



Co-ordinate My Care

Hospital Authority Conference

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London

Outline



1. Overview of CMC
2. CMC drivers
3. Potential cost savings
4. Information governance – protecting patient data

CMC coordinates patient information across all care providers

Web-based care record system,
coordinating many service
providers



CMC coordinates patient information across all care providers

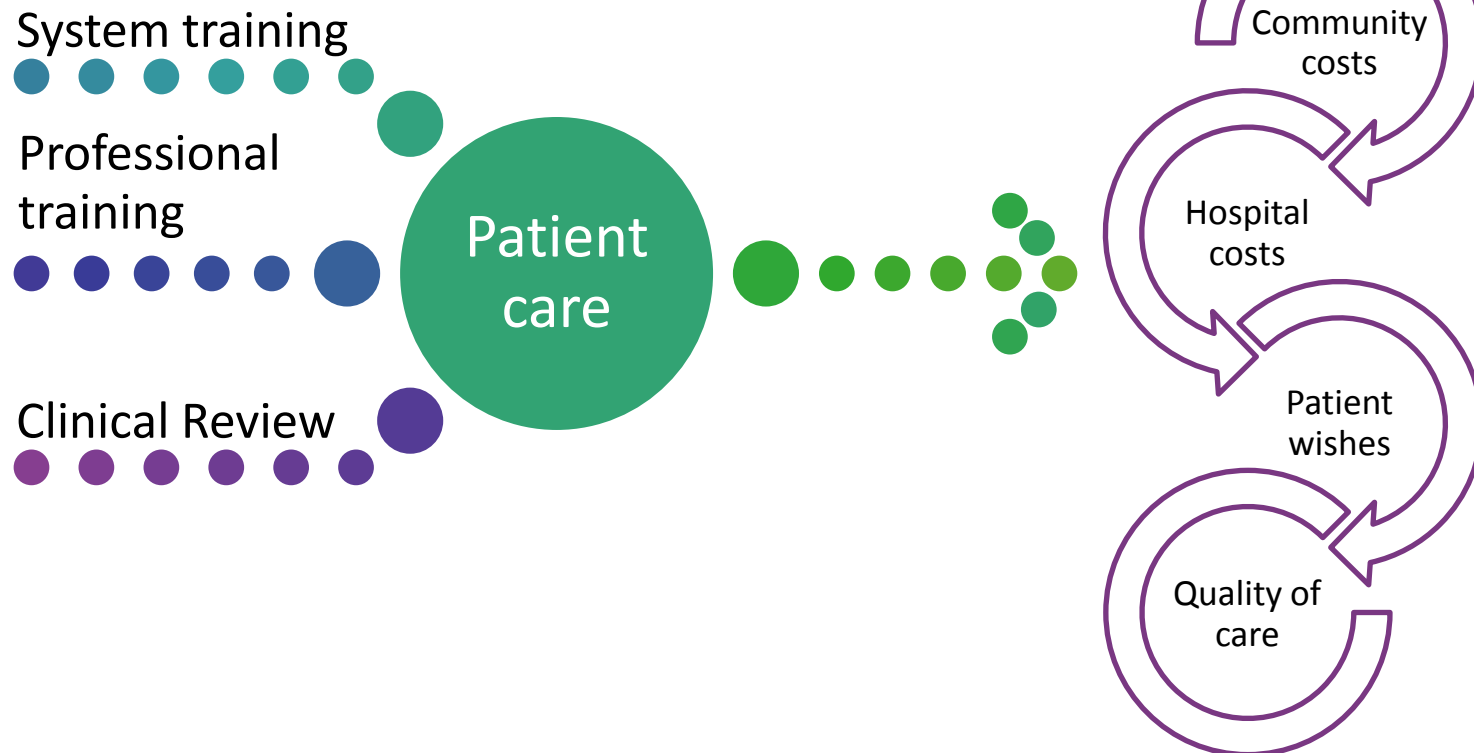


- NHS UK Department of Health; **Domain 2 – ‘Enhancing quality of life for people with long-term conditions’**
- Professionals coordinate and share a single patient care plan
- Patient consent is mandatory for a CMC record



Service delivery and the impact on health outcomes

Training covers the full spectrum from using the system to create patient records to mining the data for health outcomes



What are the drivers behind CMC?

