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THE DEVELOPMENT OF AN ELECTRONIC REPORTING MECHANISM TO SUPPORT THE USE OF EPACCS IN CLINICAL PRACTICE

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Background Leeds was one of the sites for the DH EPaCCS pilots 2009–11 (Ipsos-Mori 2011) and implementation across the city has been ongoing since 2011. Bespoke templates have been developed to collect patient information specified in the 1SB1580 standard from within existing clinical systems of the healthcare provider organisations to support the elicitation, recording and sharing of people's key preferences about their care.

Whilst implementing EPaCCS in Leeds it became apparent that reports could assist clinicians in identifying which patients might be suitable for EPaCCS, help streamline palliative care/GSF meetings and support organisational reporting requirements. The team therefore developed the reports outlined below.

Aims Use electronic coding of patient information to develop reports to: highlight those patients with a palliative code in their record for consideration by clinicians for EPaCCS streamline palliative care/Gold Standard Framework meetings by focusing on patients preferences enable GP practices and healthcare organisations to meet their reporting requirements and monitor care outcomes.

Results EPaCCS reports have been developed within the SystmOne clinical IT system populated by GP's, specialist

palliative care and community nurses. Since clinicians started using the EPaCCS reports there has been a significant increase in the numbers of patients identified as having palliative care needs and who have subsequently been included on EPaCCS. Clinicians report that GSF/palliative care meetings are more streamlined and effective. Practices are also able to evidence QOF requirements of a palliative care register and meeting; similarly other healthcare organisations can meet their reporting requirements using EPaCCS.

Conclusions The introduction of reports into the Leeds Systmone EPaCCS has been beneficial to patients and clinicians in terms of more patients being identified and highlighting gaps in preferences being recorded, and clinicians are enabled to be more productive and proactive in their decision making and reporting requirements.