Key Information Summaries

Guidance and top tips for reviewing and updating Key Information Summaries for GP practices

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Introduction

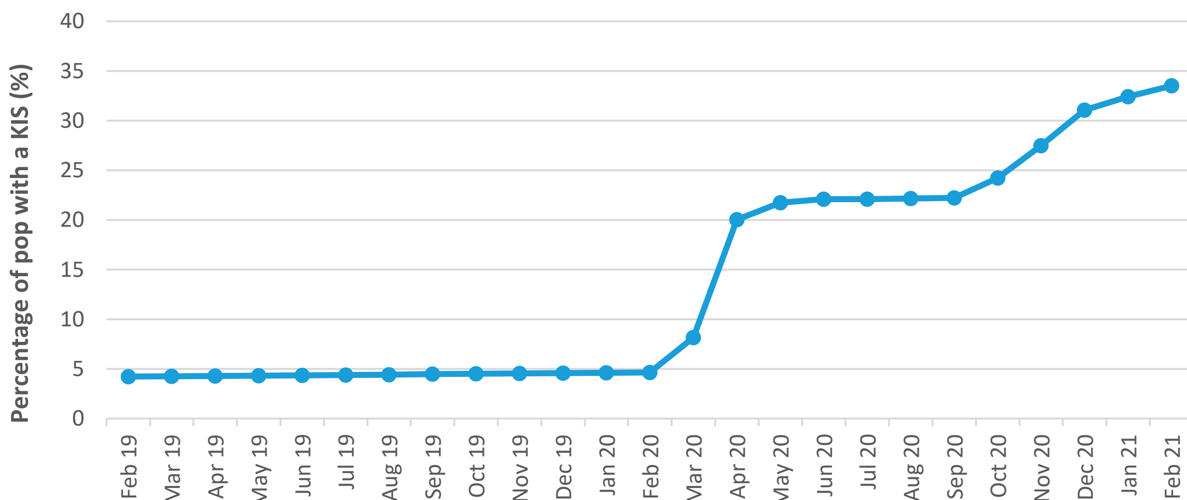
In Scotland, the Key Information Summary (KIS) allows clinical information from the GP electronic record (Vision or EMIS) to be shared across different parts of NHS Scotland.

There are different components to the KIS, which include the Emergency Care Summary (ECS), current medical diagnoses, essential contacts, palliative care information, and the KIS 'Special Notes'.

When a KIS is completed, individual patient records are activated for sharing from within the GP clinical system, and users of other clinical systems and portals can view this information. Although information can only be added through the GP clinical system, the whole multidisciplinary team who support the patient should understand and contribute towards the development of the KIS. Whilst not in itself an anticipatory care plan, the KIS can be used to share important care planning information that supports person-centred approaches to care.

At the outset of the COVID-19 pandemic, GP practices were encouraged to develop anticipatory care plans, and to update the KIS for those at highest risk of the disease. The number of KIS completed across Scotland rose from 250,000 in February 2020 to 1.7 million in December 2020, with over 30% of the Scottish population now having some kind of KIS (Figure 1). This represents a significant effort by GP practices since March 2020. Keeping this number of KIS up to date is a challenge and will require coordinated input from different professional teams.

Figure 1: Patients with a KIS, as a percentage of the Scotland population.



This guidance has been developed to support GP practices to manage the increased numbers of KIS and has been structured as follows:

1. What information should go into the KIS?
2. What about consent?
3. Hints and tips for developing, reviewing and updating the KIS
4. Appendix: Flow chart to support decision-making

1. What information should go into the KIS?

We asked providers of unscheduled care what information was most important to them within the ECS / KIS, and have incorporated their responses into the table below.

	Information from the GP System	How it is completed	What information to include
Emergency Care Summary	• Demographic data • medication, and • allergies.	Information automatically uploaded unless the patient opts out of this.	• Not applicable if the patient has not opted out of ECS, it is uploaded automatically.
Key Information Summary	• Medical diagnoses • key contacts equipment at home • palliative care information, and • resuscitation status.	Active medical diagnoses are automatically uploaded into KIS. All other parts involve tick boxes or have short free-text fields.	• Check the medical diagnoses to ensure that they are relevant. • Information about adults with incapacity, Power of Attorney, key family members and other contacts (with their phone numbers) can be really useful. • Whether the person is on the palliative care register and whether there is a DNACPR form.
	• Special notes.	All free text. Is often built up over time, so please add the date that new information is added.	• Clear baseline information about the individual's current situation, such as their cognition, normal mobility and / or level of independence, relevant measurements (for example peak flow, pO2, eGFR). • Recent changes in condition. • Plan for any anticipated deterioration (for example medication, care preferences). • Practical information (for example, is access to the property difficult?, the number to access the key safe, presence of any ferocious pets in the house). • Any plans if main carer becomes unwell. • Other service intervention which has previously helped such as respiratory team.

