



Welcme

**Universal Care Plan Palliative
and End of Life Care Learn and
Share Event**

Housekeeping



This is not a training session - it's an interactive opportunity to learn from colleagues and share your experiences

Chat is disabled - please use the Q&A feature for questions

We'd love for you to keep your camera on if you're comfortable

You'll be on mute - please raise your hand if you'd like to speak

We'll be giving you the chance to feed back on your use of the UCP to support PEO LC further in the session

Agenda



PEoLC
National
and
Regional
view

UCP
Programme
Update

Panel
Discussion

Feedback
session
using Menti

Q&A and
closing

Introducing



Dr Katherine Buxton

Consultant in Palliative Medicine & Clinical Lead for End of Life Care, Imperial College Healthcare NHS Trust
Clinical Lead, Universal Care Plan Programme, Hosted by NHS South West London CCG, on behalf of London CCGs.

Clinical Director, Palliative and End of Life Care Strategic Clinical Network, NHSE/I (London region)
National Clinical Advisor for Palliative Care and End-of-Life Care, Shared Care Records

Tomas Ince

Senior Clinical Transformation Manager, Universal Care Plan Programme



England

**Palliative Care and End of
Life Care (PC&EOLC)
London Region**

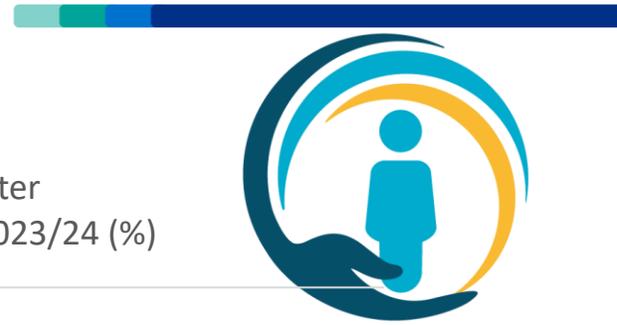
Dr Katherine Buxton

Nationally, What Are We Aiming To Achieve?



Area of focus/KLOEs	From	To
<p>Reduced Emergency Admissions in the Last 90 Days of Life – including other metrics to help us to understand the data</p> <p>All data is currently obtained from the PC&EOLC dashboard which includes:</p> <ul style="list-style-type: none"> • Mortality Dataset • SUS+ Emergency Care Dataset • Admitted Patient Care • Critical Care Dataset • Outpatient Dataset • Palliative Care Register is derived from the GP Quality Outcome Framework (QOF). 	<p>‘Percentage of deaths with three or more emergency admissions in the last 90 days of life’.</p>	<ul style="list-style-type: none"> • Reduction in the percentage of deaths with three or more emergency admissions in the last 90 days of life
	<p>The number of emergency admissions in the last 90 days of life is impacted on by:</p>	
	<p>Palliative Care Identification</p> <ul style="list-style-type: none"> - Currently 0.55% of the GP registered population are identified with a palliative care or end of life care need. We need to increase the number of people identified with a palliative care or end of life care need. 	<ul style="list-style-type: none"> • Aim to achieve nationally 0.9% of the GP registered population identified as having a palliative care need by 2035 • Assuming identification rate of additional 0.1% per annum (50% of SR period), end of 10yp – from 0.59% to 0.71% of population
	<p>Place of death</p> <ul style="list-style-type: none"> - Currently 42% of people die in an acute setting. We need to reduce this percentage so that more people die where they choose. 	<ul style="list-style-type: none"> • We are already achieving a shift in place of death from hospital to community. Aim to reduce from 42% to 35.5% of people identified with a palliative care need dying in an acute setting by 2035. This is achievable if we continue to follow the trend
	<p>Emergency Admissions in the Last Year of Life</p> <ul style="list-style-type: none"> - In 2023 there were an estimated 925,000 emergency admissions for people in their last year of life nationally. (This is based on 544,054 deaths x 1.7 emergency admissions per death). We need to reduce emergency admissions in the last year of life. 	<ul style="list-style-type: none"> • Reduce Emergency admissions in the last year of life by 14% over the 10yp period. Projected to 2035 this would result in 877,200 emergency admissions for people in their last year of life nationally (including the estimated 10.3% increase in deaths over this time-period). • Data to be split by 3, 6 and 12 month intervals (+2 years?) (initial focus on 3 months with potential to expand out)
<p>Bed Days</p> <ul style="list-style-type: none"> - There are currently approximately 101,000 bed days taken for people in their last year of life. We need to look to reduce this. 	<ul style="list-style-type: none"> • A 1% reduction in bed days for this cohort would represent roughly 99,889 days. Projecting to 2035, this would represent 626,617 less bed days per annum, based on a 6.5% total reduction between 2025 and 2035, adjusting for demographic changes. 	

Palliative Care Registration (2023/24)

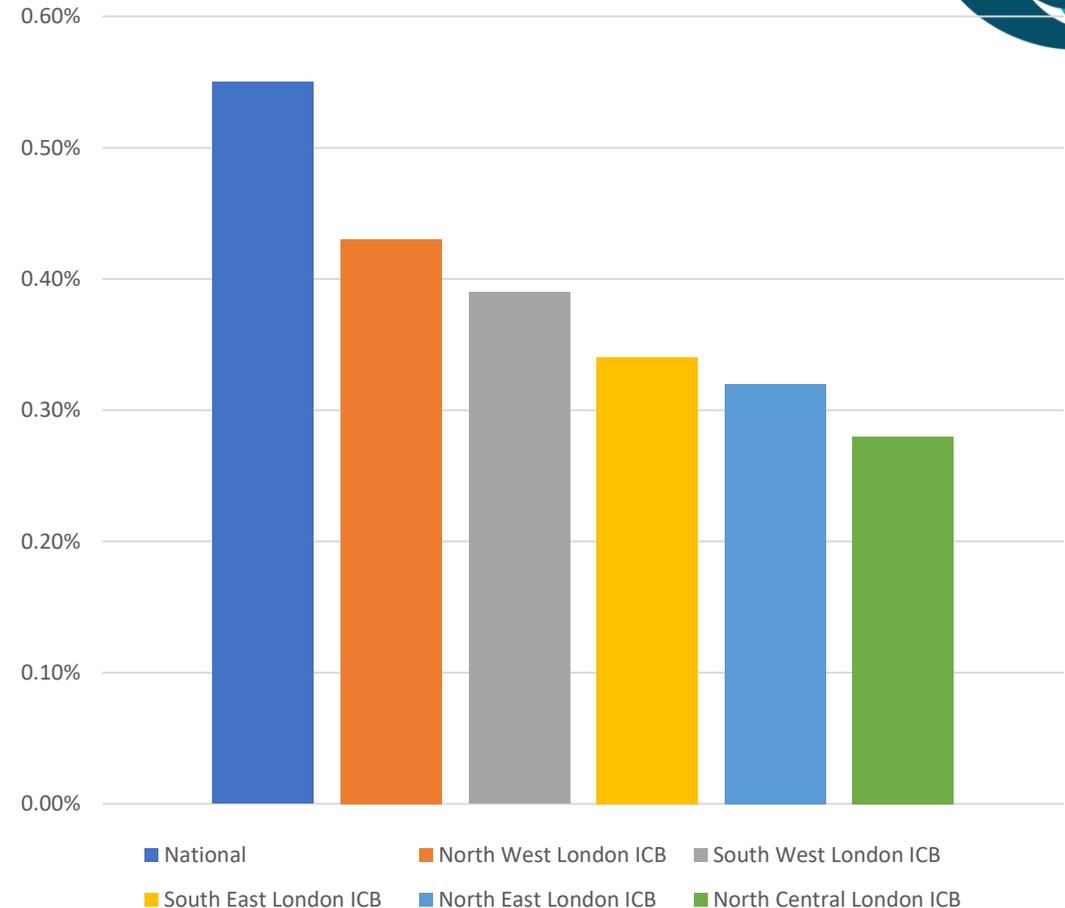


Key Headlines

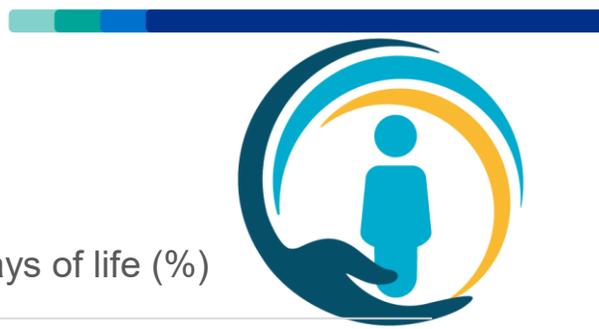
- QOF data currently only available for 2023/24 on the PC&EOLC dashboard. 2024/25 QOF data was released in August and will be updated on the dashboard in December 2025.
- We understand that London registrations show an increase in relation to palliative care identification during 2024/25 (+0.02%).
- North Central London ICB has the lowest palliative care identification in the region at 0.28%.
- All ICBs continue to deliver below the national rate for Palliative Care identification.

London Region	Palliative Care Register Prevalence of population 2023/24 (%)
National	0.55%
North West London ICB	0.43%
South West London ICB	0.39%
South East London ICB	0.34%
North East London ICB	0.32%
North Central London ICB	0.28%

Palliative Care Register
Prevalence of Population 2023/24 (%)



