Care Planning Resources

- QOF annual review templates available for EMIS Web and SystmOne practices
- Two versions:
  - highly coded to support audit/helps those with less care planning experience to ask the right questions
  - the other ‘Light’ version includes more free text

YHCS Dementia Annual Review Care Planning (QOF)

Contents | Living with Dementia | Cognition & Medication | Physical health check | Risks and behaviours | AUA ES | End of Life

Dementia Annual Review

DEMENTIA QOF 15/16 REQUIRES FACE TO FACE CARE PLANNING WITH THE PATIENT. It would be good practice (with the patient's consent) to invite the carer to the review.
The appointment should be with a suitably qualified clinician, not necessarily a GP. The care plan is not required to be carried out all at once and it is at the clinicians discretion which sections are completed. This template is intended to aid the consultation, not provide a rigid structure.

It is good practice to allow patients to think about what they wish to discuss during review. Please give the patient the 'What makes a difference' information sheet. Where possible this should be given before and discussed during the review.

What makes a difference

"What good looks like" ------> YHCS Integrated Care Dementia Pathway

1) All newly diagnosed patients should be considered for ACP to help plan for future decision making. ACPs should be reviewed annually to ensure the patient's wishes have not changed.

YHCS Advance Care Planning

Review of dementia advance care plan

2) Review both the patient's and their carer's support needs and offer a carer's health check — Jump to Living with Dementia page

3) Review the patient's physical, emotional and medication needs (falls, continence, skin, nutrition) — Jump to physical health check page

4) Assess the patient's behaviour, risks/safeguarding and driving needs — Jump to Risks & behaviours page

5) Initially consider at what stage of Dementia the patient is at to ensure appropriate care planning

YHCS Dementia Global Deterioration Scale

YHCS Dementia Staging Tool

6) Consider if the patient is suitable for inclusion on to the Avoiding Unplanned Admissions register? this will allow an MDT approach and 3 monthly follow up of those at risk. — Jump to AUA ES page

7) Finally, consider if the patient is approaching end of life and whether they may benefit from inclusion in the gold standards framework & Palliative Care register. — Jump to End of Life page

Dementia care plan codes

Dementia care plan review code

Dementia care plan exception c...

New Recall

Review of dementia advance care plan

Date	Checked	...

