



**THE FUTURE OF  
PERSONALISED CARE  
CONFERENCE**

**2025**

MEASURING SUCCESS

 TUESDAY 25TH FEBRUARY 2025

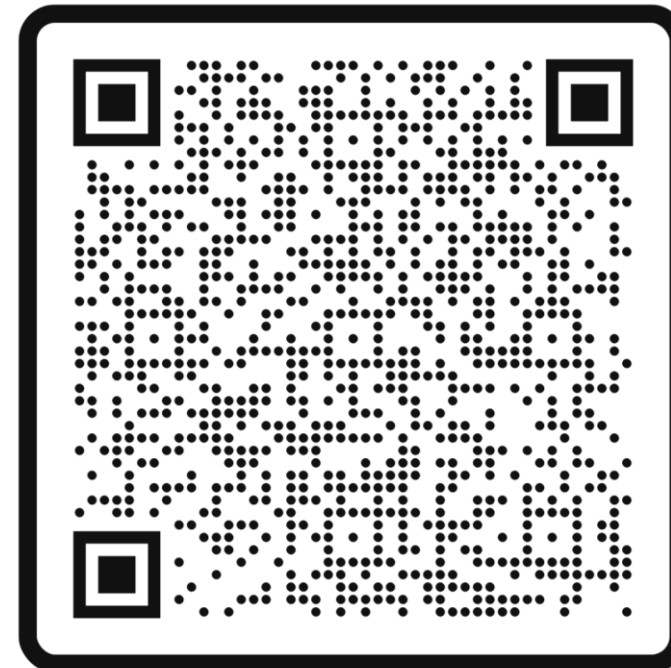
 9:00AM - 5:00PM

 LONDON



Personalised  
Care Institute

Welcome to The Future of Personalised  
Care Conference!



25th February 2025  
15Hatfields Conference Centre,  
London SE1 8DJ



Personalised  
Care Institute

A promotional poster for the 'The Future of Personalised Care Conference 2025'. The poster features a photograph of a young woman in a blue uniform smiling at an elderly woman with glasses. The text on the poster includes the title 'THE FUTURE OF PERSONALISED CARE CONFERENCE', the year '2025', the theme 'MEASURING SUCCESS', the date 'TUESDAY 25TH FEBRUARY 2025', the time '9:00AM - 5:00PM', and the location 'LONDON'. The Personalised Care Institute logo is at the bottom.

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## Introduction to the day



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**Dr Emma Hyde**  
Clinical Director  
Personalised Care Institute



**Dr Jenni Naisby**  
Clinical Support Fellow  
Personalised Care Institute



## Personalised care - Past, Present & Future



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**Alf Collins**  
Freelance Health Consultant



# Personalised care past, present and future

Professor Alf Collins MB ChB, FRCA FRCP FRCGP (Hons)

Clinical Associate, TPCHealth

Visiting Professor of Personalised Care, University of Coventry

Trustee Patients Association and Picker Europe 2023-26

Clinical Director for Personalised Care, NHSE 2016-23

Healthcare is designed for populations  
but delivered to individuals....

...and our approach to healthcare is primarily disease/condition centric, not primarily person-centric



