

## STANDARD OPERATING PROCEDURE

### Capturing and Sharing Patient End of Life Information using Electronic Palliative Care Co-ordination System (EPaCCS)

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<b>Name of Trust Strategy/Policy/Guidelines this SOP refers to:</b>	Humber Teaching NHS Foundation Trust Data Quality Policy (F-021) Health and Social Care Records Policy (N-005) Humber Information Sharing Charter Internal Ref: HIG 01 Information Governance Policy (N-008) Tier 2 Part A - Information Sharing Agreement Humber, Coast and Vale EPaCCS Information Sharing Agreement

**VALIDITY – All local SOPs should be accessed via the Trust internet to ensure the current version is used.**

#### CHANGE RECORD

Version	Date	Change details
1.0	19/05/2021	New SOP
2.0	11/06/2021	Alteration of procedure to request change of user (new form) as agreed CNG 19/05/2021. Extended until end of December 2024 to allow time for the planned digital upgrade and process change linked to this. Approved by director sign-off (Kerry Brown – 22 May 2024).

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## 1. INTRODUCTION

Patients in their last year of life may come into contact with many health and care professionals. Electronic Palliative Care Co-ordination System (EPaCCS) enables the recording and sharing of a patient's care preferences and key details about their care at the end-of-life. It can easily be shared and accessed 24 hours a day by clinicians and carers involved in the patient's care and across organisational and geographical boundaries; for example across primary care, ambulance services, hospice settings and acute hospitals.

Problems with sharing palliative care information about patients can result in significant challenges in providing person centred end-of-life care, for example patients not dying in their preferred place of death.

EPaCCS is an example of a widely used electronic-sharing system which fulfils the recommendations of NICE Guidance NG 142; Sections 1.8.1 & 1.8.2 (2019):

*“Adults approaching the end of their life should have care that is coordinated between health and social care practitioners within and across different services and organisations, to ensure good communication and a shared understanding of the person's needs and care.”*

*Use electronic information-sharing systems that are accessible between different services and organisations to enable information to be reviewed, updated and shared efficiently within and between multipractitioner teams, across different services and organisations.”*

Anticipated benefits include:

- Improved patient experience – end of life care delivered in their preferred place and preferred place of death are in line with patient preferences. More patients die in their preferred place of death
- Provides a real-time summary view of a patient's end-of-life preferences that is shared with the health and care professionals caring for the patient
- Improved communication between health and social care professionals
- Enables integrated care provision in-hours and out of hours
- Supports joined-up care for patients in the last months, weeks, days of life
- Reduction in number of unnecessary/avoidable ambulance journeys and hospital admissions
- Efficiency savings – reduction in paper forms and duplication, less time chasing information
- Supports health and social care providers in meeting end-of-life contractual standards e.g. QOF indicators QI003 and QI004 in the new GP Contract.
- Details on anticipatory medication and CPR decision making

EPaCCS should be initiated by the organisation that identifies that the patient is in the last year of life and meets the inclusion criteria. EPaCCS can be as quick as 1-2 minutes to complete with the minimum three mandatory fields

EPaCCS is part of Humber Coast and Vale Shared Care Record programme to provide a joined-up electronic record for patients [#DigitalFutures – Humber, Coast and Vale Health and Care Partnership](#)

## 2. SCOPE

This Standard Operating Procedure (SOP) has been developed to provide guidance and clarity for clinical teams within Trust services regarding scope and use of EPaCCS for patients. It will also support partners in understanding the levels of use of EPaCCS within the Trust.

This document provides guidance on:

- Access to EPaCCS: setting up users and levels of access

- Trust Patient Criteria for an EPaCCS record
- Opening EPaCCS from SystemOne or Browser
- Creating, adding-to and reading EPaCCS
- Additional information for the Trust
- Links to useful training and information resources

This document should be shared as part of the induction process for new starters or temporary workers involved in any of the above aspects, to ensure consistent compliance with the systems and processes. It does not replace professional judgement which must be used at all times when managing referrals and patient intervention.

### 3. DUTIES AND RESPONSIBILITIES

This SOP states the accountability and responsibility of staff at all levels including CAS administrators, clinicians, key personnel and appropriate Trust staff.

