Boosting Efficiency: The Power of Personalised Care

Delivering Personalised Care means…

- Putting people at the **centre of their care**, so they have **choice and control** over the way their care is planned and delivered.
- Based on **'what matters'** to people.

Personalised care is broken down into 6 key components: [Comprehensive Model of PC- video](#) [Comprehensive Model of PC- Guide](#)

- **Choice -** ensuring people have choice over treatments and the services they can access.
- **Shared decision making -** ensuring equal partnerships and better conversations between people and those supporting them.
- **Supported Self-Management -** enabling access to health coaching, self-management education and peer support.
- **Social prescribing or making social connections -** connecting people to their communities and non-medical supports.
- **Personalised care and support planning –** facilitating conversations, to agree a holistic plan for individuals health and well-being needs, in the context of their life.
- **Personal health budgets -** giving people with the most complex needs direct control over the money spent on their care.

Getting personalised care right not only improves satisfaction and individual outcomes, it also enhances performance and facilitates efficiencies

This document demonstrates how personalised care approaches can enhance performance and service efficiencies with direct examples, It covers four key areas:

- How supporting choice can increase access and reduce DNAs.
- How shared decision making (SDM) can increase engagement and reduce repeated visits.
- How supported self-management can improve quality of life and reduce healthcare pressure.
- How personalised care and support planning can reduce admissions and pressure on emergent care.

How Supporting Choice Can Increase Access and Reduce DNA's

- Supporting patient choice in care settings, appointment times, and online options plays a crucial role in reducing DNA rates and improving access to healthcare. Tips for Reducing No Show Appointments

- Simple interventions like text reminders and online scheduling options can significantly reduce DNAs, as evidenced by a 35% reduction at the Royal Orthopaedic Hospital. Reducing DNA rates at the Royal Orthopaedic Hospital

- Providing local community-based clinics with extended hours for INR monitoring led to a dramatic decrease in DNAs from 12.6% to just 1.2% in Lincolnshire. North Lincolnshire reduce clinic DNAs with the help of GP Connect - NHS England Digital

- Addressing barriers such as unclear information, transport challenges, and limited appointment availability is essential to improving attendance rates. NHS England » NHS drive to reduce 'no shows' to help tackle long waits for care

- Reduced DNA rates enhance patient care, prevent unnecessary A&E visits, and improve resource allocation. NHS England » Reducing did not attends (DNAs) in outpatient services

By offering greater choice (through flexible appointment options, and improved communication), healthcare services can significantly reduce DNA rates. Which, leads to increased efficiency, improved patient experiences, and better health outcomes.

How Supporting Choice Can Increase Access and Reduce DNA's

	Overall Aim	Behaviours	Examples of how to put into practice
Individual staff members	Staff offer choice	Staff listen to and understand the barriers people face.	Ask open questions to understand more about needs, and how you can meet them. E.g. "How do you feel about getting to that clinic/appointment?"
		Staff work flexibly to find a solution to increase access and attendance.	Offer virtual appointments at accessible times, to help fit around someone's working or caring responsibilities.
			If a face to face appointment is preferred, it might need to be at a time that reflects local bus times. Or on a date that fits with benefit/salary payments.
Operational and service leads	Services offer choice	Service leads understand the needs of the population they serve and work collaboratively to deliver their service flexibly.	Establishing a clinic in a local community group (like a farmers' market or mosque) could lead to more appropriate service take up and fewer DNAs.
System Leaders	System leaders are committed to enabling choice	Partnership meetings, service reviews or service/pathway commissioning decisions that consider patient choice as central.	System leaders champion cross organisational working to offer a range of emergent and emergency care in a range of locations.
			System leaders check and challenge service provider about the choices the patients are given as part of their care pathway.

How Shared Decision Making (SDM) Can Increase Engagement and Reduce Repeated Visits

- Shared decision-making (SDM) improves patients' knowledge, risk perception, confidence around medical decisions. [Shared Responsibility For Health | The King's Fund](#) [SDM guide](#)

- SDM supports patients to understand their care options and make informed decisions and encourages people to participate in their own care. [Making SDM a Reality](#)

- Patients engaged in SDM are more likely to follow treatment plans, adopt healthier behaviours, and use healthcare services more appropriately. [SDM in EastMids](#)

- SDM reduces unwarranted variation in care, ensuring patients receive the most suitable treatment, which can save healthcare costs.

- Well-informed patients are less likely to re-enter the healthcare system due to unsuitable treatments and report higher satisfaction. [Supporting people to manage their health: An introduction to patient activation](#)

By fostering collaboration between patients and professionals shared decision-making enhances engagement, reduces avoidable healthcare use, and promotes a more efficient, patient-centred system.