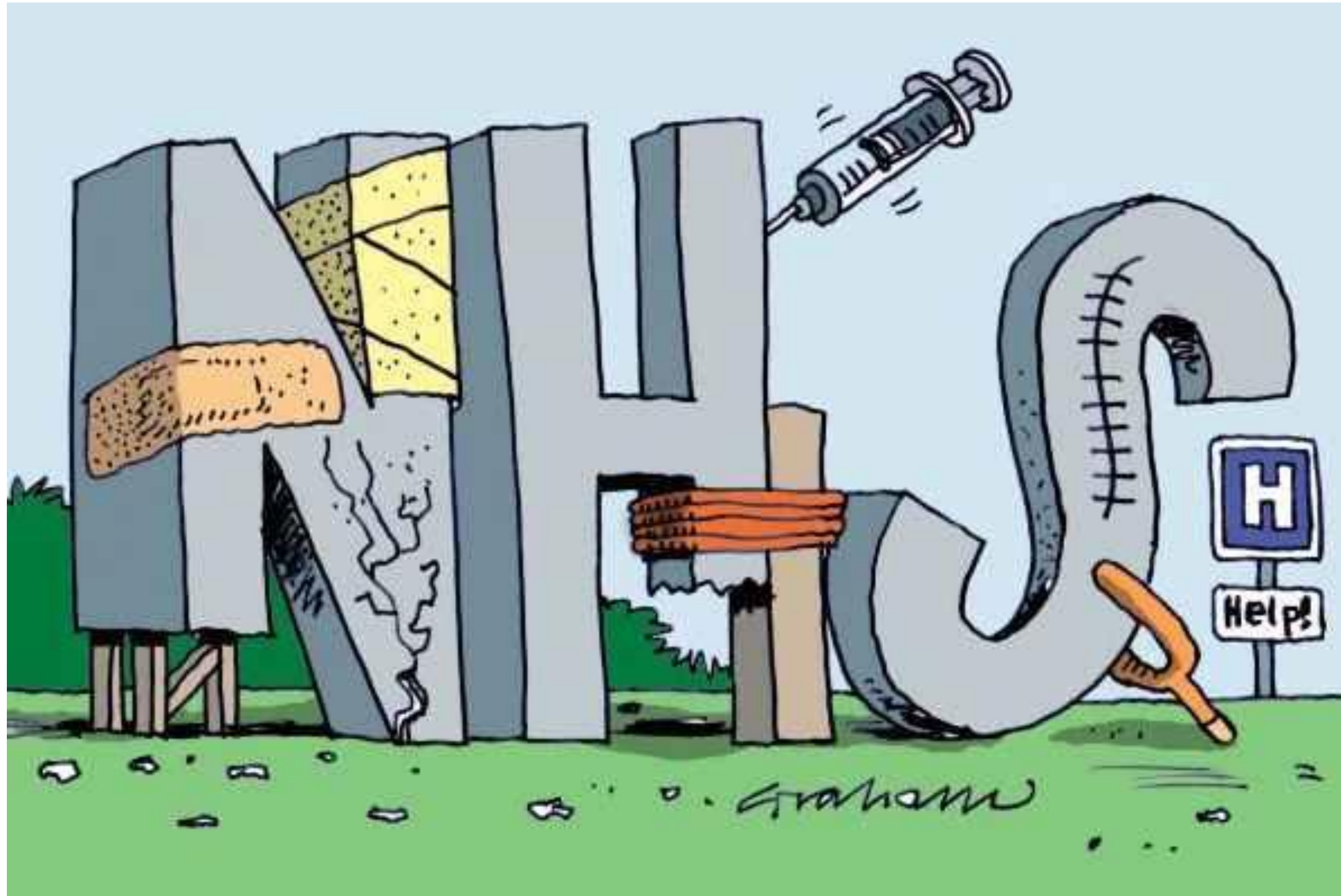
And these inescapable facts lead to  
predictable consequences....





Treatment Burden. See work of, for instance Mair F, May C, Montori V





# Medicalised or personalised?

**Follow the guidelines/  
Implement QOF**



**Pay attention to 'what matters'  
to individual patients**

*Over-ruling uncertainty re: preventative medications.*  
Cupit C. et al, (2020), *Sociology of Health and Illness*, 42, 114 - 129

# And this...

*Patients present themselves, often passively, to the practitioner for scrutiny, but leave the consultation with unmet biomedical, informational and emotional needs.*

*Patients perceived review consultations as insignificant and irrelevant to the daily management of their LTC and future healthcare needs.*

*Review consultations shape patients' expectations of future care and socialize patients into becoming passive subjects of 'surveillance'.*

How QOF is shaping primary care consultations.  
Chew-Graham et al. (2013). BMC Family Practice  
<https://doi.org/10.1186/1471-2296-14-103>



