

# Living Well in Communities

## Anticipatory Care Planning in the Real World

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### Let's Think Ahead



Healthcare  
Improvement  
Scotland



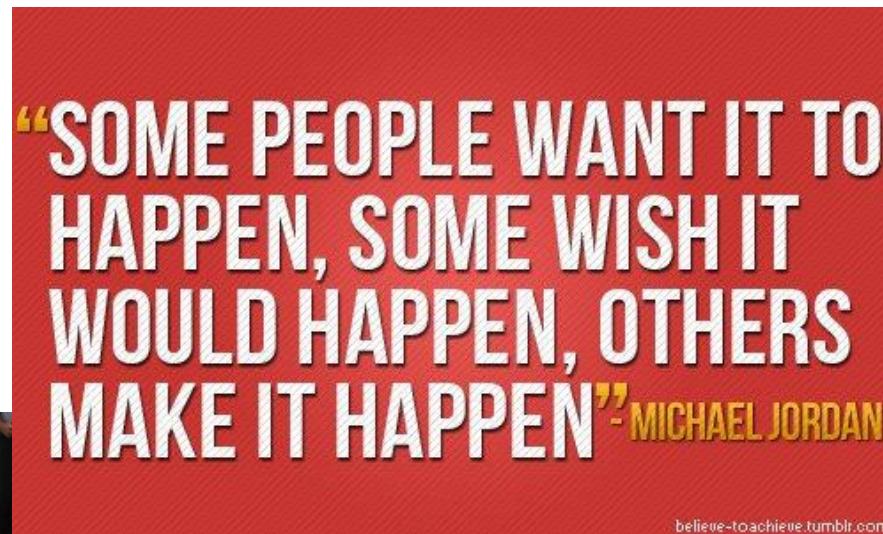
# **Anticipatory Care Planning in the Real World**

- Three Letter Thursday
- ACP Matters
- ACP - The story so far.....
- Making it happen in the real world (table discussion)
- Ten word commitments



# Let's think ahead

## The Challenge of Change



**Let's have the right conversations at the right time  
“ACP Matters”**



# How we got here

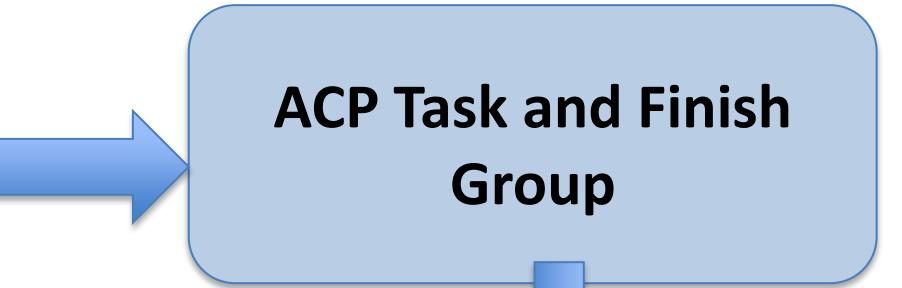
Improvement  
Collaboratives

ACP Task and Finish  
Group

Living Well in  
Communities

National Action Plan  
for ACP

ACP Programme Board  
and Delivery



# National Action Plan for ACP : Primary Drivers

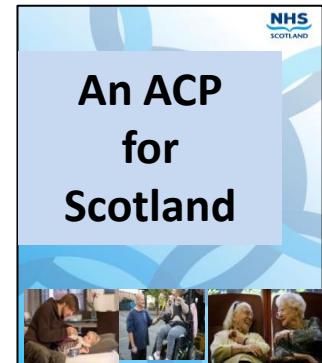
1. **Raise awareness** and profile of ACP and embed principles within each locality to help those with multiple morbidities

## 2. Share Information

Supporting people to develop their plan

Design ACP material for individuals

Focus on early intervention



Supporting professionals to work together

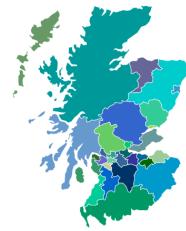
Increase access to the Key Information Summary (KIS)

