Personalised Care and Support Plan Information Standard

(DAPB4022 Amd 38/2021)

High Level Implementation Guidance v1.1

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Alliance Partnership Board (DAPB).

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance.

An Information Standards Notice (DAPB4022 Amd 38/2021) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 22 December 2021

DAPB Update November 2022: The full conformance date has been extended from 30 June 2023 to 31 January 2024. The delay is to cater for anticipated winter pressures, create provider implementation materials and resource support for provider sites.

Glossary of Terms

Term / Abbreviation	What it stands for
DAPB	Data Alliance Partnership Board
DAPB4022	The Personalised Care and Support Plan Information Standard
FHIR	Fast Healthcare Interoperability Resources. A method for exchanging healthcare information electronically
ISN	Information Standards Notice
PRSB	Professional Record Standards Body
Refset	In the context of this Standard, a Refset is a group of SNOMED clinical terms that is represented by a single reference, rather than a list of all the terms contained therein
SLA	Service Level Agreement
SNOMED CT	Structured clinical vocabulary for use in an electronic health record. SNOMED CT has been adopted as the standard clinical terminology for the NHS in England

Contents

1. Purpose

The purpose of this document is to provide guidance on the implementation of the Personalised Care and Support Plan (PCSP) Information Standard. The standard was developed by the Professional Record Standards Body (PRSB) originally in 2018 and named the Digital Care and Support Plan standard. It was enhanced by the PRSB in 2020/21 and renamed the 'Personalised Care and Support Plan' standard to emphasise the importance of creating care and support plans in a collaborative, person-centred way.

NHS England has commissioned the PRSB to develop the PRSB PCSP standard into a DAPB PCSP information standard.

Through this application, the standard will be referred to hereafter as DAPB4022 (a DAPB information standard).

Through implementation of the structured information model content and use of associated implementation guidance, the standard assists organisations and their respective IT systems to work towards interoperability via mechanisms currently under development by NHS Digital. This will prepare providers and their systems to be able to begin sharing information in the future, which will be facilitated through a further release of DAPB4022. This High Level Implementation Guidance is to be read alongside documents outlined in section 1.3 of the DAPB4022 Personalised Care and Support Plan Information Standard Requirements Specification.

2. Implementation Checklist

The following is a sequence of steps, set out to help organisations understand the implementation process, enabling them to ask the right questions and engagewith the right people within their respective organisation.

Step 1: Read the Information Standards Notice (ISN)

This is the official notification of the Information Standard, published by the Data Alliance Partnership Board (DAPB). It provides an outline of the approved Standard and timeframe for compliance.

NB: Compliance with Information Standards will normally be included in contracts between NHS Providers and their system suppliers; review your existing contracts with system suppliers to confirm this is the case. If unsure, it is recommended that you liaise with your system supplier to establish what their intentions are regarding implementation of the DAPB4022 and the timescales they are working to (as per Step 4, below).

Step 2: Read the Personalised Care and Support Plan (PCSP) Standard documentation

Documents (high level implementation guidance and the requirements specification) will be hosted on the DAPB web page and will be linked to from the

PRSB webpage here.

The PCSP information model (version 2.0) provides a detailed description of the PRSB standard including explanations about the data items, definitions, formats and values which can be recorded. The PRSB implementation guidance document provides general, as well as section-specific guidance on how to implement and use the information model. Supporting documents will be available on the PRSB website including the PRSB PCSP implementation guidance document and release notes. These should be read alongside the PCSP information model.

The DAPB4022 Personalised Care and Support plan high level implementation guidance document (this document) is also available. This is a high-level implementation guide supporting implementers to apply the information standard, including dates for compliance.

Step 3: Read the Core Information Standard (CIS)

It is highly recommended that providers are aware of the PRSB Core Information standard version 2.0 when recording information which ultimately needs to be held within a care plan.

Nineteen Sections and their respective data items in the CIS have been identified for professionals accessing and editing care plans to consider recording about a person using services as they are important data essential for the care planning process (and will help to support future interoperability between health and care providers) The sections relevant to care planning are:

- Individual Requirements
- Legal Information
- Risks
- End of life care
- Social Context
- Diagnoses
- Problems List
- Medication and Medical Devices
- Investigation Results
- Allergies and Adverse Reactions
- Examination findings
- Procedures and Therapies
- Alerts
- Safeguarding
- Services and Care
- Pregnancy status
- Assessments > Structured Assessments (that are relevant to the use case)
- Plan and requested actions
- Documents.