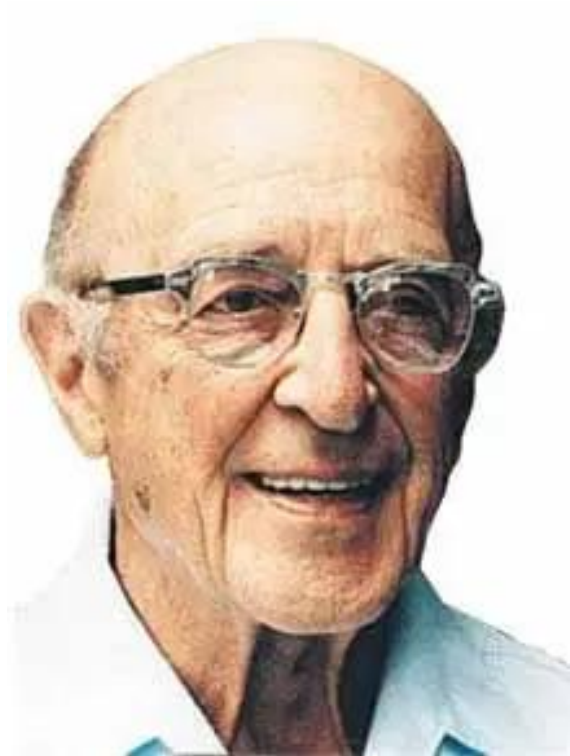
*'We forgot about the patients.....'*

*'The young physician starts life with twenty drugs for each disease, and the old physician ends life with one drug for twenty diseases'*



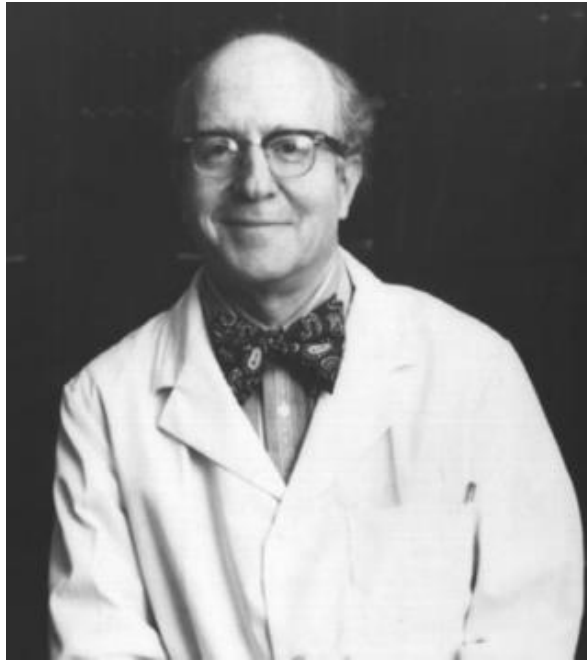
**William Osler 1849-1918**

*'To lay aside your own views and values in order to enter another's world without prejudice'*



