



myCMC – a summary of the on-line screens

Personal Information

First you will be asked to put in some simple personal information. This helps Co-ordinate My Care (CMC) to know who you are, where you live and to locate your GP. You will be asked to enter your postcode to check whether CMC is available in your area.

Before you start you will need:

- Your postcode
- Your NHS number (you will find this on any letter from your GP or hospital, or call the surgery and they may be able to tell you over the phone)
- An email address (if you don't have one it may be possible to use the email address of someone close to you, who you trust)
- You will be asked to create a passcode. It may help to think one up before you start. (10-32 characters long, must include 3 of the following: lower case letters, upper case letters, numbers, symbols).

Other important information to know:

You can complete your care plan at your own pace and in any order. The information that you enter will be saved automatically as you move from one section to the next.

At any point, up to pressing the "Send to my doctor or nurse for completion" button, you can stop, save your information, and return to it later within a 60 day period.

You must remember to return to your plan, and make any further edits before the 60days expires, otherwise your plan will be deleted.

You can update and change your plan as many times as you want before you press Submit. Once your GP has approved and registered your plan, you will be given an activation code to access your plan. You will be able to make further edits BUT you will need to go speak with your GP for these changes to be made to your plan.

Our Tip:

Summary pages

At the end of each Section, there is a SUMMARY page. You will be asked to check that the information you have provided is correct. This checkbox is only enabled when all mandatory questions in this section have been answered.

It is a good idea to make a copy of this SUMMARY page just in case your plan is deleted after 60 days and also because once you have submitted your plan to your GP you cannot view it again until you have spoken with your GP and they have approved it.

You can make a copy of this page by either taking a Screenshot or by Copy & Paste into e.g. a Word.

Introduction Video

You will be asked to watch a short video. Here is a copy of the text in case you can't play the video, or find it hard to read the text on screen.

Welcome to the myCMC portal. This is where you can begin to create your own Coordinate My Care (CMC) urgent care plan, which makes sure that your wishes and care preferences will be heard by all the healthcare professionals who may look after you if you need urgent care. They will also see the clinical advice of those who regularly look after you.

Your plan is personal to you, and all the information you share with us is safe, secure and password-protected.

To begin creating the plan, we will ask you for some information, and then guide you through an online questionnaire. You can complete the plan at your own pace. At any point up to pressing the submit button, you can stop, save your choices, and come back later.

When you have submitted your part of the plan, you need to meet with your doctor or nurse who will add clinical details: your diagnoses, your medication and treatment priorities and their clinical perspective on the best future care for you. Once your doctor or nurse has completed it with you, your urgent care plan becomes active and can be seen by other health and social care professionals involved with your care.

Your clinician can then organise for you to receive a different username and password which means you can view your urgent care plan online through the myCMC portal.

Section 1: About me

These questions enable us to confirm your identity and locate your GP.

You will be asked to enter your name, any preferred name, date of birth and gender

These personal details will help health professionals to understand your background and be aware of your beliefs - whether they are religious or non-religious.

You will be asked to enter your ethnicity, preferred language, whether you need an interpreter, religion (if any).

TIP: The more professionals know about you, the more sensitively they can care for you. So, these questions are designed to help medical staff to treat you as a person not just as a patient and in the way that you feel is most appropriate.

A final screen displays your NHS number, email address and passcode, which you entered earlier.

Section 2: My Health

I would describe my physical activity level as (choose one):

- Fully active
- Unable to carry out heavy physical work
- Up and about for more than half a day
- In bed or sitting for more than half a day – requiring some care
- In bed or chair for most of the day – requiring a lot of care

What are my thoughts about my health and wellbeing?

TIP: This is about your health generally. You can write a brief description of your current situation, problems, difficulties or concerns (including general levels of health and ability).