## 3. Work to ensure **carer support** aligned with ACP

Ensure delivery of ACP for all who would benefit



# Making the links



Palliative Care  
Strategic  
Framework

National ACP  
Action Plan

Identifying  
those who will  
benefit



Improving  
understanding  
and health  
literacy

Co-ordination  
of care

Having the  
right  
conversations

Education  
and training

E-Health to  
support the  
right info  
sharing

Align with integration  
contract and service  
reviews

# What do we need to do in the real world?

## "Thinking ahead"

Working with people and those close to them .....  
to set and achieve common goals  
in an ongoing process ...



## Person-centred care and ownership

## Improving quality and consistency

The right conversations

To ensure ....the right thing is being done

at the right time

by the right person(s)

with the right outcome



# Person- centred care with personal ownership



Healthcare Improvement Scotland's Improvement Hub

Let's think ahead

## My Anticipatory **Care Plan**

End of Life Care

EUAN'S  
SCOTLAND

Healthcare  
Improvement  
Scotland

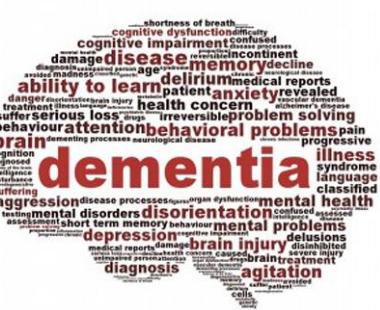
# Think Ahead Think ACP-

## ACP Triggers-

### Condition Situation and Assessment



- **Elderly and living alone, housebound**
- **Infants, children and young people with complex and palliative care needs**
- **Complex support needs**
- **Unscheduled care access**
- **Carer stress**
- **Condition(s) specific (disease registers)**
- **Risk predictive tools**
- **Collaborative assessment**



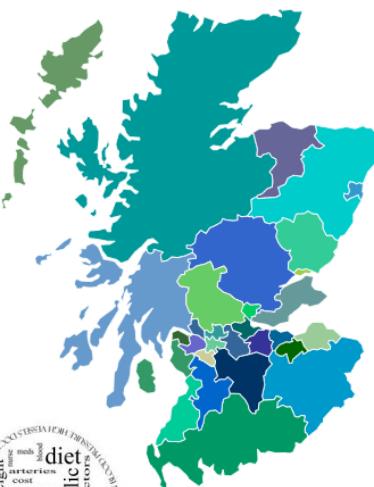
# Children with complex needs

# CANCER

# KIDNEY FAILURE

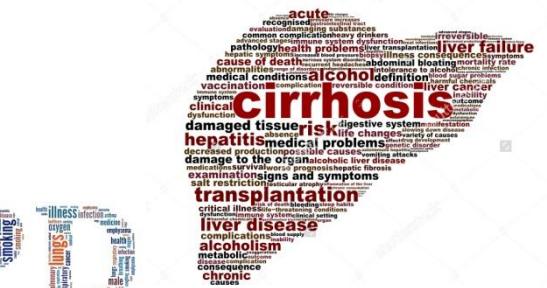


# Frailty



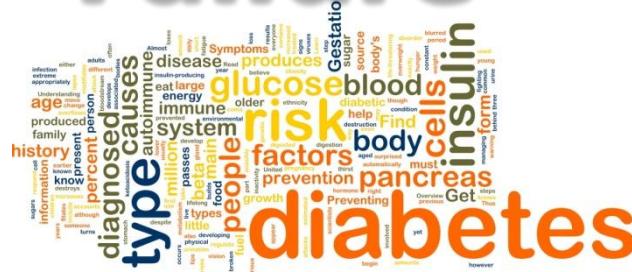
asthma  
cancer  
coughing  
disease  
inhaler  
lung  
medicines  
respiratory  
smoking

