

# NWL Digital Care and Support Plan Webinar

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# NWL Digital Personalised Care and Support Plan

- This is a relaunch of a S1/EMIS template to support the digital recording of personalised care and support plans (NWL ICS Care Planning)
- Personalised Care and Support Planning ensures the patient actively participates to explore the management of their health and well-being within the context of their whole life and family situation.
- The template was co-produced with the support of clinical leads and stakeholders in NWL to achieve a simple and fit for purpose template that captures 'what matters' to patients.
- The main changes meet the 23/24 PCN DES requirements for care planning for care home residents, align to the UCP and the NHSE digital standards.
- The template will allow care plans to be recorded in a consistent manner in NW London, irrespective of whether they are recorded on SystemOne or EMIS.
- S1 is now live with EMIS to follow in the next 4-8 weeks

# Who is the DPCSP for?

If your role includes any care planning activity for patients, then this template is for you. This includes but is not limited to:

- GPs
- Nurses
- HCAs
- Pharmacists
- Practice and PCN Managers
- ARRS roles, including but not limited to Social prescribing Link Workers, Care Co-ordinators, Health and Wellbeing Coaches, Mental Health practitioners, First Contact Physiotherapists, Physician Associates, Dieticians
- Any other clinical roles in primary care

# Can patients see their care plan?

- They can see it through their NHS App (UCP) – view only function
- There is print out functionality

# How does the DPCSP interface with the new Universal Care Planning (UCP) for London?

- The UCP has replaced London's previous digital shared care planning tool for urgent and advance care plans, Co-ordinate my Care (CMC).
- It allows contribution from system wide health and care, across clinical and organisational boundaries, integrating with current electronic record systems including the London Care Record.
- It is the only digital platform LAS can access to view important information about our patients
- Using the NWL ICB Care planning template will support UCP creation by supporting auto-population where possible

# UCP v CMC

- **Template design**

- The lay out supports the conversation and documentation ( ReSPect)
- Can save individual sections versus having to complete entire plan i.e DNAR only
- Can print directly if accessing via S1/EMIS (previously had to print from web browser)

- **Some auto population:**

- Some snomed codes auto-populate between S1/EMIS. Prognosis/preference, phase 2 is meds and allergies
- Automatic population patient death
- Writes back into EMIS/S1

- **Template development:**

- Currently building other care plan templates, making it possible to support a greater variety of clinical pathways, including, but not limited to End of Life.

# Where can professionals gain further training on personalised care and UCP?

- At the Personalised Care Institute they are equipping health and care professionals with the knowledge, skills and confidence to help patients get more involved in decisions about their care. Evidence shows this leads to better health outcomes and increased patient and clinician satisfaction
- The free courses are suitable for all health and care professionals, regardless of profession or seniority. Please see the core courses (core skills; shared decision making; PCSP and Maternity PCSP) which take a short 30 minutes and are designed to introduce you to a range of personalised care curriculum topics <https://www.personalisedcareinstitute.org.uk/your-learning-options/>
- We recommend the short PCSP module to support your use of the DPCSP
- We will have 3 cohorts for motivational interviewing 1 day course on offer shortly, this will be advertised via the training hubs

# NWL Care Planning 2023/24

!TESTING! NWL Care Planning 2023/24

! NOTICE ! [Care Planning Summary](#) | Holistic Assessment | About Me | Last Phase of Life | Care Homes | Resources | UCP guidance

## Care Planning Summary

North West London

It is highly recommended to complete the [About Me](#) page before finalising the care plan.

History

Examination

Assessment  CP  ADL  Care support  Environment  Meds Mgmt

Care Plan fields Frailty Severity (Code once only)  No. of falls  in last yr

Summary of needs  CP

Patient's goals and priorities  CP

- social, work, family life
- preventing outcomes e.g. CVA
- reducing Rx harms/burdens
- lengthening life

Care plan agreed e.g. Rx changes, next review  CP

Anticipatory care plan If I become very unwell. Consider UCP  CP

Review of care plan must be completed within 3 days of the admission being recorded on the system for KPI  CP

Medication review done  GMS

Structured Medication Review done

PCSP completed  ^Personalised Care and Support Plan done?