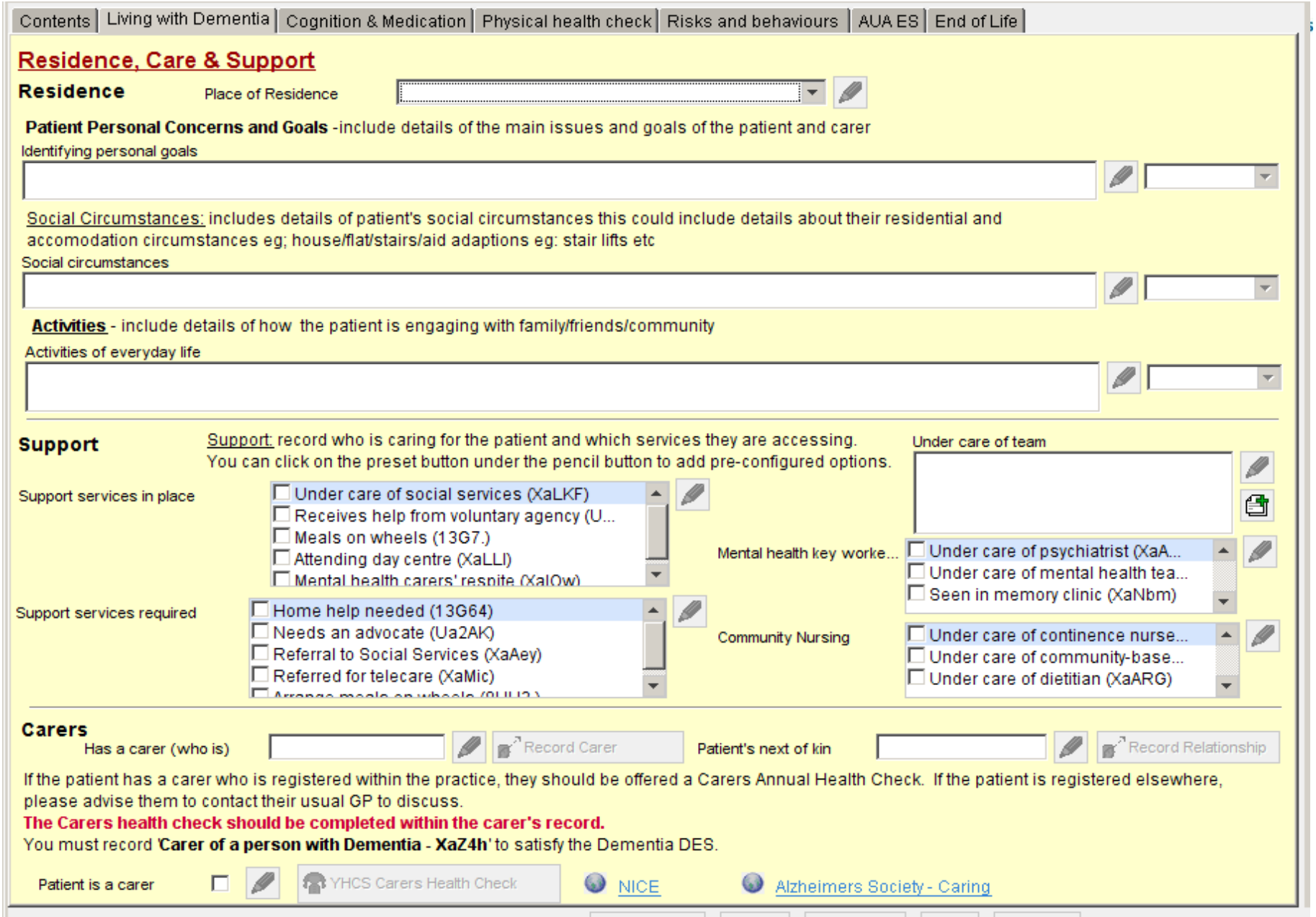
No previous values

Show recordings from other templates

Show empty recordings

Information | Print | Suspend | Ok | Cancel