**STROKE**



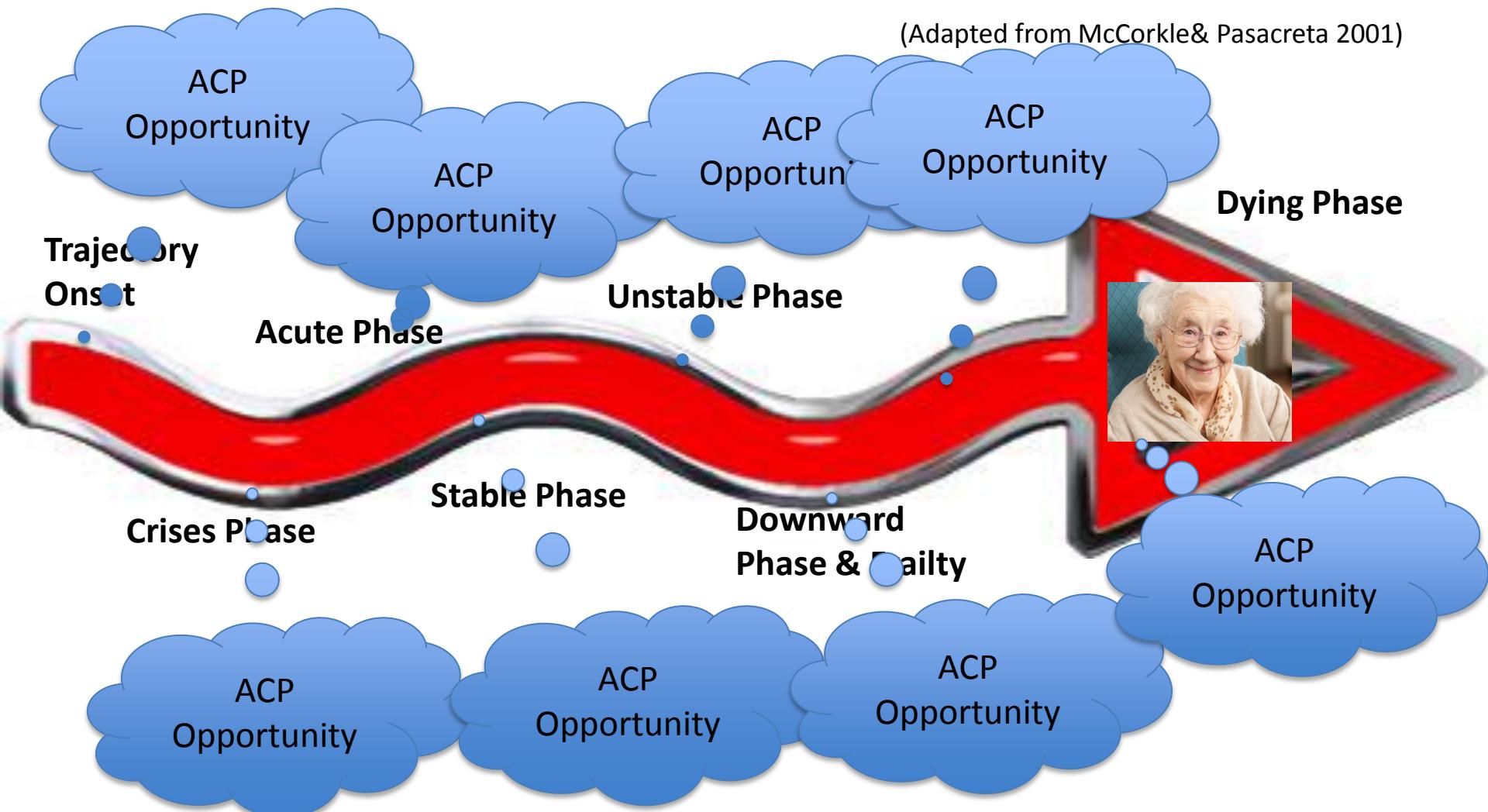
# Heart

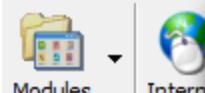
# Failure



# Identifying who will benefit

# Recognising opportunities- the Chronic Illness Trajectory





## KIS Data Entry



0 : Consent | 1 : Demographics | 2 : Current Situation | 3 : Care & Support | 4 : Resuscitation & Preferred Place Of Care | 5 : Palliative Care |