The Trust's chief executive retains overall responsibility for ensuring effective implementation of all policies and procedures.

The Trust Board will ensure that this procedure is acted on through delegation of implementation to assistant directors or equivalent general managers/service managers/modern matrons/lead professionals.

Service managers, modern matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Clinical leads and team leaders will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Clinical Leads/Team Leader will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their appraisal process in order to undertake training and sign off competencies.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant records on SystemOne as per policy and standard operating procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion.

### 4. PROCEDURE

#### 4.1 Access to EPaCCS: Setting up Users, Levels of Access, Changes to Access and Leavers

Black Pear licensing tool enables secure access to EPaCCS. Only authorised users can gain access and use EPaCCS. All users must have an individual valid username and password before they can use the system

Staff using EPaCCS must be compliant with Data Security Awareness level 1 training. This is mandatory IG training required for the Trust's Data Security and Protection Toolkit

New EPaCCS user access (provision of username and password), any change to an existing user's access or notification of leaver **must be requested Service Manager or Clinical Lead** using the "EPaCCS change request form" found on the following intranet page: [Smartcards and Registration Authority](#). This form contains options to select in dropdowns depending on the request.

This form is then emailed (via the link on the form) to the **Trust Clinical Systems Team via the IT Service desk:** [hnf-tr.itservicedesk@nhs.net](mailto:hnf-tr.itservicedesk@nhs.net)

Access rights will depend on the clinician's level of registration, role and competence, as agreed with their clinical lead / service manager; See Table 1.

<b>Table 1: EPaCCS Access Levels for HTFT Staff</b>		
<b>Access Level</b>	<b>HTFT Staff group</b>	<b>Notes</b>
Create, read and write	Registered Clinicians Band 6 and above, who have responsibility for the delivery or care to a patient, have completed EPaCCS training and who are competent to: <ol style="list-style-type: none"> <li>1. Identify if patient is likely to be in last year of life</li> <li>2. Understand the patient's resuscitation status</li> <li>3. Inform patients about EPaCCS.</li> </ol>	Staff can create EPaCCS record and update
Read and write	Registered clinicians who have completed EPaCCS training and are responsible for the delivery of care to patients	Staff can view and update EPaCCS record but cannot create
Read only	All other registered and non-registered clinical and clinical administrative staff	Staff can view EPaCCS record but cannot update or create

The Trust's Clinical Systems Team will email [support@blackpear.com](mailto:support@blackpear.com) with the following information when a request is raised for new users or any changes, including the following details:

**SUBJECT:** HCV EPaCCS and, e.g. HCV EPaCCS –Scarborough  
List each EPaCCS user including the following details:

1. name (title, forenames, surname)
2. email address
3. level of permission (create, read/update, read-only), e.g. Dr Fred Bloggs, [f.bloggs@nhs.net](mailto:f.bloggs@nhs.net)

The EPaCCS user will then be sent credentials (username and password) and instructions on how to change their password from Black Pear

To change a password, follow: <https://support.blackpear.com/hc/en-us/articles/360035908112-Setting-a-New-Password>

For any changes to EPaCCS access or removal on leaving, line manager must use the "EPaCCS change to access form" as mentioned above to notify the Clinical Access Team.

Any unresolved concerns regarding access should be escalated to the HTFT Clinical Systems Operational Manager.

## 4.2 Trust Patient Criteria for EPaCCS

### Inclusion criteria

- Patients 18 years or older who require community nursing or therapy interventions and are registered with a GP within the Scarborough, Ryedale, Whitby and Pocklington localities
- Patients who are likely to be in the last year of life according to the Gold Standard Framework (GSF) criteria, including patients with:
  - Advanced, progressive incurable conditions
  - General frailty and co-existing conditions that indicate they could be expected to die within 12 months

- Cardiopulmonary Resuscitation status decision

**Exclusion criteria**

- Patients without a palliative diagnosis
- Patients who are not considered to be in the last year of life

