The aim of this presentation is to introduce the concept of personalized care plans (PCPs) and the development of personalized care planning for patients with long-term rheumatological conditions within Portsmouth Hospitals NHS Trust Rheumatology Outpatient Department. In 2008 the Department of Health High Quality Care for All, NHS Next Stage Review Final Report stated that all patients with a long-term condition (LTC) should be offered a PCP over the next 2 years. Subsequent inclusion in the operating framework for the NHS in England 2009/10 confirmed that personalized care plans should be developed, agreed upon and regularly reviewed with a named lead professional for all 15 million people with an LTC. However, in 2013 a general practitioner survey found only 5.4% of patients acknowledged they owned a written care plan, leading the Department of Health to renew its commitment to PCPs. PCPs are a documented record of the agreed upon plan of care for a patient with an LTC. Using shared
decision-making, it is both person-centred and holistic, identifying an individual’s needs and preferences, including information to support self-care and documenting goals, actions and reviews and decisions regarding medications, treatments and services. Advantages of PCPs for the patient can include promotion of independence, empowerment to self-care and informed decision-making. Benefits for the NHS are greater efficiency, reduced costs, improved risk management and quality improvement in services. Within the Portsmouth Hospitals Rheumatology Outpatients Department, PCPs have been developed to assist patients in self-managing their LTCs. The process involved the close working partnerships of health care professionals, patients, caregivers and charities. This structured teamwork approach, coordinated by the rheumatology team, enabled the production of disease-specific PCPs for rheumatological LTCs. Initial evaluation results found the PCPs were used appropriately by the majority of patients and their caregivers, with issues highlighted regarding access to results and reluctance in participation from other health care providers. Adoption of the PCPs by national charities has ensured access to the wider community and increased awareness. Resources are required for the continued patient support and review/education needed for implementation to be successful in the long term. Fostering a shared decision-making approach and by adopting PCPs, health care professionals can improve outcomes for patients and drive quality improvements within the NHS.

Disclosure statement: The author has declared no conflicts of interest.