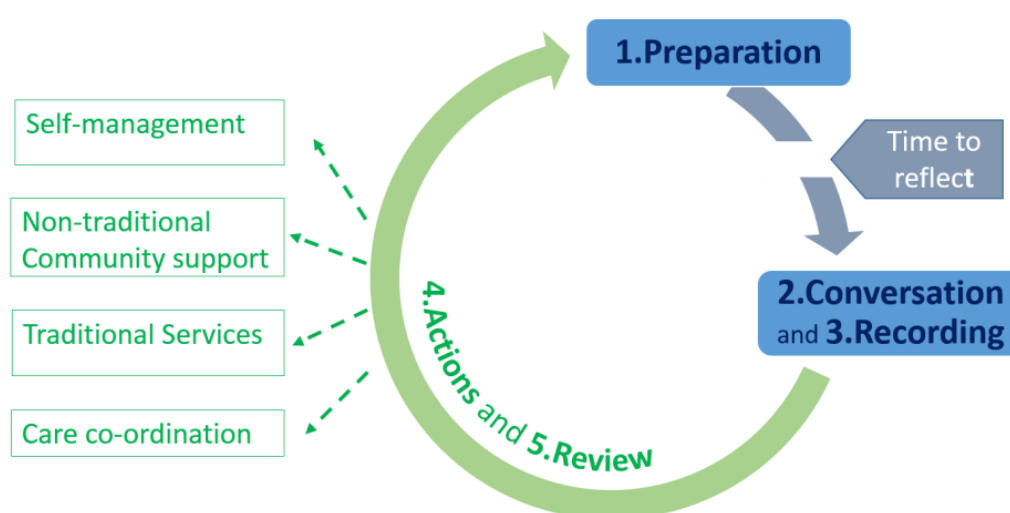


## What is personalised care and support planning?

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

The PCSP 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 PCSP conversation.

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.



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

The underpinning **philosophy** of Year of Care PCSP is:

- People with long-term conditions (LTCs) are in charge of their own lives and self-management of their conditions and are the primary decision makers about the actions they take in relation to their LTC management.
- People are much more likely to act on decisions they make themselves rather than decisions that are made for them.

This means the healthcare professional has a new role. Instead of doing things 'to' and 'for' patients, PCSP 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.

## The Year of Care House

Implementation of PCSP involves a number of organisational changes to care pathways, alongside training and supporting healthcare professionals to work in a different way.

The Year of Care House has at its centre the PCSP conversation. The surrounding structure lists the activities which are necessary to implement the approach.

The House is a metaphor as well as a checklist that emphasises the importance and interdependence of each element to ensure a robust and effective process. If one part is weak or missing the impact is diminished.

