When reviewing the process of CCSP a number of perspectives need to be taken into account; that of the patient, the clinicians & practice team and commissioners.

An important part of the development of the care planning pathway will be deciding on the tools or methods used to assess the success and challenges involved in it.

The review process would comprise broadly of two main parts. First part is to focus on reviews of Individual care plan and the Second part is to review the whole process at local CCG Level for quality assurance to ensure resources are being used judiciously.

The key element is to focus on reviews of the individual plans to ensure they are updated on a regular basis and any new information added in the care plan document is shared among all parties involved in providing care.

We recognise that local teams would design their own care planning documents. With time – and improved integration between various parties involved – a shared paper or electronic document would be a possibility.
It is vital to ensure that this document gets updated on a regular basis. The ownership of the document should be given to the individual who is being cared for. It will empower patients and encourage active involvement. In circumstances, where the individual cannot take ownership of their care plan, a nominated person can be involved to take ownership (eg carer, care navigators, GP, lead practice administrator).

With regard to reviewing the process for quality assurance, this can be broadly divided two different categories:

- Reviewing to ensure clinical standards are met
- Reviewing to ensure commissioning standards are met.

First element of a good review process is to Audit/ Review to ensure care plans are of good quality and are being reviewed regularly and Second element is to look at Review arrangements from Commissioning point of view. These two elements have to be approached jointly as they will complement each other and could not be addressed in isolation.

The local teams can consider having some form of recording system in place to ensure all care plans are reviewed on a regular basis. Regular reviews would ensure patient safety and improve quality of care for example: recording of drug allergies, change in contact details of family members etc.

Individual care planning reviews should be done at least on an annual basis. However, patients with complex health care needs might need more regular reviews. Recording systems to check care planning review is vital for quality assurance process. It can be a separate commissioned service or part of existing care schemes.

A new process could be allowed to run and then assessed after a fixed period of time or there could be more of a PDSA cycle approach with regular feedback opportunities, leading to a more continual quality improvement approach (RCGP Care Planning, chapter 4).

Patients’ feedback about the new approach can be acquired either by using feedback surveys which look at their experience of the service (RCGP Care Planning, appendix A2.3 and A2.4) or surveys that look more at the impact on their well-being such as the LTC or LWYLT (RCGP Care Planning, appendix A2.1 and A2.2).

Similar methods can be used to gain feedback from clinician’s and other practice staff exploring areas such as impact on their workloads and job satisfaction. This could be supported by analysing data looking for any reductions in the number of patient appointments in the groups receiving care planning.

More specific clinical outcomes can be gathered, depending on the groups of patients a practice may have chosen to target first and offer care planning. For example, when looking at patients on the unplanned admissions list the number of hospital admissions or out of hours attendances can be reviewed. If care planning was more directed to a specific chronic illness such as Diabetes, HBA1c trends could be analysed or the usage of diabetic medications.

If a practice has adopted a health coaching approach to care planning, patient activation measures can be used to measure outcomes, with a PAM (patient activation measure) score measured initially and then 12 months later.
However, as with any change it maybe that the uptake by patients takes a while to gain momentum and the numbers involved will take time to show any significant impact on resources. As change is often only accepted as people begin to see the impact it is having on others around them, so sharing patient stories can also be very powerful initially.

From the commissioners point of view outcome measures will need to be measured on a bigger scale and reflect impact on the wider health economy. Often the CSU (commissioning service unit) can capture information across the services to develop dashboards to identify changes in usage.

In any new process unforeseen problems are likely to arise and they need to be captured so they can be addressed.

Developing local forums for clinician's to meet, share and discuss these issues with each other and commissioners will be an important part of developing a more collaborative approach for systems/processes. Individual care plan reviews could be a good learning tool for GPs and GP Trainees.