READ CODE 'HEAVY' VERSION



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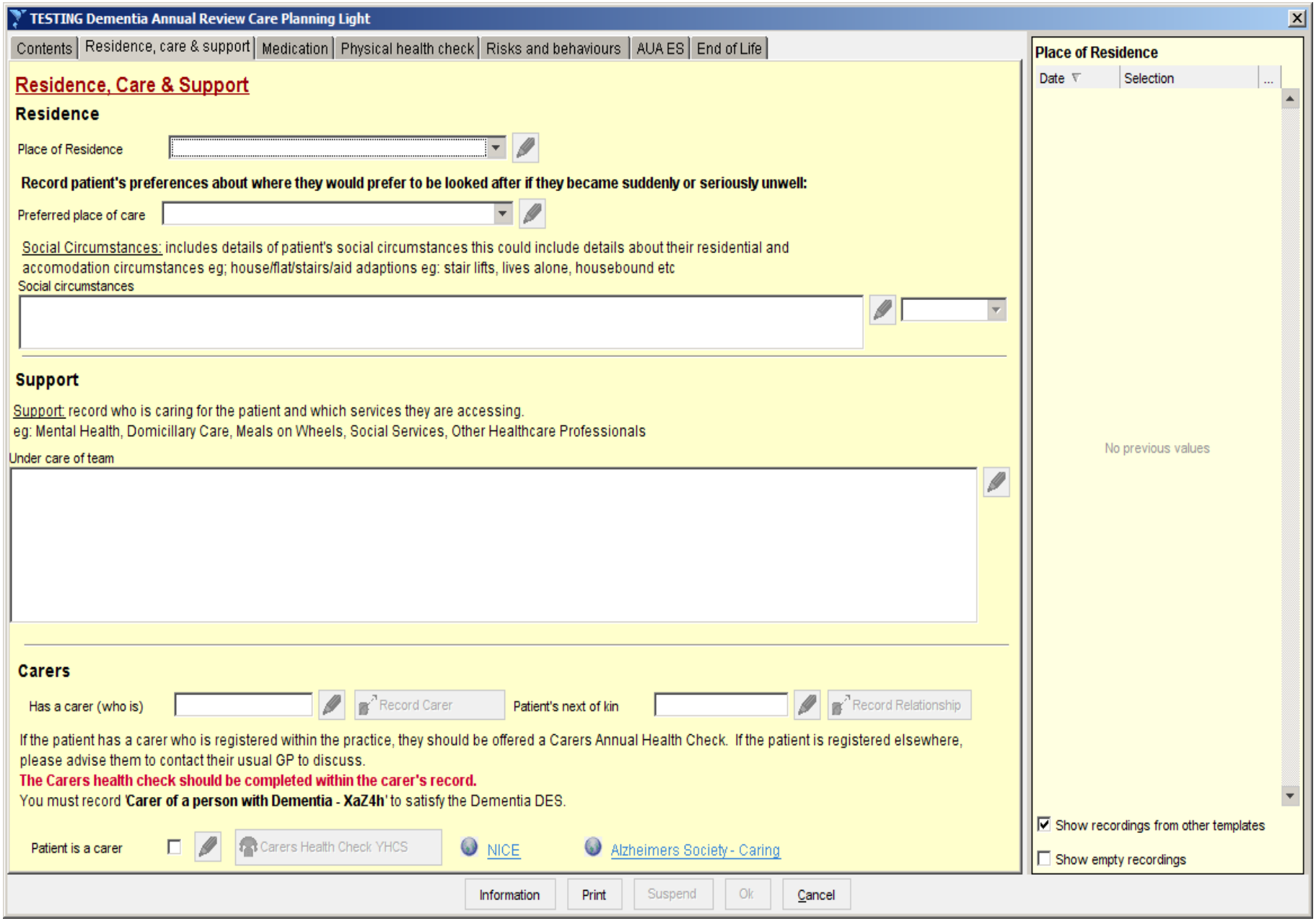
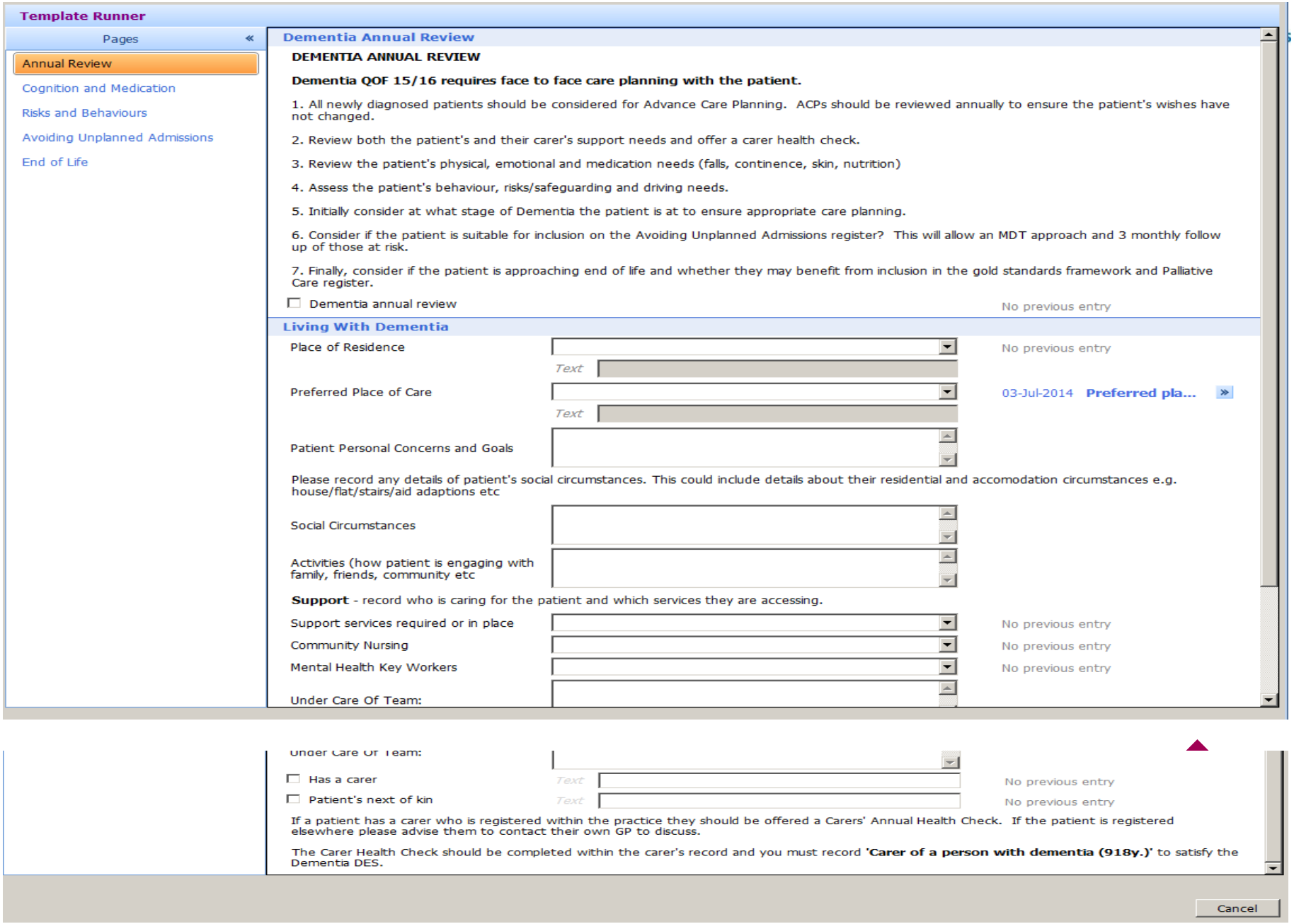