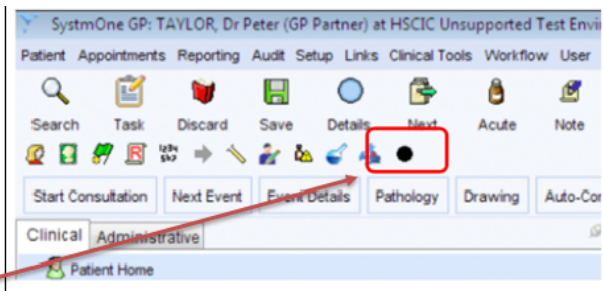
**4.3 Opening EPaCCS from SystmOne or Browser**

To open EPaCCS, users will access the icon '●' on the toolbar from within the patient record in SystmOne, navigate to the software, Pyrusium, to read, amend or create an EPaCCS form for the patient, depending on access level.

Each user will receive an email with login and account activation instructions

To launch a patient:

1. Open the patient you wish to retrieve within SystmOne
2. Click on the icon to launch Black Pear eSP (this may differ from the one opposite)

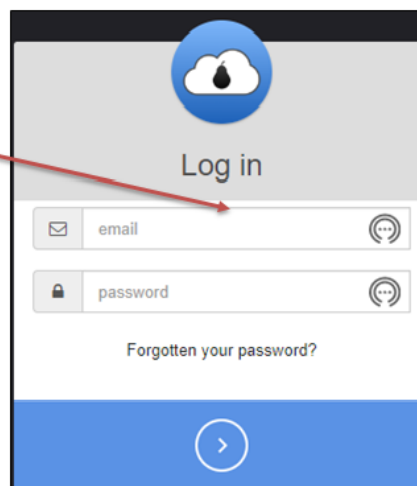


This will open the login box within the specified browser. Enter your Black Pear credentials and click the arrow button.

Click on the lime icon for the app that starts with "Core Care Plans":



The Black Pear service will launch with the patient currently open in SystmOne



To access EPaCCS click on users' browser (IE11 or above or Google Chrome) and enter the following URL: <https://pyrusapps.blackpear.com>. Save the URL in 'favourites' to make future access easy. Enter username and password and choose 'EPaCCS'.

**4.4 Creating, Adding to and Reading EPaCCS**

Patients with a current EPaCCS can easily be identified on SystmOne with the following icon, found on top right of their record below their name and address details:



To create a new patient's EPaCCS three mandatory fields must be completed:

1. Informing the patient about EPaCCS: Legal basis for information sharing in EPaCCS is Direct Care NOT Consent; see Box 1
2. Primary palliative diagnosis
3. Cardiopulmonary Resuscitation status decision in place

The EPaCCS form begins with the mandatory section, the completion of which indicates that the carer or clinician has informed the patient that they are creating an EPaCCS form that will be shared, viewed and amended with other individual's involved in their direct care. Although formal

consent to EPaCCS is not required, it is good practice to inform a patient that a shared record is being created and why.

#### **Box 1: Legal Basis for information sharing in EPaCCS**

The legal basis for EPaCCS and sharing of end-of-life information between carers and clinicians involved in a patient's care is 'direct care' and NOT consent. This is in line with the recommendations of Caldicott Reviews of 1997, 2013, the provisions of the Data Protection Act (DPA) 2018 and the General Data Protection Regulation (EU) 2016/679 (GDPR)

The patient's GP will receive notification that an EPaCCS has been created or amended. Data from GP record will pre-populate the EPaCCS record is pre-populated, for example, patient demographics, GP practice details, current repeat medications and diagnoses/problems.

Additional important and personalised end-of-life care information can be entered when creating an EPaCCS and subsequently. To add to existing EPaCCS, access the record as detailed in section 4.3 and complete the relevant section. Other clinicians, with appropriate level of access to EPaCCS, can also add to the EPaCCS once created. Any changes to EPaCCS are saved and dated as the most up-to-date information.

Full instructions on how to create an EPaCCS record can be found at [Creating EPaCCS record outside of the GP Practice](#)

See Appendix 1 for additional training resources and useful contracts.