Help I need with communication or mobility (please tick all that apply):

- I have no disabilities
- I have difficulty with verbal communication
- I have some hearing loss
- I have some visual impairment or loss
- I lack safety awareness
- I have some mental impairment
- I have a physical disability
- I am unable to summon help in case of emergency
- Other

Other information about my disabilities

Section 3: In an Urgent or Emergency Situation

Many people develop their own ways to manage problems and do particular things to feel better or less anxious. Telling us yours will help urgent care services to look after you.

Please list your difficulties, and what you do to manage them yourself

e.g. when I am short of breath I like to sit by an open window with fresh air on my face

This information could support urgent or emergency services (ambulance/GP/police) to gain access to your home so they can help you in a crisis.

Key safe contact details

e.g. someone you have entrusted with a spare key to your home, preferred door for entry

Other access information

e.g. which floor you live on, lift access

Please indicate if the following apply

- I have pets
- I have caring responsibility for others

Other information about my pets

e.g. you may want to record general information about your pets and if someone else is involved in their care. What is the plan for their care if you have to go into hospital? Have you shared the contact details of any pet supporter in the My People section?

Other information about my caring responsibilities

e.g. who do you support and are there other non-professionals involved in their care? What is the plan for their on-going support if you need to go to hospital? Have you shared the contact details of another family member or friend in the My People section who should be contacted in this situation?

Section 4: My People

Add details of your personal contacts and Health & Welfare Lasting Power of Attorneys below.

Add personal contacts:

- Name
- Relationship to me
- Landline
- Mobile
- Email
- Address

Additional comments

TIP: These are the people who should be contacted if there is a medical emergency. You can add more than one contact. There appears to be no limit to the number of personal contacts you add.

TIP: The system will allow you to enter UK phone numbers and addresses. If your contact lives abroad you can enter their details in the Additional comments section.

Add Health & Welfare Lasting Power of Attorneys contact details:

- Name
- Landline
- Mobile
- Email

Additional comments

You may wish to take a copy of your Health & Welfare Lasting Power of Attorney documents to the appointment with your doctor or nurse when you finalise your care plan so that they can scan and attach these to your completed care plan.

TIP: If you haven't set up Lasting Powers of Attorney yet, contact details can be added when you are discussing your CMC plan with your GP or nurse, or after the plan has been signed off.

Section 5: My Place of Care Preferences

Most people who need urgent medical assessment or treatment because of a sudden deterioration in their health are willing to go to hospital if that is suggested by a healthcare professional.

In such circumstances, where would you want to be cared for? (Please choose one)

- Hospital
- Community Hospital
- Home
- Care Home
- Hospice
- I have no preference
- Other (please specify)

Additional details

Reason for choice. This question is mandatory if 'other' is selected above

TIP: If you have completed an Advance Decision to Refuse Treatment (a legal document that is also known as an Advance Decision or a Living Will), you could make a note here, and say who has a copy. If you would like to make an Advance Decision to Refuse Treatment you can discuss this with your GP when you have your Coordinate my Care appointment.

<https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/>

Some people have even thought about where they want to be cared for at the very end of their life. Where that is the case, it is important that healthcare professionals are aware of this and try to honour this preference where possible.

If you have thought about this and would like to share a preference, please choose from the following. (Please choose one)

- Hospital
- Community Hospital
- Home
- Care Home
- Hospice
- I have no preference
- Other (please specify)

Additional details

Reason for choice. This question is mandatory if 'other' is selected above

If your first preference for where you would like to be cared for at the very end of life is not possible for any reason, please indicate a second preference.

Please indicate a second preference. (Please choose one)

- Hospital
- Community Hospital
- Home
- Care Home
- Hospice
- I have no preference
- Other (please specify)

Additional details

Reason for choice. This question is mandatory if 'other' is selected above

Section 6: My Wishes, Cultural and Religious Needs

The answers to the following questions will inform health professionals about the things that would be important to know about you personally in an urgent care situation. This could include general likes and dislikes but also more formal things like cultural or religious needs.

