

# Primary Care Commissioning Group

Date 28<sup>th</sup> September 2016

<b>Details</b>	Part 1	✓	Part 2		Agenda Item No.	9
Title of Paper:	Palliative and End of Life Care (PEOLC) Electronic Referral Information Sharing System (ERISS)					
Board Member:	Margaret O'Dwyer					
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Presenter:	Delwyn Wray					
Please indicate:	For Decision	x	For Information	x	For Discussion	

## Executive Summary

<b>Summary</b>	This paper will inform the Primary care Commissioning Group of the current implications of utilising ERISS within Primary Care and the ongoing development of Advanced Care Plans and Electronic Palliative Care Co-ordination Systems EPaCCs					
<b>Risk</b>	<b>High</b>		<b>Medium</b>	x	<b>Low</b>	
	<ul style="list-style-type: none"> <li>The utilisation of the ERISS system will create a duplication of data and information input for GPs who are currently supporting the EPaCC process via the link the Medical Interoperability Gateway (MIG) offers from Vision.</li> <li>Due to the duplication of records, there will be clinical governance and safety issues aligned to all GPs</li> </ul>					
<b>Recommendations</b>	The Board is asked to: Support the decision to not utilise ERISS as a form of referral, thus reducing the impact of clinical safety / accountability and duplication of records management for GPs					

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	x
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements
	x

# **Palliative and End of Life Care (PEOLC) Electronic Referral Information Sharing System (ERISS)**

## **1. Introduction and background**

The purpose of this report is to seek views from the Primary Care Commissioning Group regarding support for the non-utilisation by GPs of the Electronic Referral and Information Sharing System (ERISS) hosted by the North West Ambulance Service NHS Trust (Nwas).

At the January 2016 Clinical Cabinet, there was agreement for a 12 month contract with Healthcare Gateway to provide the Medical Interoperability Gateway (MIG) to support the delivery of the EPaCCs before 31st March 2016 in collaboration with HMR and Oldham CCGs.

Orders were placed and there are currently only 3 GP practices within the Bury conurbation that have yet to sign up to the Data sharing agreements. Secondary Care, Community Services, Mental Health, and the Local Authorities are partners. Pennine Care Foundation NHS Trust is due to go live and fully access the system in September 2016.

The ERISS system is a web based application, designed to enhance information sharing and collaborative working between Nwas and its key stakeholders. The system is supposed to support the transfer of referral information to external organisations in the North West providing a secure portal for organisations to inform Nwas of care planning arrangements for specific groups.

Two recent meetings have been held at the request of NHS Bury CCG with Nwas NHS Trust. The key theme of these meetings has been around the work being undertaken internally, the implementation of the EPaCC system its links with the MIG, links to other providers such as Adastra and the potential connectivity with the Electronic Referral and Information Sharing System (ERISS).

At the inaugural meeting Nwas were not in a position to answer key questions raised by the CCG. A subsequent meeting was then convened for an update and possible progress where ERISS and the MIG could offer for the health providers a system that did not create duplication of information, update and maintenance.

On a localised basis, there were clinical safety issues raised by CCG members regarding the way ERISS records and presents information to the Nwas operational staff. Feedback highlighted that connectivity at a local level with Adastra was not achievable due to limited connectivity and current links between Nwas and the Cheshire and Mersey area.

Nwas acknowledge that the system is not currently fit for purpose to support the ongoing changes with Information Technology across the regional CCG footprint and are undertaking a review of ERISS. Unfortunately it will be a number of years before a suitable replacement is procured.

## 2. Further information

In support of the concerns raised by Bury CCG and GPs from the Bury locality, many of the points raised and discussed with NWS have also been addressed by the EPaCCS North West Lead on behalf of the Strategic Clinical Network. A letter (attached) is to be sent to the lead commissioner for Ambulance Services, raising a number of concerns regarding the ERISS system. (See Appendix A)

To date the following CCGs have signed the attached appendix which has been forwarded to the Lead Commissioners for Ambulance Services; St Helens, Knowsley, Halton, Wirral, Bolton, Salford, Heywood, Middleton & Rochdale, Central Manchester, Blackburn with Darwen, and East Lancashire.

Despite the national requirements for an EPaCCs to be in place, work on finding a solution to enable this across the NW has not been successful to date. NWS anticipate that the timeline for the procurement of such a system is estimated at 4 years.

The NWS proposed solution until such time, is for GPs and other clinicians to capture a limited amount of end of life related information, such as CPR decision, Advanced Decision to Refuse Treatment, and Preferred Priorities of Care, via ERISS. This system requires manual entry. Information is then shared within NWS by creating a flag on the address of the patient within the Emergency C3 computer aided despatch (CAD) system – this is address based and not patient based, and does not currently have the ability to search for a patient's NHS number. Reliance on such systems lacks safety and governance.

A central aim of the NW EPaCCs programme was to reduce or remove the need for duplication of effort, by limiting the number of electronic solutions used: three processes instead of the automatic one that EPaCCs can provide, will result in duplication, increased risk as well as confusion and an unnecessary increase in workload for both those entering the information and those viewing it.

Currently, for most Bury GPs to share EoLC information with NWS, 111 and OOH GP services, they need to update their own clinical system, log in to ERISS to manually update that too, and also log in to Adatastra to manually enter the details into Special Patient Notes.

In addition, the inability to record Preferred Place of Death (PPD) information within ERISS means that a patient's wish not to be unnecessarily transported into hospital if they are expected to die is likely to be missed by ambulance staff.

Two of the key drivers for implementing EPaCCs are reducing the number of unnecessary hospital admissions, and reducing the number of unnecessary ambulance journeys.

Bury's recommendation is that the way forward will not include the utilisation of ERISS to maintain patient records and information. Instead the proposal is that GPs ensure that all PEOLC patients have an advanced care plan, in accordance with the agreed GP Quality Scheme. The GPs will

also continue to update Aadastra via the recommended special patient notes. The ACP can be accessed by NWAS staff when responding to emergency calls in the home and thereby make informed decisions.

A form of agreed communication needs to be developed with NWAS, ensuring ambulance staff are aware of the Bury process. Ultimately this transition will remove the impact of the duplication of information being inputted, better safety and governance of patient information and a standardised procedure for the securing and sharing of secondary care records. Bury CCG will continue to engage in North West discussions and will review the recommended solution as NWAS systems evolve.

### **3. Recommendations**

- All PEOLC registered patients have a live, Advanced Care Plan, retained within their place of residence.
- PEOLC care plans will be used by NWAS to support decision making
- Bury CCG will not participate in the interim solution (ERISS) which is proposed by NWAS.

To Note:

1. That the GP Quality Scheme requires all PEOLC patients to have an “Advanced Care Plan” a requirement that went live April 2016
2. To agree that the care plans for Bury can be accessed by NWAS in the patient’s home to support NWAS decision making.
3. Bury CCG will not participate in the interim solution (ERISS) which is proposed by NWAS and which will multiply input for practices.

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