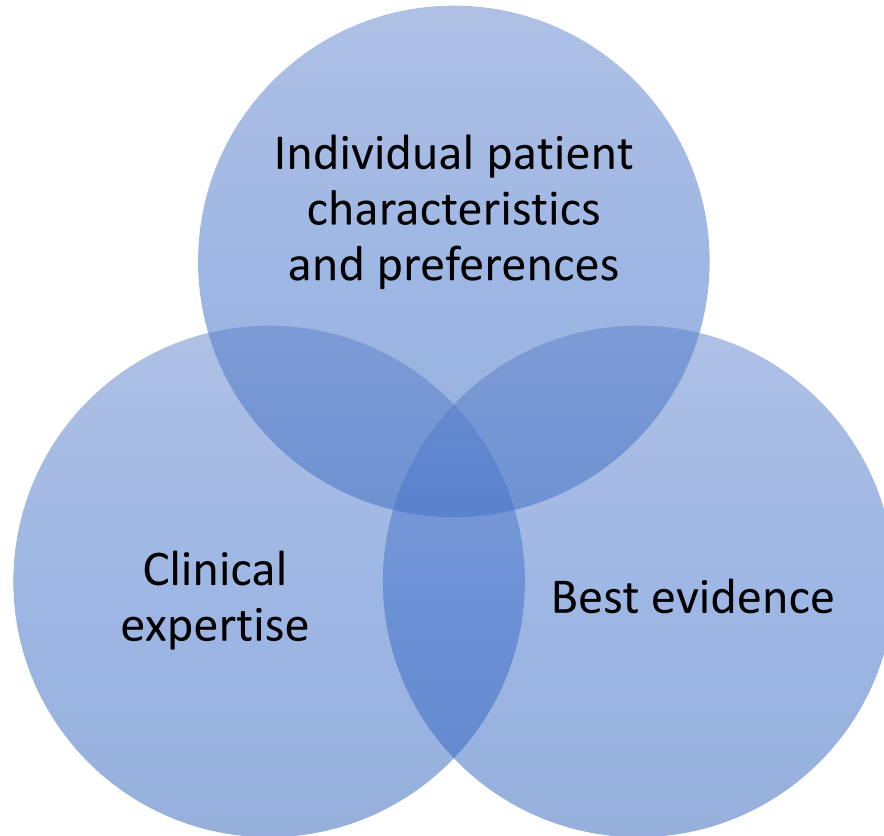
**Carl Rogers 1849-1918**

The need for a new medical model: a challenge for  
biomedicine. *Science*.1977.196(3):129-136.



**George Engel 1913-1999**

# Evidence based medicine, SDM and high value care.



Evidence based medicine. What is it, and what isn't it?  
Sackett D et al. BMJ 1996 Jan 13; 312(7023): 71-72

The methodical application of population based evidence to individual clinical characteristics and personal preferences



Improved decision quality



high value care and reduced unwarranted variation



*Through the Patient's Eyes 1998*  
*Crossing the Quality Chasm 2001*  
*Picker principles (revised) 2020*



Fast access to reliable health advice



Effective treatment delivered by trusted professionals



Continuity of care and smooth transitions



Involvement and support for family and carers



Clear information, communication, and support for self-care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect



Attention to physical and environmental needs

# Securing Good Health for the Whole Population

Final Report

**Derek Wanless**

February 2004



The 'Wagner Model'