My Wishes

Your wishes and preferences for your future care

e.g. you may wish to identify any specific values, likes, dislikes relevant to care, particularly in an urgent care situation

TIP: What would give you a good quality of life? What do you like? What are your hobbies and interests? What is important to you?

What are your food/drink preferences, hygiene (bath/shower/shave/hair/make-up), sleep (preferred times for getting up/going to bed, light on/off, window open/closed)?

Is there anything you worry about or fear happening?

My Cultural and Religious Needs

e.g. you may wish to share any values or religious requirements for a time when your health might be deteriorating

Screen 7: Organ Donation

Donating organs can help other people to live. The best way to do this is to join the NHS Organ Donor Register. Putting your wishes in your care plan also helps to make your wishes clear.

- I am already on the NHS Organ Donation Register
- I wish to donate any suitable organs or tissue
- I do not wish to donate any organs or tissue
- I do not know

If you would like to know more about joining the Organ Donor Register please click here [Organ Donor Register](#)

Section 8: Cardiopulmonary Resuscitation

When a person's heart stops, health professionals often attempt cardiopulmonary resuscitation (CPR). This clinical intervention is sometimes successful depending on a number of factors. However, this may or may not be a clinically appropriate treatment for someone with an advanced illness and it is the senior clinician's responsibility to decide if a CPR attempt is appropriate or not in those circumstances.

You may not want CPR to be attempted even if it is clinically advisable. Your wish not to have a CPR attempt in the future should always be respected. You should think carefully about this issue, and **discuss it with your doctor when you meet as part of the process of completing your CMC care plan.**

*There is a **4.5 minute video** where a hospital doctor explains more about attempting CPR, and how decisions are made about it. A copy of the text is attached at the end of this document, **on pages 13-14**, in case you can't play the video, or find it hard to read the text on screen.*

The responsibility for the 'attempt CPR' decision sits with the appropriate senior clinician - GP or Hospital Consultant. Asking for your thoughts here will support the conversation between you and your CPR decision making clinician.

CPR is a medical decision. However, now you have watched this video, you can indicate to your doctor your thoughts on a CPR attempt in the event of your heart stopping.

- Yes I would like an attempt at CPR to be considered
- No I would not like CPR attempted
- I do not know

Additional details

Please share more thoughts on why you have chosen the above option if you wish.

TIP: Don't worry if you are not sure about this. You can discuss it with the GP or nurse before your CMC plan is finalised.

If a doctor has already signed a Do Not Attempt Resuscitation form you could mention this here.

Final stage: Send to my doctor or nurse for completion

Your care plan request is almost complete. There is short 1 minute video that explains what happens next to make sure that a Coordinate My Care (CMC) urgent care plan can be shared with the health professionals who will be involved in your care.

When you press the Submit button, your care plan request will go to your GP practice. The doctor or nurse will add clinical details, key medications you are taking, and a clinical perspective on treatments you may or may not need in an urgent or emergency situation.

You will need to make an appointment with your GP to discuss and finalise your care plan. You should not rely on your GP practice calling you to book an appointment. This appointment also serves to ensure that you have contributed this information and not someone else.

For you to be able to have access to your completed CMC urgent care plan please ask your doctor or nurse to ENROL you to view it. Enrol means you provide your doctor or nurse with your email address, which they insert onto the Enrol section of the care plan. CMC will then email you your activation code so that you can set up ongoing access to your CMC urgent care plan online. This will require setting up a username, a password and some security questions. Your previous passcode will no longer be requested. You can also arrange for a family member, friend or carer to be able to view your care plan - just provide their email to the clinician also.

Note that once you submit your care plan request you will no longer be able to view and request changes to it until it is finalised by your doctor or nurse and you are enrolled to view it.

TIP: It is important that you ask your GP for a copy of your plan either a hard copy or by email. You can then give this to your Attorneys and anyone else important to you.

Make a note of who you have given a copy to. If you make any changes to your plan, you will need to make sure that these people get the revised version.