HEALTHCARE PROVISION

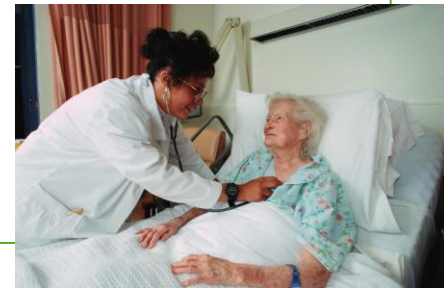
- Reduction in the **number of unplanned** admissions and crises
- Reduction in the **cost** of hospital stay
- Reduction in **length** of stay in hospital
- Clinical audits **improve data** quality
- Shift to managed, planned, budgeted care



What are the drivers behind CMC?

PATIENT / CARER

- Increases the number of patients with an **advance care plan**
- **Preferred place** of care and dying achieved
- **Integrated service** provision from all primary care sources
- Reduce complaints; 54% of Care Quality Commission complaints are related to EoL



Potential cost savings using CMC as an enabler

Projected cost profile Yr 1 - based upon 1 less hospital admission

Over 12 months	Event 1		Event 2	
Ambulance journeys	£500	£500	£500	
Hospital admissions	£3,100	£3,100	£3,100	
Total	£3,600	£3,600	£3,600	£7,200

Cost saving per patient	Cost saving - Yr 1; (based upon 8,000 pts)
£3,600	£28,800,000

Based on 80,000 pts identified as end of life and a target to have 10% of this group with one less hospital admission

Scenario: over a 12 month period, assuming one less unplanned hospital admission

YEAR 1 saving; £28.8 mil

- ↓ Ambulance journeys
- ↓ Hospital admissions

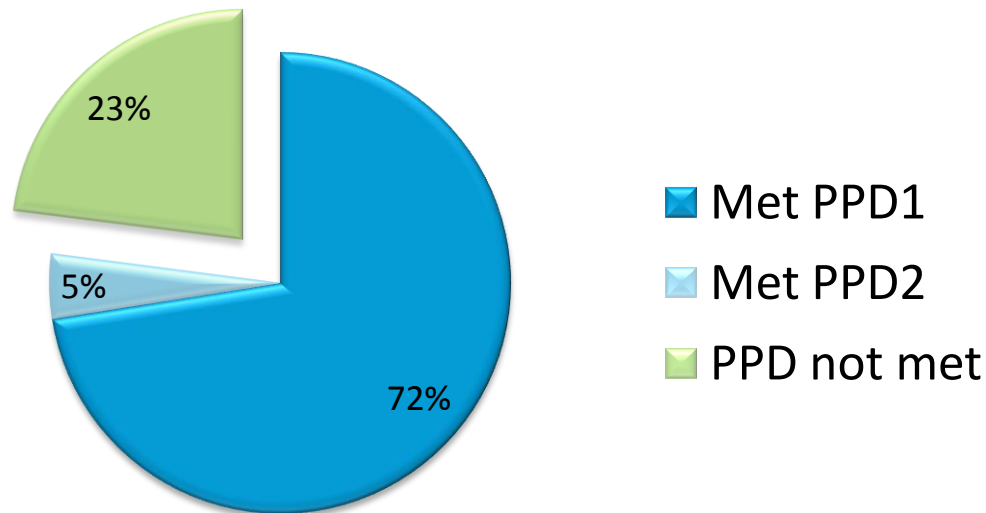
Why is it important to change the place of death from hospital to home?



- Many patients with dementia should not be in hospital
- Hospitals are an expensive place to treat EoLC patients
- Specialist care teams are more skilled to treat the needs of patients and their carers
- 80% of people would prefer not to die in hospital

CMC has enabled patients to die in their preferred place

Patients preferred place of dying



Overall **77%** of all patients have died in their preferred place

Where patients have a CMC record, 21% die in acute hospitals¹.