How Shared Decision Making (SDM) Can Increase Engagement and Reduce Repeated Visits

	Overall Aim	Behaviours	Examples of how to put into practice
Individual staff members	Staff share information about treatment options, risks and benefits in a health literate way.	Staff support people to get the most out of their health or care interaction. Using ready to access, patient decision aids can support people to make informed decisions with their healthcare professional.	Providing patients with the SDM framework in advance of a GP appointment supports people to understand the diagnosis they have, and options they face, (including doing nothing) alongside the risks, benefits and consequences of those options. BRAN Ask 3 Questions
			Specific Decision Support Tools can support the people to manage their health such as: cardiovascular or orthopaedic conditions, and Type 1 diabetes. NHS England » Decision support tools
			Staff use health literate techniques including chunk and check, and teach back, to ensure understanding.
Operational and service leads	Service leads ensure that shared decision making approaches are supported as part of routine service delivery	Service leads ensure that staff have the skills to facilitate SDM	Staff are supported to access Quality Conversations training and Verbal Health Literacy training
		Service leads ensure staff have access to a range of appropriate resources.	Documentation systems encourage staff to record use of SDM approaches and enable easy audit.
System Leaders	Shared decision making is embedded across organisations	System leaders instil a culture of involving people who use services across system and service pathways.	Shared decision making is an active part of improvement plans and transformation work.

How Supported Self-Management Can Improve Quality of Life and Reduce Healthcare Pressure

- Supported self-management (SSM) equips individuals with the knowledge, skills, and confidence to manage their conditions effectively. [Personalised care and support planning: a brief summary guide](#)

- There is compelling evidence that patients who are active participants in managing their health and health care have better outcomes than patients who are passive recipients of care. [Making shared decision-making a reality, The King's Fund publication, July 2011](#)

- Patients who self-manage, experience fewer emergency admissions and improved clinical outcomes. [NICE: involving patients in decisions about prescribed medicines](#)

- A proactive approach to self-management optimises resource use, improves patient satisfaction, and reduces unnecessary hospital admissions. [High-frequency users 2022](#)

- Personalised care and support planning (PCSP) tailors' healthcare strategies to individual needs, reducing demand on urgent care.

Supported self-management, and personalised care planning collectively empower patients and alleviate pressure on frontline services. This improves patient satisfaction, optimises resource use, and creates a more resilient healthcare system.

How Supported Self-Management Can Improve Quality of Life and Reduce Healthcare Pressure

	Overall Aim	Behaviours	Examples of how to put into practice
Individual staff members	Staff develop people's self-management skills and connect them to peer support.	Staff use Quality Conversation approaches and health literacy techniques to build self-management skills.	Services supporting people after discharge from hospital, focus on building skills to become independent and manage tasks without support.
			Diabetes education groups offer opportunities to build knowledge, skills and connect with and learn from other people who have similar conditions.
Operational and service leads	Service leads ensure that supporting self-management skills is part of routine service delivery.	Service leads ensure that staff have the skills to facilitate self-management.	Staff are supported to attend Quality Conversations and Verbal Health Literacy training.
		Service leads ensure that self-management resources are used as part of routine service delivery.	Resources appropriate to the service are available in a range of formats and easily accessible for staff to use.
System Leaders	Self- management is embedded across organisations.	System leaders champion self-management approaches.	System leaders ensure they have assurance that shared decision making is an active part of improvement plans and transformation work.

How Personalised Care and Support Planning can Reduce Admissions and Pressure on Emergent Care.

- Personalised care and support planning (PCSP) facilitates meaningful conversations about health, priorities, and support needs, leading to improving outcomes and reducing reliance on emergency services.

- PCSP supports patients to manage their health conditions, and so significantly lowers preventable hospital admissions.

- Providing community-based support, alleviates seasonal healthcare pressures, particularly during winter. [High-frequency users 2022](#)

- PCSP ensures timely interventions that enhance patient well-being and reduce strain on health and care. [NHS England » Proactive care: living with moderate or severe frailty](#)

Recognised by NHS England as a key strategy for supporting high-frequency healthcare users, PCSP reduces strain on emergency care while improving patient outcomes. This proactive approach enhances care quality, reduces hospital admissions, and strengthens healthcare sustainability.

How Personalised Care and Support Planning can Reduce Admissions and Pressure on Emergent Care

	Overall Aim	Behaviours	Examples of how to put into practice
Individual staff members	Staff develop personalised care and support plans (PCSP) with individuals.	Staff develop PCSP's, which include self-management and crisis management strategies, together with individuals.	Staff take a strength based approach "What is most important to you to manage your health and wellbeing?"
			Explore past experiences and what works well or could be improved. "How do you manage your condition/well-being when you are feeling well, and when you are feeling OK, what do you do when you are feeling unwell?"
		The PCSP's are shared appropriately and reviewed regularly.	Plans can be reviewed by different people at different times that are relevant and applicable to the persons health and well-being.
Operational and service leads	Service leads ensure that personalised care and support plans are offered as part of service delivery.	Service leads ensure that staff have the time to develop and document a personal care and support plan.	Personalised care and support planning templates can facilitate self-management, such as 'crisis management plans' for people living with COPD.
		Service leads establish processes to share PCSP's with relevant partners.	Community nursing and therapy teams share (with permission) PCSP's with social care teams for relevant patients.
System Leaders	The use of personalised care and support plans are embedded across organisations.	System leaders champion personalised care and support planning approaches.	System leaders ensure they have assurance that personalised care and support planning is an active part of improvement plans and transformation work.