# National Voices 'I statements' 2013





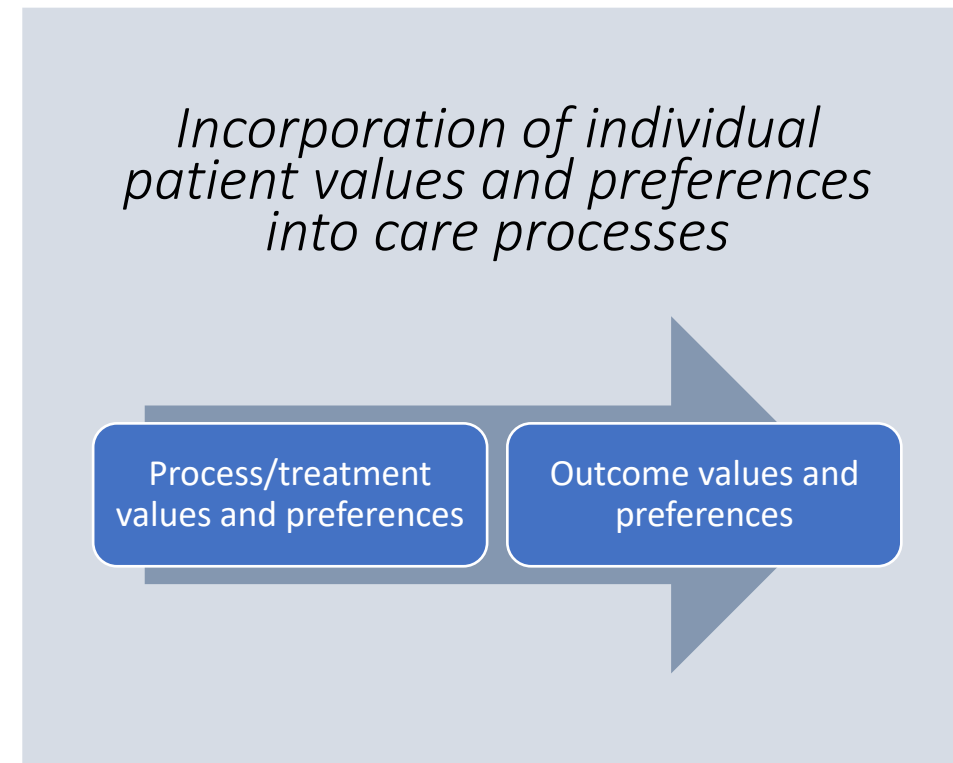
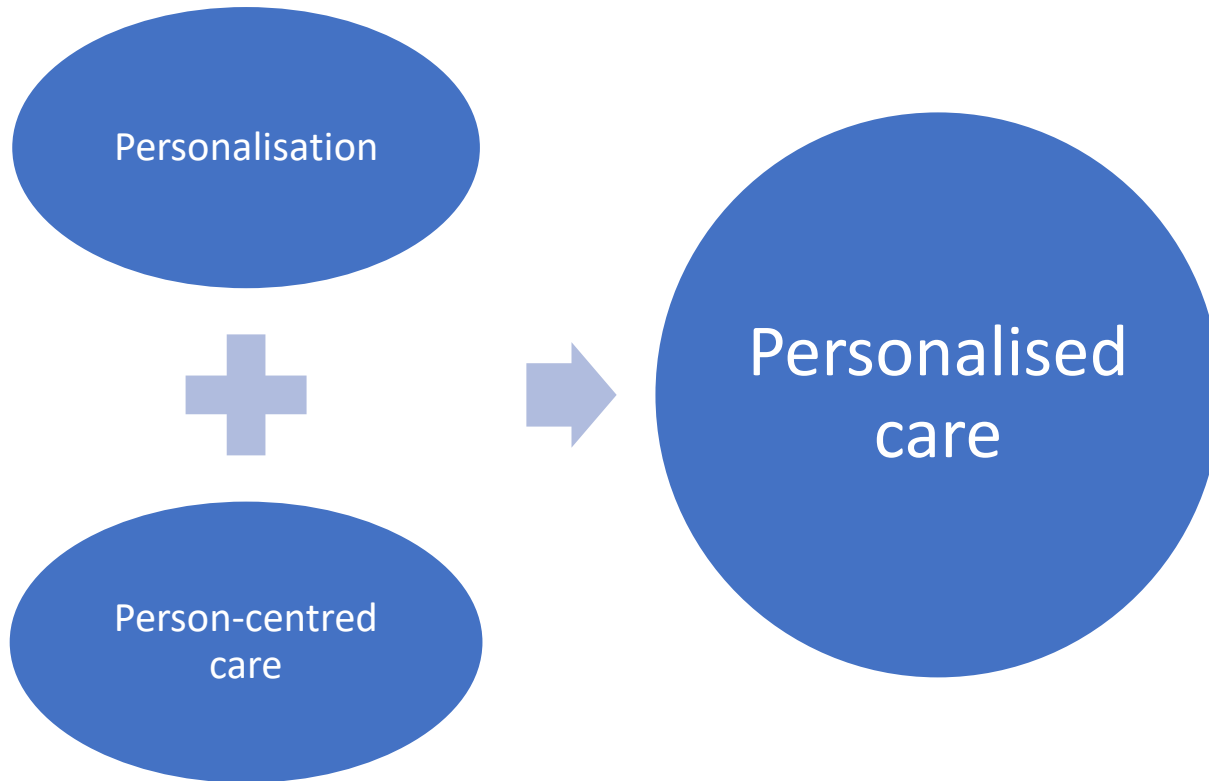
Barry MJ, Edgman-Levitan S. Shared decision making--  
pinnacle of patient-centered care. N Engl J Med.  
2012;366(9):780-1.



