**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