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# A guide to technical approaches for sharing care plans across integrated teams

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## Key points:

A good starting point is to map out the local participants who will be involved in the sharing of care plans, and identify the types of care plans you want to share.

Understanding the wider set of care plans that need to be shared longer term is recommended even if the initial project is focused on delivery of a single type of plan.

Understanding and capturing the sharing scenarios for your local organisation is critical in ensuring that the correct technical approaches are applied to support the business needs.

Appropriate technical approaches can then be selected to meet the business needs, and associated implementation requirements (e.g. IG, Clinical Coding, etc.) identified.

A local roadmap should be created for the development of electronic sharing capabilities.

## What is care planning and why is it important?

Care planning is a collaborative process carried out between patients (and potentially family/carers) and care/support professionals. It is an important part of the management of care for patients with long term conditions, and those approaching the end of their life. It underpins the work of integrated neighbourhood teams and provides a mechanism for supporting and empowering the patient to manage their own care.

Through consultation with local teams, the ability to share care plans electronically has been identified as a key enabler to maximise the benefits from the care planning process.

## What are the technical approaches for sharing care plans?

The QIPP Digital Technology team has developed a document “Technical Approaches for Sharing Care Plans” (available on [the QIPP DT webpages](#)) which provides a high level framework to help local teams understand the various approaches for the electronic sharing of care plans.

The approaches are broken down into three key areas:

1. **Discover / locate care plans:** In order to be able to review or update a care plan for a patient, you first need to establish whether a care plan exists, and where it is held.
2. **Sharing / accessing care plans:** Once the location of any relevant care plans has been established, there are a number of approaches for gaining access to the care plans of a patient.
3. **Managing changes to care plans:** Once a care plan has been shared, there are a number of approaches that can be taken for managing changes to the care plan.

The [NHS Interoperability Toolkit \(ITK\)\\*](#) provides a set of specifications which can be used to support integration and electronic messaging between systems. The guidance includes details of these specifications, and how they can be used to support implementation of the various technical approaches discussed. It also contains other considerations such as clinical coding, IG, and the pulling together of supporting information from clinical records to support care plan creation and maintenance.

\* The Interoperability Toolkit (ITK) is a set of national standards, frameworks and implementation guides to support interoperability within local organisations and across local health communities.

<http://www.connectingforhealth.nhs.uk/systemsandservices/interop/>

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## Why should I use the technical approaches guide?

The guide proposes a set of recommendations which will help local organisations understand their local electronic sharing needs, technical approaches for meeting those needs, and how those can be supported by ITK specifications.

The use of standard ITK interfaces in electronic systems will help to support local sharing of care plans across integrated neighbourhood teams. It will also support the development of re-usable interoperable IT solutions across the NHS.

## How can I get involved?

We would like to identify one or more teams who can work with us to apply the guidance in the document to their local LTC project work. We will provide:

- Further elaboration of the guidance
- Support to map the “patterns” outlined to local plans
- Support for discussions with suppliers about implementing interfaces aligned with the ITK specifications.

Any organisation interested in being involved would ideally need to have suppliers engaged who would be willing to develop against ITK specifications (and to become ITK accredited). In return we would want an honest evaluation of the guidance from the project team, and a small case study showing any benefits it has brought to the local project.

## Key questions

### Q: What is a care plan, and what types of care plan does the guide cover?

A: There are no agreed definitions of a care plan, or the various types of care plan used in the NHS. The guide proposes a number of types of care plans that can be considered, but the technical approaches outlined are not limited to any specific type of plan. You should consider all the types of care plan that you might want to share across a locality to ensure you have a consistent and co-ordinated approach.

### Q: What do I need to do before attempting to apply this guide?

A: You will ideally need to either have an integrated neighbourhood team in place, or have an agreement for how an integrated team will operate. The technology can support joined-up working, but can only provide real benefits if it complements joined-up business processes.

### Q: How do I get started with applying this guide?

A: Identify the key clinical stakeholders who can help map out the business processes. Then identify your local informatics and information governance leads that can help to select which approaches fit best with local needs.

To find out more visit [www.connectingforhealth.nhs.uk/qipp](http://www.connectingforhealth.nhs.uk/qipp)  
or email [qippdt@nhs.net](mailto:qippdt@nhs.net)

You can also find us by searching for ‘QIPP Digital Technology’ on  
NHS Networks and LinkedIn.

