Welcome

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 PEoLC 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

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

Dr Katherine Buxton

Nationally, What Are We Aiming To Achieve?

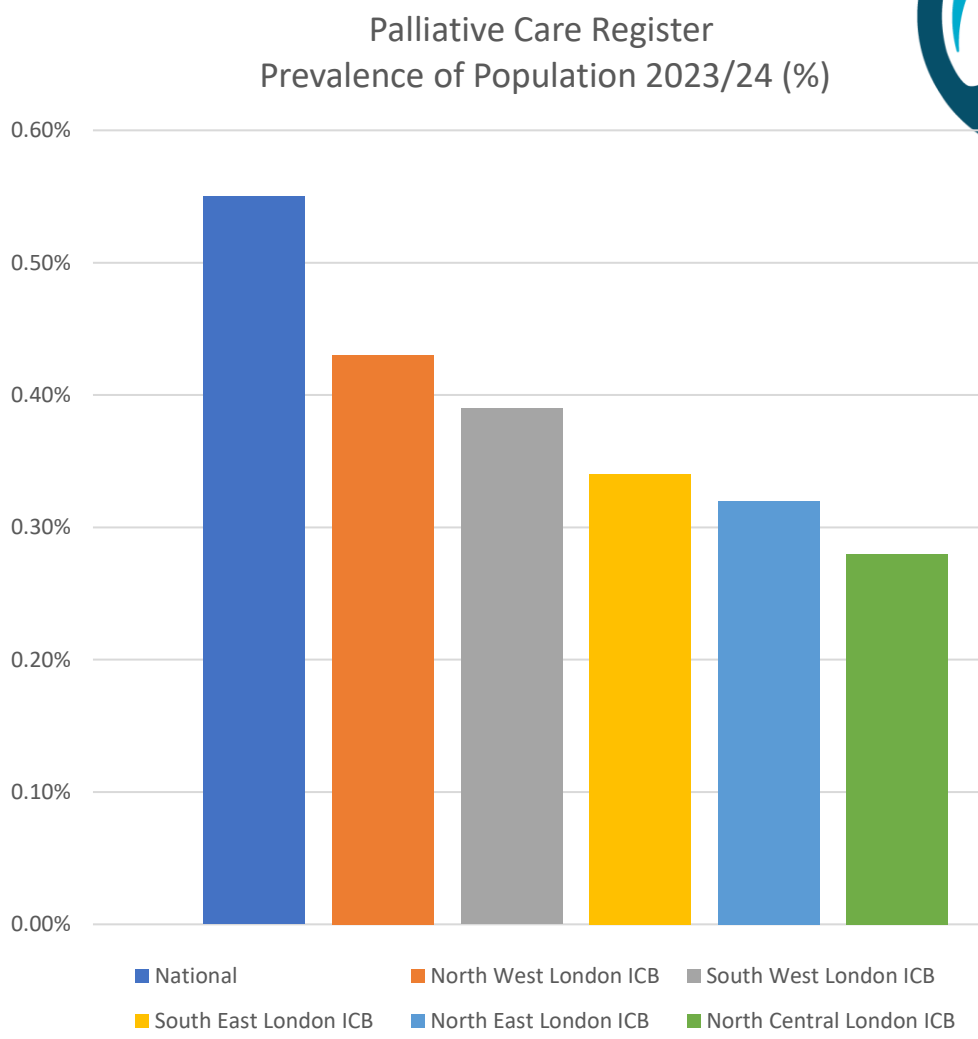
Area of focus/KLOEs	From	To
Reduced Emergency Admissions in the Last 90 Days of Life – including other metrics to help us to understand the data All data is currently obtained from the PC&EOLC dashboard which includes: • Mortality Dataset • SUS+ Emergency Care Dataset • Admitted Patient Care • Critical Care Dataset • Outpatient Dataset • Palliative Care Register is derived from the GP Quality Outcome Framework (QOF).	'Percentage of deaths with three or more emergency admissions in the last 90 days of life'.	• Reduction in the percentage of deaths with three or more emergency admissions in the last 90 days of life
	The number of emergency admissions in the last 90 days of life is impacted on by:	
	Palliative Care Identification - 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.	• 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
	Place of death - Currently 42% of people die in an acute setting. We need to reduce this percentage so that more people die where they choose.	• 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
	Emergency Admissions in the Last Year of Life - 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.	• 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)
	Bed Days - There are currently approximately 101,000 bed days taken for people in their last year of life. We need to look to reduce this.	• 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%



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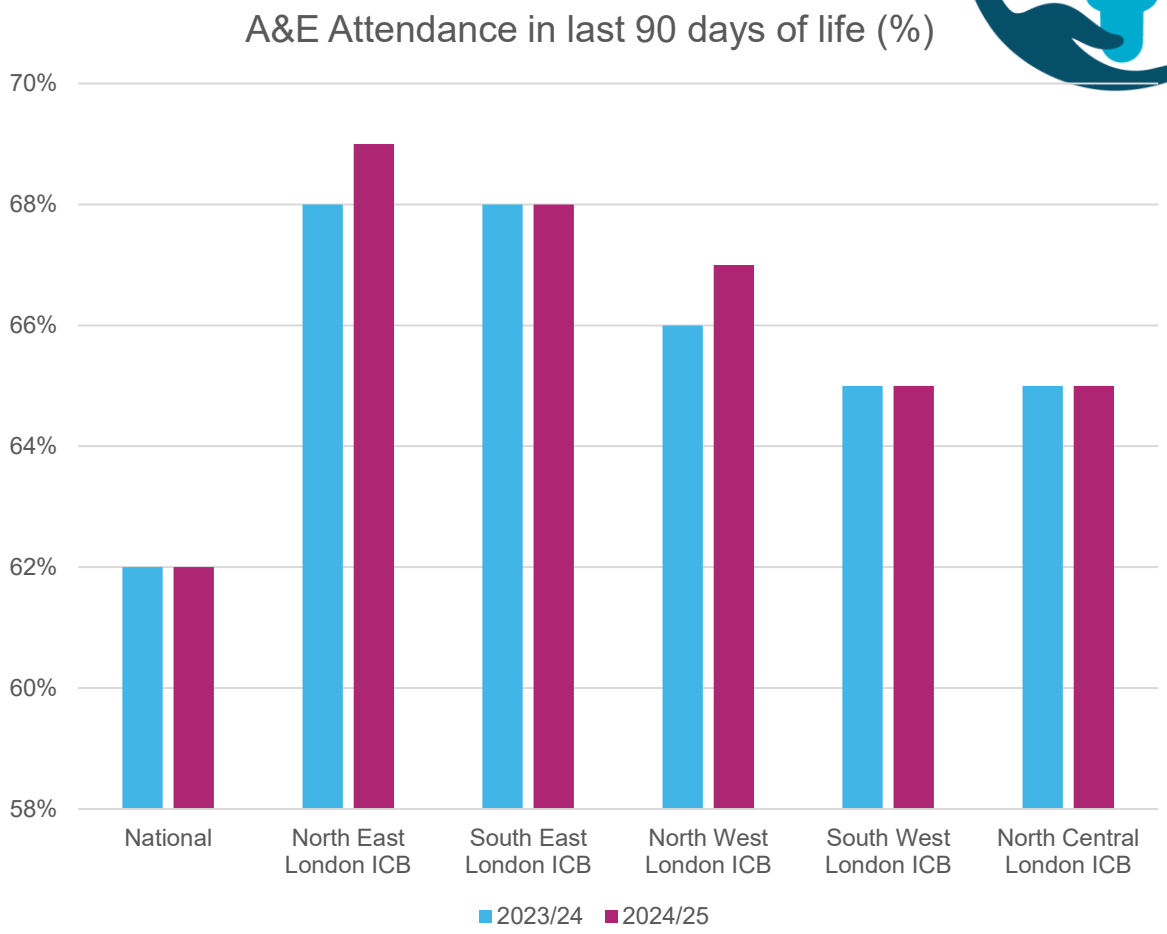
A&E Attendance in last 90 days of life (2023/24 and 2024/25)

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%



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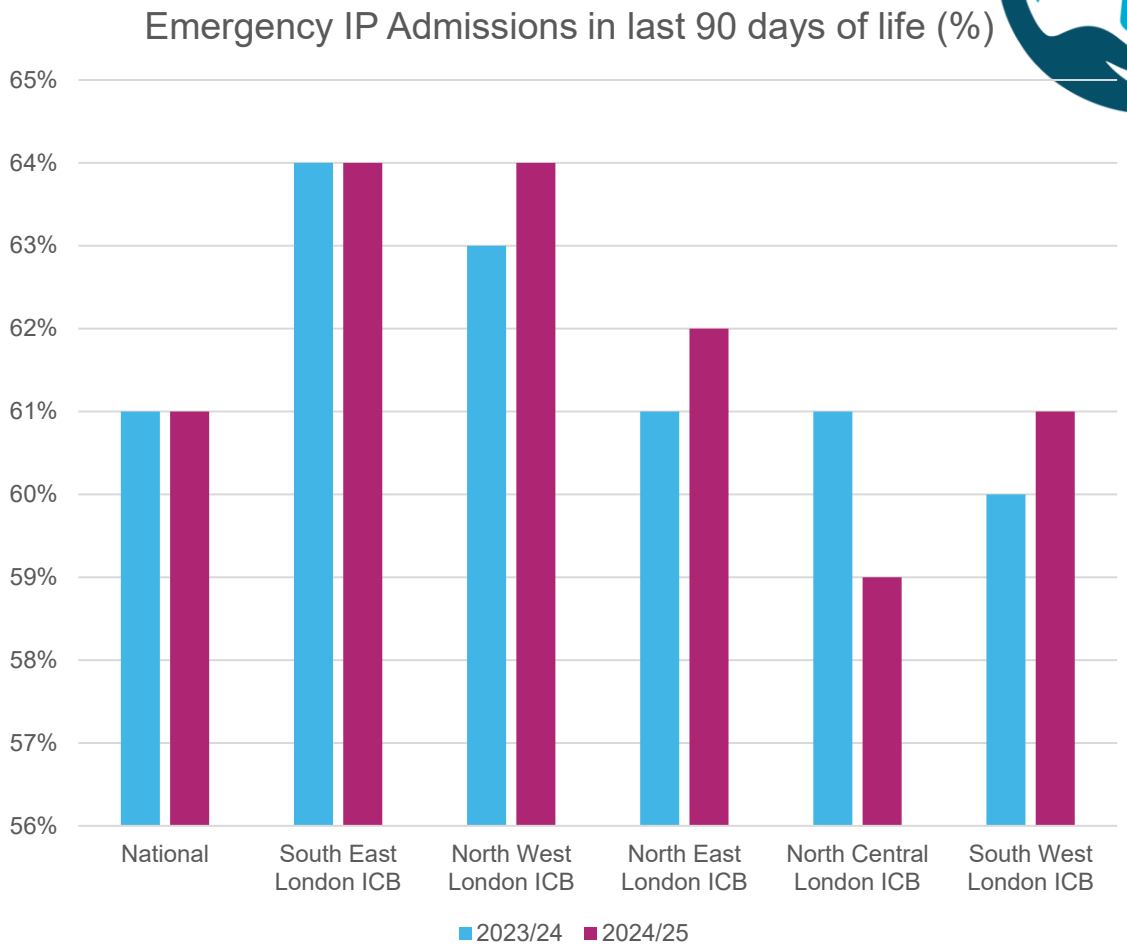
Emergency Inpatient Admissions in last 90 days of life (2023/24 and 2024/25)

