KEY INFORMATION SUMMARY (KIS) GUIDANCE FOR GP PRACTICE TEAMS DURING COVID 19 PANDEMIC

In Scotland, the Key Information Summary (KIS) software allows clinical information from the primary care record (Vision, EMIS) to be shared across the wider NHS, in particular, the out of hours GP service and secondary care.

For those patients who do not have a KIS, only the information available in their Emergency Care Summary (ECS) will be available to view (ie medication and allergy data, demographic data).

In normal circumstances to create a KIS for a patient we need to obtain explicit consent from them to do this (assuming they are able to give consent).

In the situation that we are facing with Covid19 pandemic, there is a strong practical and moral argument that we should be proactively sharing as much information as possible from patients in "at risk" groups across the wider system to help clinicians who do not necessarily know these patients to make decisions about their care, should they present.

This guidance deals with two separate aspects sharing information via KIS to allow safe and appropriate clinical decision making.

1.1 FOR THOSE PATIENTS WHO ALREADY HAVE A KIS

For this group, the guidance is around updating the information in the existing ACP section (the special note box) to ensure it is up to date and also to take the opportunity to ensure that patients are aware of current public health guidance. Many will be frightened and so a proactive phonecall from the practice has been found to be very appreciated

Step by step guidance:

1. **Run a practice search to identify those who already have KIS**

2. **Divide up the list according to who best knows the patient if possible**
   This could involve most people within primary care team e.g. practice nurse, GP, community nurse.
   Aspects could be done by health care assistant or receptionist
   If patient has cognitive impairment then contact better with POA, carer, family member

3. **Phone patient and explain that you are calling from the health centre to check that they are aware of up to date guidance regarding Coronavirus / COVID-19 because they might be in a higher risk group if they were to catch the infection.**

4. **Explain how to reduce risk of catching virus.**

www.nhsinform.scot
- good hand hygiene and avoid touching face
- avoiding contact with people who have respiratory illness
- social distancing measures

5. Ensure they know what to do if they develop respiratory symptoms (cough, shortness of breath or fever)
if access to internet check NHS Inform on www.nhsinform.scot
give usual self-care advice
phone GP practice or NHS 24 on 111 if they are unwell
do not turn up unannounced at pharmacy, GP surgery or hospital - phone first

6. Check information in the KIS special note is still correct
check that next of kin and power of attorney information is up to date
If appropriate ask '*If you were to become very unwell with coronavirus or another illness, is there anything that you would like us to take into account whilst caring for you?* (e.g. treatments that would or would not be acceptable to you / preferences for care) and go where this conversation takes you.
Update special note with any additional information
Include the wording "updated as per Covid19 protocol"

1.2 FOR "AT RISK" PATIENTS WHO DO NOT YET HAVE A KIS

Explicit consent is usually mandatory to create a KIS. Often these KISs will also include more detailed discussion about desire for active treatment and ceilings of care – as above - as part of an anticipatory care planning discussion (in the freetext "special note" box). However, it is recognised that this is time-consuming and ethically sensitive work in the context of public anxiety and uncertainty which may not feel appropriate to do in a time-pressured environment without accompanying public messaging about ACP discussions and decisions around Covid.

Therefore, this part of the guidance is focused on how practices can generate a simple KIS (without the fuller ACP discussion) without the need for explicit consent to be obtained. This will allow rapid sharing of more high level data than the ECS allows (specifically past medical history information). The Scottish Government is providing assurances that practices can suspend their usual requirement to seek explicit consent and send a KIS[i]. This is in recognition of the fact that NOT sharing information for our high risk patents is more harmful than not sharing it. It is also what the public would expect us to do to "join-up" their care.

Step-by-step guidance:

Identify those patients who do not currently have a KIS but would benefit from one
This could be achieved using recognised risk prediction tools (SPARRA, High Health Gain data, efrailty index) or simply by clinical judgement of who would be felt to benefit (may include those on chronic disease registers, on multiple medications, coded as housebound, on community nursing caseload, on palliative care register, undergoing chemotherapy, on renal dialysis etc)

In the VISION IT system:

Open up the KIS screen
With the patient record in "consultation manager" view, click on "list" tab and "ECS summary management" at top of list. This opens up the KIS screen

Fill in the consent section.
At the top of the KIS page, go to "summary and consent status", click on "more" to expand up the screen; there are 3 separate sections (ECS, KIS, PCS)
Click on the "KIS consent status" box and choose "consent given"

In the special note box
Enter "created as per Covid19 protocol" (this will allow the option to identify KISs created without consent for this process at a later date)

Send the KIS
Once ready to go, click on "decision to send KIS" and the traffic light at the top of the form will change to green

Screenshots on next page.

Vision screenshots

These are harder to see for TRAK and Out of Hours

In the EMIS IT system:

Open the KIS page.
Open up the patient record in consultation mode. Click KIS on the toolbar, or press 8 on the keyboard This opens up the KIS screen

Fill in the consent section
The screen opens up on the consent tab. Choose the "consent given" option.

