

Coordinate My Care is under-utilised in conservatively managed patients with end stage renal disease

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Introduction:

The rising incidence of end stage renal disease in frail and elderly individuals has emphasised the need for 'best supportive care' services, which aim to promote quality of life and death in these patients rather than lifespan extension via renal replacement therapy (RRT). The NHS ambitions for end of life and palliative care describe "the need for honest conversation and the importance of joined up care". (1) Online care summaries, such as Coordinate my Care (CMC), give key information, such as advanced care plans, which are accessible by healthcare professionals in both primary and secondary care. CMC "aims to improve the efficiency and delivery of end of life care" (2). It provides information about patients thought to be in their last year of life for to GP surgeries, ambulance services and secondary care via an online portal.

Advanced care planning is less prevalent in frail renal patients than in patients with conditions with similar prognoses, such as cancer, despite renal patients often being more polymorbid and having more frequent contact with a greater range of healthcare professionals. There is little in the literature regarding uptake rates of electronic palliative care summaries amongst renal conservative care patients. It is known that amongst specialist palliative care services there have been uptake rates of 71% of patients having an electronic palliative care summary (3)

Therefore, we audited the patients known to our supportive care service within the last year, to see how many had an active CMC record.

Results:

We selected 100 of our supportive care patients for audit. Of those 16 had a CMC record. We also captured that 27 patients that had died: within the deceased cohort 22% of had had a CMC record.

Discussion

Compared to other patients on specialist palliative care registers, supportive care patients have a lower uptake of electronic palliative care summaries. To achieve the NHS ambitions for palliative and end of life care, more effort is required to improve the uptake of such records. This would enable the various stakeholders in primary and secondary care to have up to date information on supportively managed renal patients, and enable these patients to have more of a say in the care they receive during the remainder and at the end of their lives, and where this occurs.