EMIS VERSION



Cognition & Medication

Please consider any medication issues that may adversely effect cognitive functioning e.g. >4 medications, anti-cholinergics, antipsychotics, psychotropic, sleeping tablets.

Medication review done

Any observed changes in memory/orientation (eg getting lost)/recognising familiar people

Cognitive function observations

Compliance

Drug compliance checked

Compliance issues discussed with patient

Drug compliance
- Drug compliance good (8B3E.)
- Drug compliance poor (Xalwn)

Drug compliance aid requested

Understanding
- Patient understands why taking all medication (XaJKW)
- Patient does not understand why taking all medication...

Uses dispensed monitored dosage system

Antipsychotics

Antipsychotics should be used with extreme caution and consider referral to OP CMHT prior to use.

When used antipsychotics should be time limited and regularly reviewed (at least every three months)

YHCS Antipsychotics in Older People

Antipsychotic medication review

Acetylcholinesterase inhibitor (AChEI)

Review patient for side effects of diarrhoea, headaches, fatigue.

Check pulse and BP, consider stopping if low.

Jump to record pulse and BP

Memantine

Review patient for side effects of headache, dizziness, drowsiness, constipation and depression.
No need to monitor pulse rate or BP but may need to decrease the dose in renal impairment

Contents | Living with Dementia | Cognition & Medication | Physical health check | Risks and behaviours | AUA ES | End of Life

Physical Check

BP mmHg

Pulse b...

Smoking Status

Advice on smoking

Alcohol int... ...

Height m

Weight Kg

BMI ...

General wellbeing

Mobility

- Fully mobile (13C1.)
- Mobile outside with aid (13C2.)
- Mobile in home (13C3.)
- Needs walking aid in home (13C4.)
- Confined to chair (13C5.)
- Bed-ridden (13C6.)

Continence

- Continent (X907J)
- Incontinence of faeces (XE0rG)
- Urinary incontinence (1A23.)
- Double incontinence (X30C5)

Falls

- At risk of falls (XaISz)
- Recurrent falls (Xa1GP)
- Multidisciplinary team falls assessment d...
- At risk of osteoporotic fracture (XaIT0)