Additionally, the sections in the personalised care and support plan standard are common to, and align to those in the core information standard:
- Person demographics
- GP Practice

- About Me
- Personal Contacts
- Professional Contacts
- Formulation
- Care and Support Plan
- Contingency Plans
- Additional Support Plans.

Approaches to managing the record split between care plans and a shared care record (defined by the CIS) may vary considerably. As such, the CIS sections that a provider may consider aligning to will need to be defined at a local level, by the provider themselves.

Detailed descriptions and specifications supporting implementation of the PRSB Core Information Standard are hosted on the PRSB webpage.

Step 4: Discuss with current IT Systems Supplier

If a commercial system is in use, discuss with the supplier to confirm the timescale for any necessary changes to the system. In most cases these changes will be part of your Service Level Agreement (SLA). Ensure any future SLAs, via re-procurement or contract refreshes etc, cover adherence to ISNs impacting your service.

Discussions with systems suppliers should help inform subsequent steps.

Where an in-house solution is in place, discussions need to start early to ensure all changes can be incorporated within the implementation timetable.

Step 5: Stakeholder Engagement

It is essential to engage with those who are involved in collecting, recording and subsequently using the data items detailed within DAPB4022.

For example, you may find it useful to share the contents of this High Level Implementation guidance document, and other documents relating to DAPB4022 including (but not limited to) the information model and section-level implementation guidance, with all staff groups and organisations directly impacted, such as frontline staff, commissioners and representative groups for people with lived experience.

Step 6: Check current state of readiness
Providers should check the current state of readiness for implementation of the information standard. This includes (but is not limited to):

IT Systems (Software)

- Many of the Elements in the PCSP Standard may already be recorded electronically

- Check what changes are required to meet the new Elements. For example, does the IT system require any additional fields?

All changes to the information model from the first version (The Digital Care and Support plan version 1.0, 2018), if that has already been implemented, are available via release notes on the PRSB website.

It is recommended that providers identify whether:

- There are any changes required to clinical/business processes in order to implement DAPB4022.

- There are any additional training needs for professionals to be able to implement and use DAPB4022.

Step 7: Plan implementation

Each provider's approach to implementation may vary to suit their individual circumstances. At a high level, the following factors should be considered when assessing and enacting any business change:

- Scope of change

- Finance

- Change governance

- Change manager requirements

- Change resource requirements

- Timescales

- Key milestones

- Benefits

- Training requirements/resource

- Key stakeholder engagement

- Key risks/barriers to change

- Success measures.

3. Implementation Plan

Compliance with Version 1.0 of DAPB4022 must be achieved no later than 31 January 2024. Compliance to DAPB4022 Version 1 is a prerequisite for compliance to the planned next release of the information standard (Version 2.0).

PRSB Standard and DAPB information standard

As outlined in section 1.3 above, the DAPB4022 information standard comprises the requirements specification (this document) and the high-level implementation guidance document. They are published on the DAPB website.

The PRSB standard comprises the personalised care and support plan (PCSP) information model (version 2.0) and the associated detailed implementation guidance. They are published on the PRSB website.

Implementation of the information standard will follow a phased approach, identifying early adopters and publishing the results of trials to embed learning

ahead of the planned full compliance date:

Action	Date
Communicate the DAPB4022 standard (this standard) to providers (including Health System Support Framework-accredited suppliers)	January 2022
Confirm roadmap for compliance	March 2022
Identify early adopters	Q1 2022/23
Work with early adopters	Q2 2022/23
Publicise findings	Q3 2022/23
Full compliance date	31 January 2024

It is envisioned that the work with early adopters (above) may result in additional guidance that will be to be incorporated within the PRSB implementation guidance from quarter 2 (2022/23) onwards.

This DAPB information standard (version 1.0) refers to the PRSB personalised care and support plan (PCSP) standard: which is comprised of the PCSP information model (version 2.0), and associated PRSB implementation guidance.

The DAPB information standard is a DAPB approved standard under the Health and Social Care Act. The PRSB standard that this standard refers to provides the structure and detailed guidance for those implementing this standard. It is approved under its own governance and future releases of the PRSB information model for use in this standard will require DAPB approval..

NB – The timescales for the next release of DAPB4022, in terms of detailing the mechanism of interoperability; ISN publication; and provider implementation, are currently to be defined. It is possible that data flows may be required in later releases of DAPB4022.