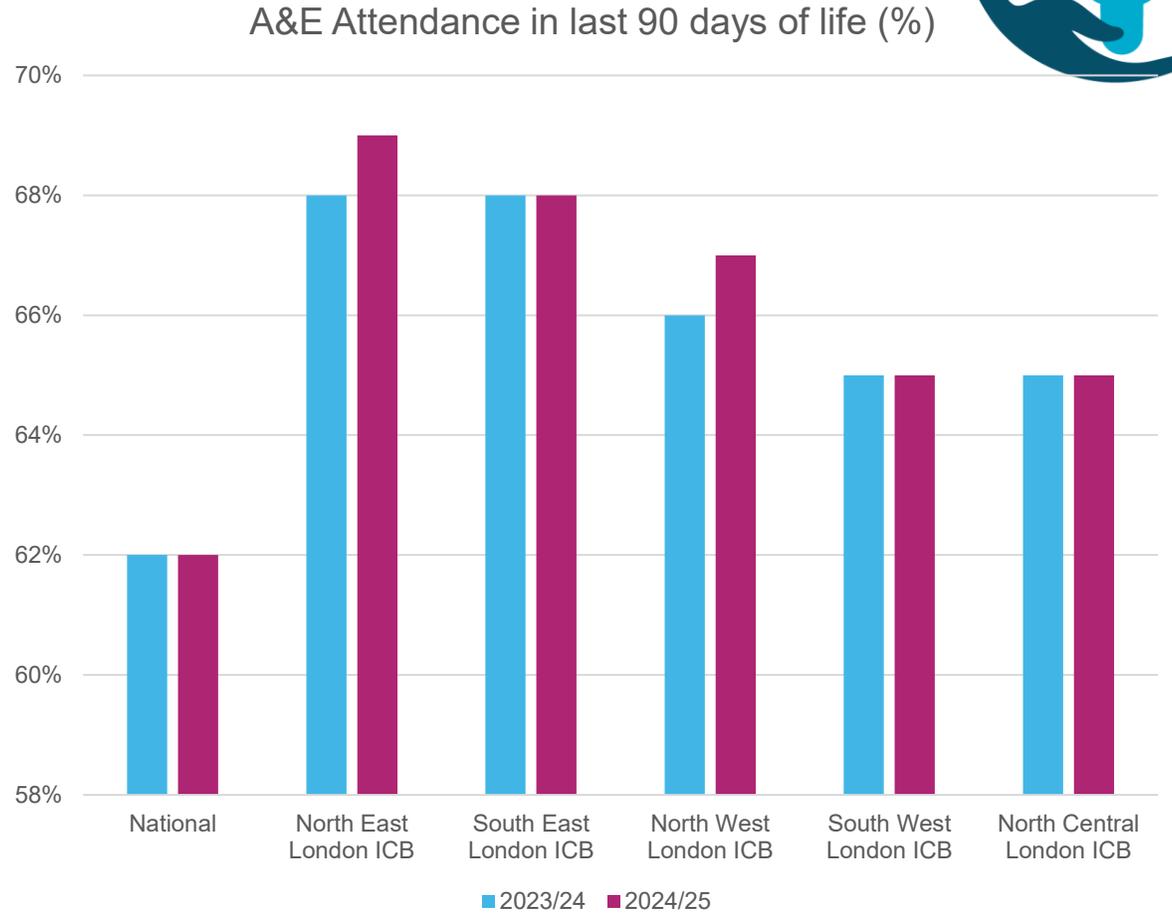
A&E Attendance in last 90 days of life (2023/24 and 2024/25)



Key Headlines

- All ICBs in London have an A&E attendance rate for people in the last 90 days of life that is above the national rate.
- NEL and NWL ICBs had an increase in A&E attendance across the two years. Attendance rate for the remaining ICBs remained the same.

London Region	A&E Attendance in last 90 days of life (%)	
	2023/24	2024/25
National	62%	62%
North East London ICB	68%	69%
South East London ICB	68%	68%
North West London ICB	66%	67%
South West London ICB	65%	65%
North Central London ICB	65%	65%

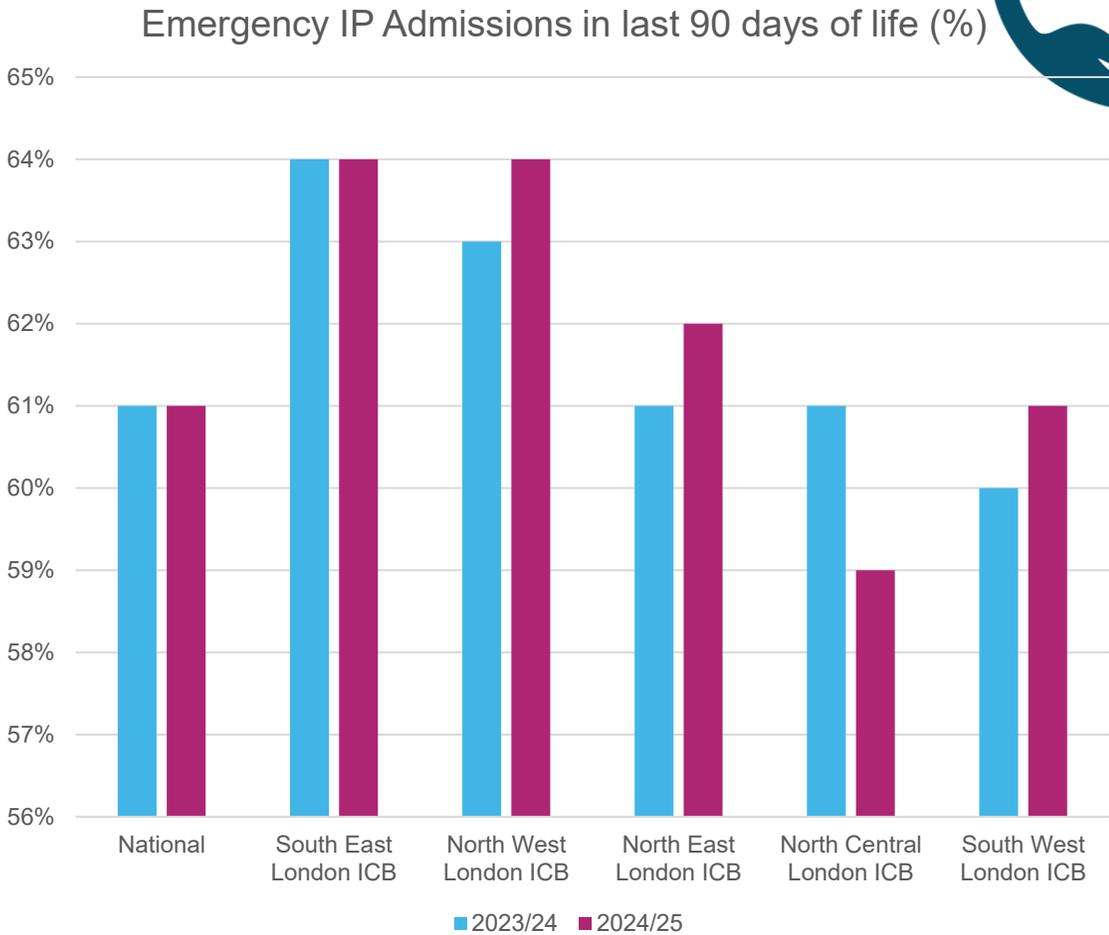


Emergency Inpatient Admissions in last 90 days of life (2023/24 and 2024/25)



- Key Headlines**
- SEL, NWL and NEL have a higher rate of emergency inpatient admissions in the last 90 days of life than the national rate.
 - NWL, NEL and SWL had an increase in emergency inpatient admissions in 2024/25 compared to 2023/24.
 - NCL's emergency inpatient admissions reduced by 2% from 2023/24 to 2024/25.

London Region	IP Emergency Admissions in last 90 days of life (%)	
	2023/24	2024/25
National	61%	61%
South East London ICB	64%	64%
North West London ICB	63%	64%
North East London ICB	61%	62%
North Central London ICB	61%	59%
South West London ICB	60%	61%



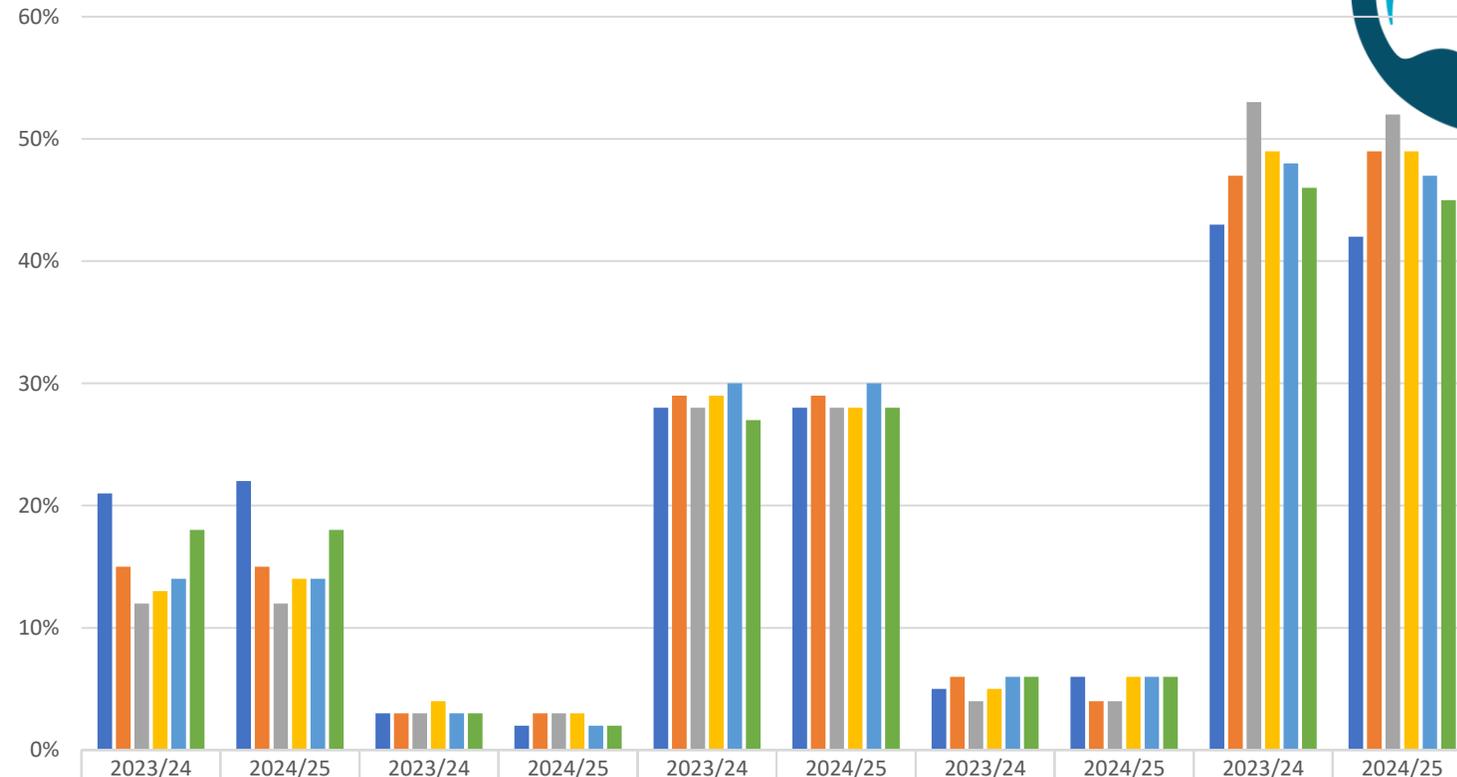
Place of Death (2023/24 and 2024/25)



Key Headlines

- NEL, SEL and SWL have all reduced the number of people dying in hospital by 1% between 2023/24 and 2024/25. Their reduced figures though are still above the national average.
- All ICBs in London have a higher percentage of people dying in hospital than the national percentage.
- All ICBs in London have a much lower percentage of people dying in a care home compared to the national percentage.

