

The following information covers the matters most pertinent to palliative care.

**Meetings**

The ECS Service Board has met three times. The last meeting was 27<sup>th</sup> June 12.

**ECS linked components**

There are two linked data uploads

- ECS – the Emergency Care Summary
- ePCS – the electronic Palliative Care Summary

When KIS is implemented there will be in addition two further linked data uploads

- KIS – the Key Information Summary
- Special notes – a stand alone part of KIS

**Consent**

The consent rules for ECS remain unchanged and patients must be asked for permission to access ECS at the point of access.

Consent for ePCS and for KIS upload need to be sought on an individual patient basis.

Consent for a Special Note will be part of KIS consent.

Consent for KIS and ePCS upload are subtly different. If ePCS consent is ticked then both KIS and ePCS data will be uploaded. However, if only KIS consent is ticked then only data shared with ePCS and KIS will be uploaded unless a palliative care code is also added through the KIS screen.

In pilot practices both KIS and ePCS consent must be 'ticked' for a palliative care patient with an ePCS.

**ECS**

ECS can be accessed in two circumstances. These are any episode of unscheduled care and any scheduled episode *where a referral letter is in place* to allow the medication information in this letter to be updated.

Unscheduled care is defined as a patient that is seen in an 'unplanned' fashion or who presents as an emergency without a referral letter.

**ePCS**

ePCS can also be attached to electronic referrals to palliative care.

Probably the most important recent development from a palliative care perspective is that Scottish Ambulance Service Emergency Medical Dispatch Centres will have direct access to ECS / ePCS. This means that they will be able to view the content of patients' ECS / ePCS records and will thus be aware of the presence of a DNACPR order before they attend the patient.

**KIS**

KIS is at pilot stage in 4 boards using both EMIS and Vision. KIS will fill the gap between the transfer of the medication/allergies information in ECS data and the ePCS data detailing important end of life issues.

Data entry is simpler and more linked within KIS.

It had been hoped to implement KIS and easier data entry for ePCS later this year, however to ensure that piloting can take place of the final software versions of both VISION and EMIS the national implementation can not begin till early 2013. This should ensure that the user interface is as easy to use as possible.

It will be the responsibility of individual boards to decide when and how quickly KIS will be implemented.

**Special Note**

This forms part of KIS and is a large free text box (2048 characters) that allows the automatic availability of significant information to services able to access ECS. In patients with existing ePCS records it is populated by grouped data entered under Additional OOH Information, Other Issues and Additional Useful Information.

Further information regarding KIS is in the attached KIS newsletter.

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