4.Support and Maintenance

Where additional advice in implementing the standard is required, the PRSB support service can be contacted here. The PRSB is responsible for managing any updates to the information model and implementation guidance document through established assurance processes and release cycles (see section 8 below) at the PRSB and DAPB. If possible, please include "PCSP ISN" in the subject header of your message so that it can be identified appropriately.

Maintenance releases for PRSB standards are currently planned for 3-year cycles, however these may be updated on a regular basis based on need and clinical and professional review. Issues raised may also affect the date for future releases. The next release of the PRSB personalised care and support plan information model will be v3.0 and will require DAPB approval before its use within this standard.

The above email address can also be used should you have any suggested enhancements or amendments to any aspect of this standard. The management of such items is summarised in section 8.1, below.

5. Personalised Care and Support Plan Standard

It is important to understand the key terms used to describe the data hierarchy of the PCSP Standard (this standard). Descriptions are provided below and where possible, illustrated in the following diagram which uses a screenshot of the PRSB (version 2.0) information model.

All documentation supporting this standard will refer to some or all of the following terms:

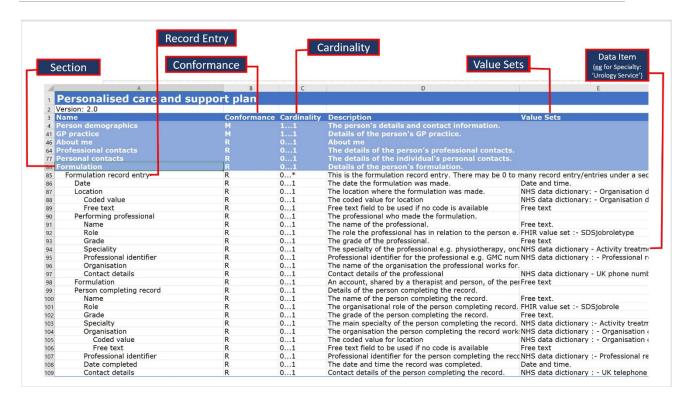| Term	Description
Data Item	This is a label for the unit of data contained in a record section which describes an attribute stored within an **Element**. This could be an option in a drop-down list for example. "General Surgery Service" and "Urology Service" are two such data items in the "Specialty" **Element** of the "Performing Professional" **Section**.
Value sets	Value sets describe precisely how the information is recorded in the system and communicated between systems. This is required for interoperability (for information to flow between one IT system and another). The information can be text, multi-media or in a coded format. If coded it can be constrained to SNOMED CT and specific SNOMED CT reference sets, NHS Data Dictionary values or other code sets.
Element	This is a label for sub-sections (or sub-headings) in relation to a specific recordentry. For example, the GP Practice **Section** may be composed of the following Elements: • GP Name • GP Practice Details • GP Practice Identifier
Record entry	A record entry within a section is used where a set of information is repeated for a particular item, and there can be multiple items. For example, for each formulation there is a set of information associated with that formulation. Other examples include personal contacts and professional contacts
Section	This is a label for a high-level section within the record. For example, 'care and support plan' and 'Personal Contacts' are sections. This could also be referred to as a 'container' or 'heading'. A section will appear in a record only once.
Record	This is a label for the overarching record as a whole. In the instance of the PRSB Personalised Care and Support Plan Standard, this is the combination of all the headings listed within the information model.

Figure 1: Diagram detailing key terms used in the DAPB4022 standard, shown alongside a screenshot of the 'Formulation section of the DAPB4022 information model (version 2.0). Cardinality and Conformance are described in sections 5.5 and 5.6 below.

The content of DAPB4022 is aligned with other PRSB standards where possible (for example, the Core Information Standard). Sections, elements, descriptions and underlying value sets are aligned where possible to maximise the ability to interoperate in future between records and varying use cases.

For the full suite of PRSB published standards, please see https://theprsb.org/standards/. Support for the standard to be implemented (PCSP) is provided in two documents:

- PRSB Personalised Care and Support Plan information model (available via the 'View the standard' button on the right hand side of the web page). This sets out the detailed content, format, structure and rules needed for a system supplier to implement the standard, including the Sections and Elements which provide the standardised structure and underlying coding for that record.

- PRSB Personalised Care and Support Plan implementation guidance document (available in the 'Supporting Documents' section of the web page). This document provides guidance for health and care professionals as well as system suppliers implementing the PCSP record standard.

6. PRSB Personalised Care and Support Plan Standard Information Model Content

This section is designed to be read alongside the PRSB Personalised Care and Support Plan Standard information model and gives more context to the information that is contained therein to support implementing the Standard.