# Personalised care. NHSE 2019

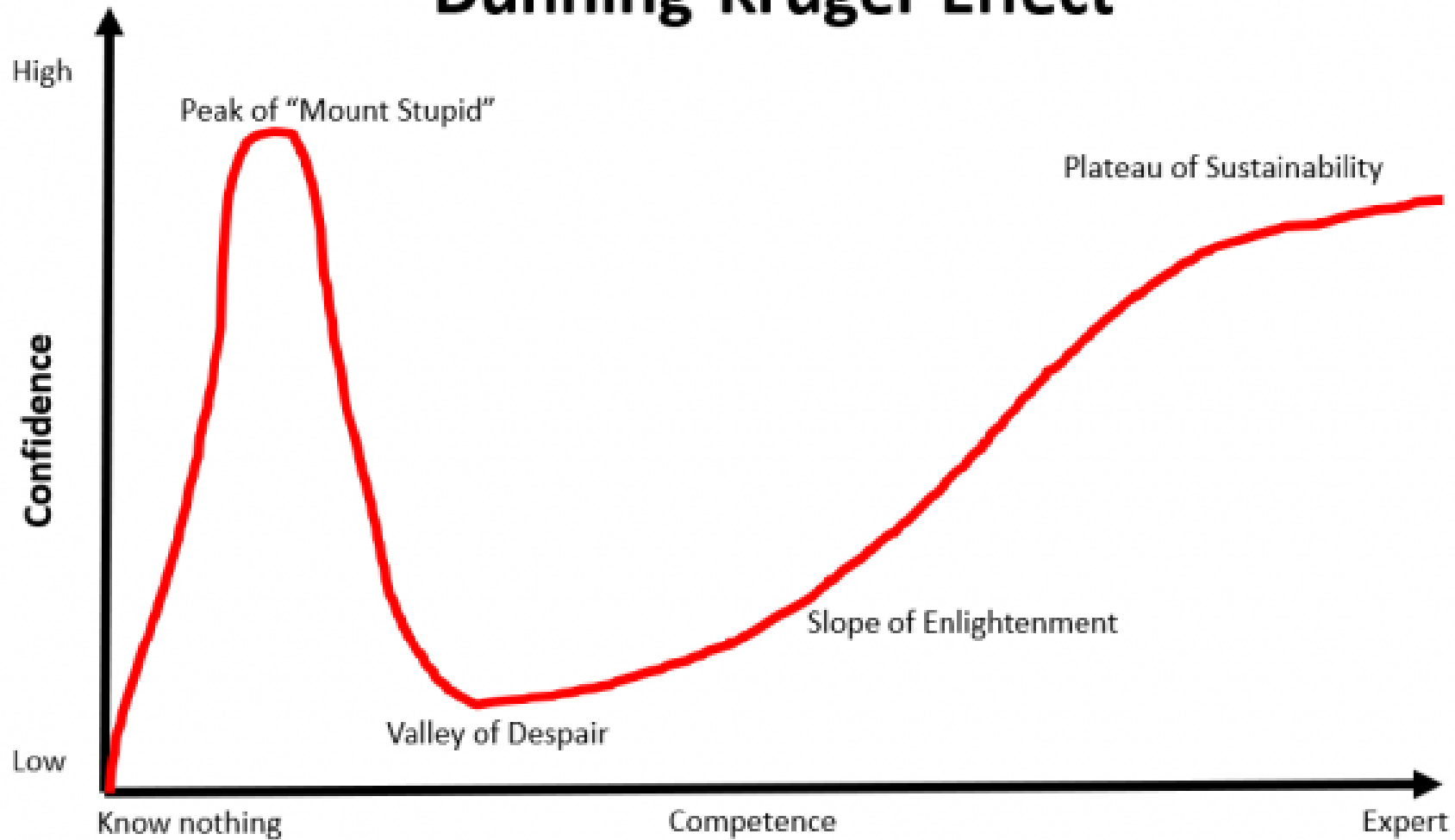


# What is personalised care?



# The big challenge

## Dunning-Kruger Effect



The future

Technology-enhanced relational care?

