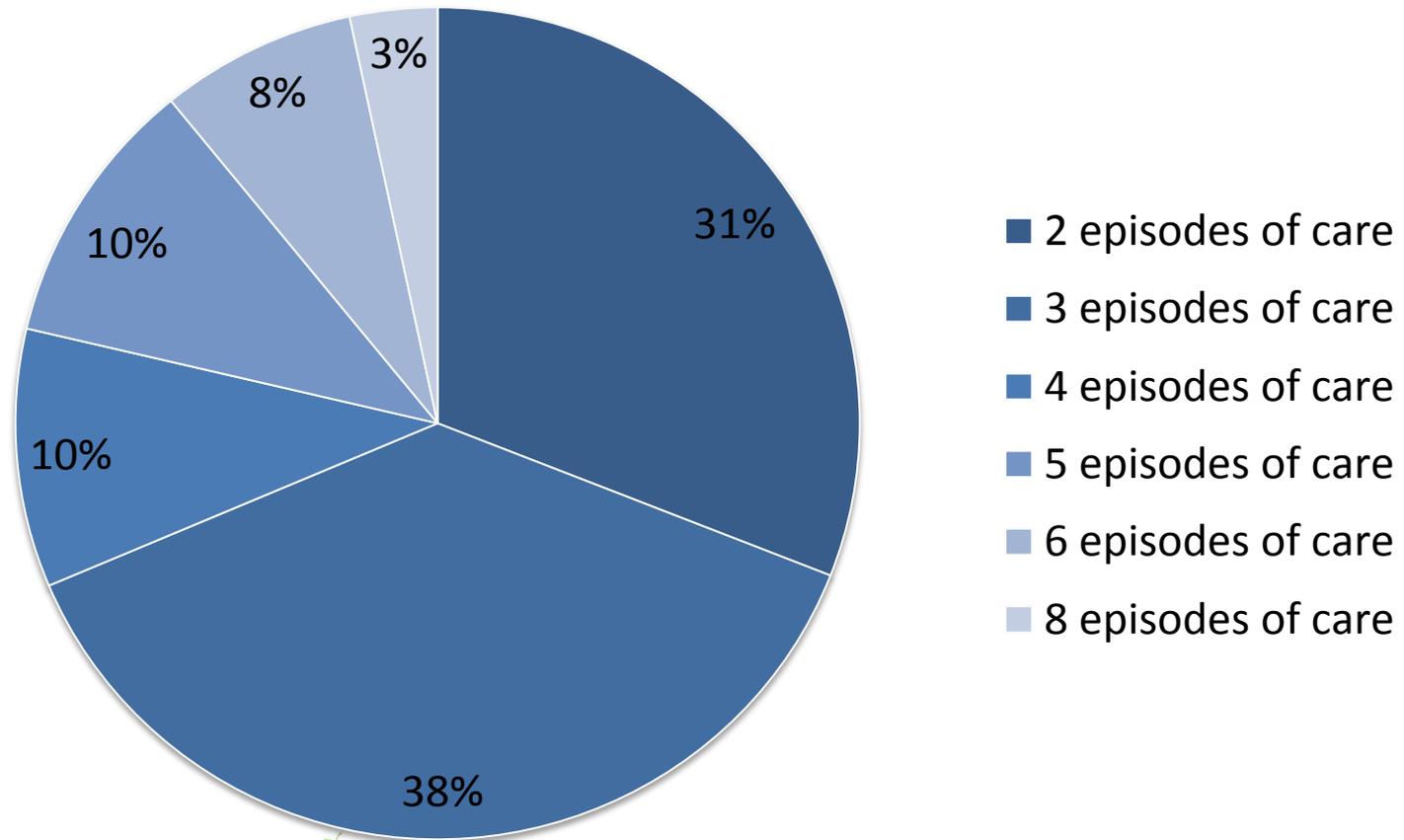


## 4. *Better system effectiveness*

- Evidence of wider and more effective reach to people living with dementia alongside end of life care needs
- Evidence of avoided crisis admission for 1 in 10 patients
- And evidence that integrated care avoids crisis in the first place through earlier engagement in planned care
- 17% of patients receive the care of 3, 4 or 5 hospice services with multiple episodes of care. 71% of these patients access the hospice IPU

# Multiple episodes of care

% receiving multiple episodes of care



# Pathways

- 94% access a community service
- 26% access Hospice@home services
- 22% access the Inpatient Service Unit
- 21% access services from the Hospice Hospital team
- 11% rehabilitation, 5% social work or Helping Hands, 2% Day Hospice and 1% Counselling



## *5. Higher quality of care*

- Giving invaluable support to the family
- Sustaining carers who are losing the capacity to cope
- Providing exemplary care that enables peaceful and dignified dying
- The importance of specialist dementia understanding

# *Early engagement*

“Finding the moment to flip from intervention to palliative care is not easy”

Engaging end of life expertise increases the confidence of other professionals to avoid over-treatment and to avoid the dangers of under-treatment”

# *Invaluable support for the family*

FB1

“the dementia project ... without whose help I would have been at a loss”

FB4

“no one told me anything until you nurses were called in and straight away they put my mind at rest ”

FB6

“It was very reassuring that there was always someone able, willing and caring to give help and advice”

FB7

“It made such a difference to have you to talk to and discuss mum’s changing medical issues”