2. What about consent?

At the outset of the COVID-19 pandemic, Scottish Government issued guidance suspending the need for explicit consent before creating a KIS. This led to many GP practices creating a very basic KIS with active medical diagnoses automatically populated. This guidance remains current and relevant until the pandemic is over. Therefore, there is currently no requirement to obtain explicit consent to create and share a KIS. The Scottish Government are considering what should happen after the pandemic is over and will advise in due course.

3. Hints and tips for developing, reviewing and updating the KIS

3.1 Planning, preparation and prioritisation: thinking about where to start

With on average 30% of your practice population now having a KIS, there is a need to balance updating these with other competing demands on practice time. It is important to adopt a pragmatic approach which prioritises KIS reviews for the most vulnerable people, and involves the wider healthcare team. We suggest two options which are detailed below:

Option 1 Prioritise reviewing the KIS for people within specific disease groups, or those with certain characteristics such as:	**Option 2** Prioritise people who have a KIS containing a meaningful special note, therefore eliminating the need for detailed review of some of the KIS developed in response to COVID-19:
• residents within care homes • people with significant mental health diagnoses • those approaching the end of life • those living with severe frailty or people who are housebound • people with advanced or progressive long term medical conditions • patients with complex polypharmacy or multiple co-morbidities, or • those on your COVID-19 shielding list.	• use your administrative team to search and differentiate between those KIS that were created at the outset of the pandemic and which have little information to review, from those with a meaningful special note that will need to be kept up to date. • EMIS and VISION have search options which allow you to search for different components of a KIS, such as KIS Review Date, Special Note Expiry Date.

Regardless of which option you select, the following describes some other key considerations to support planning:

- Explore what resources you have within the practice such as people and time, and consider if there are more people from the extended community team that could become involved in leading these reviews.
- Check that all members of the practice team know how to access and update the KIS.
- The most useful KIS are usually written by the person or team who knows the patient best. Involve the whole multidisciplinary team to identify who should lead on the KIS review for that particular patient.
- Consider how the KIS can be updated as part of the provision of routine care. For example, a nurse-led chronic disease management review is an ideal time to check consent and update information on normal peak flow readings or asthma escalation plans.
- Consider a system that allows important hospital discharge information to be added to the KIS, for example by using a particular coloured highlighter in docman.
- Where possible encourage the community / district nursing team to update the KIS for people they are involved with, particularly when providing end of life care. Current functional ability, details of any package of care and key contacts can be invaluable.
- If a member of your extended community team cannot enter information directly into KIS, ask them to complete the Essential ACP Online Tool, and share this securely with the practice so that relevant information can be copied and pasted into the KIS.
- Identify someone within the administrative team to lead on coordinating KIS reviews.
- Review dates on the special note will depend on the context, however you may want to consider aligning some KIS review dates with annual chronic disease management reviews or medication reviews.

3.2 Meaningful conversations

Some KIS can be reviewed and updated as part of normal routine patient care. Others will require dedicated time for a discussion about 'What Matters to You', with subsequent care planning conversations and decisions. Check if any family members, power of attorneys or welfare guardians should be involved.

There are a range of materials to support meaningful conversations, for example the REDMAP framework and Guidance on developing an ACP for people with Dementia.

3.3 Documentation and sharing of information

The information in KIS can become out of date quickly and there is no automatic date entry within the special notes section. The following will help those using the information contained in the KIS be confident that it is up to date:

- Where possible date new entries into the special notes, and refer to actual dates, rather than words such as “currently” or “recently”, which can be misinterpreted when read 6 or 12 months into the future.
- GP reception staff can check for KIS special notes when taking home visit requests, and print a paper copy for the GP or nurse to take on their visit. This information can be useful during the visit, and any updates can be written on the printout for administrative staff to update on return to the practice.