# Decision support



Map in our head



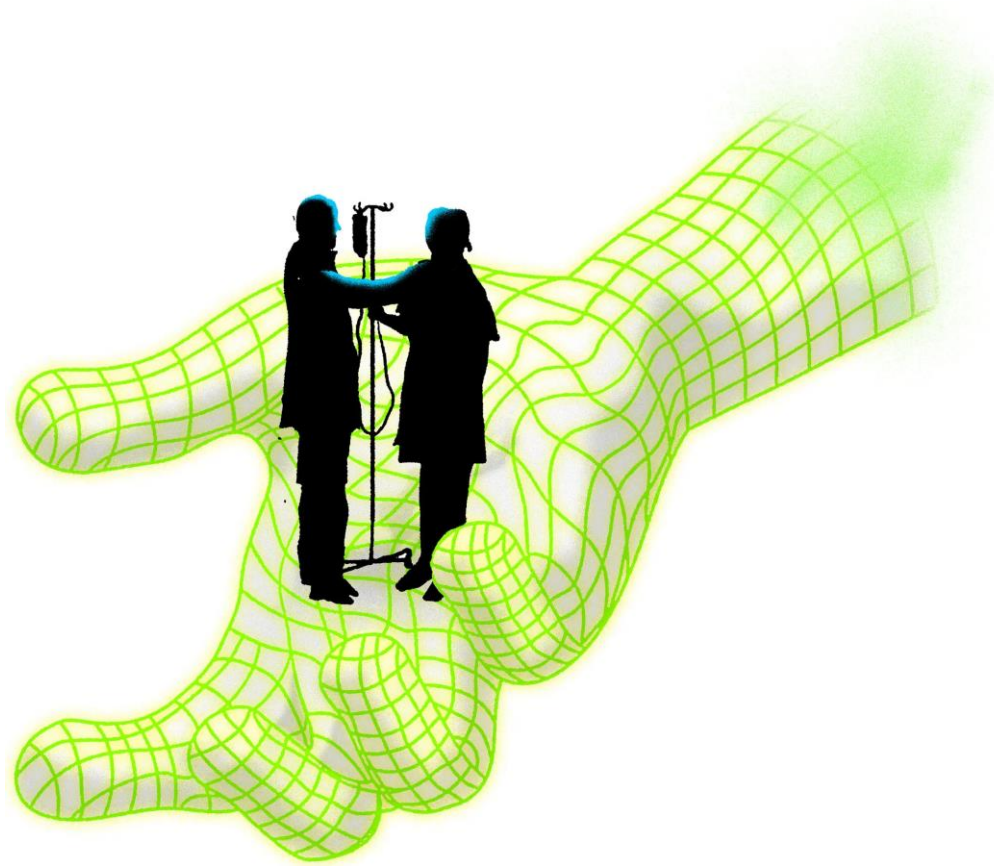
Map on our lap



Satnav



*'When Doctors Use a Chatbot to Improve Their Bedside Manner'*



**The New York Times**

A patient revolution for  
careful and kind care

Why We  
**Revolt**

Victor Montori

Personalised care. Theoretically principled,  
evidence based and *the* delivery mechanism for  
high quality healthcare

*It's just good care.....*



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## Providing personalised care for people with multiple long-term conditions



**Associate Professor Rachel Johnson**  
Associate Professor of Primary Care  
University of Bristol





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## The Future of Personalised Care Conference: Measuring Success



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**Leigh Greenwood**  
Managing Director,  
Evergreen PR





**THIS!**

**IS MY CARE PLAN**

**Making  
personalised  
care a priority:**  
*a campaign for change*



Personalised  
Care Institute

**EVERGREENPR**

# About me



## **Leigh Greenwood Chart.PR Managing Director of Evergreen PR**

- 20 years in healthcare PR and communications
- CIPR Chartered and former PRCA Professional of the Year
- Developed the MERTO Map Framework to help organisations identify the 'most effective route to outcomes'
- 40 industry awards for campaigns that achieve measurable impact



EVERGREENPR

# Making Health Happen



# Breakthrough health campaigns that deliver outcomes

We aim to be the very best PR agency in the UK when it comes delivering breakthrough health campaigns and communications that achieve outcomes by:

