**KEY INFORMATION SUMMARY (KIS) – VISION**

**What it is for**

* Information transfer – unscheduled care
  + ‘In hours’ GP > OOH GP
  + Primary Care > A&E / Acute Receiving Units
  + Primary Care > Scottish Ambulance Service
  + Primary Care > Specialist Palliative Care Centres
* Prompts for proactive care
* Anticipatory Care Planning
* Palliative care DES
* e-referral to Specialist Palliative Care
* All data stored in one place
* Structure for lists / meetings / etc

**How to use it**

* Find the template!
  + ECS Summary Management
* Decide who should have one
  + Not just for palliative care!
  + Patients with supportive / palliative care needs
    - Whoever YOU feel should be included!
    - Palliative care register
    - GSF register
    - SPICT / GSFS prognostication guidance?
    - Chronic disease registers? / Care Home patients? / Housebound patients?
* Obtain consent
* Add data via KIS guideline

**What it contains**

* Summary and Consent Status
  + Traffic lights
  + ECS / KIS / PCS
  + Previous data sent
  + Consent
* Emergency Care Summary
  + Current Medication
  + Repeat Medication
  + Allergies and Adverse Reactions
* Key Information Summary
  + Un-headed (1)
    - Guardianship Order
    - Power of Attorney
    - Adults Incapacity Form
    - Single Shared Assessment Plan
    - Anticipatory Care Plan
  + Self Management Plan(s)
  + Patient Contact List
  + Relevant Medical History
  + Access Information
  + Other Agencies Involved
  + Un-headed (2)
    - DNACPR
    - CYPADM
    - Additional Drugs at Home
    - Catheter and Continence Equipment at Home
    - Moving and Handling Equipment at Home
    - Oxygen for Home Use
    - Preferred Place of Care
    - Preferred Place of Final Care
  + Special Note
* Palliative Care Summary
  + Un-headed
    - Radiotherapy
    - Chemotherapy
    - Palliative Treatment
  + Palliative Care Register
  + Awareness & Understanding
  + Syringe Driver Use
  + Additional OOH Arrangements

**KIS Benefits**

* Patient & Carer/Loved ones
  + Targets a very vulnerable and needy group
  + Encourages earlier identification
  + Encourages anticipatory care planning
  + All professionals have better information
  + Fewer inappropriate actions
    - Transfer
    - Admission
    - Futile CPR
  + Reassurance and ‘security’
  + Better and safer care
* General Practice – In hours
  + Natural extension of GSFS
  + Simple information transfer
  + More effective
  + Less work
  + Fits in with palliative care DES
* General Practice – Out of hours
  + Information
    - More
    - Legible
    - No transcription
  + Less patient contacts(?)
* NHS
  + Better service
    - Information transfer
    - Increased pro-activity
  + Fewer inappropriate actions
    - Admissions
    - 999 ambulances
    - Futile CPR
  + Decreased OOH contacts(?)
  + Save money

**KIS Concerns**

* Data entry
  + Possible duplication
  + Visiting – particularly ‘on the way home’
  + Data entry OOH
    - Own GP
    - OOH GP
* Data entry by AN Other…
* Different systems
* Data transfer
  + Remembering to obtain consent(!)
  + Consent model
* Data access
* OH DNs do not have routine access to information