3.4 Where to get more information

- Visit ihub.scot/acp for more information on anticipatory care planning by Healthcare Improvement Scotland.
- NHS Inform pages provide information for patients on ACP.
- Scottish Government guidance on how to update KIS - see page 22 onwards of the pdf.

Acknowledgements

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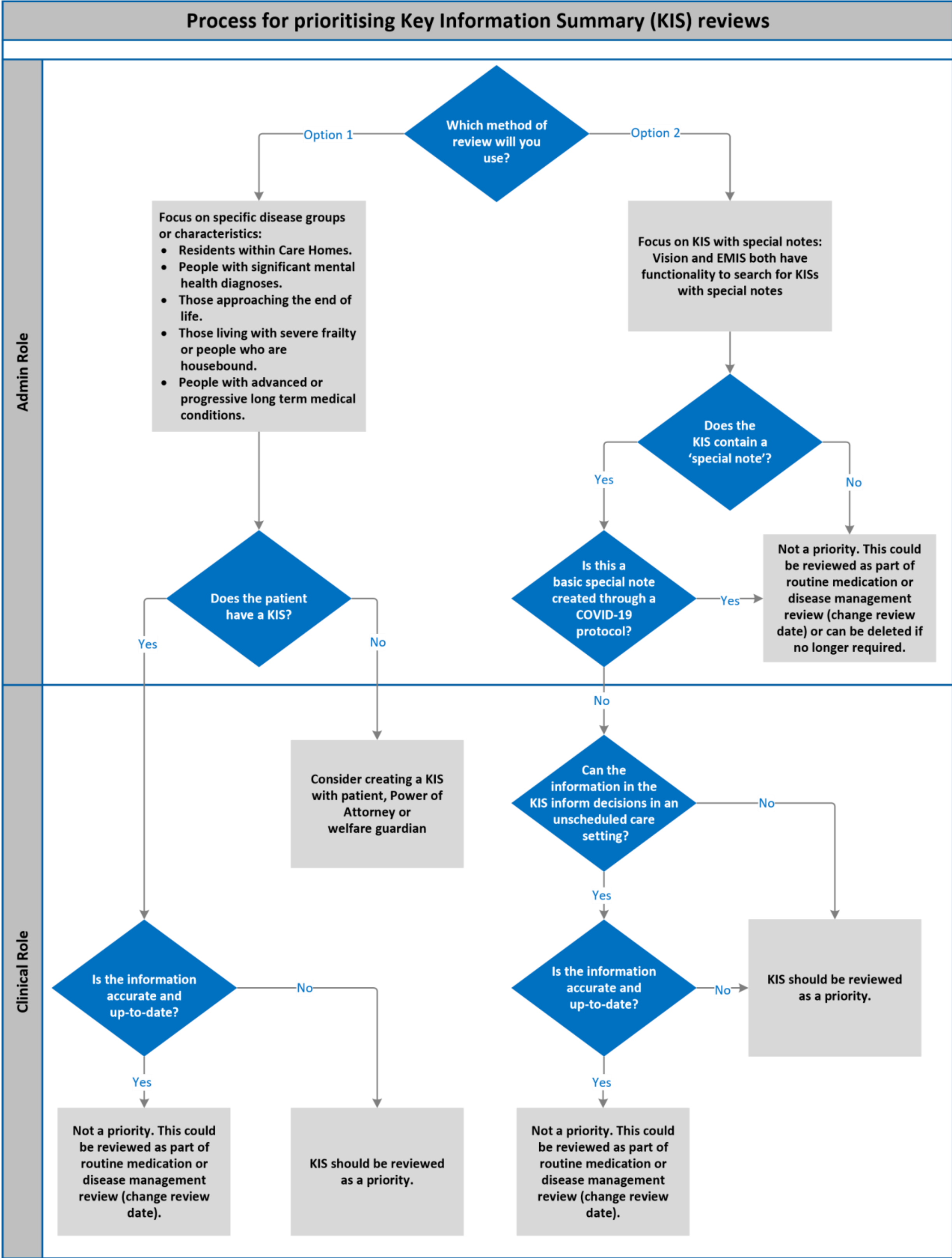
4. Appendix: Flowchart to support decision-making



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