Place of Death by ICB (%)



	Care Home		Elsewhere / OTHER		Home		Hospice		Hospital	
	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25
National	21%	22%	3%	2%	28%	28%	5%	6%	43%	42%
North Central London ICB	15%	15%	3%	3%	29%	29%	6%	4%	47%	49%
North East London ICB	12%	12%	3%	3%	28%	28%	4%	4%	53%	52%
North West London ICB	13%	14%	4%	3%	29%	28%	5%	6%	49%	49%
South East London ICB	14%	14%	3%	2%	30%	30%	6%	6%	48%	47%
South West London ICB	18%	18%	3%	2%	27%	28%	6%	6%	46%	45%

Regional Priorities to Support National Area's of Focus



Regional Priority Work Streams

- Development of regional data dashboard for Palliative Care and End of Life Care:
 - To understand our current performance in more detail
 - To prioritise areas for development and share learning across the capital
 - To monitor improvements going forward
- 24/7 specialist palliative care advice line via 111 for patients known and not known to palliative care services
 - To provide specialist advice to patients, families and HCP's enabling patient preferences to be supported at the end of life
- Earlier identification of people in the last 12-18 months of life with subsequent offer of advance care planning and creation of Universal Care Plan
- Development of regional CPR guidance to support the transfer of CPR recommendations across all settings of care and accompanying the patient

Bringing it all together



Regional team, ICS teams and individual providers in collaboration

- Together, we each work to improve the overarching metrics in our local area
 - Background work on data collection
 - On the ground clinical care day to day
- At the centre of our work is the principle of open and honest conversations, listening with compassion and creating shared care plans aligned with patient preferences and wishes
- Documentation on the UCP is critical for ensuring regional visibility of the care plan to all health and social care professionals at the point they need to see it
- Documentation on the UCP is also critical to improving data collection regarding on the ground care, as in future this will be visible in the regional data dashboard alongside other population health data



UCP Programme update

Tomas Ince

Senior Clinical Transformation Manager

Universal Care Plan Programme

Recap



- EPaCCS have been in place in London since 2010.
- Through a digital EPaCCS, London citizens have experienced **positive patient outcomes**.
- However, limited integration, **separate log-in** credentials required and lack of dynamic **information exchange**, and an inability to adapt to changing user requirements with the care plan template led to limited adoption.
- A **new arrangement** in London was agreed in 2021, underpinned by:
 1. New governance arrangement for service provision (UCP)
 2. Implementing a dynamic integrated care planning solution

What improvements did you set us?



- 1. Improved accessibility:** Users accessing the UCP via interoperable Electronic patient Records will not need separate log-in credentials.
- 2. Template development:** We will have the capability to create and edit care plan templates, making it possible to support a greater variety of clinical pathways, including, but not limited to End of Life.
- 3. Reduced duplication:** Care plans can be pre-populated with relevant information from the patient's GP record and specified SNOMED codes can be written back to GP records. This will reduce transcription.

It was critical that we first improved the Palliative and End of Life digital care planning provision across London

What progress have we made?



We have **made considerable progress** in addressing the improvement requirement you set. However, we know that we need to continue to do more and continue to innovate.

- The Universal Care Plan implemented (at go-live) integration with critical clinical systems in use across London, including the **London Care Record (HIE) and urgent care systems**
- The UCP simplified the way you access the care planning application, meaning that most users **will not** need separate login credentials
- The UCP is enabling patient to view their care plans via the **NHSApp**
- The UCP implemented the **ability to exchange data between EMIS, TPP and the UCP**, supporting clinical coding and reducing duplication
- Displaying **GP Allergy and Medication** in UCP, reducing duplication of patient medication and allergy information.
- The UCP has **expanded the template**, supporting more clinical use cases

Wider London Coverage



KEREVA, DUNCAN
Phone 02041 526396

NHS No 966 097 9622 Gender Male Born 26/02/1979 (43y)
User Guide 5 Source MRNs (21) Partners finished loading: 22/22 Filters Menu

Urgent Care Plan (UCP) exists
There is information in the Alerts widget.

Community Referral (3) Summary

Referred From	Referred To	Initiated On	Source
General Medical Practitioner	ADOLESCENT North and West Team	10/11/2021 00:00:00	TAVI
General Medical Practitioner	Lifespan	30/08/2020 00:00:00	TAVI
GENERAL MEDICAL PRACTITIONER	Test Community Team	16/07/2019 15:49:00	CANDI

Contacts (0)

Name	Relationship	Organisation	Start Date	Source
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GP Records (10) Summary

Report Name	Performed by	Date Completed	Source
Problems		12/01/2023 15:20:46	ES
Diagnosis		12/01/2023 15:20:46	ES
Summary		12/01/2023 15:20:45	ES
Events		12/01/2023 15:20:45	ES
Medications		12/01/2023 15:20:45	ES
Examinations		12/01/2023 15:20:45	ES
Investigations		12/01/2023 15:20:45	ES
SixatWarnings		12/01/2023 15:20:44	ES
Patient Details		12/01/2023 15:20:43	ES
Procedures		12/01/2023 15:20:41	ES

Shared Records Systems (1) Summary

Report Name	Source
Urgent Care Plan (Create/Edit)	UCP

Social Care (0)

Report Name	Performed by	Date Completed	Source
Urgent Care Plan (Create/Edit)			Urgent Care Plan

Clinical Correspondence (43) Summary

Report Name	Performed by	Date Completed	Source
Discharge Summary	INPATIENT, PHYSICIAN	06/12/2022 16:24:36	GSTT-EPIC
SLAM Discharge Notification Summary		28/11/2022 15:15:22	SLAMNFT
OPD Clinic GP Letter	Grey, Gavin	24/11/2022 15:57:00	HUH
Emergency Medicine Discharge Summary	Grey, Gavin	24/11/2022 15:25:00	HUH
GP Discharge Letter		19/10/2022 10:18:00	CHELWEST
GP Discharge Letter		18/10/2022 12:37:20	ICHT
PDF from HL7v2 Message		22/09/2022 11:56:50	MKFT

acebutolol/acebutolol hydrochloride	Datatype(AL1.4)-NA	05/10/2021	MMUH
Adverse reaction to aspirin		17/06/2019	ES
Adverse reaction to penicillins		28/09/2022	ES
Albumin solution	Moderate	01/07/2019	HUH
Animal dander			ICHT
Aspirin	Moderate	30/04/2013	CHST
Banana	Moderate		MKFT
Boots Allergy Relief	Mild		WHHNT, RFL
Boots Allergy Relief	Datatype(AL1.4)-Mild		RFL
Celery	Moderate	01/09/2020	HUH

Medications (1) Summary

Medication	Status	Last Issued	Source
AMLOdipine 10 mg tablet	Active		GAST(T

Past Meds (0)

Meds Issues (0)

Vaccinations (12) Summary

Immunisations	Date Given	Source
2019-nCoV (novel coronavirus) vaccination invitation SMS (short message service) text message sent	15/11/2022 00:00:00	ES
First hepatitis A and typhoid vaccination	28/09/2022 00:00:00	ES
influenza vaccine, inactivated	31/08/2022 15:34:00	MKFT
rabies vaccine, thick embryo cell	26/08/2022 09:29:00	MKFT
rabies vaccine, thick embryo cell	05/08/2022 13:29:00	MKFT
influenza vaccine, inactivated	05/08/2022 13:28:00	MKFT
rabies vaccine, thick embryo cell	29/07/2022 07:59:00	MKFT
influenza vaccine, inactivated	29/07/2022 07:58:00	MKFT
BCG	21/07/2022	GAST(T
Anthrax	22/06/2022	GAST(T

Visits (143) Summary

Cellular Pathology (6) Microbiology (63)

Report Name	Date Completed	Status	Order Comments	Ordering Clinician	Source
Cytology Process	10/03/2021 08:18:00	Final		Ceasay M. J.	KCHRFT
Histology Process	10/03/2021 08:17:00	Final		Ceasay M. J.	KCHRFT
Cytology Process	19/02/2021 11:49:00	Final	testing 	Ceasay M. J.	KCHRFT
Histology Process	19/02/2021 11:49:00	Final	testing 	Ceasay M. J.	KCHRFT
Histology Process	18/02/2021 15:21:00	Final	testing 	Ceasay M. J.	KCHRFT
Cytology Process	15/02/2021 14:17:00	Final	testing 	z - Unknown From Link	KCHRFT
Histology Process	15/02/2021 14:16:00	Final	testing 	z - Unknown From Link	KCHRFT
HISTOLOGY SPECIMEN	25/07/2019 09:34:00	Completed			HUH

Radiology (36) Details

Report Name	Date Completed	Status	Order Comments	Ordering Clinician	Source
US Obstetric detailed anatomy scan	07/12/2022 00:00:00	Completed		Redla, Sri	TPAHNT
US Doppler	17/10/2022 14:29:00	Completed		Fox, Kevin	ICHT
US Abdomen	17/10/2022 12:45:00	Completed		morgan T Raunton	CHELWEST
CT Abdomen	17/10/2022 12:16:00	Completed		Ashkan Sadighi	CHELWEST
US Obstetric detailed anatomy scan	13/10/2022 00:00:00	Completed		Redla, Sri	TPAHNT
US Obstetric doppler study	13/10/2022 00:00:00	Completed		Redla, Sri	TPAHNT
US Guided	10/10/2022	Completed		Redla, Sri	TPAHNT

