of clinical behaviours and practice, and identifying palliative patients.

Following initial scoping the IT enabler of choice, My Right-Care (MRC) was identified for the locality and was subsequently grant funded by the NHS England Nursing Technology Fund. Unlike other solutions MRC creates a patient-centric unified care plan, specifically being clinician friendly, with functionalities such as auto-population and flagging in your own system. Created care plans, are then shared (with consent) across all health care IT systems; primary and secondary care, including urgent care; ambulance and NHS 111 services. This coupled with developing a suite of tools to support GPs and provider colleagues to utilise as they choose, has supported, engaged, and empowered them to improve coordination of end of life care in the county and create a social movement on the frontline.

We would like to share the experience of a large rural county in achieving clinical engagement through bottom-up transformational change. With a small budget and little authority, but with innovative technology and a different approach we are implementing EPaCCS in our locality. And there are no project plans!

Aims of the Project

1. To move to an electronic patient record across all clinical departments accessible to local community services enabling access to real time information about a patient’s care and condition shared across the hospice, general practice, district nursing services and out-of-hours service
2. Enable hospice staff to remotely access a patient’s up-to-date record enabling advice given and care delivered to be recorded without having to find a set of case notes or returning to base
3. Reduced amount of telephone and fax traffic between primary care and the hospice around clarifying care, medication and other key factors such as known allergies
4. Saving time on administration and record keeping to enable more clinical time.

Over a period of nine months using a change management approach an instance of the electronic patient record (EMIS) was developed for each clinical team, based on a common holistic approach and a different approach we are implementing EPaCCS in our locality. And there are no project plans!

Results

Seven months after commencing the pilot:

1. Changing culture and the language used by staff
2. SystmOne has now been configured to include all the data items required.
3. Reports were submitted to PHE but are now being fine-tuned to meet our needs.

Interpretation and conclusions

To embed a new dataset within an EPR including all of the above elements takes longer than the six months anticipated. Although the palliative care dataset will not be taken forward, the elements of it are proving to be valuable resources that we feel will improve patient care and enable us to evidence the quality of care provided.