

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 SystmOne 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 | [X](#)

Care Planning Summary

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

History

Examination

Assessment

CP ADL

CP Care support

CP Environment

CP Meds Mgmt

Care Plan fields

Frailty Severity (Code once only)

No. of falls in last yr

Summary of needs

Patient's goals and priorities

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

Care plan agreed

e.g. Rx changes, next review

Anticipatory care plan

If I become very unwell.

Consider UCP

Review of care plan

must be completed within 3 days of the admission being recorded on the system for KPI

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

fdb

Mental Health

WSIC login

Structured Med Rev.

NPM / DMARDS

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North West London

Holistic Assessment

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

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About Me

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.

Macmillan

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

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Care Planning - About Me

[Click for a version which can be completed in advance of the appointment:](#)

Click for a version which can be completed in advance of the appointment: [Care Planning - About Me](#)

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Last Phase of Life

Blue for West London &
EalingBlue for West London
only

UCP On end of life care register

UCP ^GSF Indicator Stage

UCP ^Resuscitation

- For attempted cardiopulmonary resuscitation
- Not for attempted CPR (cardiopulmonary resuscitation)

UCP ^Resus discuss with family

UCP ^Patient aware of prognosis

UCP ^Relative aware of prognosis

UCP ^Preferred place of care

UCP ^Preferred place of death

Best interest decision made on behalf of patient (MCA 2005)

Independent mental capacity advocate instructed

Has ADRT (advance decision to refuse treatment) (MCA 2005)

Standard authorisation deprivation of liberty MCA 2005 given

DS 1500 Disability living allowance completed

Current patient needs
(incl. care needs
& social support)Anticipatory care plan
(Printable care plan launches
when template is completed)

Consider UCP.

End of life advance care plan declined

Issue of palliative care anticipatory meds box

Referred to community specialist palliative care team

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

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Care Homes



EHCH management

- Acute confusion
- Delirium assessment
- Psychosocial assessment
- Care home MDT



- Falls Assessment
- Dementia
- MDT Discussion
- Vaccinations



Please check COVID-19 and Influenza vaccination statuses

"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	

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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

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

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