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%



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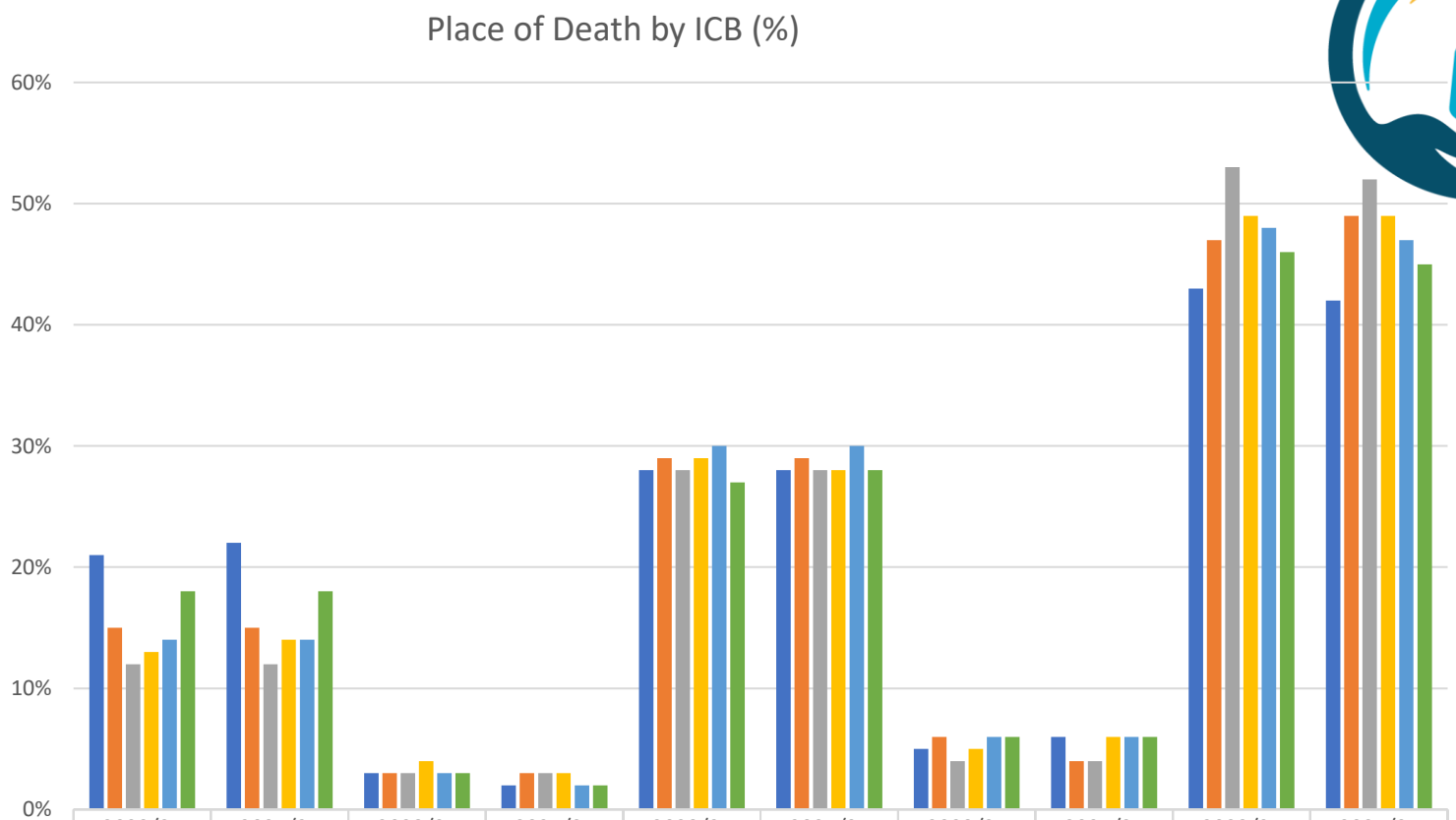
Place of Death (2023/24 and 2024/25)

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.



	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%

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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

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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.

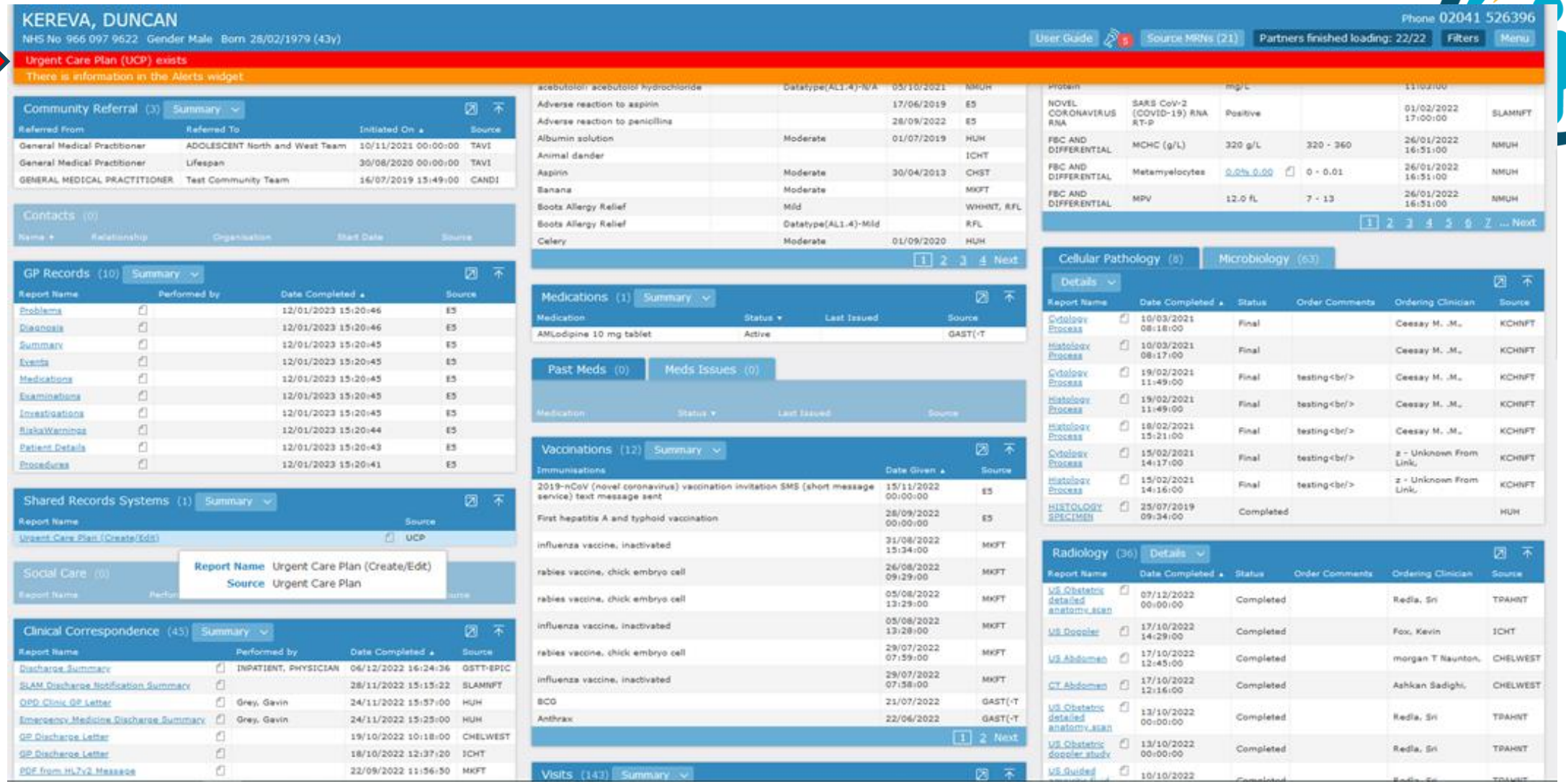
It was critical that we first improved the Palliative and End of Life digital care planning provision across London