Influenza, Tetanus and Pneumococcus Status

Record Vaccination

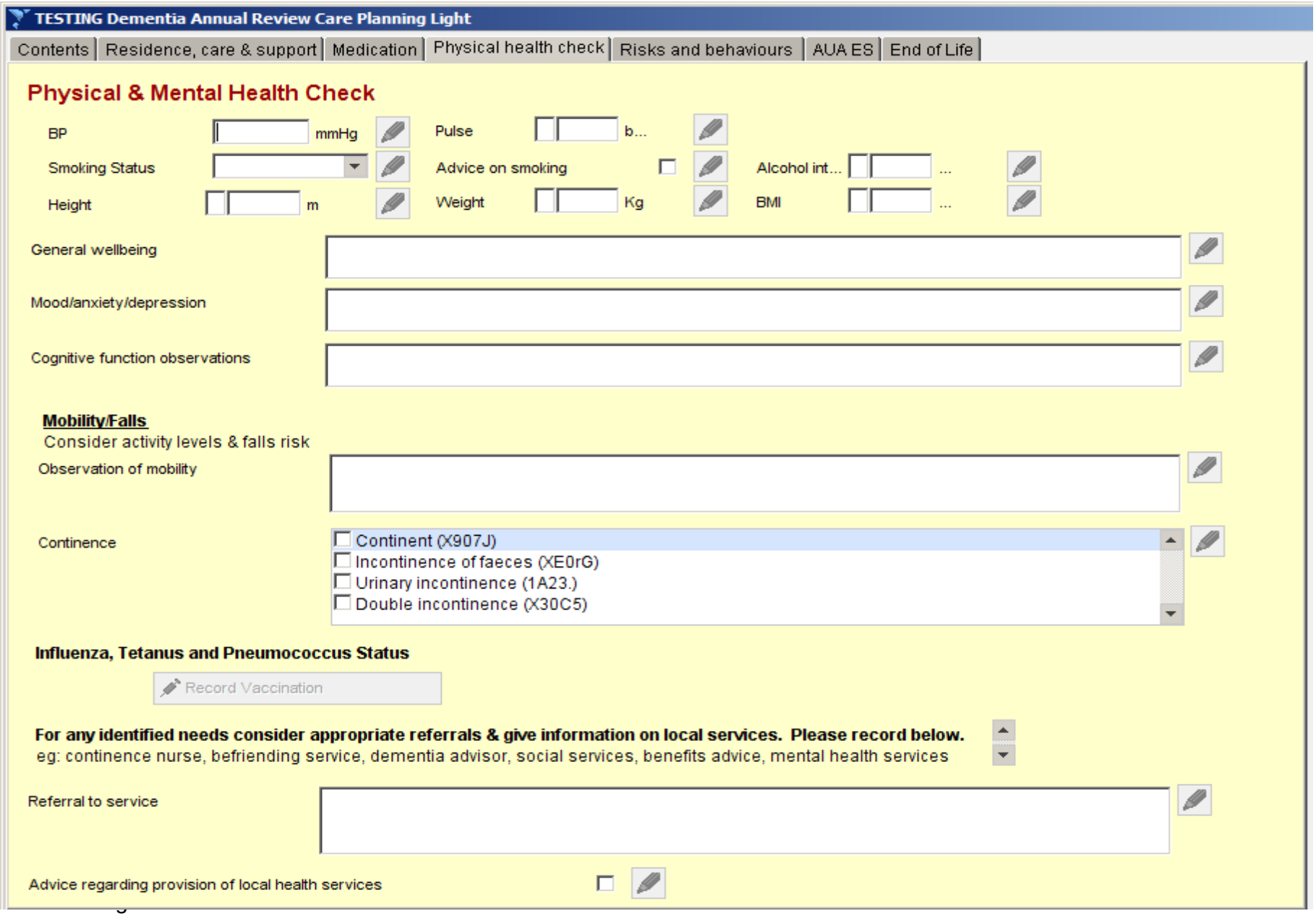
YHCS Immunisation History view cannot be shown without a patient

For any identified needs consider referrals to:

Referral made to:

- Referral to community-based nurse (XaAh8)
- Referral to dietitian (XaBSz)
- Referral by continence nurse (XaAb2)
- Referral to occupational therapy service (XaAda)
- Referral to physiotherapist (XaBT0)
- Refer for falls assessment (XaISu)

LIGHT VERSION



YHCS Dementia Annual Review Care Planning (QOF)

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Risks, Behavioural & Psychological needs

eg: bored, frustrated, withdrawn

Mood/anxiety/depression

Adult protection issues

Vulnerable adult ☐

YHCS Safeguarding Adults

Bradford Guidelines: Bradford Safeguarding Adults NICE

Behaviours

Behaviours that challenge

- ☐ Feeling agitated (Ua15v)
- ☐ Verbal aggression (X7658)
- ☐ Physical aggression (X7659)
- ☐ Self-neglect (X766C)
- ☐ Wandering (X75ym)
- ☐ Inappropriate sexual behaviour (X7673)

Consider early referral to OP CMHT & Care Home Liaison teams

Referral to:

Driving

Dementia is a condition that you need to tell the Driver & the DVLA about

Driving status

Patient advised about driving ☐

Education : Implications to license ☐

Patient advised to inform DVLA ☐

Patient advised to inform insurance company ☐

DVLA Form

Alzheimers Org - Driving & Dementia

Risks

Click here to print information for the patient to take

Risks - please select all that apply

- ☐ Risk of self neglect (Xalv1)
- ☐ At risk of falls (XalSz)
- ☐ Drug compliance poor (Xalwn)

YHCS Integrated Care Self Care Resourc...