Edit the past medical history.
This is specific to EMIS users (in Vision, the past medical history is automatically included)
Explicitly add past medical history as appropriate on the 'Current Situation' tab, the edit button on the right hand side lets you see currently active problems or you can remove this filter and see a "Full History" view, click on items that you feel are appropriate to share to add them to the KIS.
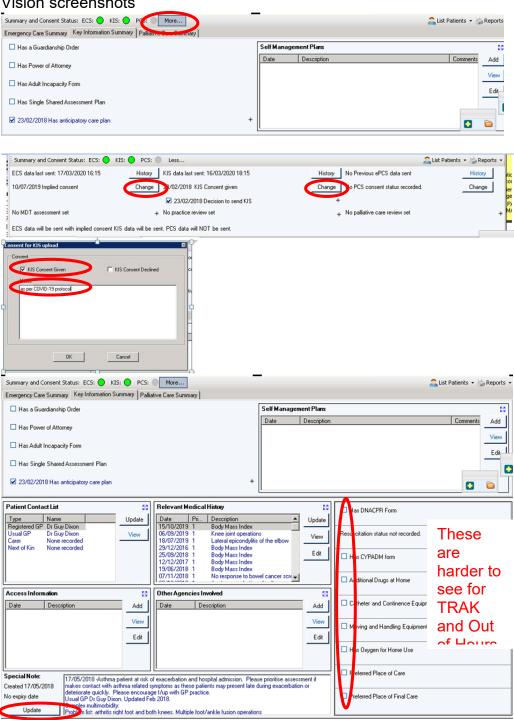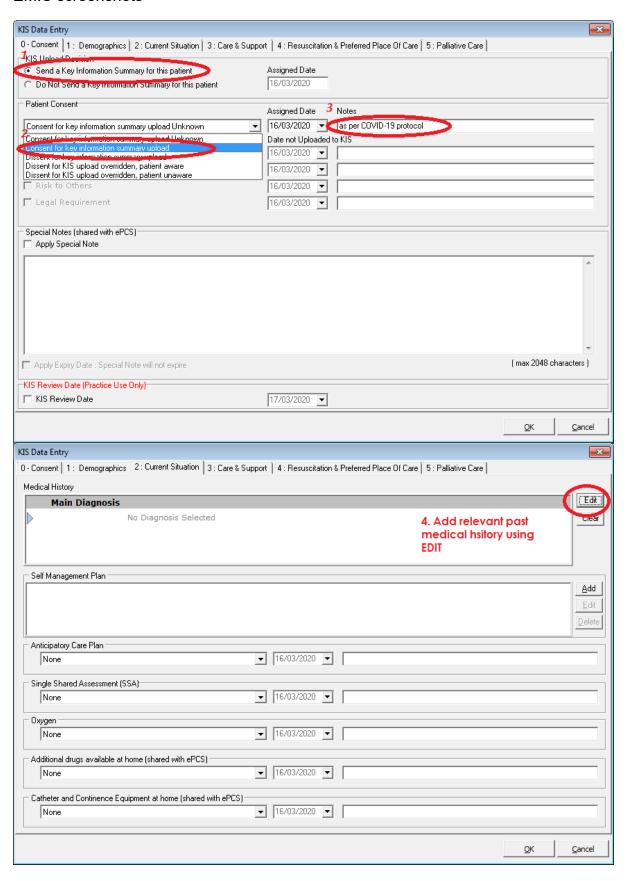
In the special note box
Enter "created as per Covid19 protocol" (this will allow the option to identify KISs created without consent for this process at a later date)

Send the KIS.
Once ready to go, go back to the consent tab click on "decision to send KIS" button, and then click Ok to save the KIS data to the system

Screenshots on next page.

EMIS screenshots

KIS Data Entry

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

1 KIS Upload Decision

⊙ Send a Key Information Summary for this patient
○ Do Not Send a Key Information Summary for this patient

Assigned Date
16/03/2020

Patient Consent

Assigned Date *3* Notes

Consent for key information summary upload Unknown ▾ | 16/03/2020 ▾ | as per COVID-19 protocol

2 Consent for key information summary upload Unknown
Consent for key information summary upload
Dissent for key information summary upload
Dissent for KIS upload overridden, patient aware
Dissent for KIS upload overridden, patient unaware

Date not Uploaded to KIS
16/03/2020 ▾
16/03/2020 ▾

☐ Risk to Others   16/03/2020 ▾
☐ Legal Requirement   16/03/2020 ▾

Special Notes (shared with ePCS)

☐ Apply Special Note

☐ Apply Expiry Date : Special Note will not expire   (max 2048 characters)

KIS Review Date (Practice Use Only)

☐ KIS Review Date   17/03/2020 ▾

OK   Cancel

KIS Data Entry

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

Medical History

Main Diagnosis   Edit

No Diagnosis Selected   Clear

4. Add relevant past medical hsitory using EDIT

Self Management Plan   Add
Edit
Delete

Anticipatory Care Plan
None ▾ | 16/03/2020 ▾ |

Single Shared Assessment (SSA)
None ▾ | 16/03/2020 ▾ |

Oxygen
None ▾ | 16/03/2020 ▾ |

Additional drugs available at home (shared with ePCS)
None ▾ | 16/03/2020 ▾ |

Catheter and Continence Equipment at home (shared with ePCS)
None ▾ | 16/03/2020 ▾ |

OK   Cancel

---

[i] Consent is no longer a legal basis under GDPR. All processing is done under Article 6(1)(e) (public task) and article 9 (2)(h) (necessary for the provision of health care). Marking consent, however, is necessary for the ECS system to pull the data into KIS.

The current Information Commissioners' Office position is:

"In the current circumstances it could be more harmful not to share health and care information than to share it. The Information Commissioner has assured NHSX that she cannot envisage a situation where she would take action against a health and care professional clearly trying to deliver care"