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

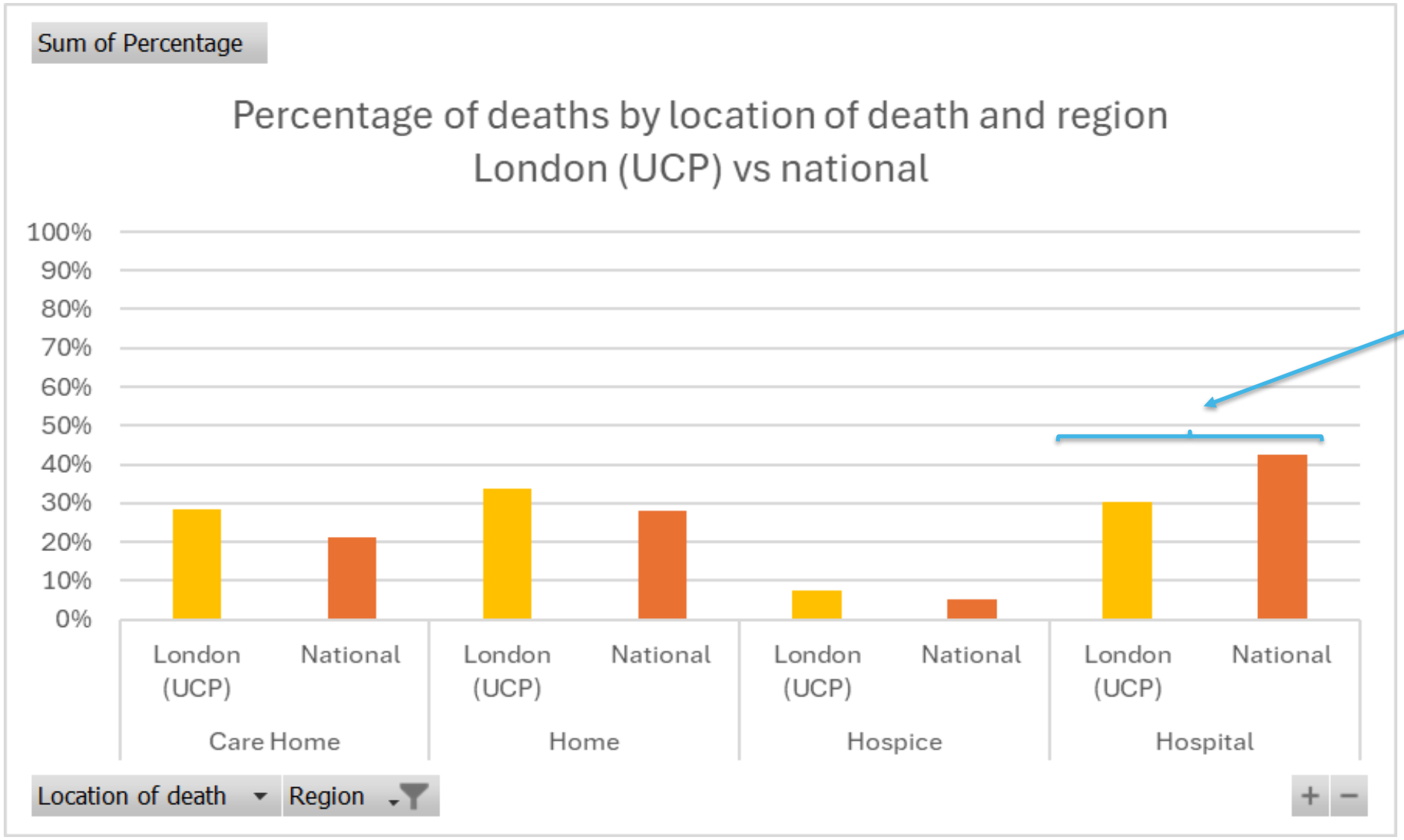


What data is currently exchanged or used to prepopulate care plans?

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
• On End of Life care register • Prognosis • Patient aware of prognosis • Family aware of prognosis • Preferred Place of Care • Preferred Place of Death	• 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
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.	**Export Rules:** Export to GP system from UCP 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.

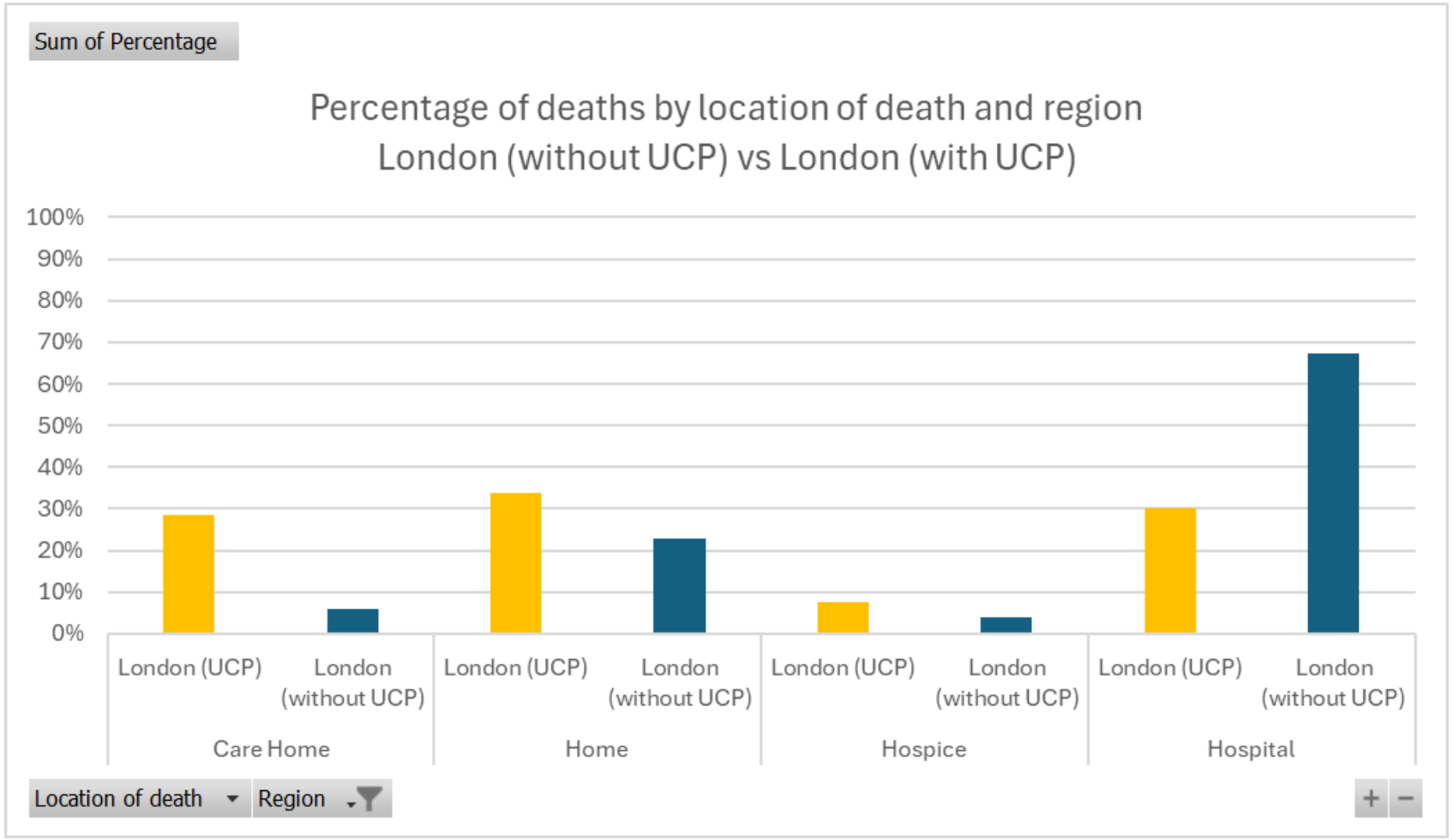
*** Functionality to exchange more data can be increased but needs system level governance agreement**

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.

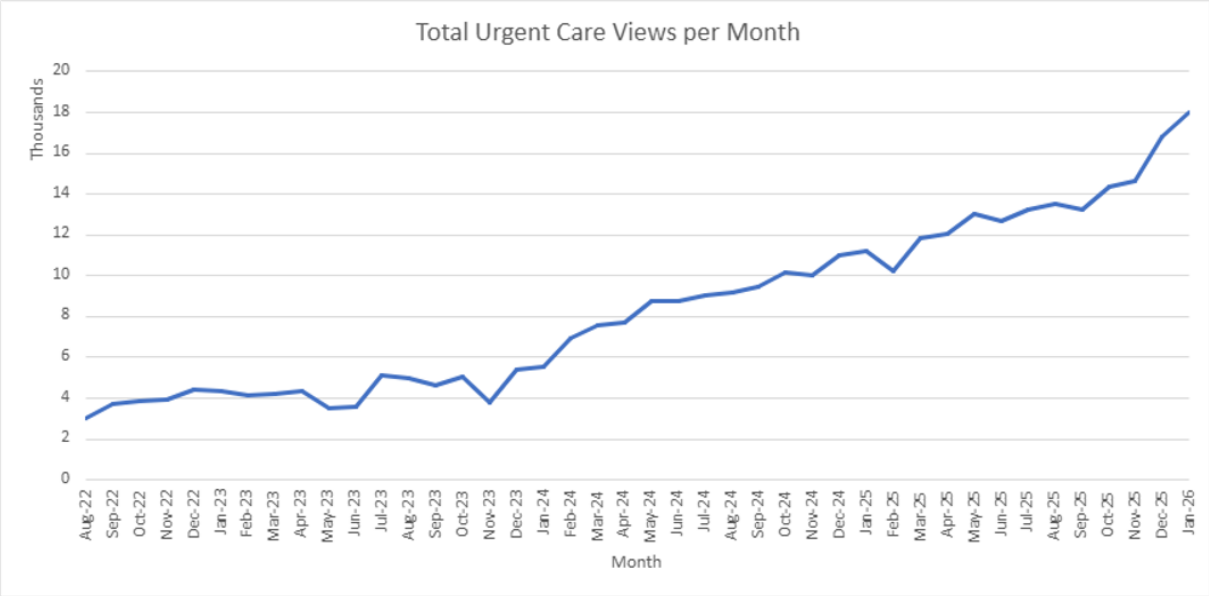
More people died at home or in a care home with a UCP