UCP completed  Patient has London Universal Care Plan

Physical Exam  
Lifestyle  
New Electronic Path...  
Referral Wizard  
Record Vaccination  
View: Care planning  
MDT Discussion  
Mental Health  
WSIC login  
Structured Med Rev.  
NPM / DMARDS

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Information Print Suspend **Ok** Cancel Show Incomplete Fields



# Holistic Assessment



<b>Demographics</b>	Residential codes	<input type="text" value="QOF X"/>	
	Gender	<input type="text"/>	
<b>Communication needs</b>	Impaired vision	<input type="checkbox"/>	
<a href="#">Use AIS template for further needs</a>	Interpreter needed	<input type="checkbox"/>	
	Hearing difficulty	<input type="checkbox"/>	
	Main spoken lang.	<input type="text" value="R X"/>	
<b>Social prescribing</b>	Referral to SP	<input type="text"/>	
<b>Patient has a carer</b>	Carer understanding	<input type="text"/>	
<b>Patient is a carer</b>	Carer status	<input type="text" value="R X"/>	
<b>Dementia</b>	Dementia annual review	<input type="checkbox"/>	
	Dementia screening declined	<input type="checkbox"/>	
	Change in behaviour?	<input type="text"/>	
	<b>QOF</b> Review of dementia advance care plan	<input type="checkbox"/>	
<b>Consent / capacity</b>	Capacity	<input type="text"/>	
	Has appointed relevant person's representative (MCA 2005)	<input type="checkbox"/>	
	Has appointed person with personal welfare LPA (MCA 2005)	<input type="checkbox"/>	
<a href="#">(this is regarding the patient)</a>	Power of Attorney	<input type="text"/>	
<b>Admin / follow-up</b>	Patient allocated named GP	<input type="checkbox"/>	
	Over 75 health check	<input type="checkbox"/>	
	Informing patient of named GP	<input type="checkbox"/>	
<b>Postdate to recall date</b>	Date of next chronic disease annual review	<input type="text"/>	
<b>EHCH assessments</b>	Falls assessment completed	<input type="checkbox"/>	
	Biopsychosocial assessment completed	<input type="checkbox"/>	

- Record Ethnicity
- View: Relationships
- Communications Ann...
- Accessible Info Stan...
- 
- Social Prescribing
- Carer / has a carer
- Support for Carers
- 
- Post COVID syndrome
- Dementia NWL ES
- View: Dementia bloods
- Cognition
- View: Pathology
- 
- New Task...
- Record Vaccination
- 
- Falls Assessment
- GAD7
- PHQ9

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# About Me



North West London

### What is most important to me

A description of what is most important to you.

Emergency Information; Other Information.



### People who are important to me

Details of who is important to you and why.

Who should not be contacted or consulted about your care and support and why, if you wish to say



### How I communicate and how to communicate with me

A description of how you communicate normally including any communication aids you use, for example a hearing aid. Include preferred language of communication.



### My wellness

A description covering what you are able to do, how you engage with others and how you feel on a typical day through to on a day when you are unwell or really unwell.



### Please do and please do not

A description of things you want someone supporting you to do or not to do.



### How and when to support me

A description of how and when you want someone caring for you to support you.



### Also worth knowing about me

A description of what is also worth knowing about you for people caring or supporting you.



Supported to write this by:



PRSB About Me notes completed

[PRSB Standards: About Me](#)

Click for a version which can be completed in advance of the appointment:



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## Last Phase of Life



North West London

Blue for West London & Ealing	Palliative care register	<input type="checkbox"/>
Blue for West London only	Not yet deemed Palliative Patient	<input type="checkbox"/>
UCP	On end of life care register	<input type="checkbox"/>
UCP	^GSF Indicator Stage	<input type="text"/>
UCP	^Resuscitation	<input type="radio"/> For attempted cardiopulmonary resuscitation <input type="radio"/> Not for attempted CPR (cardiopulmonary resuscitation)
UCP	^Resus discuss with family	<input type="text"/>
UCP	^Patient aware of prognosis	<input type="text"/>
UCP	^Relative aware of prognosis	<input type="text"/>
UCP	^Preferred place of care	<input type="text"/>
UCP	^Preferred place of death	<input type="text"/>
	Best interest decision made on behalf of patient (MCA 2005)	<input type="checkbox"/>
	Independent mental capacity advocate instructed	<input type="checkbox"/>
	Has ADRT (advance decision to refuse treatment) (MCA 2005)	<input type="checkbox"/>
	Standard authorisation deprivation of liberty MCA 2005 given	<input type="checkbox"/>
	DS 1500 Disability living allowance completed	<input type="checkbox"/>
	Current patient needs (incl. care needs & social support)	<input type="text"/>
	Anticipatory care plan (Printable care plan launches when template is completed)	<input type="text"/>
Consider UCP.	End of life advance care plan declined	<input type="checkbox"/>
	Issue of palliative care anticipatory meds box	<input type="checkbox"/>
	Referred to community specialist palliative care team	<input type="checkbox"/>

MDT Discussion

(MDT: Blue for Ealing only)

Gold Standard Framework

Making DECISIONS about DNAR

UCP guidance

UCP online access

NOK / Carer / POA

Record next of kin / carer

Record Relationship

Symptom Control Gui...