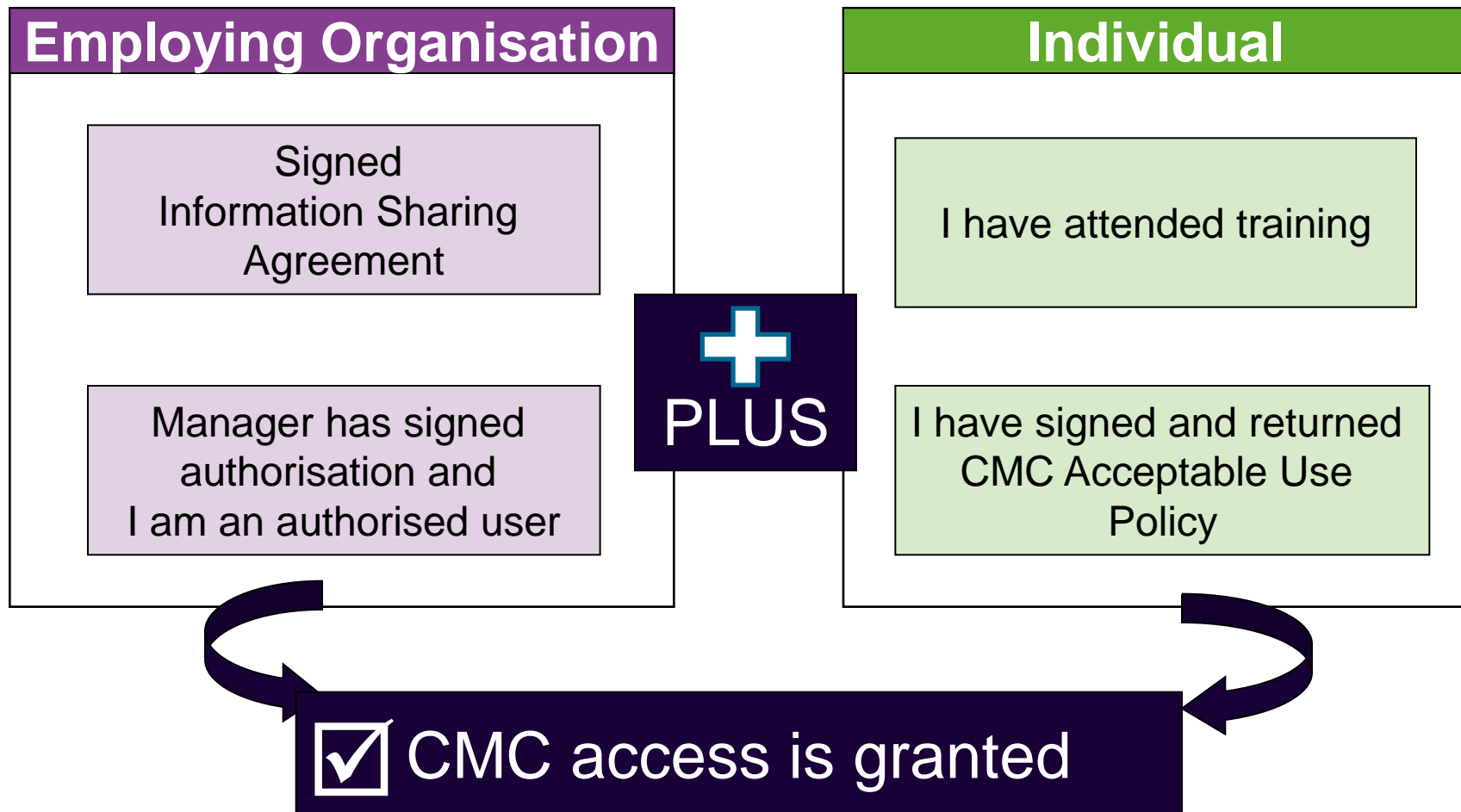
Nationally, 53% die in acute²

In London, 60% die in acute)

¹ Date of report: 9 April 2013 | PPD data updated at month end

² National End of Life Care Intelligence Network, NEOLCIN, 2008-10

How is patient information protected?



In Summary

Coordinate My Care

- Coordinate My Care is a clinical service, hosted by the Royal Marsden, underpinned by an innovative IT solution
- CMC is transforming care provision for End of Life care patients across London; ensuring right care, right place, right time
- CMC reduces costs by reducing hospital admissions, length of stay, unnecessary treatment and improving the efficiency of care provision

