

Person-centred Outcomes

The 'I' statements below are examples of person-centred outcomes. They are not an exhaustive list, however they are valuable as a start point in guiding new thinking about integrated service design.

The design of new integrated caring services does not start with the skills/competences which are available, it starts with the outcomes that are important to people, which is why they are at the core of the framework.

Overview

- I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.

<p><u>My goals/outcomes</u></p> <ul style="list-style-type: none"> ➤ All my needs as a person are assessed. ➤ My carer/family have their needs recognised and are given support to care for me. ➤ I am supported to understand my choices and to set and achieve my goals. ➤ Taken together, my care and support help me live the life I want to the best of my ability. 	<p><u>Communication</u></p> <ul style="list-style-type: none"> ➤ I tell my story once. ➤ I am listened to about what works for me, in my life. ➤ I am always kept informed about what the next steps will be. ➤ The professionals involved with my care talk to each other. We all work as a team. ➤ I always know who is coordinating my care. ➤ I have one first point of contact. They understand both me and my condition(s). I can go to them with questions at any time.
<p><u>Care planning</u></p> <ul style="list-style-type: none"> ➤ I work with my team to agree a care and support plan. ➤ I know what is in my care and support plan. I know what to do if things change or go wrong. ➤ I have as much control of planning my care and support as I want. ➤ I can decide the kind of support I need and how to receive it. ➤ My care plan is clearly entered on my record. ➤ I have regular reviews of my care and treatment, and of my care and support plan. ➤ I have regular, comprehensive reviews of my medicines. ➤ When something is planned, it happens. ➤ I can plan ahead and stay in control in emergencies. ➤ I have systems in place to get help at an early stage to avoid a crisis. 	<p><u>Information</u></p> <ul style="list-style-type: none"> ➤ I have the information, and support to use it, that I need to make decisions and choices about my care and support. ➤ I have information, and support to use it, that helps me manage my condition(s). ➤ I can see my health and care records at any time. I can decide who to share them with. I can correct any mistakes in the information. ➤ Information is given to me at the right times. It is appropriate to my condition and circumstances. It is provided in a way that I can understand. ➤ I am told about the other services that are available to someone in my circumstances, including support organisations. ➤ I am not left alone to make sense of information. I can meet/phone/email a professional when I need to ask more questions or discuss the options.
<p><u>Decision making including budgets</u></p> <ul style="list-style-type: none"> ➤ I am as involved in discussions and decisions about my care, support and treatment as I want to be. ➤ My family or carer is also involved in these decisions as much as I want them to be. ➤ I have help to make informed choices if I need and want it. ➤ I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS). ➤ I am able to get skilled advice to understand costs and make the best use of my budget. ➤ I can get access to the money quickly without over-complicated procedures. 	<p><u>Transitions</u></p> <ul style="list-style-type: none"> ➤ When I use a new service, my care plan is known in advance and respected. ➤ When I move between services or settings, there is a plan in place for what happens next. ➤ I know in advance where I am going, what I will be provided with, and who will be my main point of professional contact. ➤ I am given information about any medicines I take with me – their purpose, how to take them, potential side effects. ➤ If I still need contact with previous services/professionals, this is made possible. ➤ If I move across geographical boundaries I do not lose me entitlements to care and support.

Source :

'A narrative for person-centred care' National Voices www.nationalvoices.org.uk , www.thinklocalactpersonal.org.uk

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Part of 'Making it real' – referenced in 'Integrated Care & Support: Our Shared Commitment' NCICS May 2013