Total London deaths in 23/24: 48,523

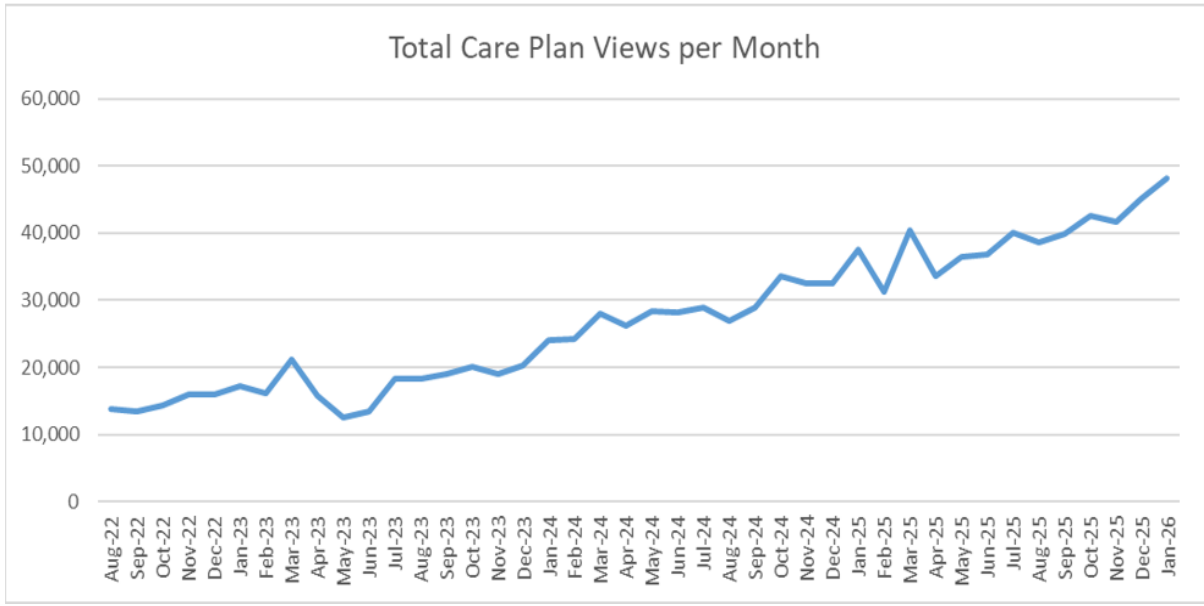
Of which 19,393 (40%) had a UCP

UCP Utilisation

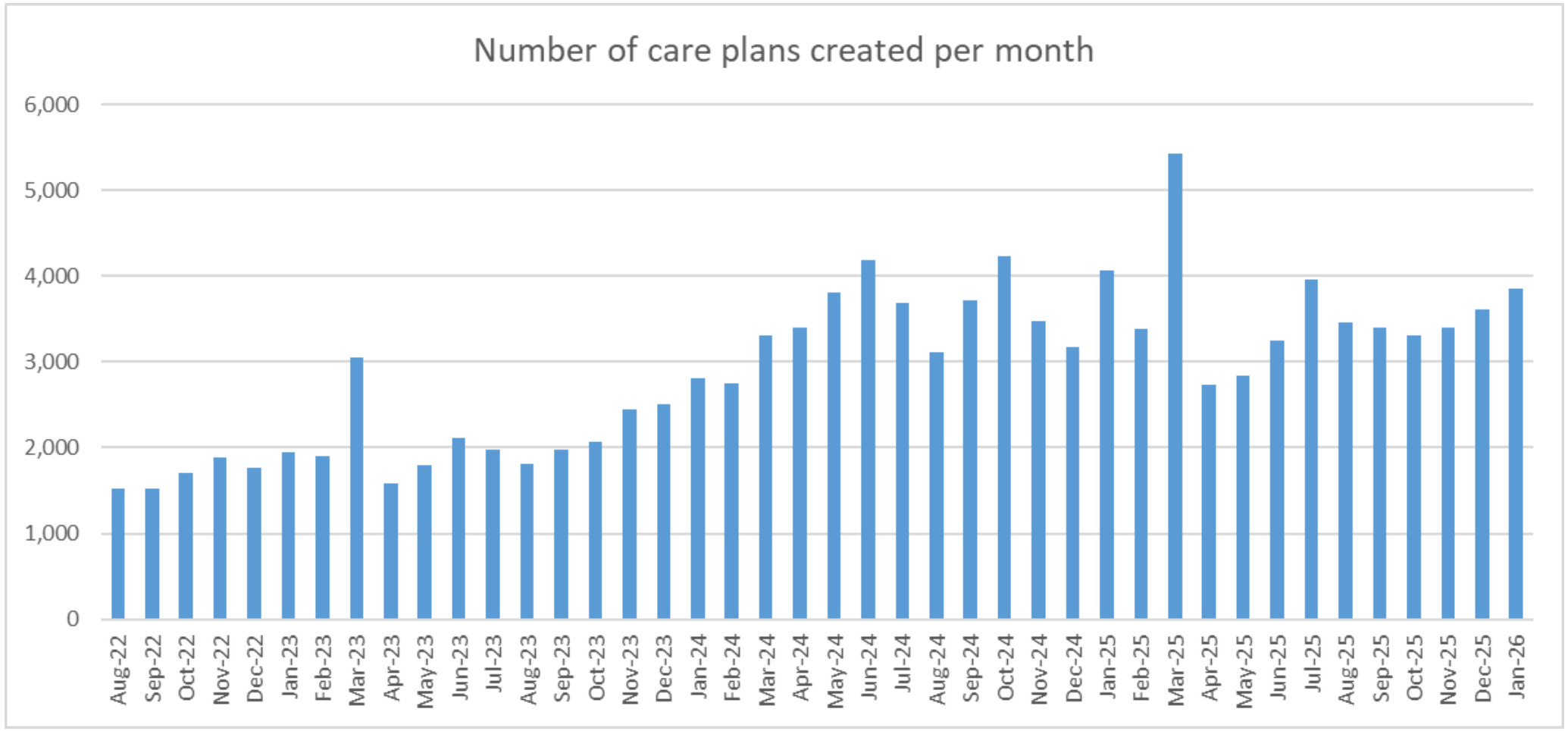
Total Urgent Care Views



Total Care Plan Views

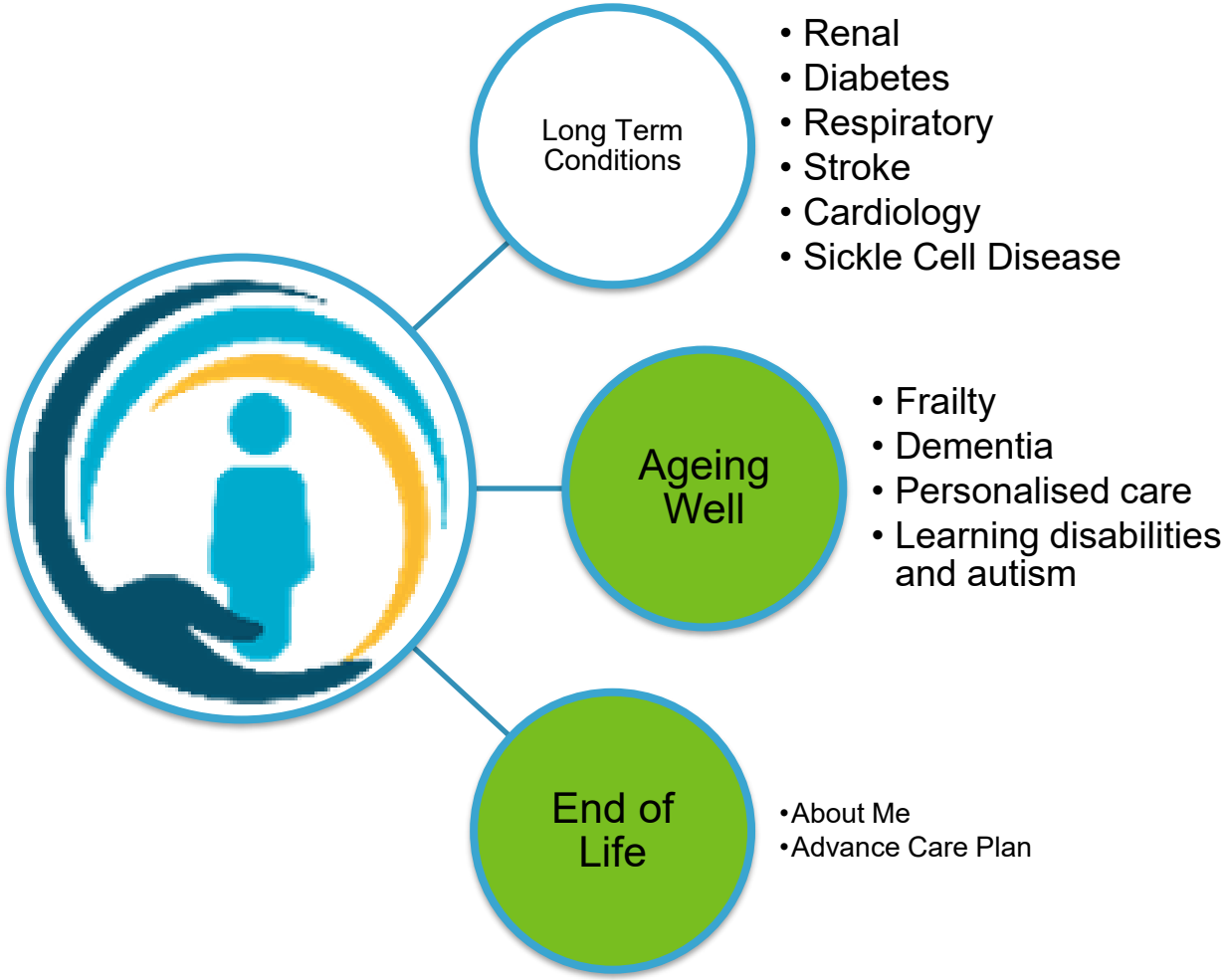


Care Plan Creations



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

In partnership with OneLondon
Hosted by NHS South West London

6-weekly report - 24 February 2026

PATIENTS INCLUDE:

