**Information Gathering – core components**

The information gathering appointment is usually done by a healthcare assistant (HCA) and has 2 key functions:

1. gathering all of the clinical measurements and collecting many of the QOF/long term conditions disease surveillance requirements (for the combination of conditions that each person lives with)
2. signposting the person through the personalised care and support planning (PCSP) process so they understand what happens next and how it is different from usual care

In order to support this happening in a systematic and safe way the practice will need to consider:

**Training for health care assistants -** Health care assistants may need some additional training in the clinical tests or assessments they are being asked to perform. This should include an understanding of why they are completing the tests (and being able to describe this to patients) and being competent in performing the tests. Practices may need to provide additional in-house training/external training to support additional tasks not normally performed by the HCA.

**Duration of the appointment -** One of the aims of the information gathering stage of PCSP is to complete as many of the ‘tick box’ assessments, tests and tasks as possible in one initial appointment. Separating out ‘information gathering’ enables information to be shared with the patient and professional before the PCSP conversation appointment creating the opportunity for a conversation uncluttered by physical tests or data entry.

It is important sufficient time is given for information gathering so that the work doesn’t spill over into the PCSP conversation appointment that follows. Appointment duration can be geared around the number of tests and assessments that need to be carried out.

As a general guide allow 20 minutes for this appointment, adding 10 minutes if foot screening is also needed (for people with diabetes)– *see Appointment structure flowchart in section 3 - Recall and appointments.*

**IT templates to aid the gathering of information linked to coding in patient preparation materials *(see section 1 – Getting started with PCSP*)**

A well-designed information gathering template for the healthcare assistant can support efficient completion of this work in a single visit. Organisations/practices may wish to embellish existing templates or build a new one for PCSP. There are also external templates available to purchase from organisations such as Ardens.

Ideally there should be a single IT template for information gathering which is easy to navigate and organised in the order that the HCA usually performs the tasks. It should include:

* a list of the conditions the person has and any general relevant alerts
* data entry fields for all of the information that needs to be collected for the conditions the person has
* identification of any ‘red flags’ that need immediate attention from a clinician (need to be decided by clinical teams but likely to be few)
* prepopulated information that has been collected recently to avoid duplication of tasks (need to define recent - suggest last 2-3 months)
* SNOMED codes in the information gathering template that correlate to codes in preparation prompts to be sent to patients
* a method for the HCA to record any concerns the patient raises
* a way to record patient preferences about how they receive the preparation materials and a prompt to check address/email for information governance purposes
* a way to record patient preferences about how they have their PCSP review (face to face/telephone/video) and if there is any need for a translator etc.
* the option to print off leaflets or prompt the HCA to give a leaflet if the patient answers positively to a particular question e.g. falls, low mood
* automatic recording via SNOMED codes that the process/appointment has been completed for audit/monitoring purposes (if required for any local monitoring processes)

The template should also be ‘intelligent’, only displaying tests and assessments associated with the conditions the person has; it should include links to blood forms which prepopulate with the tests needed.

**How the HCA navigates the patient through to the personalised care and support planning review**

The HCA who delivers this appointment is often the ‘front door’ to the PCSP process. They should encourage people to identify issues they want to talk about and help individuals understand the personalised care and support planning conversation.

In some practices this appointment is used as an opportunity to explain the personalised care and support planning review/conversation and navigate patients to the preparation prompts they will receive ahead of their personalised care and support planning review *- see section 4 – Information gathering appointments - Health Care Assistant suggested topics and words for initial ‘Information Gathering’ appointment.*