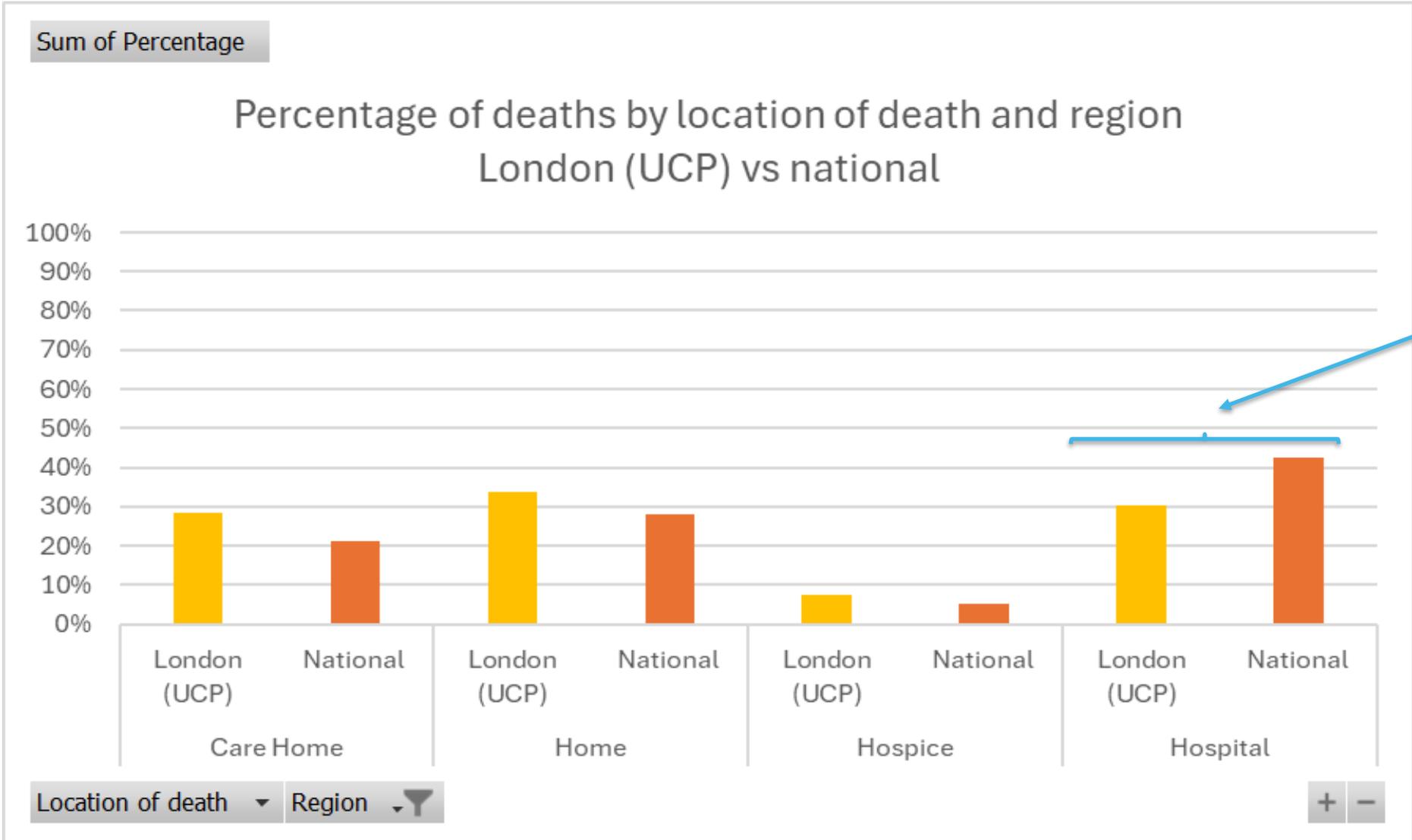
What data is currently exchanged or used to prepopulate care plans?



Imported from GP system to UCP if added or changed in GP system	Exported from UCP to GP system if added or changed in UCP
<ul style="list-style-type: none"> • On End of Life care register • Prognosis • Patient aware of prognosis • Family aware of prognosis • Preferred Place of Care • Preferred Place of Death 	<ul style="list-style-type: none"> • 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
<p>Import Rules: Import from the GP system to UCP, if the date in the GP system for this data item is more recent than the date in UCP.</p>	<p>Export Rules: Export to GP system from UCP</p> <ol style="list-style-type: none"> 1. if there is no data in the GP System 2. OR the most recent date in GP system is earlier than the date in the UCP AND the codes are different.

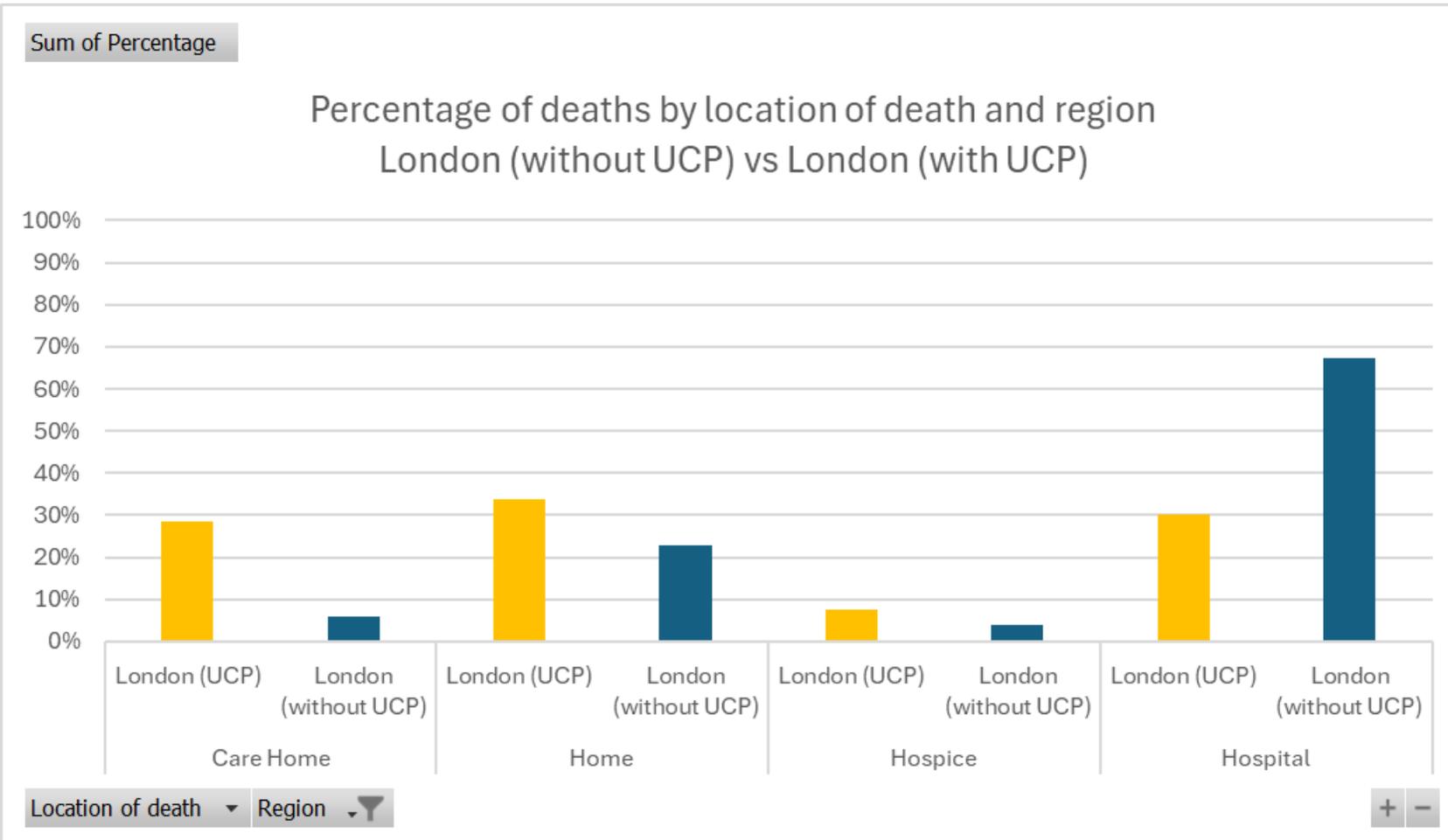
* Functionality to exchange more data can be increased but needs system level governance agreement

National average PEoLC deaths compared with Londoners with a UCP



Fewer patients with a UCP died in hospital compared to the national figures.

PEoLC deaths by location in London with and without a UCP



Fewer people in London with a UCP died in hospital.