High risk patients may benefit from inclusion onto the Avoiding Unplanned Admissions ES register

Jump to AUA ES page

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Is your patient suitable for the Avoiding Unplanned Admission ES?

The Avoiding Unplanned Admission ES allows a more proactive MDT approach to care, with regular care planning reviews every 3 months. Patients diagnosed with more moderate and severe dementia often benefit.

Patient identified as At Risk of Unplanned Admission. Tick the box below to add the patient to the Case Management register.

Admission avoidance care started ☐

YHCS Avoiding Unplanned Admissions ES

Named accountable GP & Clinical Co-ordinator

Please assign any patients onto the Case Management Register with a GP using Relationships.
NB: All patients over the age of 75 should already have a named GP assigned.

Record GP

Where appropriate you may wish to assign the patient with a Clinical Co-ordinator

Record Clinical Coordinator

Informing patient of named accountable general practitioner ☐

Avoiding Unplanned Admissions Care Plan

Record Sharing

Is the patient reaching the last years of life?

Please use the two enclosed rating scales to identify people with severe dementia who may be suitable for the Gold Standards Framework and palliative care planning

YHCS Dementia Staging Tool

YHCS Dementia Global Deterioration Scale

GSF Prognostic Indicators for the Dementia

Triggers to consider that indicate that someone is entering a later stage are:
- Unable to walk without assistance and
- Urinary and faecal incontinence, and
- No consistently meaningful conversation
- Unable to do Activities of Daily Living (ADL)
- Barthel score <3

Plus any of the following:
- Weight loss
- Urinary tract Infection
- Severe pressures sores - stage three or four
- Recurrent fever
- Reduced oral intake
- Aspiration pneumonia

GSF Planning

This template covers end of life decisions and anticipatory care but it is not only for patients in the last days of life. Please consider filling it in and discussing the issues embedded within where capacity may be impaired (or is likely to become impaired) or where health is anticipated to deteriorate rapidly in the next few years. Areas covered are resuscitation status, preferred place of care, lasting power of attorney and advance statements and decisions to refuse treatment

YHCS Advance Care Planning

Click here to quickly record the GSF status of this patient: YHCS Palliative Care Coordination System EPaCCS (page 3)

Consider completing the YHCS End of Life (EPaCCS) template. YHCS Palliative Care Coordination System EPaCCS

Care Planning Resources

- QOF annual review templates available for EMIS Web and SystmOne practices
- Two versions:
  - highly coded to support audit
  - the other ‘Light’ version includes more free text
- **Questionnaire for patient and carer**

  (source: Year of Care)

What could really make a difference?

Name:

Completed with:

Date:

This leaflet is designed to help you and your family and carers think about how things are working for you at the moment and what ideas you have that could really make a difference for you. Please take your time to think through the questions and write down any thoughts and ideas you have. You can then discuss these ideas with your key worker when you review your care and support package.

How are you doing?

I am
coping fine

I am
doing OK

I am not
coping so well

These are some things that people sometimes want to talk about. Circle any that are important to you.			
Bathing and Hygiene	My current care	Supporting my family/carers	Feeling lonely
Finances	Lack of control	Feeling hopeless	Pain
Feeling low or stressed	Feeling scared	Eating and drinking	Mobility
Taking medication	My future health	Alcohol	Physical activity
Keeping warm	My memory	Hearing	Smoking
Staying steady	My weight	Slowing down	My sight

What is important to you?

What is working well?

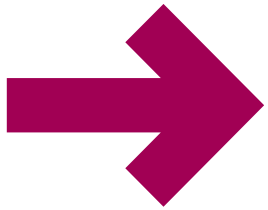
What isn't working so well?

What needs to change?

What ideas do you have?