Cardiopulmonary Resuscitation (CPR) video

*There is a **4.5 minute video** where a hospital doctor explains more about attempting CPR, and how decisions are made about it. Here is a copy of the text in case you can't play the video, or find it hard to read the text on screen.*

My name is Dr Shaheen Khan. Part of my role as a hospital consultant is to support people with advance care planning, helping them to make informed choices about their future care, and communicating what is likely to happen to them if they develop a serious life-threatening illness.

One of the topics I regularly discuss with patients is 'cardio-pulmonary resuscitation', or 'CPR'. This refers to the procedure that can sometimes be used to try and restart a person's heart and lungs when they have stopped working.

CPR involves trying to help someone to breathe by using chest compressions, and can also involve trying to restart the heart using electric shocks (i.e. by use of a defibrillator). It often also involves giving medications by injection or by a drip. It can also involve tubes being put into lungs to connect them to a ventilator.

Sometimes this can be very effective. For example, if someone is having heart surgery and they develop problems with their heart, CPR can be used to try and help the heart to start working properly again.

In other situations, for example if someone has a gradually progressive illness that causes them to die, their heart and lungs will eventually stop working as a natural result of the illness progressing. In this situation, trying to restart the heart and lungs with CPR will not work and may actually cause more harm than good.

Sadly most people do not survive after a cardiac arrest, with or without CPR. Those with complex medical problems are much less likely to make a full recovery. Patients are often very unwell after CPR and may need more treatment in an intensive care unit. This usually means that people have to be taken in to hospital if CPR is attempted, even if the CPR starts somewhere outside the hospital.

Even if CPR is successful, most patients do not return to their previous level of physical or mental health. Some people only survive in a coma, and many unfortunately die soon afterwards, often on the intensive care unit.

If a person is seriously ill and near the end of their life, there may be no benefit in attempting CPR if the doctors and nurses looking after that person know it will not be effective. In many situations, a person's heart and breathing will eventually stop as a natural part of the dying process. For people in their last days or hours of life, the focus should be on ensuring their comfort and safety, making sure they are looked after in the place that they want to be in, whether that is their own home, a care home, a hospice, a hospital, or somewhere else.

The decision whether or not to attempt CPR for a person is made by doctors and nurses.

Sometimes these decisions about CPR can be made in advance. For example, if someone has a serious illness that is going to limit their life expectancy, it may be possible for the person's medical team to predict what is likely to happen to that person as their illness progresses. In some of these situations, it can be expected that the person's health will worsen and eventually their heart and lungs will stop working. Trying to restart the heart and lungs with CPR in this situation may not be effective, and may cause more harm and distress. If this is something that the medical team is able to predict, it is important that they discuss this with the person and those important to them. This helps the person and those close to them know what treatments will be made available to them and which treatments and procedures will not be carried out because they will offer no benefit.

If your doctor is sure that CPR will not work, or if you have decided you do not wish CPR to be tried this will be written on a form called 'Do Not Attempt Cardiopulmonary Resuscitation' (a DNACPR form). This will be kept with your health records.

This decision is about CPR only. It does not cover other procedures or drugs, and your healthcare team will continue to give you the best care based on your individual needs.

If your health situation changes your doctor or nurse will review the decision about CPR. You can also request a review if you change your mind about your decision. Feel free to discuss your feelings with the doctors or nurses looking after you.

When it comes to recording decisions and discussions about CPR, CMC can be very helpful. Your wishes and the decision of your doctor can be documented on CMC and then all the urgent care services will know what to do if they are called to care for you.

You can see the CPR decision on your care plan which you can view on your smartphone. Your healthcare team will have noted what you have said about CPR, and will record any decisions made along with you, in CMC. Your doctor or nurse will explain any words that you do not understand.

Now that you have a little more information about CPR, you might want to think about your own choices and preferences. You can discuss this with your family if you feel this would help, and then you can discuss your care plan with your doctor who will provide advice and talk through any questions you have.