CLINICAL FRAILTY SCALE OF 5+

PRIMARY OR OTHER DIAGNOSIS INCLUDES 'FRAIL'

12,918

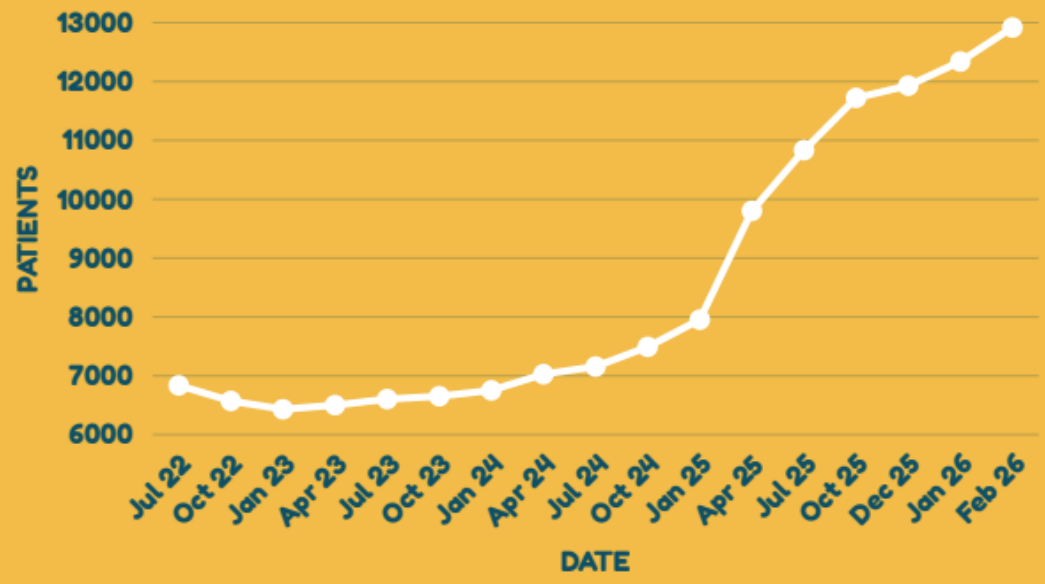
PATIENTS WITH FRAILTY HAD A UCP AS OF 24 FEBRUARY 2026