FB9

“I feel there is a light at the end of the tunnel”

FB11

“The support I received from Lisa Morris was invaluable to me”

FB12

“I found it most helpful to talk to a specialist nurse about dementia and what would happen at the end of life. We as a family felt more assured”

FB13

“I experienced a huge feeling of relief when Lisa arrived and proved so positive and capable”

FB29

“I felt the team were a great help in understanding my mother’s illness and it reassured me that I wasn’t alone”

# Sharing the burden (FB1)

*“I was desperate to keep Tony at home and he was desperate to stay here, but things were becoming extremely difficult, and I began to doubt that I could manage. I experienced a huge feeling of relief when Lisa arrived and proved so positive and capable. I realised at once that this would be a burden shared. The carers were incredibly wise and obviously experienced at working with people with dementia and I learned a great deal from them. I loved the way they were so kind and cheerful with Tony and he liked them too. The dementia project improved the quality of both our lives. Thank you.”*



I wasn't alone  
Great comfort  
Put my mind at rest  
It made such a difference  
My support and backbone  
Without whose help I would have been at a loss  
Very comforting  
Huge feeling of relief  
I never felt alone  
They have given much help and guided us a lot  
Invaluable support  
A burden shared  
Very helpful  
Most helpful

# *The reassurance of answered questions*

“Very helpful – answered all our questions and was very reassuring in terms of support and any worries we had”

“The dementia nurse was the only one who gave me some answers which I was always asking for ... I never got no answer until you came along”

“Questions answered happily. At end of telephone if needed desperately!”

“She was kind and explained everything very well”

“Our questions were answered clearly and promptly by Lisa at home several months before the end of Mum’s life”

# Being available

"You will know more than most is both physically and mentally draining with no light at the end of the tunnel. However, I draw comfort from the fact that Lisa Morris is a phone call away and responds diligently to both our needs for which I am truly grateful"

"The support I received from Lisa Morris was invaluable to me. The knowledge that I could always contact her with a problem was a great comfort and gave me support when it was needed most"

"We are so grateful for the 24 hour access to the team and the support and information given to us"

"We are so grateful for the 24 hour access to the team and the support and information given to us"

"She was kind and explained everything very well and told me I could contact her at any time if I needed to, which is very comforting to know"

# *Sustaining carers who are losing the capacity to cope*

FB4

“When Lisa left we all felt for the first time, a sense of relief that there was help for us”

FB8

“I cannot imagine not having this service, where would we be if this never existed”

FB13

“things were becoming extremely difficult, and I began to doubt that I could manage. I experienced a huge feeling of relief when Lisa arrived and proved so positive and capable”

FB15

“Words alone cannot express my gratitude at the manner in which you gave love and care to June in her last hours”



FB15

“Words alone cannot express my gratitude at the manner in which you gave love and care to June in her last hours”

FB18

“Without this help I do not know how I would of coped ”

FB19

“After having such little help at home Lisa came which was great she came with Donna and what a service!”

FB32

“It was a very stressful, heart breaking time we were going through. ... We don't know what we would have done without all the help we were given”

# *Exemplary care – that enables peaceful & dignified dying*

FB1

“if it wasn't for Lisa Morris getting mum into G&B Hospice I think her ending would have been a lot more painful and distressing”

FB2

“Lisa Morris in particular was instrumental in making my mother's end of life passage dignified and peaceful”

FB2

“my mother, received exemplary care. The staff were kind, compassionate and caring ”

FB14

“Honesty, reliable, dependable service that listens to the needs of the user”



FB22

“You took care of his every needs until the end and ensured that his passing was dignified”

FB23

“My family wish to thank you for the help and kindness that you provided for my mother in her last days – it was second to none and given with such love ”

FB30

“My mother had the best care in her last two weeks of life at the hospice. Everyone there was extremely caring to mum and the rest of the family. It made her have the peaceful passing she deserved”

FB32

“My dear dad was looked after with great care and dignity in his last week of life”

# *The importance of specialist dementia understanding*

FB3

“It was so good to have the empathetic input and support of those who understood the needs of those caring for a loved one with advanced dementia”

FB12

“I found it most helpful to talk to a specialist nurse about dementia and what would happen at the end of life”

FB13

“The carers were incredibly wise and obviously experienced at working with people with dementia and I learned a great deal from them”

FB20

“The presence of a dementia specialist made the assessment much more effective and appropriate palliative measures were put in place”

# *The experience of professionals in an integrated service*

“The integrated service has benefitted from the hospice expertise over pain management and the wider range of services around end of life care”

“The integrated service means that the hospice has benefitted from the community team’s ability to coordinate care in the community”



# *Three conclusions*

1. A high quality service that demonstrates how integrated services open the door to earlier, more appropriate, community based services for people living with advance dementia.
2. The service shows demonstrable evidence of improved care, sustained family support, and reduced anxiety and crisis.
3. The evidence points to a more effective use of the health care system with better outcomes at the end of life with a reduced use of unplanned care.

# *Other positives*

- Raising the profile of dementia throughout the hospice
- Increasing confidence of all staff and volunteers
- A project template we can duplicate with other patient disease groups



# *Future plans.....*

- What effect on length of stay in hospital if known to dementia service?
- Earlier intervention for ACP
- Evidence of effect on bereavement?