## KIS Upload Decision

 Send a Key Information Summary for this patient

Assigned Date

28/05/2015

 Do Not Send a Key Information Summary for this patient

## Patient Consent

Assigned Date

11/02/2014

Notes

Consent for key information summary upload

Data not uploaded to KIS

 Vulnerable Person

 Risk to Self

 Risk to Others

 Legal Requirement

28/05/2015

## Special Notes (shared with ePCS)

 Apply Special Note

67 year old with metastatic bowel Cancer (likely pulmonary and now also skin mets and extensive local nodal disease); background hx of recurrent PTE;  
on lifelong anticoagulation with s c LMWH;   
Hickman line in situ for expected palliative chemotherapy, however little response to this  
Recently more confused but no headaches and possibly oversedated; MST reduced from 100 to 90mg bd; and recently commenced on syringe driver  
Marked deterioration ??? cerebral metastases.  
Supportive care only  
Detailed discussion , well informed and aware prefers end of life care at home; wife very switched on and caring  
DNACPR form in place

## Quick History:

08

07

07

02

 Apply Expiry Date : Special Note will not expire

(64)

## KIS Review Date (Practice Use Only)

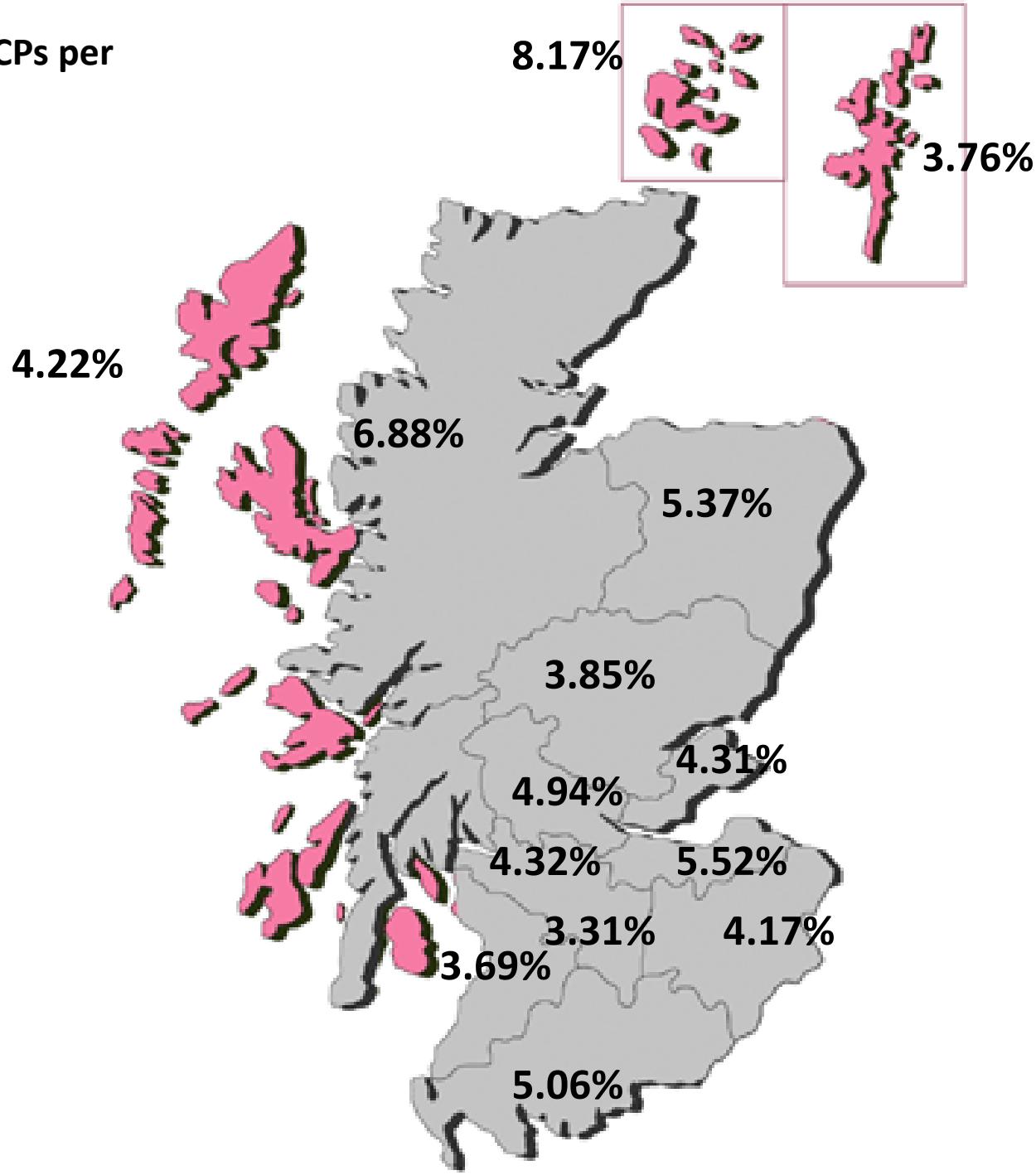
 KIS Review Date

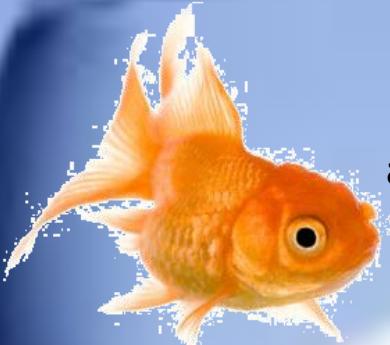
31/05/2015



History there was concern by D/N staff that patient going downhill fast; mostly because he appears sleepy and confused; on examination actually looks ok

