

What is Personalised Care and Support Planning?

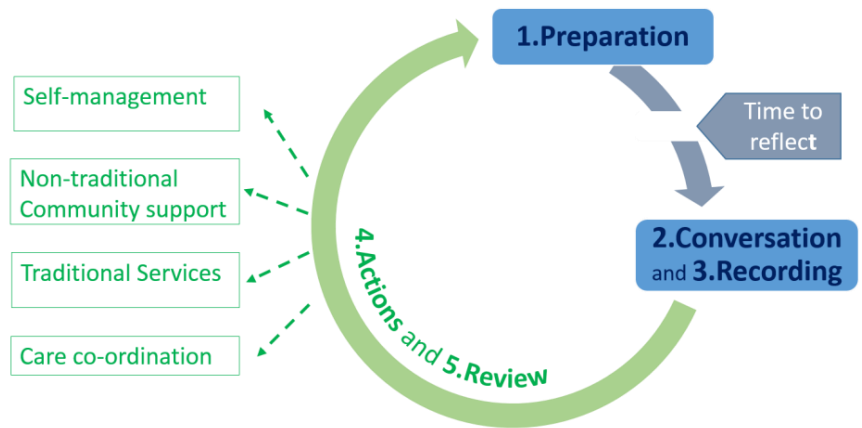


Personalised care and support planning (PCSP) is a **systematic process** which replaces current planned reviews for people with long-term conditions and is focussed on creating the opportunity for a **more meaningful conversation** between the person with long term conditions and a care professional, enabled by **preparation**.

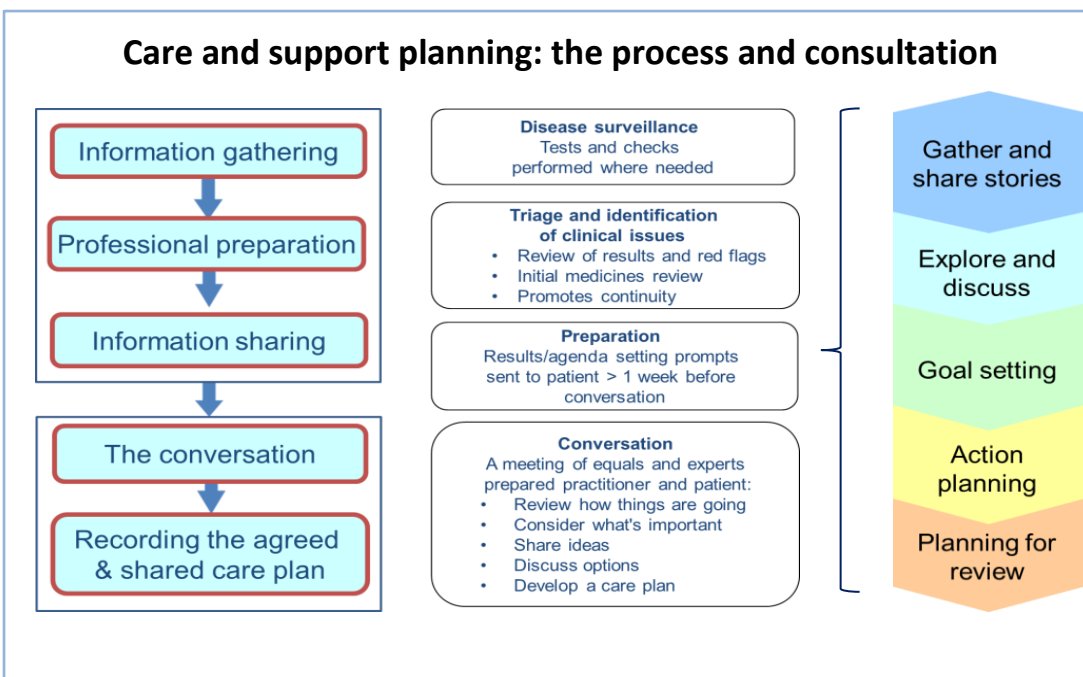
The CSP process separates out information gathering (tasks, tests and assessments) from the PCSP conversation. Preparation materials which include agenda setting prompts and routine results are sent to the person 1- 2 weeks before the CSP conversation.

"Improved job satisfaction...so much more worthwhile than ticking boxes"

The PCSP conversation has a solution focussed and forward-looking approach which acknowledges the experience and expertise of the patient. It brings together traditional clinical issues with what is most important to the individual, supporting self-management, coordinating complex care and sign posting to social prescribing.



In a general practice CSP often looks like this:



Organisational processes, care pathways and staff/team roles and support are redesigned to achieve this. These principles apply in any planned care setting and are appropriate for all people with LTCs however many conditions or issues they live with.

This means the healthcare professional has a new role. Instead of doing things 'to' and 'for' patients, personalised care and support planning is about **doing things in partnership 'with' people**. This enables people to identify their own goals and action plans and supports them to be more confident as they live day-to-day with their LTCs. This often requires healthcare professionals to learn new skills as well as new ways of working.

"I am more in control...I am not so reliant on the system"