Care Planning Resources

- QOF annual review templates available for EMIS Web and SystmOne practices
- Two versions:
  - highly coded to support audit
  - the other ‘Light’ version includes more free text
- Year of Care Questionnaire for patient and carer
- **Printable patient-held care plan**
  - **Still in development**
  - **Going to Service User Reference Group next week**



Patient Name: Mouse Micky Mr
Today's Date: 10 Jul 2015
Dementia Care Plan

Mouse Micky Mr **NHS Number:**

Date of Birth: 25 Apr 1965 Gender: Male

Language: language not specified

CONTACT DETAILS

Current Home Address: 7 Park Top Cottages
Bingley
West Yorkshire
BD16 3DB

Mobile Tel. (preferred):

Home Tel: 01274 555 5555

REGISTRATION DETAILS

Practice:

Review Date:

THIS IS WHAT WE KNOW ABOUT YOU

Your concerns and goals

10 Jul 2015, Identifying personal goals, personal goals text

Your social circumstance and activities

10 Jul 2015, Social circumstances, social circs text
10 Jul 2015, Activities of everyday life, activities text
10 Jul 2015, Lives in own home
10 Jul 2015, Has a carer, carer name

10 Jul 2015, Patient's next of kin, NOK freetext
SURNAME, Nok

This is support you receive

10 Jul 2015, Attending day centre
10 Jul 2015, Under care of continence nurse
10 Jul 2015, Under care of psychiatrist
10 Jul 2015, Patient themselves providing care
10 Jul 2015, Under care of team, Virtual ward

THIS IS WHAT WE FOUND OUT TOGETHER

These are the findings of our physical health check

10 Jul 2015, Never smoked tobacco
10 Jul 2015, Alcohol intake 0
10 Jul 2015, Vulnerable adult
150 / 90 mmHg
10 Jul 2015, Pulse, 80 bpm
10 Jul 2015, O/E - weight, 52 Kg
10 Jul 2015, O/E - height, 1.54 m
10 Jul 2015, Body mass index - observation, 21.93 Kg/m²
10 Jul 2015, General wellbeing, general wellbeing text
10 Jul 2015, Mobile in home
10 Jul 2015, Recurrent falls
10 Jul 2015, Incontinence of faeces

These are the medication you are on

Current Acute Issues:

Current Repeat:

These are the results of your medication review

10 Jul 2015, Drug compliance good
10 Jul 2015, Patient understands why taking all medication
10 Jul 2015, Compliance issues discussed with patient
10 Jul 2015, Drug compliance checked

This is what you told us about how your memory is working

10 Jul 2015, Cognitive function observations, cog obs text

This is what you told us about your mood

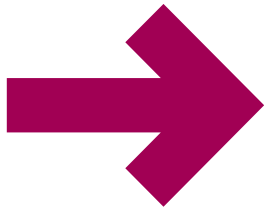
10 Jul 2015, Level of mood, mood text

These are the risks that you and your carer are concerned about

10 Jul 2015, Drug compliance poor
10 Jul 2015, Risk of self neglect
10 Jul 2015, Self-neglect
10 Jul 2015, Wandering
10 Jul 2015, Inappropriate sexual behaviour
10 Jul 2015, Feeling agitated
10 Jul 2015, Verbal aggression
10 Jul 2015, Physical aggression

This is what you have told us about your driving

10 Jul 2015, Does drive a car



ADVANCE CARE PLANNING DATA

These are the future decisions in your Advance Care Plan

Resuscitation discussed with carer, 10 Jul 2015
Resuscitation discussed with patient, 10 Jul 2015

WHAT WE HAVE DECIDED AND DONE TOGETHER

Your referrals and next step for your practice/GP

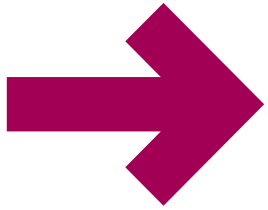
10 Jul 2015, Referral by continence nurse
10 Jul 2015, Referral to occupational therapy service
10 Jul 2015, Referral to physiotherapist
10 Jul 2015, Referral to Social Services
10 Jul 2015, Drug compliance aid requested
10 Jul 2015, Referral to dietitian
10 Jul 2015, Referral to psychiatrist for the elderly mentally ill

What advice we have given you

10 Jul 2015, Advice on smoking
10 Jul 2015, Patient advised to inform insurance company
10 Jul 2015, Patient advised about driving
10 Jul 2015, Education : Implications to license

What reviews we have done together

10 Jul 2015, Medication review done
10 Jul 2015, Antipsychotic medication review
10 Jul 2015, Patient advised to inform DVLA



ALL KNOWN RELATIONSHIP

GP: SURNAME, Dr , 5434325420542

Clinical Coordinator: CO-ORDINATOR, Clinical, 213415641254187

Carer: SURNAME, Carere , 0777777777777

Next of Kin: SURNAME, Nok, 0214564231864

Power of Attorney:

SENSITIVITY & ALLERGY SUMMARY