URGENT & EMERGENCY CARE UTILISATION

2,628

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

PATIENTS WITH FRAILTY WITH UCP



6-Monthly - Oct 25

FRAILTY SCORE

UCP Report - Dementia

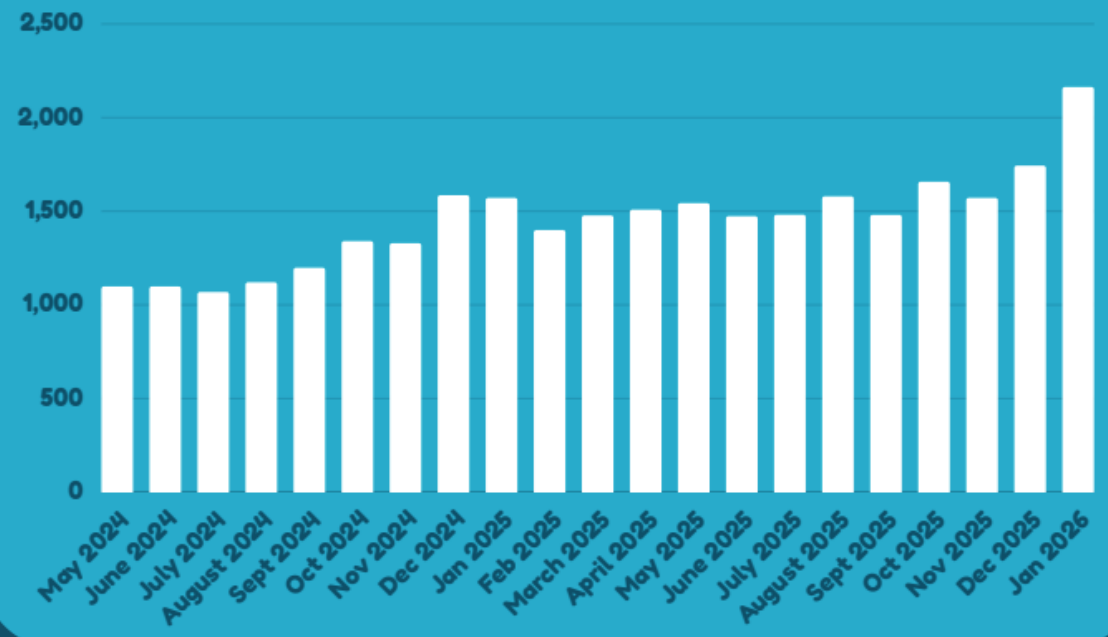
24 February 2026

NHS South West London

ONE LONDON

In partnership with OneLondon
Hosted by NHS South West London

URGENT CARE VIEWS FOR PATIENTS WITH DEMENTIA



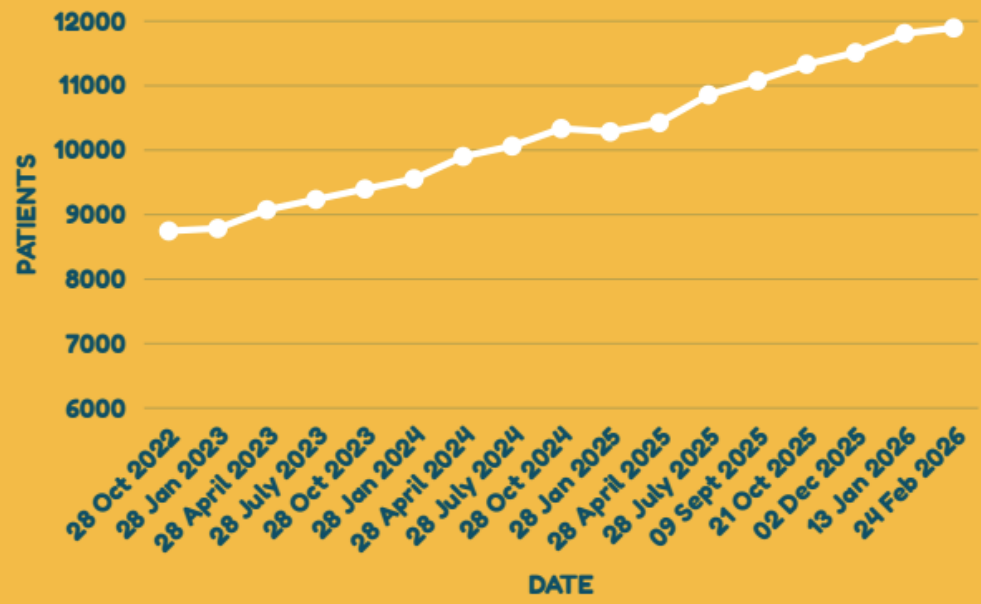
2,164 VIEWS BY URGENT CARE

IN JANUARY 2026 FOR PATIENTS WITH DEMENTIA

12,340

PATIENTS WITH DEMENTIA HAD A UCP AS OF 24 FEBRUARY 2026

PATIENTS WITH DEMENTIA WITH UCP



UCP Report - Learning disabilities and autism

24 February 2026

NHS South West London

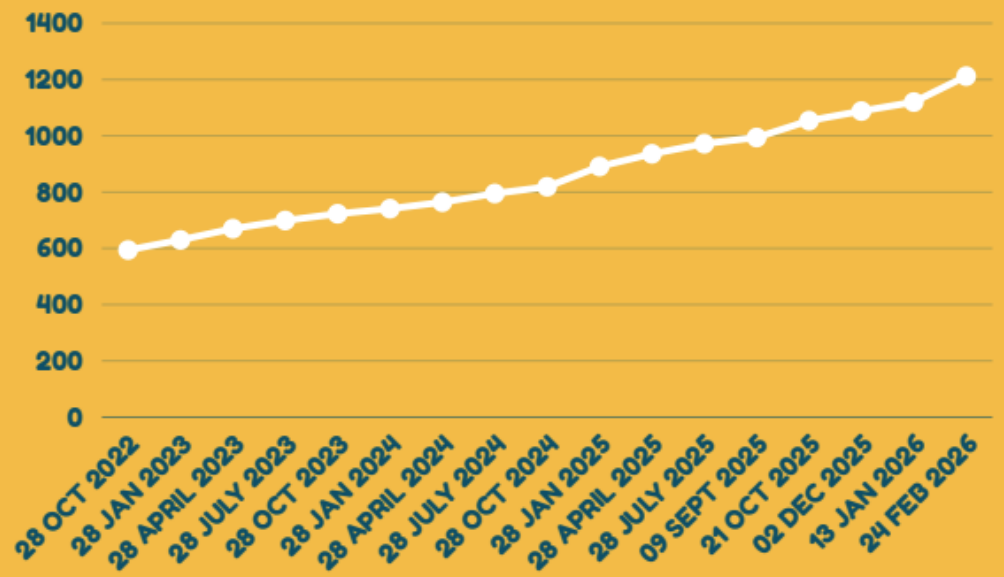
ONE LONDON

In partnership with OneLondon
Hosted by NHS South West London

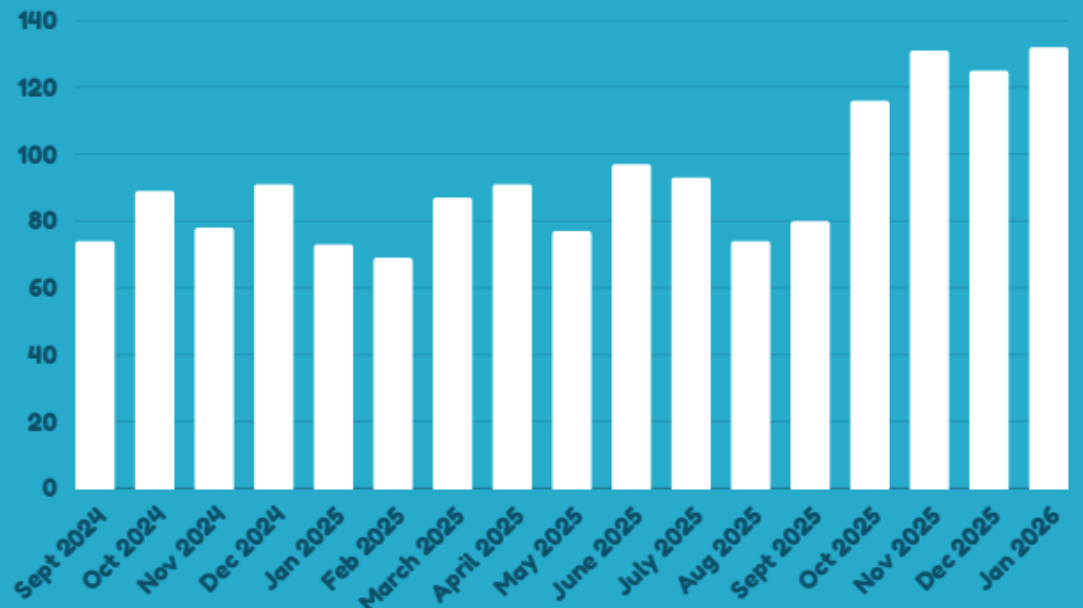
1,212

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

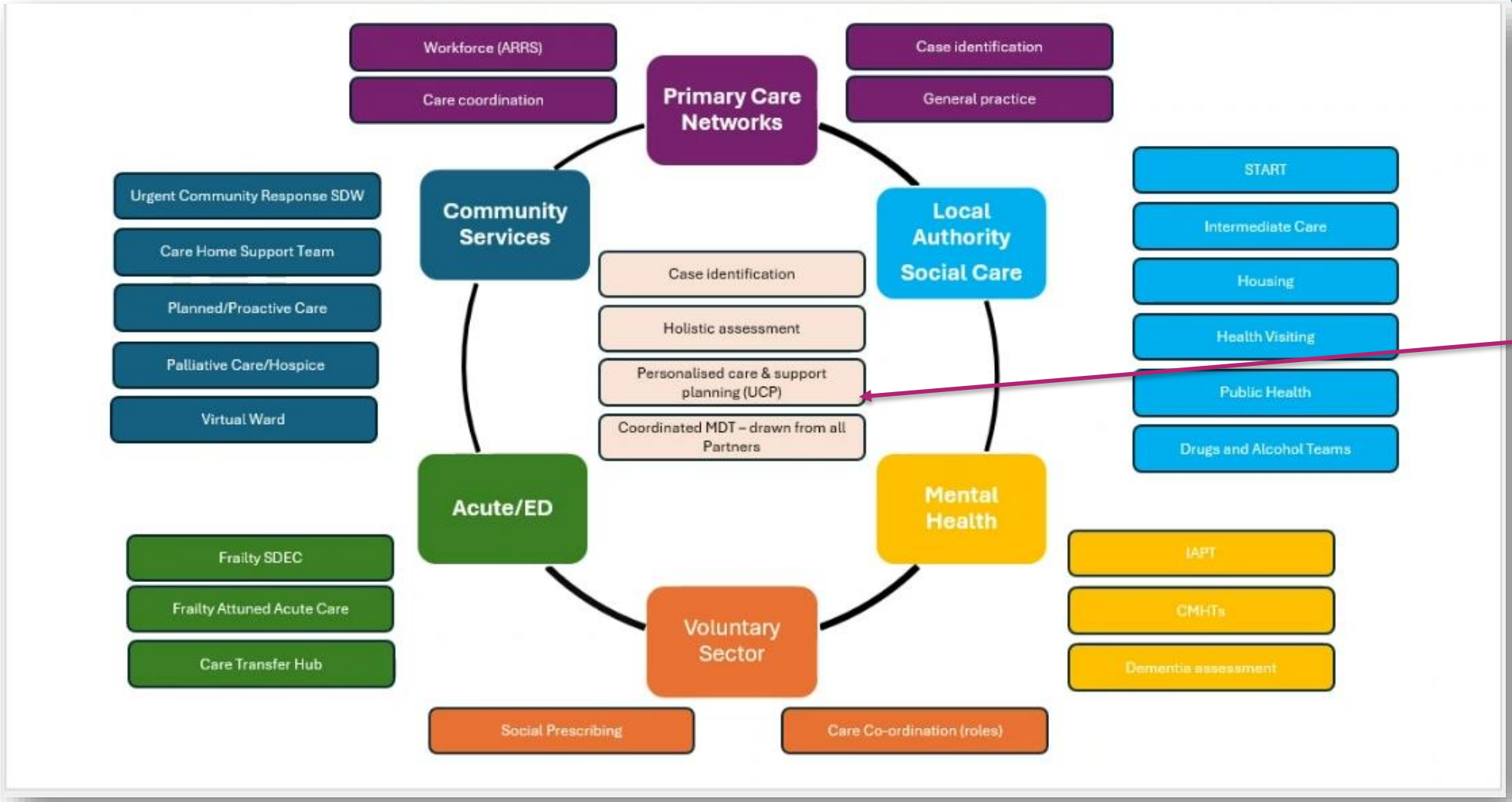
What next?

- 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

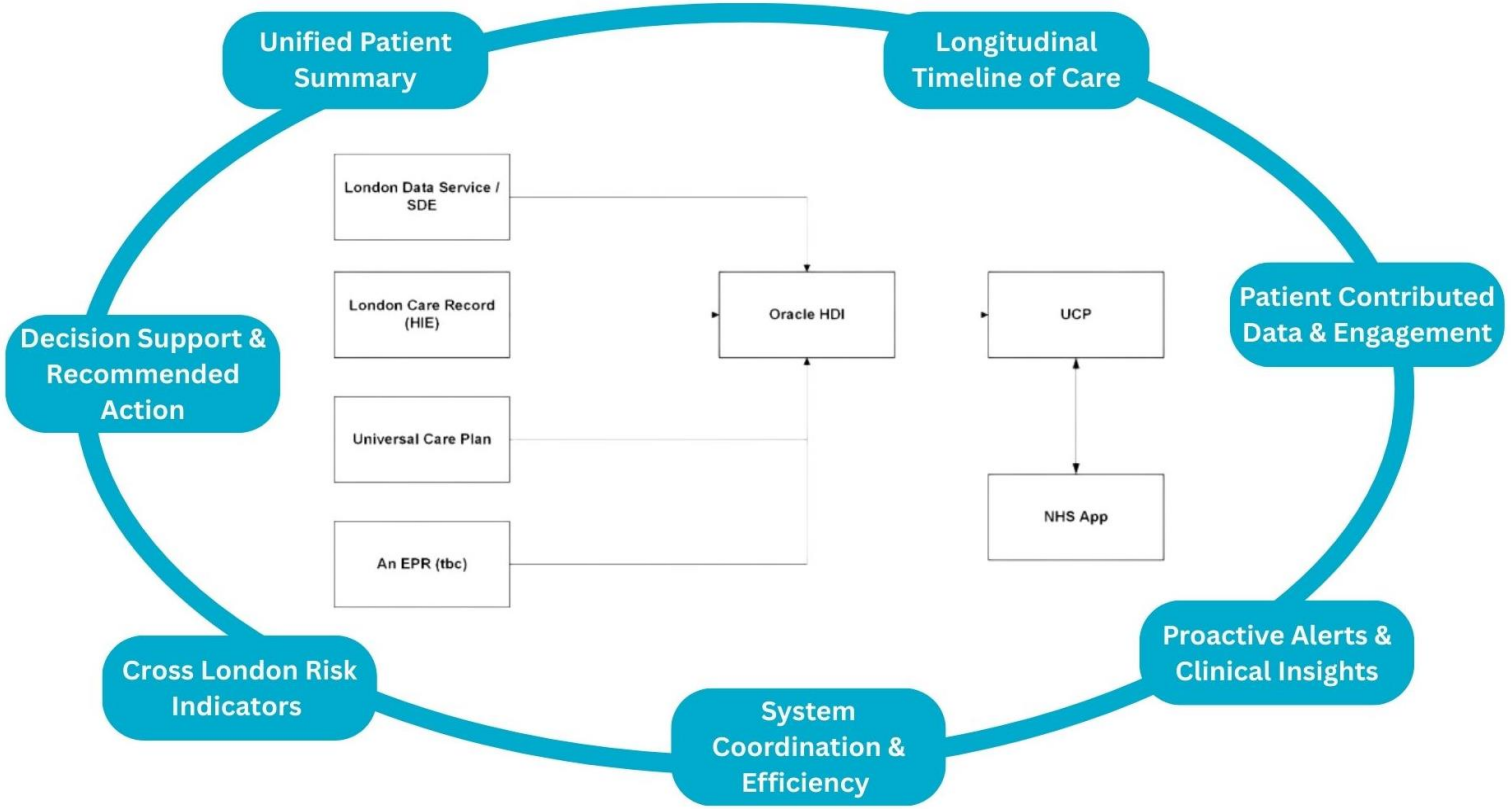
- **Expanding the template further,** to support further clinical pathways such as Mental Health, Catheter care
- Enabling patient write access via the **NHSApp**
- Support **Single Patient Record** Proof of concept
- Support integration and developments to meet **neighbourhood** agenda
- Supporting 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!