## Current % of ACPs per population





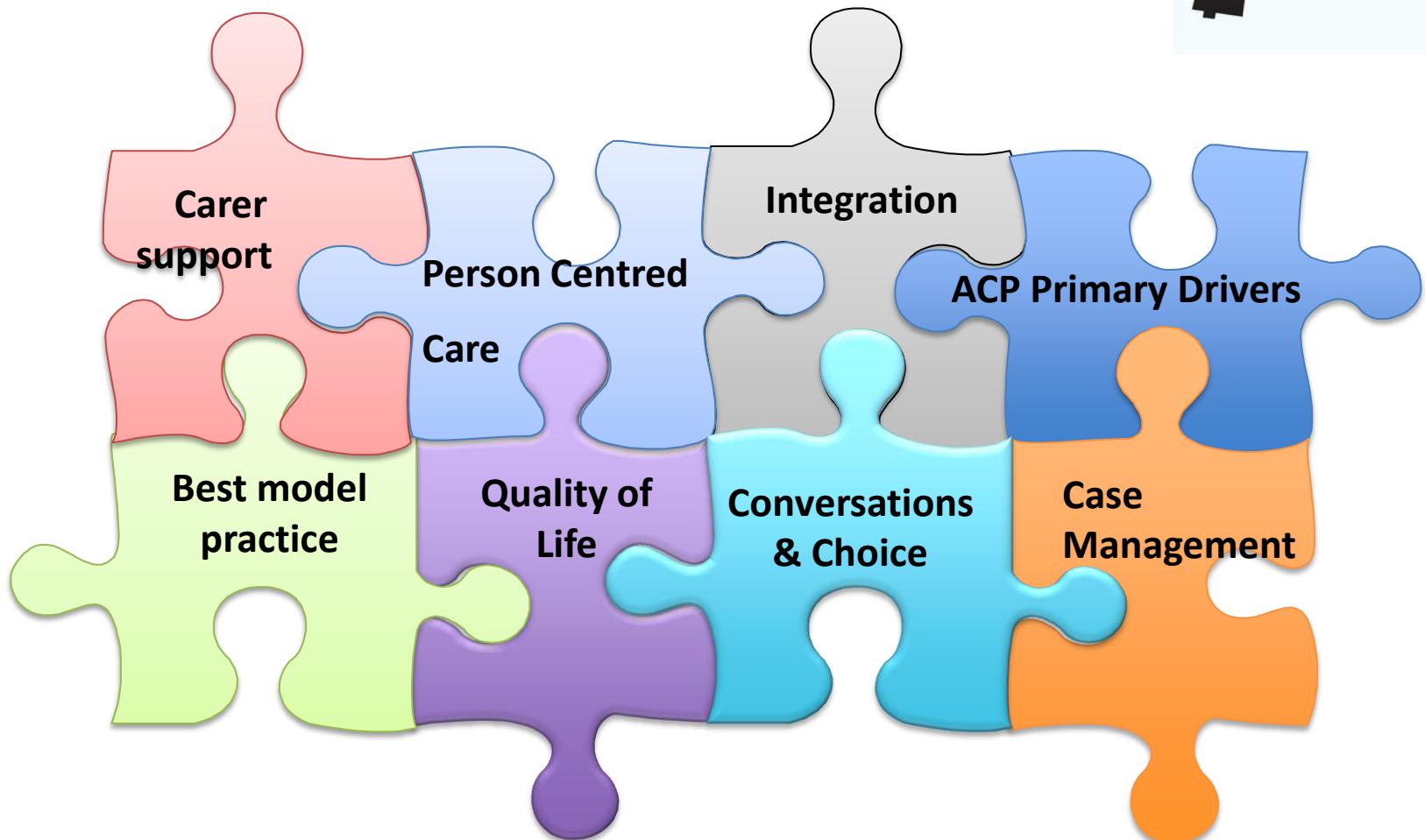
**In Scotland we have 11% reduction in the hospital admission for the over 75s**



**Having a KIS significantly reduces chance of hospital admission**

Thinking ahead

Time to bring jigsaw together.....



**Along with evidence....and...**

**a bit of blue sky thinking and a leap of faith**



**Some scoping..... testing the water...and.....**

.....spreading the word!



It can catch on!!!

# The need to show impact and improvement: Proposed change measures:

- Number of ACPs and KISs
- Number of Power of Attorneys
- Admission/readmission rates
- Bed days and delayed discharge
- Percentage of last 6 months of life spent in hospital
  
- Workforce engagement
- Patient and carer/family experience



Measure change through Contribution Analysis

## ACP challenges...feedback from the real world

- Time- preparation, planning, doing it right
- Lack of awareness at all levels
- Avoiding difficult conversations
- Lack of certainty
- Loss of control
- Everyone is different
- Forms and legal issues
- Co-ordination and navigation



# Additional focus needed.....



- Raise profile and enable cultural change
- Learning and communication strategy
- Identify individuals who would benefit from ACP
- Agreed supporting documentation  
and supportive technology



**Whole System**

**Whole Person**

**Whole Team**



**Joined up care  
and pathways**

**ACUTE SERVICES NETWORK**

# **Anticipatory Care Planning (ACP)**

## **Commitment Card**

Name:

Pam Gray Organisation: NHS Scotland

Please use the space below to tell us your commitments to ACP:

I want to ensure that everyone involved in care understands the value of ACPS and is equipped to have the right conversations about this



**KEEP  
CALM  
AND WE CAN  
MAKE IT  
HAPPEN**