More people died at home or in a care home with a UCP

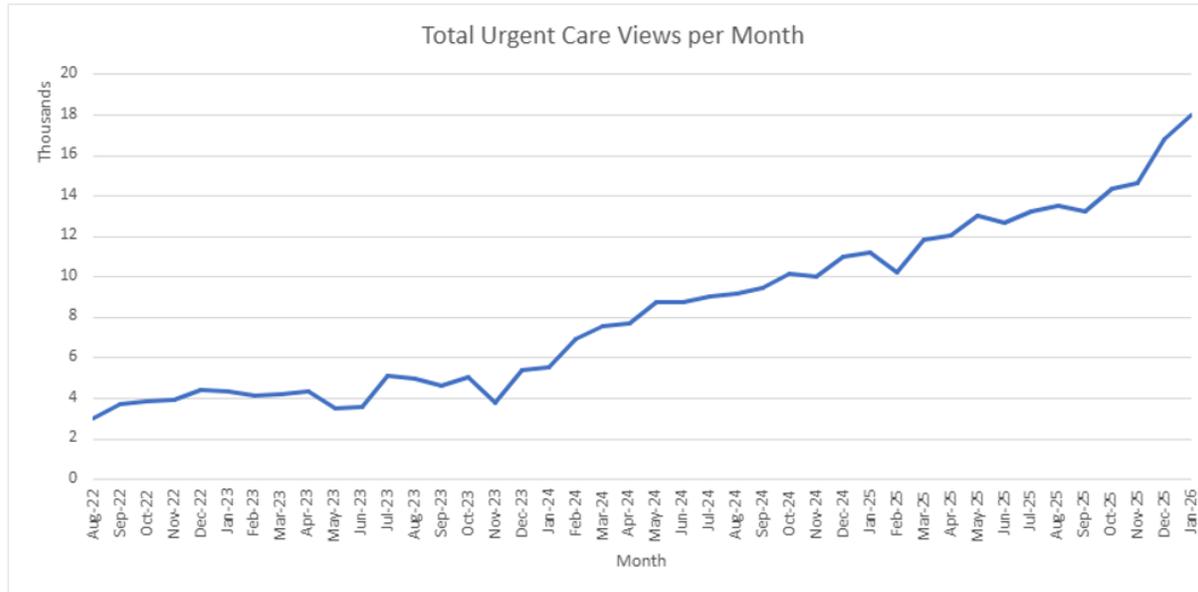
Total London deaths in 23/24: 48,523

Of which 19,393 (40%) had a UCP

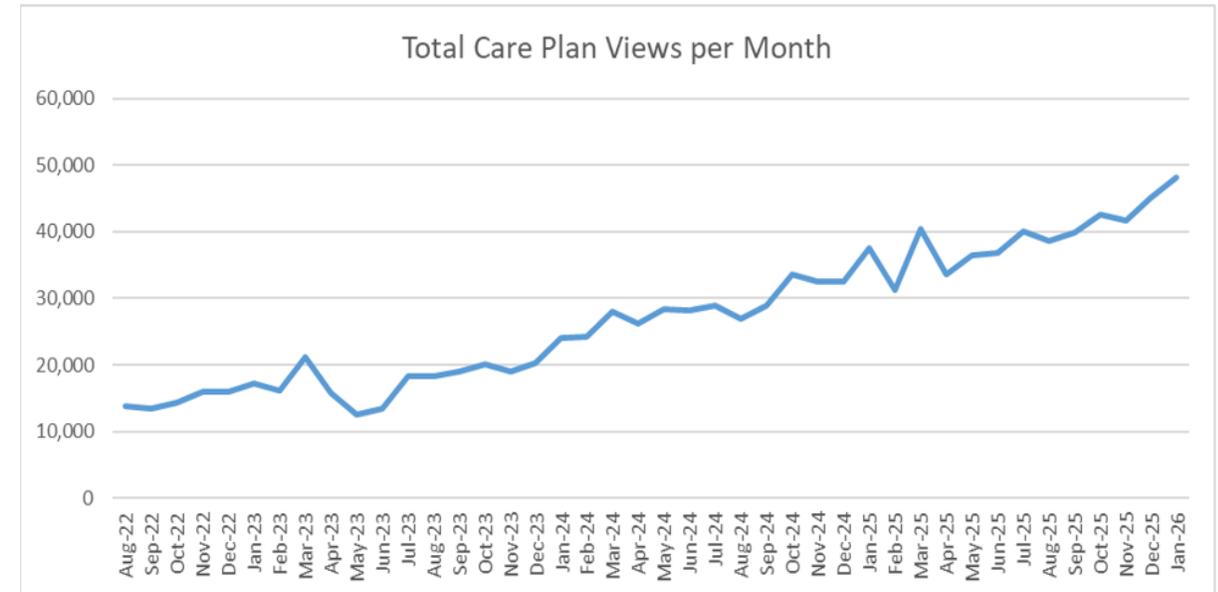
UCP Utilisation



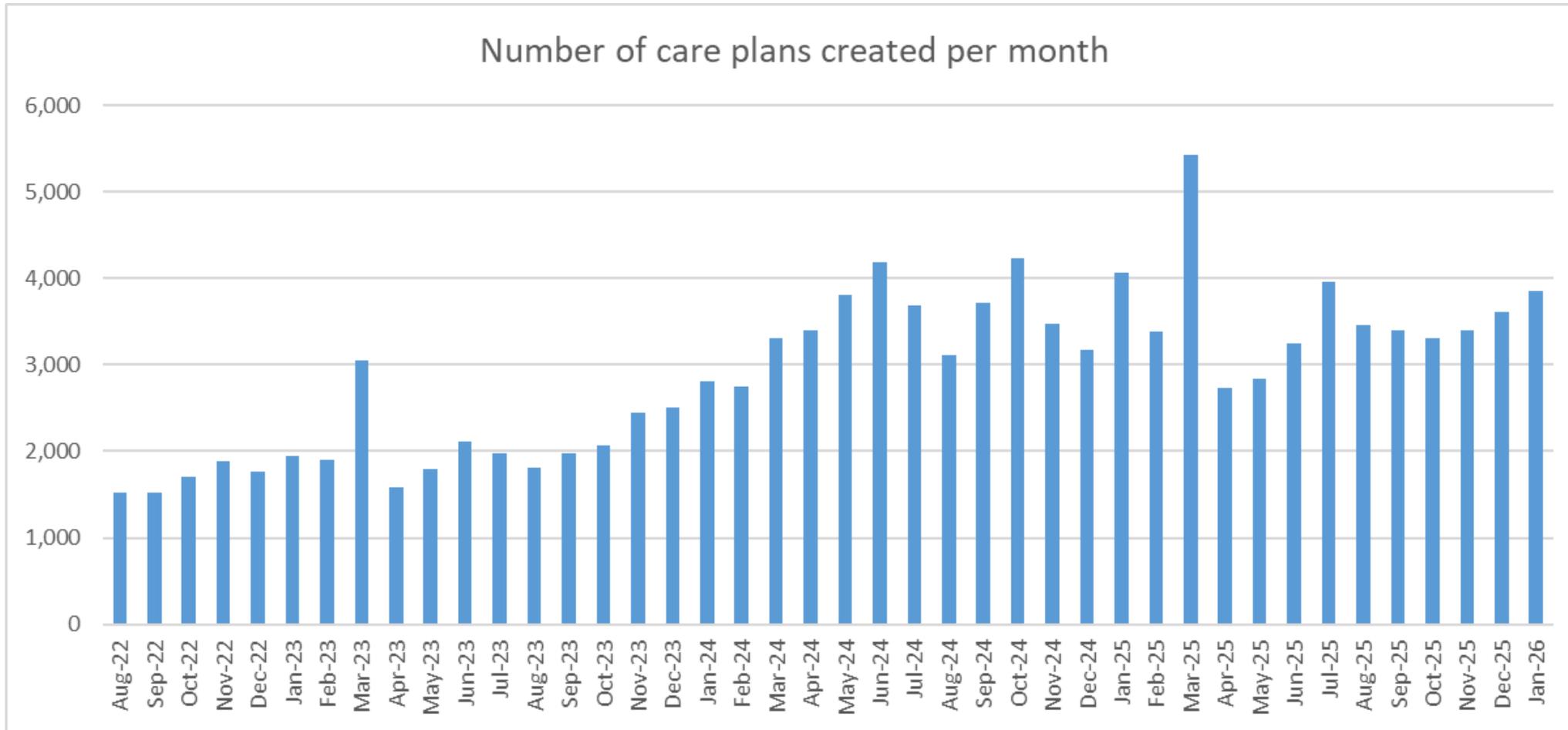
Total Urgent Care Views



Total Care Plan Views

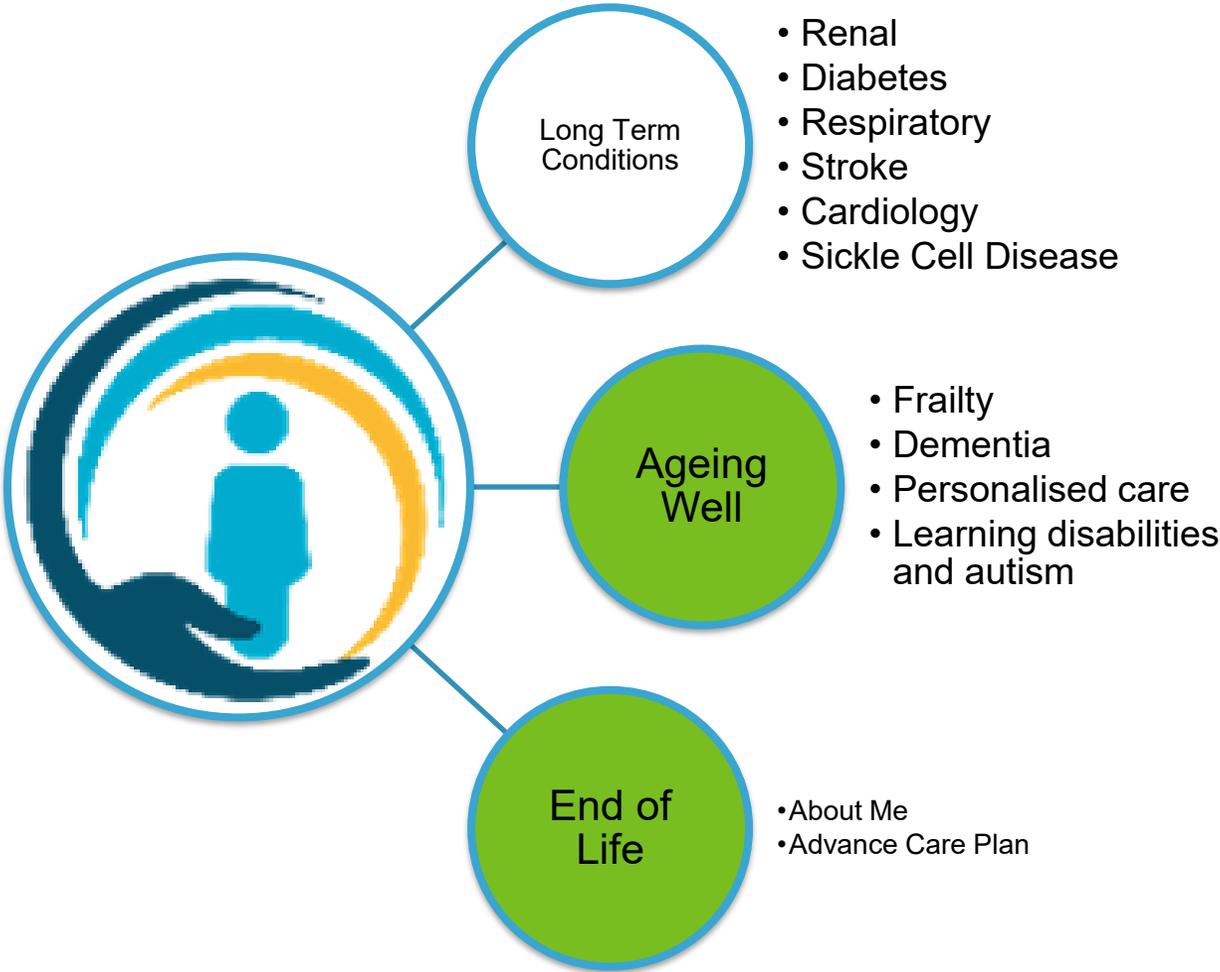


Care Plan Creations



1,900 average care plan at go live vs **3,600** average care plan creation in the last 12 months

Expanding use case beyond the urgent care pathway to a holistic personalised care pathway



Supporting patients better



- The expanded template is helping clinicians to capture and record more condition specific information (less free text and variation of information)
- UCP data shows that:
 - 38% of people with a UCP and living with Frailty have a prognosis of months or less (Surprise question = No, I would not be surprised if patient died in the next 12 months)
 - 49% of people with a UCP and living with dementia have a prognosis of months or less (Surprise question = No)
 - 7% of people with a UCP and have a Learning Disability have a prognosis of months or less (Surprise question = No)



UCP Frailty Report

6-weekly report - 24 February 2026

NHS
South West London

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LONDON

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Hosted by NHS South West London

PATIENTS INCLUDE:

CLINICAL FRAILTY SCALE OF 5+

PRIMARY OR OTHER DIAGNOSIS
INCLUDES 'FRAIL'

12,918



PATIENTS WITH FRAILTY HAD A UCP
AS OF 24 FEBRUARY 2026

6-Monthly - Oct 25

FRAILTY SCORE

- 1 - Very fit
- 2 - Well
- 3 - Managing well
- 4 - Vulnerable
- 5 - Mildly frail
- 6 - Moderately frail
- 7 - Severely frail
- 8 - Very severely f...
- 9 - Terminally ill