ONE LONDON
Universal Carg Plan
open EHR and Better Supporting OneLondon's Universal Care Plan
www.better.care

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

Hannah Stone

Programme Manager, South East London Palliative and End of Life Care

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

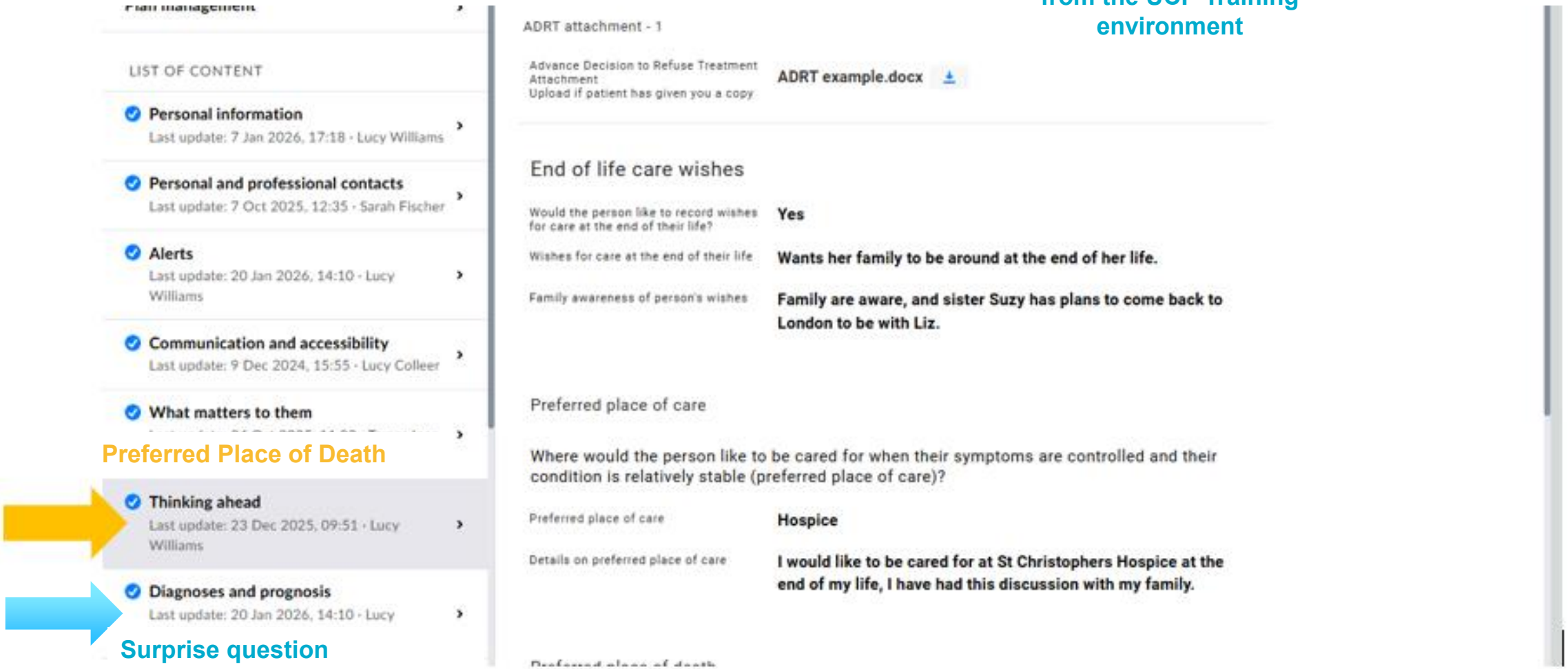
Recording Preferred Place of Death in the UCP

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’

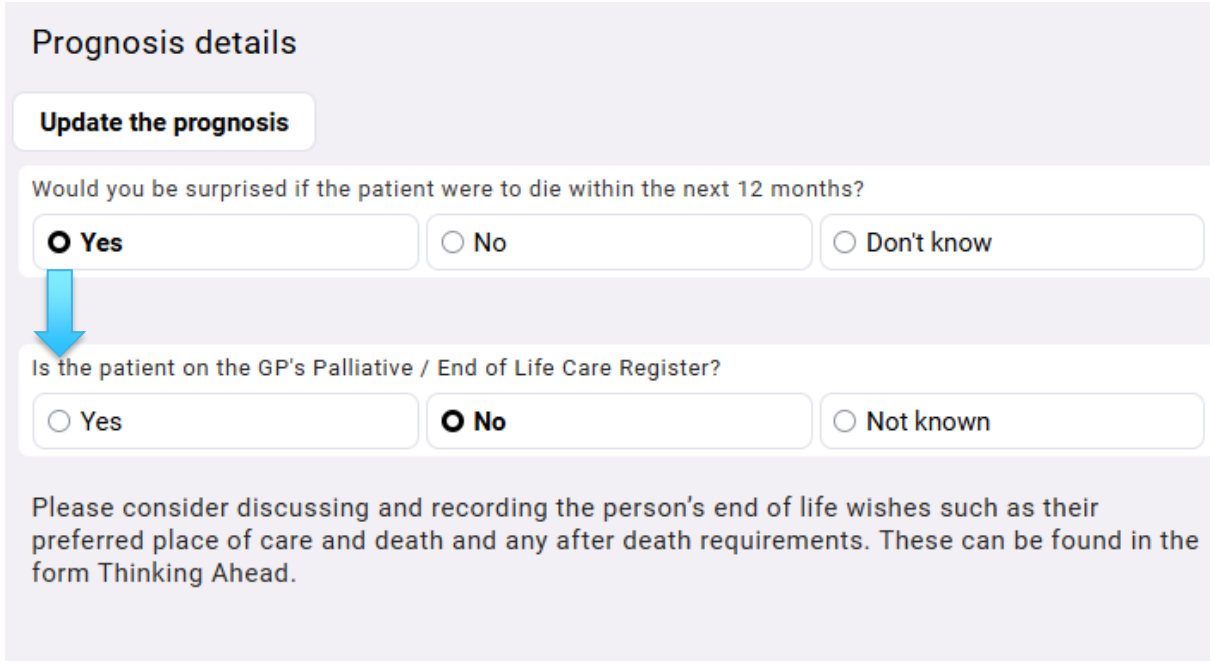
Template changes: PPD, prognosis & surprise question