Message in a bottle in...

MAAR Chart

MAAR Chart guidance

Meds Management

Pathology / Radiology...

SCR Consent Status

NWL Palliative Care Services



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# Care Homes



## EHCH management

Acute confusion	<input type="text"/>	
Delirium assessment	<input type="checkbox"/>	
Psychosocial assessment	<input type="checkbox"/>	
Care home MDT	<input type="text"/>	

Please check COVID-19 and Influenza vaccination statuses

- Falls Assessment
- Dementia
- MDT Discussion
- Vaccinations

## "I/We" statements

Love and friendship	N/A
Thinking about the future	N/A
Doing things that make you feel valued	N/A
Enjoyment and pleasure	N/A
Independence	N/A
Safety	N/A
Information	N/A
Support	N/A
Having my say	N/A
Staying in control	N/A
Score	<input type="text"/>



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## Resources



### Clinician resources

- [EARLY Identification and Personalised Care Planning Toolkit](#) *Please ignore CMC references; CMC has been replaced by the Universal Care Plan London.*
- [UCP online access](#)
- [MAAR Chart guidance](#)
- [NWL Guidance - Cardiopulmonary Resuscitation: Making DECISIONS about DNAR](#)

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## UCP Guidance



North West London

**Contact UCP Helpdesk:** 020 3880 0285

- The UCP Support team available 9:00am – 5:00pm, Monday – Friday, excluding Bank Holidays. Bank holiday support will be available to users reporting a Priority 1 or Priority 2 incident only. All other queries will be addressed on the next working day.

*UCP Web Portal link not working:* you may not be connected to the secure Health and Social Care Network connection (HSCN) – please try this alternative link to access: [UCP Web Portal - non HSCN link](#) (this link requires a 2 factor authentication step). More information can be found here on website: [Contact - Universal Care Plan](#)

- Sign up for our monthly newsletters via the UCP website: <https://ucp.onelondon.online/>. Users interested in data reporting can select the 'UCP Data reporting' tickbox to receive data reports when published.

**TRAINING:**

- Training videos and webinars are available on the [Training](#) page – there is a project underway to improve these further.
  - Users can find out more about access to the UCP through EMIS, TPP SystmOne, London Care Record (HIE), Adastra and Cleric on the Access page.
- Users who do not have access through these systems can request a UCP Web Portal account on the same page.

**Imported from GP system to UCP if added or changed in GP system:**

On End of Life care register / Prognosis / Patient aware of prognosis / Family aware of prognosis / Preferred Place of Care / Preferred Place of Death

**Exported from UCP to GP system if added or changed in UCP:**

Has Urgent Care Plan / On End of Life care register / CPR Decision / Prognosis / Patient aware of prognosis / Family aware of prognosis / Preferred Place of Care / Preferred Place of Death

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## North West London

### Disclaimer

This template has been created by the North West London CCGs to support Member Practices' effective delivery of patient services. It has been developed in close liaison with local clinicians, tested extensively within live clinical system environments and is, to the best of our knowledge, accurate. However, responsibility for ensuring the accuracy of the data produced using this template remains with the Practice; the CCGs strongly recommend that Practices ensure appropriate checks are in place and that any errors are reported to the NWL IT Team by emailing [nwlccg.servicedesk@nhs.net](mailto:nwlccg.servicedesk@nhs.net)

Your template feedback is important to us. Please email your comments/requests to the address above and they will be addressed at the next review date (sooner if need dictates).

### Purpose

The purpose of this template is to allow for data entry in line with the Care Planning enhanced service contract requirements, the PRSB care planning standards, the London Universal Care Plan, and the creation of a printed patient care plan.

### Amendments

- January 2013 - first version released
- June 2019 - layout changed to support clearer data entry and better care plan output
- August 2019 - updated to include social prescribing and updated version information
- June 2021 - Care Plan view page added as shortcut button on front page, changed to Holistic Assessment to align with PRSB care planning standards. Some items moved to holistic page. More shortcut buttons to other useful templates added to summary page (pg1).
- September 2023 - Expanded to include Last Phase of Life, About Me, Care Homes (EHCH), UCP codes and guidance for a more holistic care plan

### Developed by

Developed by NWL PCS System Development team, with guidance from NWL IT GP Leads and Enhanced Services team.

Signed off: September 2023

Published by: SJK/SM

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# Close and Thank You

- We will share the link to the recorded session – will be on the Learning Management system
- Factsheet