Organising and planning appointments

You will need to consider how to organise your practice personalised care and support planning (PCSP) processes including searches, recall and appointments and this will depend on your practice staffing, capacity and skill mix.

You may wish to use the Year of Care Impact Tool to consider your current capacity and how this would align with moving to PCSP for people with multiple long-term conditions. Contact enquiries@yearofcare.co.uk for access to the tool.

As an example:

A practice with 9500 patients which includes 20% of its population in its PCSP process, including people who are housebound, each month devotes:

Information gathering:

- 51 hours - mainly HCA supplemented with some nursing time

CSP conversation:

- 18 hours - Practice nurse
- 15 hours + 5 home visits - Nurse practitioner
- 5 hours + 3 home visits - GP

(NB. This excludes interim reviews and people with asthma only)

Searches

Practices need to consider which long term conditions they are going to recall for PCSP. In addition, you then need to decide if the other conditions that these people live with will be included as part of the PCSP process, including both QOF or non-QOF conditions.

Recall conditions	Other conditions reviewed as part of PCSP
Diabetes Vascular (CHD/PAD/CKD/TIA/Stroke/AF/HF) Respiratory conditions (asthma/COPD)	Epilepsy Gout Thyroid Rheumatoid arthritis Osteoporosis Osteoarthritis Cancer Frailty Dementia Mental health Learning disability Coeliac disease Bariatric surgery Inflammatory bowel disease

You will also need to decide if you are including housebound people, those in care homes or people who attend specialist care (e.g. type 1 diabetes).

Some options include:

- Begin with a single condition such as diabetes and only focus on people with diabetes
- Begin with a single condition such as moderate/severe frailty and include all the other conditions people live with
- Begin with people with diabetes, CVD and respiratory and all the conditions they live with and build more conditions into the process as the team grow in confidence

Some practices increase the scope of PCSP and numbers of people recalled gradually when they become more familiar with the process. However, the group you start with needs to be large enough to make the effort of putting in organisational changes worthwhile and to help patients and practitioners get accustomed to the change. It can be challenging to run dual systems in the practice and is less likely to bring about cultural change.

Recall

Consider:

- From your recall list what is the average number of patients each month in the chosen group?
- Will you be running birth month recall?
- How will you organise and notify patients about their appointments?
- Who is the administrative lead for PCSP and will you have a single point of contact for admin for queries from patients about PCSP?

Organising appointments

Consider:

- Who is delivering each appointment and the required capacity for each staff member?
- How long will the appointments be?
- Will there be specific clinic sessions/appointments slots for PCSP appointments?
- Following the initial (information gathering) appointment how and when the second appointment (PCSP conversation) is made – i.e. is the second appointment made on completion of the information gathering appointment?
- For people who have no problems, issues or concerns decide if any other kind of review is available (e.g. telephone review) and how the patient, rather than the practitioner, can decide about this.

Information gathering appointments

As a guide we allow 20 minutes for each information gathering appointment and add 10 minutes for foot screening (for people with diabetes). You may also need to add 5 minutes for people with frailty. Practices will need to decide how they want to identify, book and organise these appointments.

People with multiple long-term conditions will generally need an information gathering appointment (often with a HCA) and PCSP conversation appointment with a nurse or GP; however there are some single conditions that do not need an information gathering appointment (this varies from practice to practice).

See *'Flowchart for appointment structure'* in section 3 of the Year of Care secure document library.

Care and support planning conversation

This should normally take place around 2 weeks after the information gathering appointment to allow sufficient time for the administrative team to collate and send out preparation prompts. The patient should receive their preparation material around a week before the care and support planning appointment to give them time to reflect.

In general, this appointment should be a minimum of 20 minutes for single conditions and 30 minutes for multiple conditions, unless there are issues with complexity or communication which may necessitate a longer appointment (up to 40 mins). Thought should be given to continuity for the patient and the best person to see the patient – this may happen as part of professional preparation (triage) particularly where patients or treatment regimens are complex.

The practice decides which staff member sees each patient and whether some people with simple single conditions can have a telephone review. A practice example is summarised below and details some conditions in which the expertise of the practice nurse may not be sufficient and so the person may need a review with a GP.

Care and support planning appointment (following information gathering where relevant) - dependant on the skills of individual practitioners		
PCSP with nurse/nurse practitioner	PCSP with nurse practitioner/GP	Medicines review/telephone review if single condition
AF CHD HF PAD Stroke/TIA Diabetes Rheumatoid arthritis Gout Asthma COPD Osteoporosis Osteoarthritis Learning disabilities	Severe mental health Dementia People with medical complexity or Multiple long-term conditions triaged to usual GP Advanced care planning	Thyroid CKD Coeliac disease Hypertension/prevention of CVD/NDH Epilepsy *(PCSP organised at discretion of the clinician and patient)*