6.1 Element and Description

These columns detail the name of each Element under a Section and a definition of what should be recorded against them (defined in Section 4).

6.2 SNOMED CT

This standard uses SNOMED CT coding where appropriate. Where this is not appropriate, national coding from the NHS Data Model and Dictionary hasbeen used. The recording supplier system must be compliant with the SNOMED CTcodes set out within the Personalised Care and Support Plan information model. Compliance is based on the scope of the standard SNOMED CT SCCI0034.

Further information on SNOMED CT, including mapping to and from other clinical terminologies, can be found in the SNOMED CT Editorial Guide.

6.3 Format

If national codes have been defined, then the format will match that of the NHS Data Model and Dictionary; this will be shown in the "Values" column. The field describes the valid formats that will be accepted for this data item. For dates and times, it specifically refers to the exact formatting. For other data items it describes the data type required and the max/min field lengths.

For the majority of data items, SNOMED CT is permitted as well as a free text option for those who are not yet SNOMED compliant.

6.4 National Codes

If no SNOMED CT has been identified, then certain Elements provide a list of the valid formats that will be accepted for this data item (if there are any). For example, a field may only allow values of "Y", "N" and "X", which equate to "Yes", "No", "Don't Know".

For ease, the information model contains hyperlinks to referenced Data Dictionary formats in columns: "National Codes (if applicable)" and "National Description (if applicable)".

6.5 Conformance (Mandatory/Required/Optional)

The Data Model Specification states where Elements are mandatory, required or optional. Within the context of DAPB4022 Version 1, these terms can be defined as follows:

- **Mandatory**: The information must be recorded. Where there is nothing to record then the entry must contain appropriate coded text to identify this; for example "not specified" / "refused to answer".
- **Required**: The information should be recorded, if available. It is a clinical/professional decision as to whether the information is recorded.
- **Optional**: The information may be recorded. A healthcare professional must still have the option of recording it, but a local provider can elect to share the information or not.

It is essential that any mandatory items can be validated at the point of data entry to prevent a user from not completing an associated field.

6.6 Cardinality

All Elements defined in the PCSP Standard have cardinality as defined by the Unified Modelling Language (https://www.uml- diagrams.org/multiplicity.html) as part of their definition – a minimum number of required appearances and a maximum number. These numbers specify the number of times the attribute may appear against the individual Element being recorded.

This specification only defines the following cardinalities:

0..1
0..*
1..1
1..*

In the example of Contingency Plans:

Element Name	Cardinality	Description
Trigger factors	1…*	This means 1 entry for trigger factor as a minimum, but may also have many that should be recorded by a healthcare professional
What should happen	0...*	This implies that nothing should happen in some scenarios, but the * (many) allows a healthcare professional to record as many actions as they believe are necessary

7. Free Text Fields

Free text will be available where there is a clear clinical requirement. It is appreciated that many systems are not yet compliant with SNOMED CT.

Free text field size will be appropriate to support the clinical requirement. All free text documentation should be completed in accordance with professional record keeping standards, being clear and accurate.

8. Clinical Safety and Information Governance

As more practical implementation issues may vary from provider to provider, it is recommended that all providers implementing the PCSP information standard must still follow their local clinical safety, information governance and security review processes to assess the local impact.

One example for local review is:
How third-party information is managed (justification and lawful basis for processing), e.g. the handling of sensitive data pertaining to the mother's next-of-kin.

9. Future Changes

9.1 Release Cycles and Governance

DAPB4022 will be enhanced as necessary (to version 2.0) based on need. Enhancements could be based on further clinical requirements, clinical safety feedback, technical SME feedback or supplier implementation findings (for example).

The DAPB4022 information standard (including guidance) provides the structure and content for a personalised care and support plan; the sections and elements of the PCSP information model define what information should be recorded. The need for data flows will be considered for later versions of DAPB4022 .

Throughout the implementation process, any lessons learned and feedback from implementers will be documented and used to influence future releases.

A formal log will be maintained and managed by the PRSB to analyse, assure and prioritise any enhancements or amendments elicited from the feedback channels detailed above. The information standard will follow a three-yearly release cycle by default. Ongoing feedback and review will take place throughout the implementation period through the PRSB support service. All feedback is reviewed on a quarterly cycle, and it is possible that enhancements are made to DAPB4022 as a result of the assessment of the feedback on a regular basis.