CMC UPDATE
RM Partners
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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
Required to log in only once after which you will be recognised as a returning user.
Cumulative EMIS Care Plan Click Through Activity by Day Since March 21 (Rollout)
Moving from palliative care to urgent care

- **Fit and well**
  - Future Planning
  - Organ donation
  - ADRT/Living Will

- **Long term conditions & complex needs**
  - Vulnerable, Complex and High needs
  - Long Term Conditions e.g. COPD, diabetes, CF, sickle cell, mental health
  - People living with disability and special needs

- **2% AUA**
  - Frail and Elderly
  - Avoiding unplanned readmission and A&E attendances
  - NHS England Enhanced Service Spec

- **EoLC 1%**
  - End of life care
  - Would you be surprised if this patient was alive in a year?
  - Answer yes
Potential cost savings if CMC is expanded to just the 2% cohort

- 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
“Mary’s plan makes it easier to have difficult conversations, we know what is most important to her.”

Social Worker

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

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

User name: Please enter your username
Password: Please enter your 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

![Care Plan Item Engagement Chart](chart.png)

<table>
<thead>
<tr>
<th>Care Plan Item</th>
<th>Possible Care Plan Item Engagement</th>
<th>Actual Care Plan Item Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - PPC</td>
<td>92%</td>
<td>81%</td>
</tr>
<tr>
<td>2 - PPD</td>
<td>66%</td>
<td>49%</td>
</tr>
<tr>
<td>3 – Prognosis</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>4 – Surprise Question</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>5 - Patient Wishes</td>
<td>79%</td>
<td>77%</td>
</tr>
<tr>
<td>6 - Family Awareness</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>7 - Cultural/ Religious</td>
<td>42%</td>
<td>29%</td>
</tr>
<tr>
<td>8 - CPR Decision</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>9 - Ceiling of Treatment</td>
<td>79%</td>
<td>77%</td>
</tr>
<tr>
<td>10 - Symptom Treatment Plans</td>
<td>42%</td>
<td>29%</td>
</tr>
<tr>
<td>11 - Personal Contacts</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>12 – Contacts – Professional</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>13 – Publishing timeframe</td>
<td>29%</td>
<td>86%</td>
</tr>
</tbody>
</table>

**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

CMC News and Data Reports January 2017

LATEST DATA REPORTS

Our data reports for January 2017 show:

- 706 new care plans created in January, up nearly 35% over the same month last year.
- 41% of care plans were created by GPs, 30% by hospitals and 23% by acute care providers.
- There were 95% urgent care visits at CMC clinics - up 5% over December 2016.

We’re pleased that the data shows more care plans being created for patients with urgent needs, which is great news for our patients and service users.

Please see below for more detailed data.

QUALITY APPROACH TO CARE PLANNING

Our Clinical Quality Manager, Carl Boldon, is developing a new clinical quality initiative to help us improve care planning and offer a better insight into the quality of care we provide.

CMC News and Data Reports February 2017

LATEST DATA REPORTS

Our data reports for February 2017 show:

- 706 new care plans created in February.
- CMC created 90% of urgent care plans, a 5% increase on January’s figure.
- There were 95% urgent care visits at CMC urgent care clinics.

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 (ISAs) in place with over 1,000 NHS organisations (covering all NHS, acute, community and GP), and are delighted that at the end of the first month we passed the milestone of 100,000 patients notified on the ISA.

SUCCESSFUL SYSTEM UPGRADE

Our CMC system upgrade went live on April 1st, and we hope you’ll notice the improvements we’ve made 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 to access the information sharing agreement and clinical care plans. Organisations will begin using the system from April 1st,

And whilst the system will continue to default to a 30 day refresh data, we are also asking clinicians reviewing urgent care plans to enter additional data (if in one week) instead.
CMC research

- Institute of Global Health, Imperial
- Artificial Intelligence – big data (e.g. ONS)
- 2 PhD students – Qualitative
- HELIX centre – research & design
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
CMC UPDATE
RM Partners

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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%)
Hospice Dementia service

Hospital CNS (6%)

Local GP referral 27%

Hospital consultant/team 24%

Oxleas Dementia Service

Hospice referral 9%

Other (34%)
“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

- LT 2 wks: 45%
- 2 - 4 wks: 10%
- 4 - 6 wks: 10%
- 6 - 10 wks: 10%
- 10 - 20 wks: 5%
- 20+ wks: 5%
Time in the service for those still living with dementia

- LT 6 wks: 25%
- 6 - 12 wks: 15%
- 13 - 20 wks: 10%
- 21 - 30 wks: 10%
- 31 - 40 wks: 10%
- 40+ wks: 15%

Greenwich & Bexley Community Hospice
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

- Home: 45%
- Nursing Home: 37%
- Hospice: 11%
- Hospital: 7%

PPD

- PPD achieved: 97%
- PPD not achieved: 3%
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

- 2 episodes of care: 31%
- 3 episodes of care: 8%
- 4 episodes of care: 3%
- 5 episodes of care: 10%
- 6 episodes of care: 10%
- 8 episodes of care: 8%
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 overtreatment and to avoid the dangers of undertreatment”
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”
“I feel there is a light at the end of the tunnel”

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

“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”

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

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

Very comforting

Great comfort

I wasn't alone

Put my mind at rest

It made such a difference

Without whose help I would have been at a loss

I never felt alone

They have given much help and guided us a lot

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”

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

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

“She was kind and explained everything very well”
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”

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

“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”

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

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

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

“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”
“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”

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

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

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

“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.”

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

“You took care of his every needs until the end and ensured that his passing was dignified.”
The importance of specialist dementia understanding

FB3
“\textit{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?