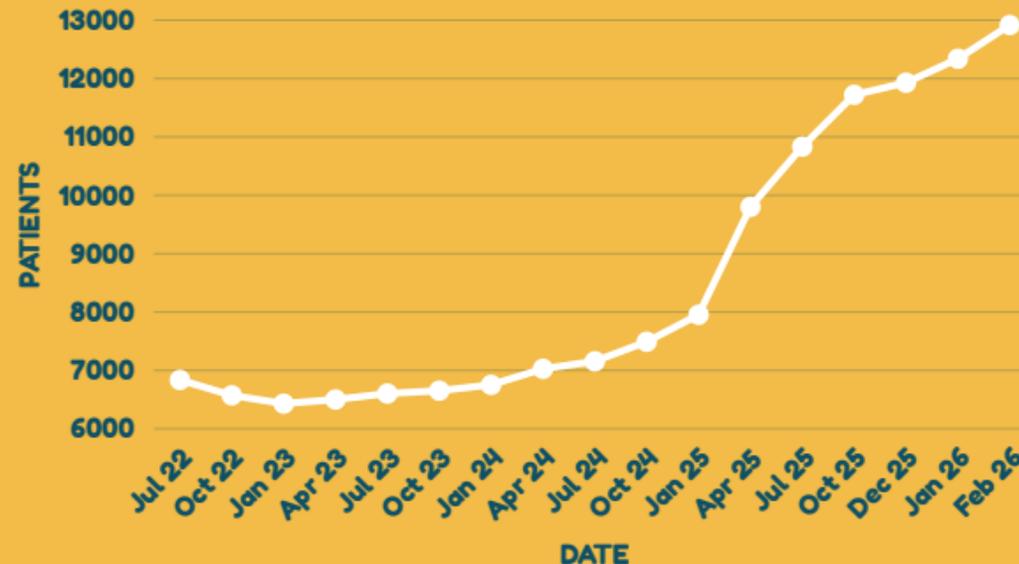
URGENT &
EMERGENCY CARE
UTILISATION



2,628

VIEWS
BY URGENT CARE SERVICES IN
JANUARY 2026
FOR PATIENTS WITH FRAILTY

PATIENTS WITH FRAILTY WITH UCP





UCP Report - Dementia

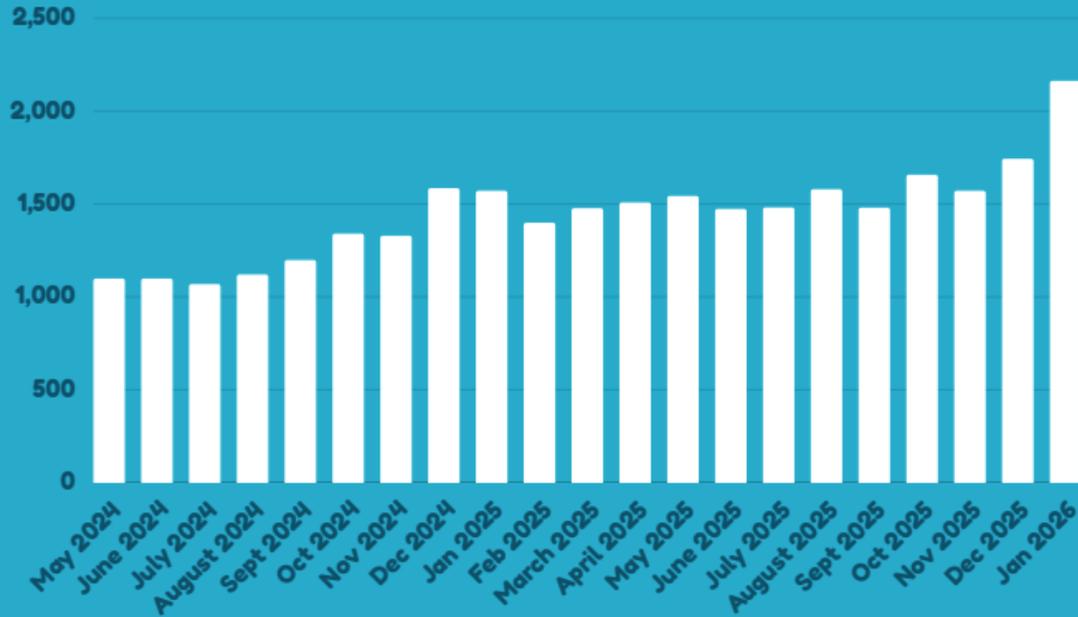
24 February 2026

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South West London

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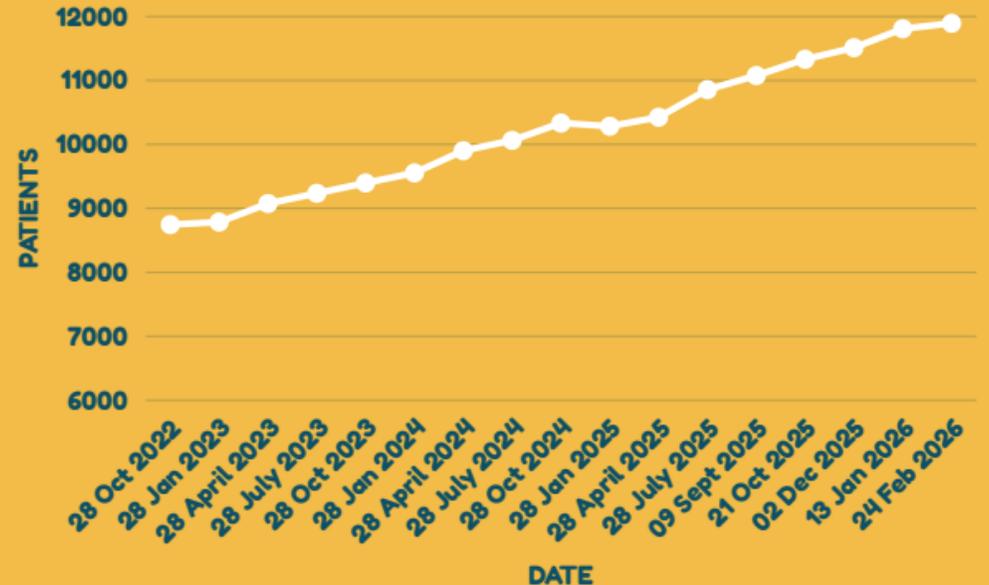
URGENT CARE VIEWS FOR PATIENTS WITH DEMENTIA



12,340

PATIENTS WITH DEMENTIA HAD A UCP
AS OF 24 FEBRUARY 2026

PATIENTS WITH DEMENTIA WITH UCP



2,164 VIEWS
BY URGENT CARE

IN JANUARY 2026
FOR PATIENTS WITH
DEMENTIA





UCP Report - Learning disabilities and autism

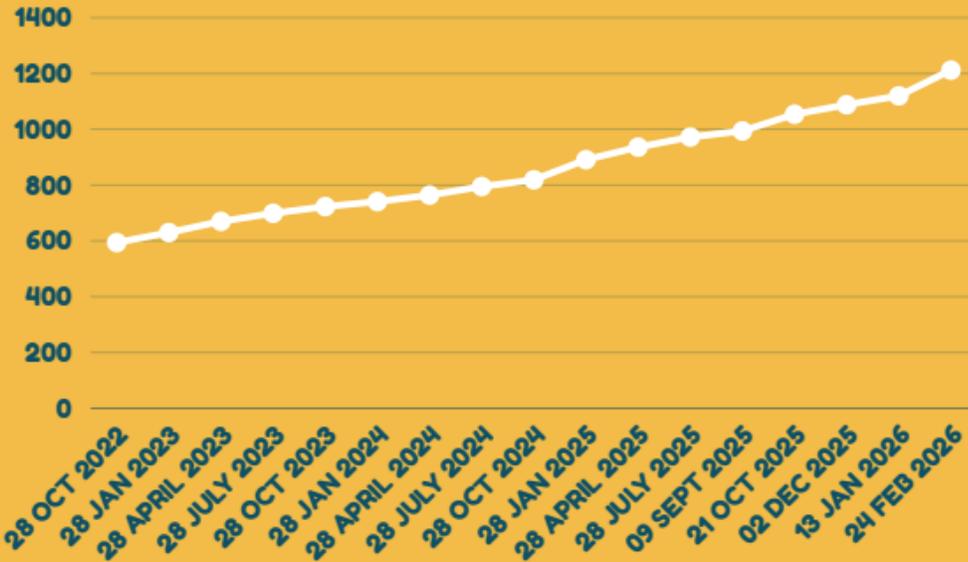
24 February 2026

1,212

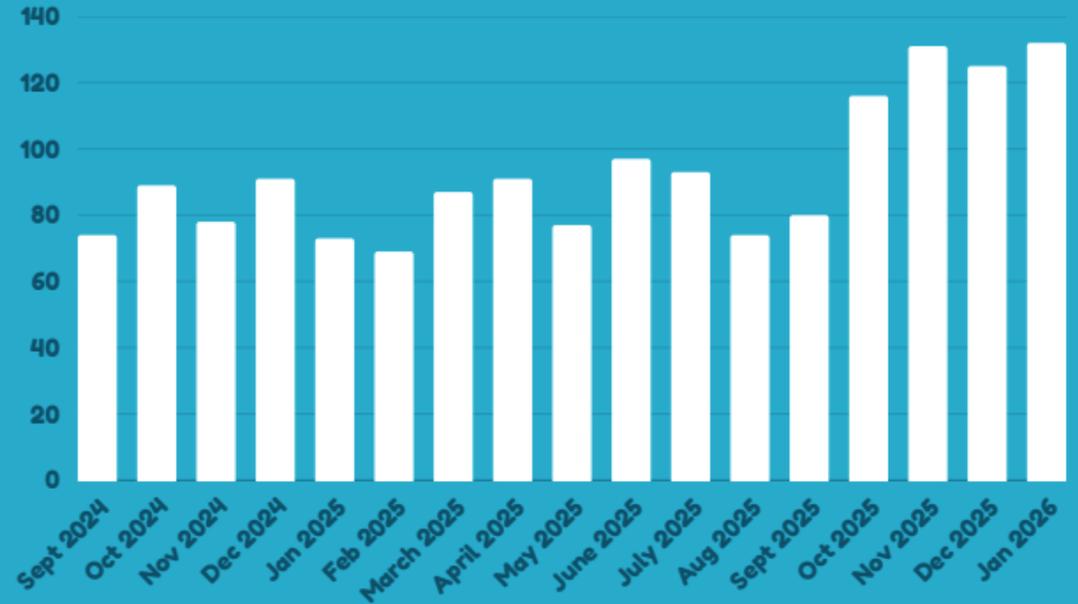


PATIENTS WITH LDA HAD A UCP AS OF 24 FEBRUARY 2026

PATIENTS WITH LDA WITH UCP



URGENT CARE VIEWS FOR PATIENTS WITH LDA



132 VIEWS BY URGENT CARE

IN JANUARY 2026 FOR PATIENTS WITH LDA



What next?