This is a test patient taken from the UCP Training environment

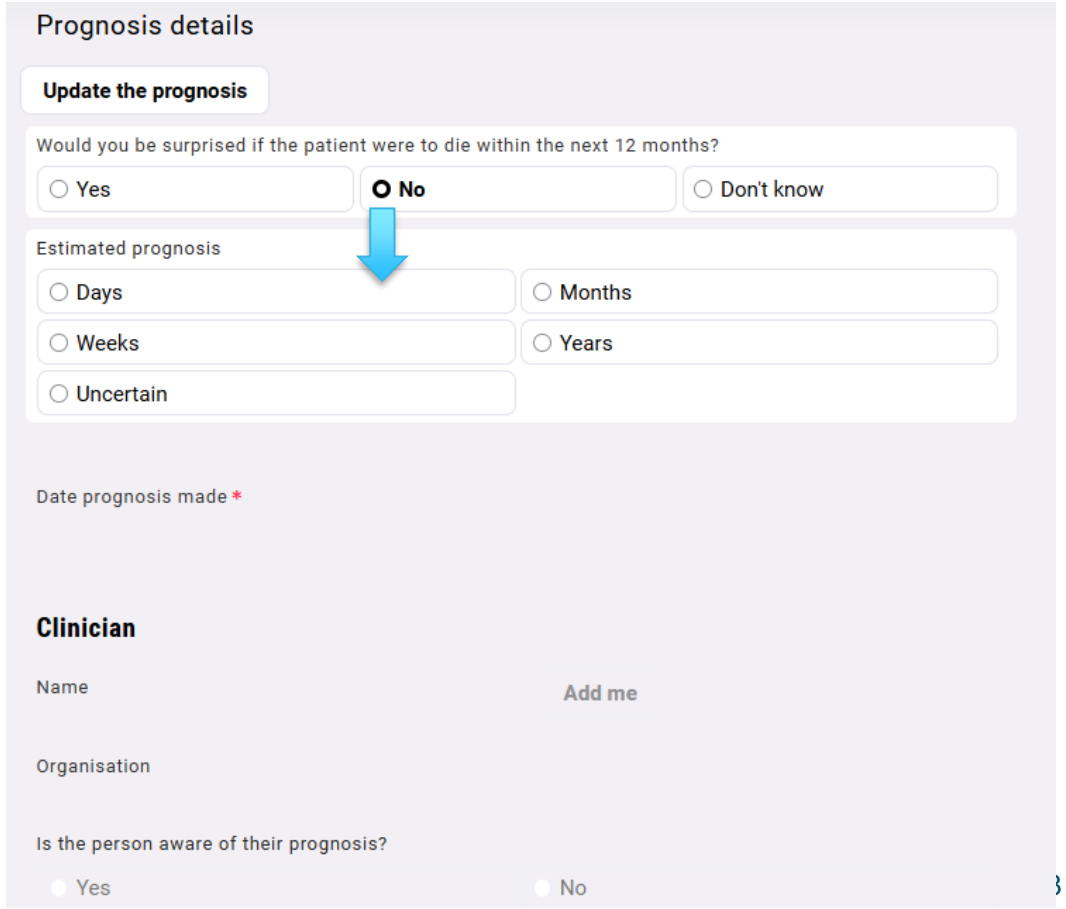


Diagnosis and Prognosis form

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



If the surprise question = ‘no’, prognosis fields appear



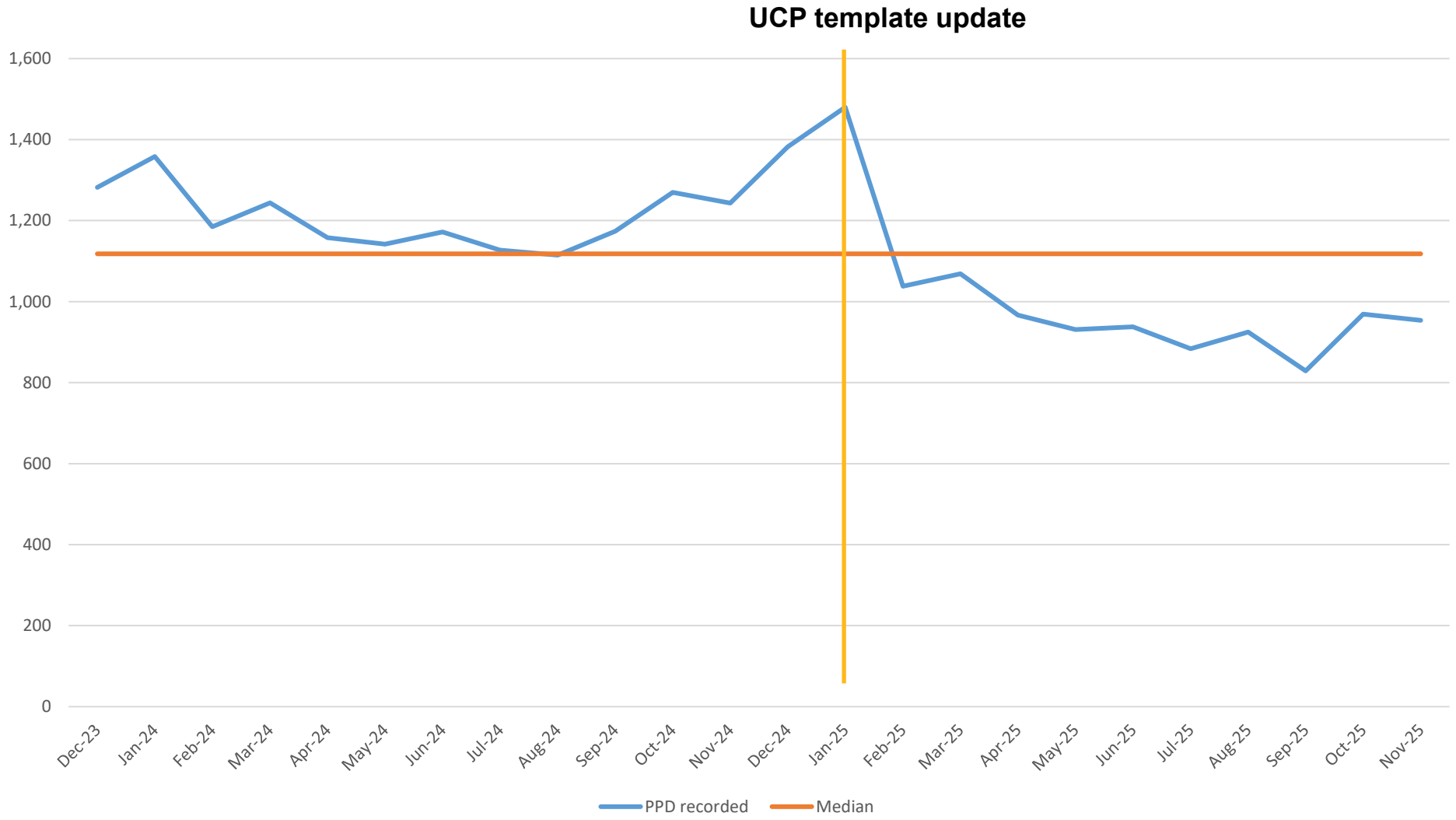
Preferred place of death data

	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

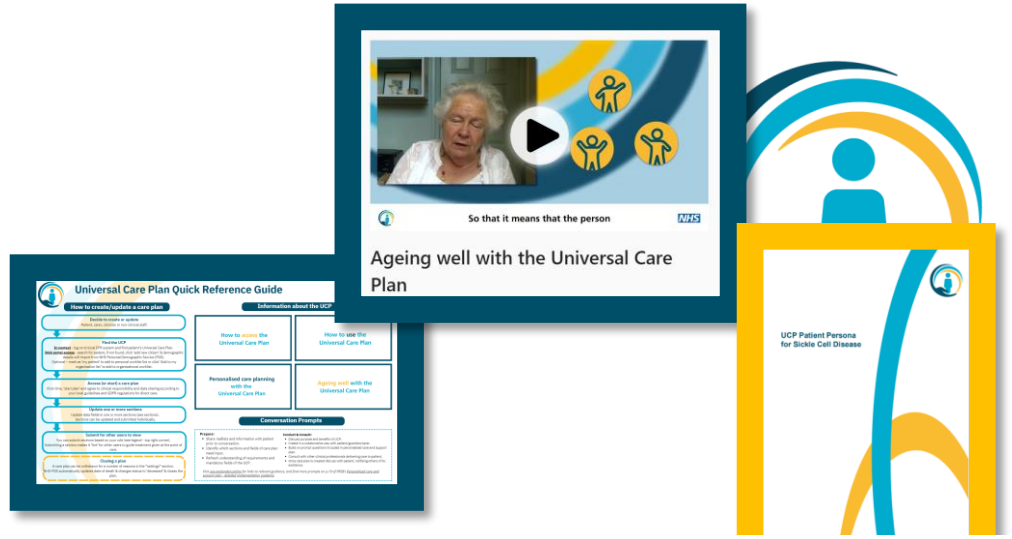


There has been a **49% drop** in **PPD** being **recorded** for UCPs where **surprise question = no** since the UCP template updated

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/

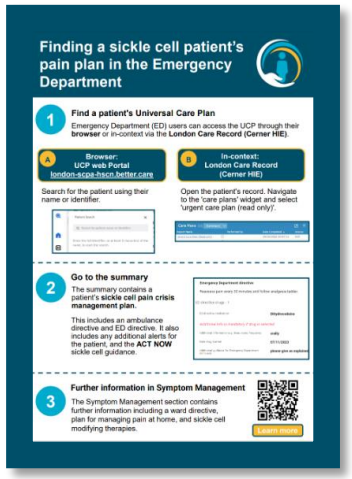


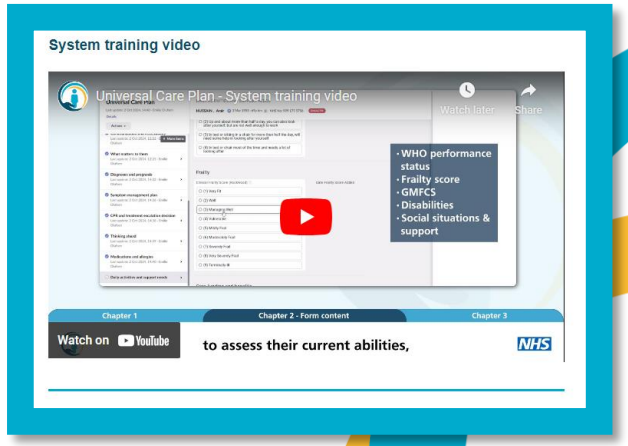
How much time do you have?

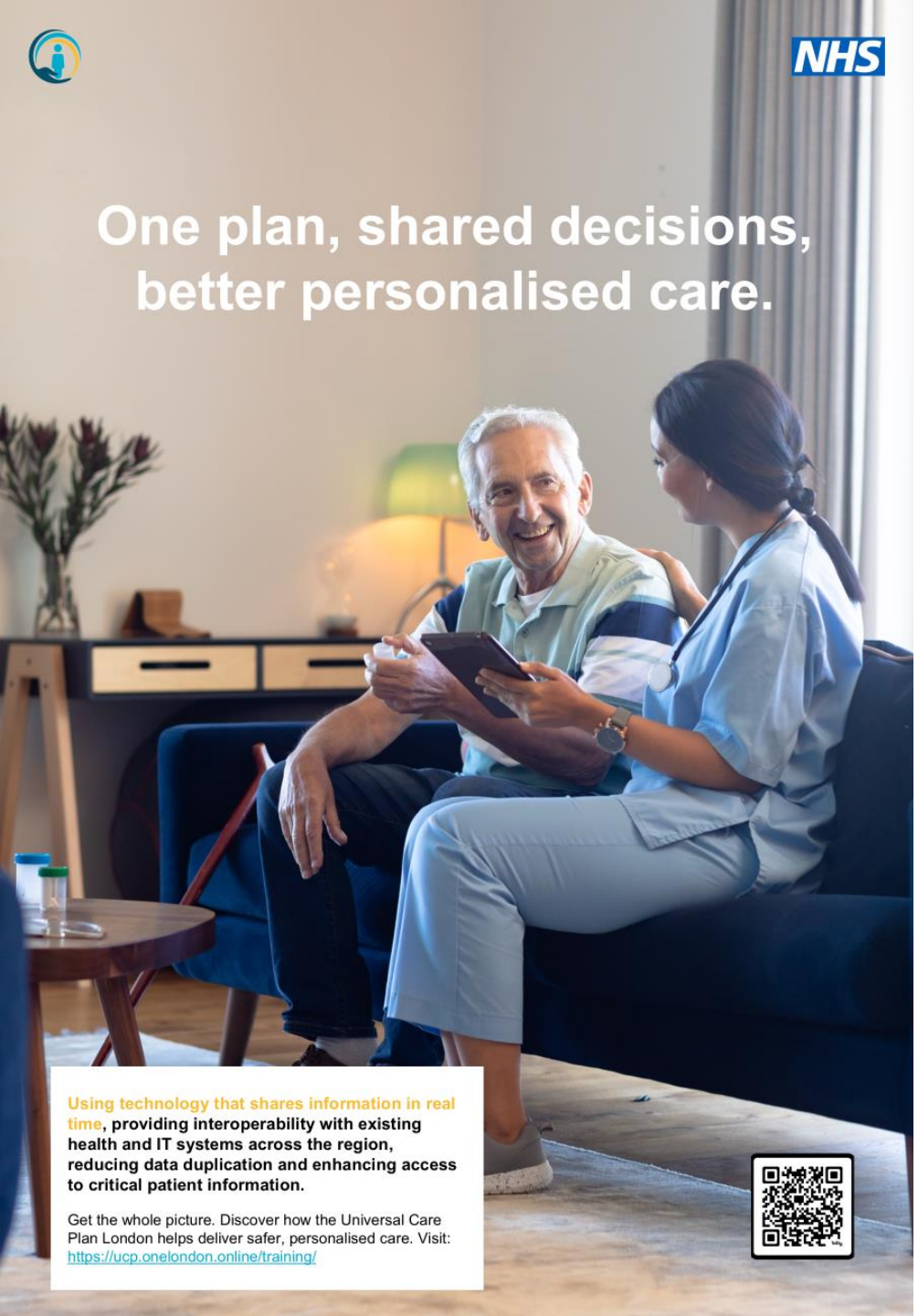
Got 5 minutes?

Time for lunch?

Protected learning







Thank you!

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