

## Personalised care for professionals

### What is personalised care?

**Personalised care will benefit up to 2.5 million people by 2023/24, giving them the same choice and control over their mental health that they have come to expect in every area of their life.**

It equips the NHS workforce with the skills to work in this person-centred way, using approaches such as shared decision making, personalised care and support plans. It tailors care and support, enabling people to have the confidence, knowledge and skills to engage in their care and giving people choice and control over their mental and physical health. A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations.

Critically, personalised care takes a whole-system approach, integrating services around the person including health, social care, public health and wider services. It provides an all-age approach from maternity and childhood right through to end of life, encompassing both mental and physical health, and recognises the role and voice of carers.

This approach learns from over a decade of evidence-based research which has led to the identification of six core evidenced based interventions:

- **Shared decision making**
- **Personalised care and support planning**
- **Supported self-management**
- **Enabling choice, including legal rights to choice**
- **Social prescribing and community-based support**
- **Personal health budgets and integrated personal budgets**

### A changing relationship, a new conversation

Personalised care represents the coming together of concepts from social care (such as personal budgets and choice) and health (including shared decision making and support for self-management). It recognises the clinical expertise of the healthcare professional and the expertise and experience of the individual, taking account of their values and preferences.

Personalised care is based on a 'what matters to you' conversation, rather than focusing entirely on 'what's the matter with you?'. It balances the clinical and non-clinical aspects of care.

## Five steps to better conversations

1. Give the individual the opportunity to say what they want to get out of your time together
2. Explore the topic with empathy and open questions to establish trust
3. Identify what matters to them and what 'OK' would look like, explore their motivation
4. Explore moving into action, what is the first achievable step appropriate to the person?
5. Follow up on any agreed action, help problem solve and affirm successes, however small

## Questions to help you guide the conversation

- What would you like to get out of our time together today?
- What does a good day look like to you?
- What could help you have more good days?
- What do you do already? What do you plan to do?
- What ideas do you have?
- Shall we discuss your options and their pros and cons?

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## Practical support and more information

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**NHS England website** [www.england.nhs.uk/personalisedcare](http://www.england.nhs.uk/personalisedcare) hosts universal personalised care and details on all six programmes. It also covers research evidence to support the implementation of personalised care and personal stories to illustrate its benefits to individuals.

**Personalised Care Collaborative Network** links partners across the health and social care system to share learning, experiences and templates, as well as hosting discussion boards.

Contact [england.personalisedcaredemonstrator@nhs.net](mailto:england.personalisedcaredemonstrator@nhs.net) if you would like to join this network.

**Workforce Development** – over the next five years, our programme will support around 75,000 clinicians and professionals to better embed personalised care approaches in their day-to-day practice.


## Sue's Story

When Sue, who was considering whether to have a hip replacement at 47, finally had a conversation about what mattered to her, her 'burden lifted' and she 'felt happy and secure'. Before this, though, she had been through a series of referrals that left her 'confused', 'embarrassed' and 'told off'. Her first surgeon advised her to wait until she was 55, as his treatment may only last 6-8 years. A friend told her about the choices she could make, including the hospital, surgeon and replacement hip, so she made a second appointment – but the registrar told her she should go with the treatment offered to her. She went back to her GP and was referred to a specialist physio. This time, Sue felt listened to and was told she was doing the right thing by asking for a further opinion. Her second surgeon, however, 'shouted at her "You have no business asking about such things!"'

A while later, a fall convinced Sue she should not keep burying her head in the sand. She plucked up the courage to seek the views of a third surgeon in the Trust. This time, she was treated with 'humanity' and was asked about her pain and movement. The surgeon immediately 'put her at ease, inspiring total confidence' and suggested not hesitating to have her hip replaced. He gave reasons for his suggested option, along with a plan B, based on her age, height and how active she wanted to be. She was given time to make her decision.

Sue said that not only did this approach make her feel confident in her choice and lift a burden from her shoulders, she was able to plan how to recover from the operation too, leaving her feeling 'on top of the world'.

*(Edited and shared with the permission of the Advancing Quality Alliance)*

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