#### **4.5 Training Requirements**

Full records of training (including dates) should be recorded and a log kept within the team. The assessment of competence should be documented

#### **4.6 Additional Information for the Trust**

The names of Systems administrators with responsibility for EPaCCS should be emailed to: [hnf-tr.yhcrhcv.carerecord@nhs.net](mailto:hnf-tr.yhcrhcv.carerecord@nhs.net) prior to the set-up of users and the commencement of data sharing

An Information Sharing Agreement (ISA) has been signed between the Trust and Humber, Coast Vale; "Tier 2 Part A - Information Sharing Agreement HCV EPaCCS 01"

The Trust has published EPaCCS privacy notice for patients.

**See Appendix One for additional resources.**

### **5. EQUALITY AND HUMAN RIGHTS IMPACT STATEMENT**

Humber Teaching NHS Foundation Trust is committed to providing services and employment to a community with an increasing variety of backgrounds. To do this effectively it is essential that we promote equality and embrace diversity and treat all of our service users, staff and carers with dignity and respect. The Equality Act 2010 requires that we undertake outcome focused activity in addressing equality and diversity issues as a service provider and employer, across nine protected characteristics. We have a general duty to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not share it.

### **6. INFORMATION GOVERNANCE**

The processing of personal identifiable information under this SOP will be in accordance with the Data Protection Act 2018, UK GDPR, NHS Codes of Practice on Confidentiality and Information

Security Management, Caldicott Principles, citizens' rights under the NHS Constitution, and other relevant guidance at the time the SOP is live.

The processing of EPaCCS is **necessary to perform a public task** (GDPR Article 6(1)(e)) and **necessary for the provision of health or social care treatment** (GDPR Article 9(2)(h)).

A Data Protection Impact Assessment for the system has been approved by the Trust's Information Governance Group

### **Patient Subject Access Requests (SAR) for their EPACCS record**

All patient requests for a copy of their EPACCS record will be directed to [hnf-tr.S-A-R@nhs.net](mailto:hnf-tr.S-A-R@nhs.net) with a pdf extract of the EPACCS records. Medical Records will ensure that the request is logged and managed within the legal time frame and will liaise with the appropriate health professional to ensure that any necessary exemptions are applied. The health professional will make reasonable efforts to liaise with other data controllers contributing to the record prior to disclosure. If Medical Records receive the request for the EPACCS record directly, they will contact (can you add a named contact) for an extract of the record.

Health professionals are able to give the patient informal access to the information they have written in relation to the patient's care in line with Section 5.2 of the [Access to Health Records Policy.htm \(humber.nhs.uk\)](http://humber.nhs.uk/Access-to-Health-Records-Policy.htm)

Please [click here](#) for the full privacy notice for EPaCCS.

If you have any queries please contact:[hnf-tr.yhcrhcv.carerecord@nhs.net](mailto:hnf-tr.yhcrhcv.carerecord@nhs.net)

## **7. MONITORING AND AUDIT**

To ensure robust governance monitoring of clinical response time is captured with Scarborough and Ryedale monthly performance reports and on exception reporting where response has not met target.

Quality and safety is monitored through monthly documentation audit and regular, individual clinical supervision with members of the Rapid Response Service.



## Appendix 1: Useful contacts, resources and training materials.

- To find out more about EPaCCS and how it supports end-of-life care in Humber, Coast and Vale go to: <https://humbercoastandvale.org.uk/how/digital-futures/#EPaCCS>
- Training support guides can be found at:  
<https://humbercoastandvale.org.uk/how/digital-futures/#EPaCCS> including a 20-minute video demonstrating how to complete an EPaCCS form for a patient - [Clinicians' Video](#)
- Gold Standard Framework:  
[Prognostic Indicator Guidance October 2011.pdf \(goldstandardsframework.org.uk\)](#)
- Contact Black Pear Support Team for technical queries is [support@blackpear.com](mailto:support@blackpear.com).
- Contact Eula Sewell for Training and Support queries at [eula.sewell@nhs.net](mailto:eula.sewell@nhs.net) or via [hnf-tr.yhcrhcv.carerecord@nhs.net](mailto:hnf-tr.yhcrhcv.carerecord@nhs.net)
- To change your password, follow: <https://support.blackpear.com/hc/en-us/articles/360035908112-Setting-a-New-Password>
- Full instructions on how to retrieve a patient record may be found here: [SMSP Patient Retrieval](#)