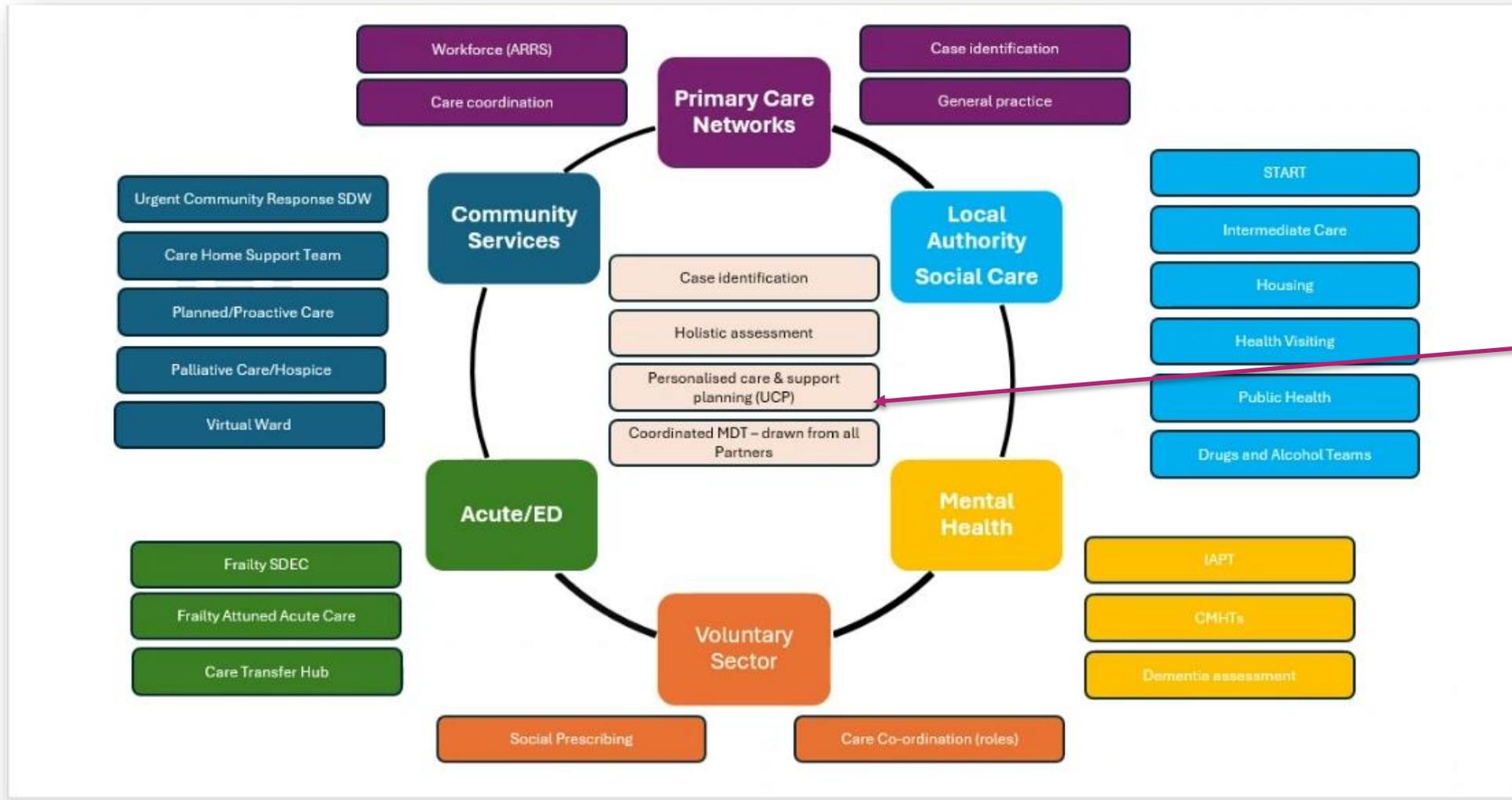


- The Government's *10 Year Plan for Health in England* and other changes to the health and care system, means that we are at a pivotal moment of change.
- Care plans have been described as a **“vital enabler”** to the provision of personalised, patient-centred care in the Neighbourhood Health Service
- The **10 Year Plan has thus set a new standard to increase the provision of care plans** for people with LTC from the baseline 20% to 95% by 2027

Our plans for the next 12 – 18 months include

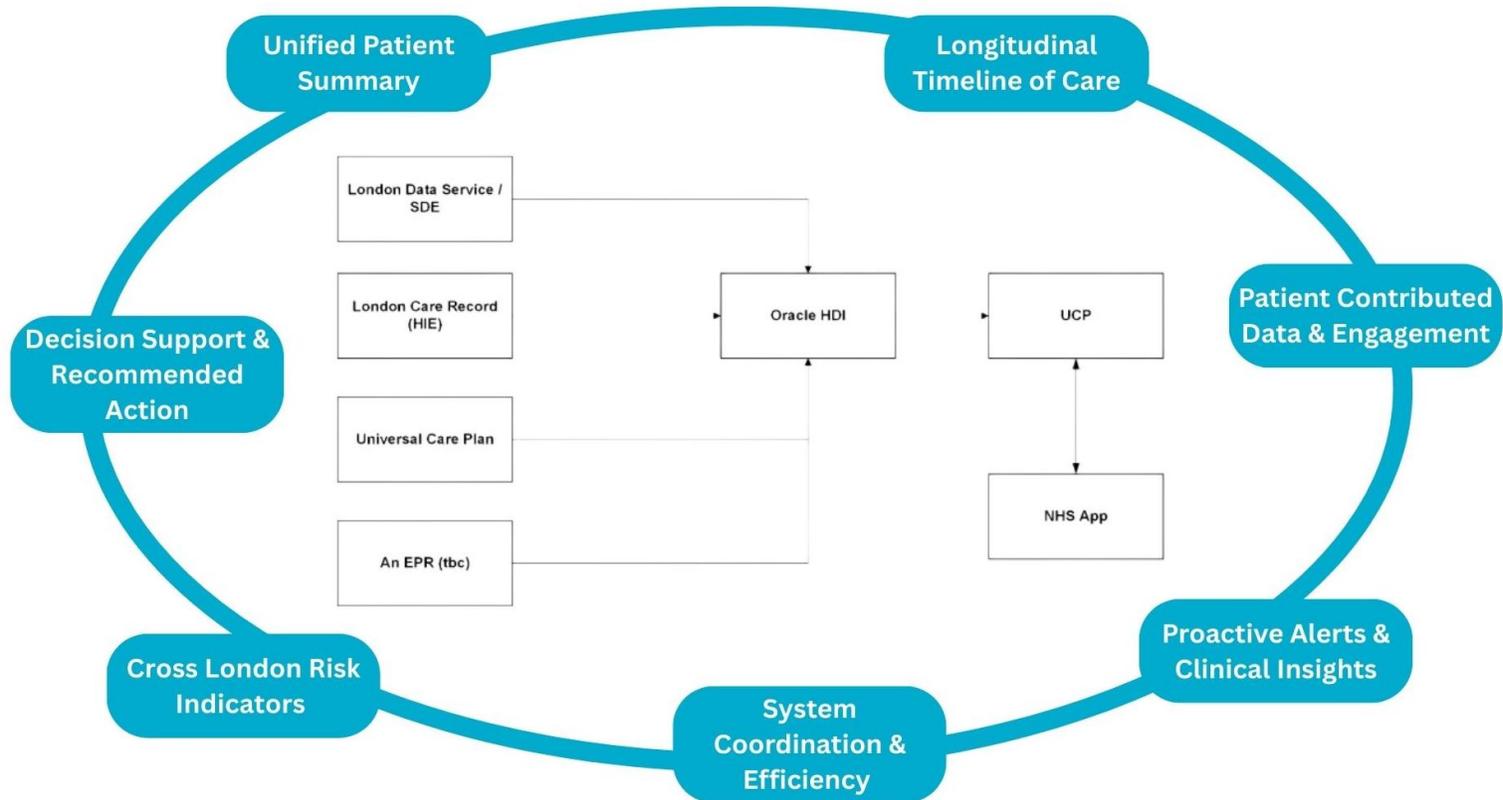
- **Expanding the template further**, to support further clinical pathways such as Mental Health, Catheter care
- Enabling patient write access via the **NHSApp**
- Support **Single Patient Record** Proof of concept
- Support integration and developments to meet **neighbourhood** agenda
- Supporting ICB, pop health and research initiatives through **flowing UCP data** via programmes such as the London Data Service

Supporting Neighbourhoods



UCP care planning

Single Patient Record - Proof of Concept (Technical Approach)



- The Single Patient Record (SPR) is fundamental to the Government’s mission to create a modern, joined-up NHS which puts patients at the very centre of their care
- A Single Patient Record PoC project is being led by Joss Palmer the OneLondon Programme Director
- The project brings together key industry partners to establish and test new ways of working together and to create a trusted framework for future delivery

Thank you!



Panel discussion



A big welcome to our panelists

Dr Katherine Buxton

Consultant in Palliative Medicine & Clinical Lead for End of Life Care, Imperial College Healthcare NHS Trust
Clinical Lead, Universal Care Plan Programme, Hosted by NHS South West London CCG, on behalf of London CCGs.
Clinical Director, Palliative and End of Life Care Strategic Clinical Network, NHSE/I (London region)
National Clinical Advisor for Palliative Care and End-of-Life Care, Shared Care Records

Tomas Ince

Senior Clinical Transformation Manager, Universal Care Plan Programme

Jodie Grace

Macmillan Paramedic Associate, Palliative and End of Life Care Team

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Feedback session

Mentimeter

Sara Lewis (chair)

Communications & Project Officer
Universal Care Plan Programme

Housekeeping



We will now invite you to use Mentimeter to answer some questions

When we present the Mentimeter, you should see an on-screen interactive box to the right, where you can enter your responses direct

We will be asking our panelists for feedback on certain questions

If you think of additional feedback after the session, we will be sharing a follow up email, which you can use to submit it

This is your chance to feedback to us, and we'd be very grateful if you can engage with us!



Feedback session

Recording Preferred Place
of Death in the UCP

Context



- Preferred place of death (PPD) is a metric that is monitored by the UCP Programme to monitor PEOLC population outcomes
- Since the UCP template update in January 2025, **we have seen a drop in PPD being recorded:**
 - PPD was separated from the Prognosis field in the previous UCP template into a different form
 - Conditional logic was applied to the surprise question, so the prognosis fields appeared only if the answer was ‘no’

Template changes: PPD, prognosis & surprise question



This is a test patient taken from the UCP Training environment

Plan management

LIST OF CONTENT

- Personal information
Last update: 7 Jan 2026, 17:18 - Lucy Williams
- Personal and professional contacts
Last update: 7 Oct 2025, 12:35 - Sarah Fischer
- Alerts
Last update: 20 Jan 2026, 14:10 - Lucy Williams
- Communication and accessibility
Last update: 9 Dec 2024, 15:55 - Lucy Colleer
- What matters to them
- Thinking ahead**
Last update: 23 Dec 2025, 09:51 - Lucy Williams
- Diagnoses and prognosis
Last update: 20 Jan 2026, 14:10 - Lucy Williams

Preferred Place of Death



Surprise question

ADRT attachment - 1

Advance Decision to Refuse Treatment Attachment
Upload if patient has given you a copy

ADRT example.docx [↓](#)

End of life care wishes

Would the person like to record wishes for care at the end of their life? **Yes**

Wishes for care at the end of their life **Wants her family to be around at the end of her life.**

Family awareness of person's wishes **Family are aware, and sister Suzy has plans to come back to London to be with Liz.**

Preferred place of care

Where would the person like to be cared for when their symptoms are controlled and their condition is relatively stable (preferred place of care)?

Preferred place of care **Hospice**

Details on preferred place of care **I would like to be cared for at St Christophers Hospice at the end of my life, I have had this discussion with my family.**

Preferred place of death

Diagnosis and Prognosis form



If the surprise question = 'yes', or 'don't know' prognosis fields don't show

Prognosis details

Update the prognosis

Would you be surprised if the patient were to die within the next 12 months?

Yes No Don't know

↓

Is the patient on the GP's Palliative / End of Life Care Register?

Yes No Not known

Please consider discussing and recording the person's end of life wishes such as their preferred place of care and death and any after death requirements. These can be found in the form Thinking Ahead.

If the surprise question = 'no', prognosis fields appear

Prognosis details

Update the prognosis

Would you be surprised if the patient were to die within the next 12 months?

Yes No Don't know

Estimated prognosis

Days Months Weeks Years

Uncertain

Date prognosis made *

Clinician

Name [Add me](#)

Organisation

Is the person aware of their prognosis?

Yes No

Preferred place of death data

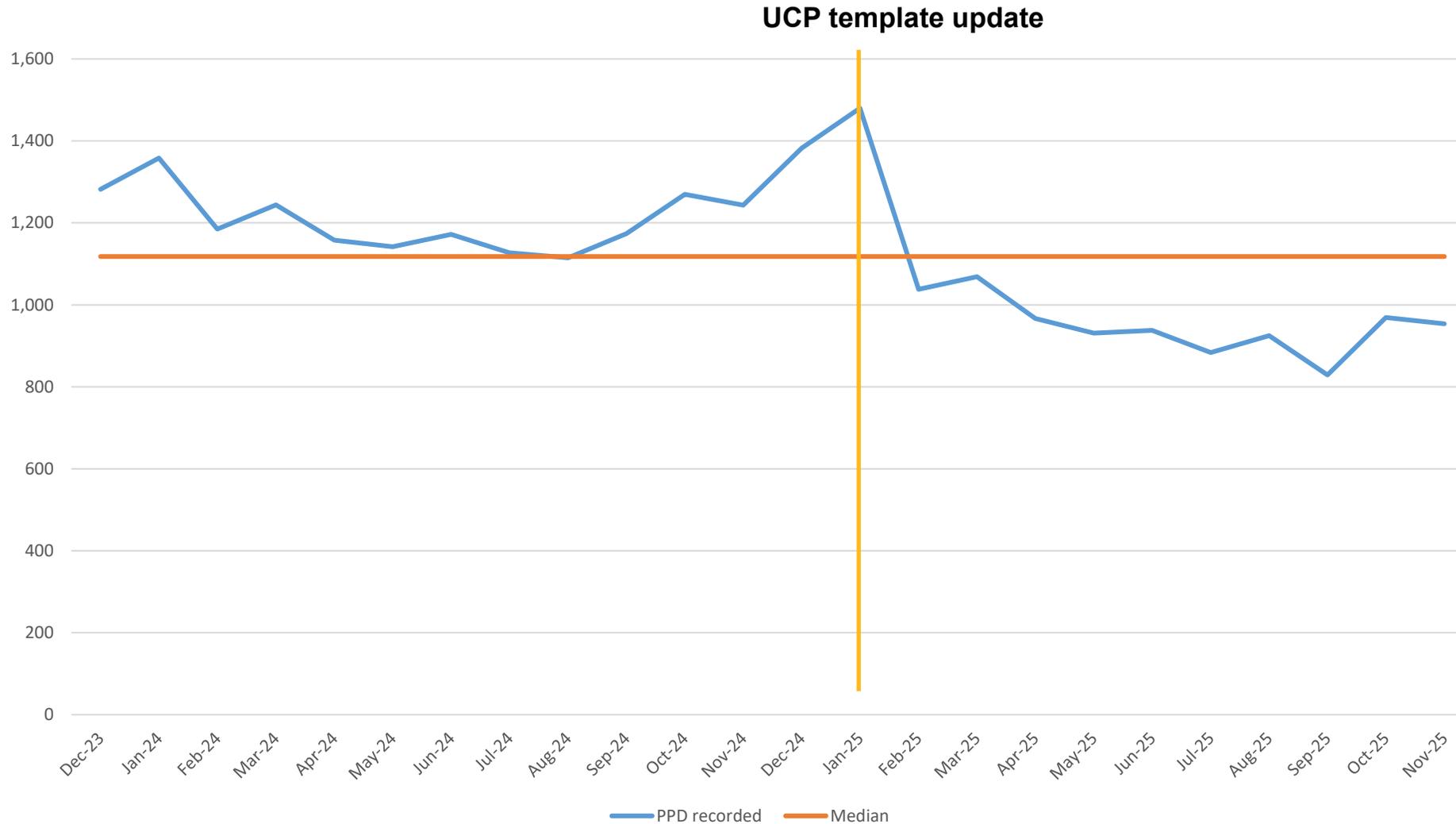


	Total numbers of UCPs created	Total number with EoLC wishes recorded	Total number where surprise question answered*	Surprise question = yes	Surprise question = no	PPD1 recorded for surprise question = no	% PPD1 recorded for surprise question = no
UCP created 6 months before Template update:	32,246	8,308	14,285	2,764	6945	6519	94%
UCP created 6 months post Template update:	34,065	4,889	14,052	3,241	5773	2613	45%

*Surprise question options: Yes, no, don't know

There has been a **49% drop** in **PPD** being **recorded** for **surprise question = no** since the UCP template updated

Resident deaths with a UCP with PPD recorded



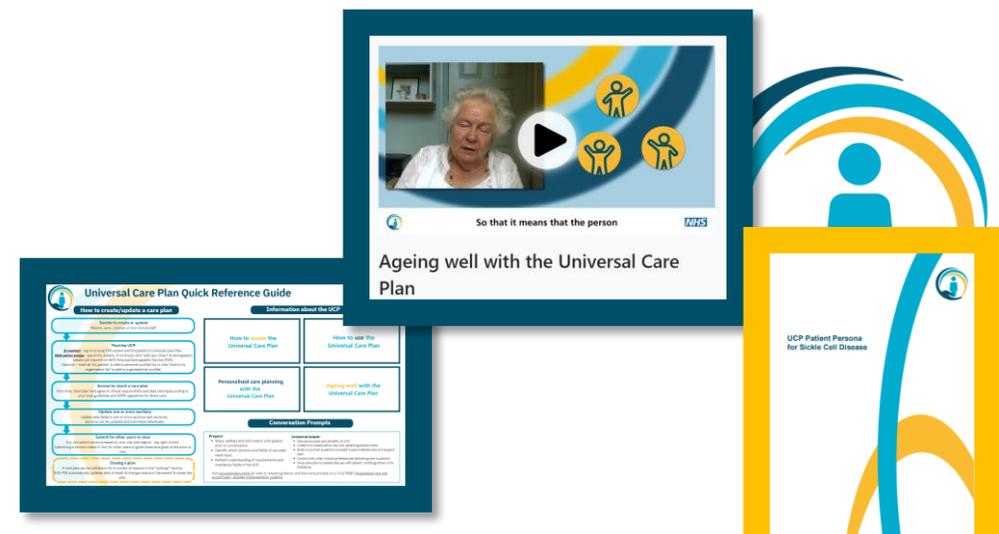
There has been a **49% drop** in **PPD recorded** for UCPs where **surprise question = no** since the UCP template updated



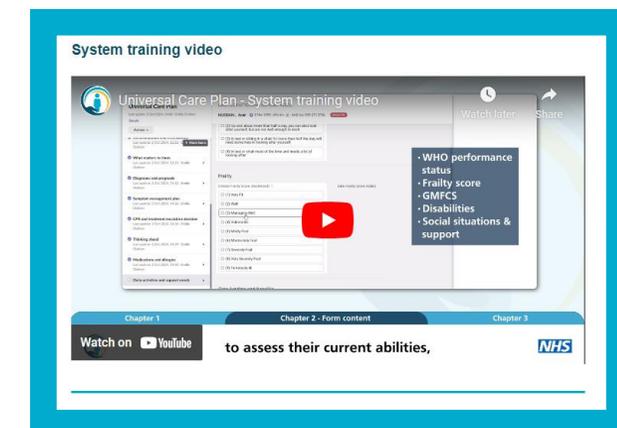
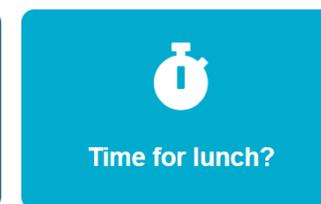
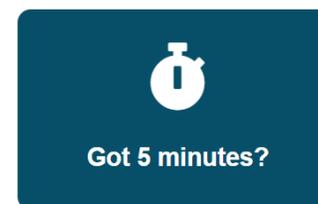
Back to Mentimeter for your thoughts

Useful links

Resource	Details/link
Technical Support Helpdesk	https://ucp.onelondon.online/contact/
UCP Learn page	https://ucp.onelondon.online/training/
Access	https://ucp.onelondon.online/access/
Data Dashboard	https://ucp.onelondon.online/resources/
Newsletter	https://ucp.onelondon.online/newsletter/
General enquiries	ucp.programme@swlondon.nhs.uk
Information for Residents	https://ucp.onelondon.online/patients/



How much time do you have?





One plan, shared decisions,
better personalised care.



Using technology that shares information in real time, providing interoperability with existing health and IT systems across the region, reducing data duplication and enhancing access to critical patient information.

Get the whole picture. Discover how the Universal Care Plan London helps deliver safer, personalised care. Visit: <https://ucp.onelondon.online/training/>



Thank you!

Look for an email from us with discussion summary, recording, UCP resources and a chance to add any additional feedback