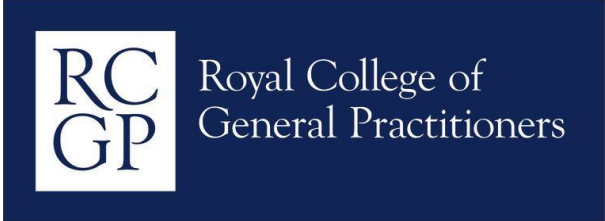
Ignite  
momentum

Build authority

Drive priority  
audiences to  
act



# By achieving outcomes for these we improve health







Personalised  
Care Institute



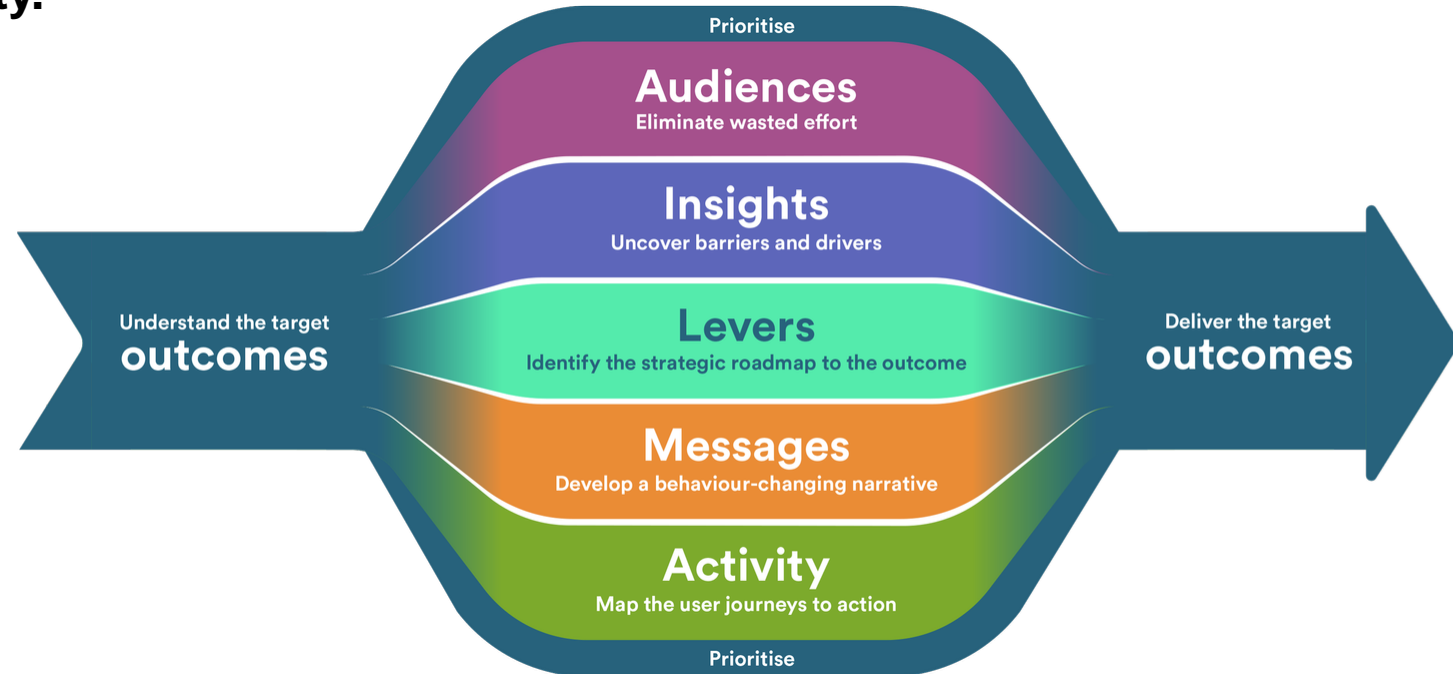
# Evergreen's 'MERTO MAP' Framework

Six Step planning process to identify the **'Most Effective Route To Outcomes'** with certainty.

Focus on:

- Priority audiences
- Behavioural barriers and drivers
- Integrated strategy, messages and activity

This is what we used to plan the PCI campaign I will talk through today.



**Target outcomes**

# The target outcomes

Purpose outcome

Give people more choice and control over their health by ensuring personalised care is embedded at-scale

Business outcome

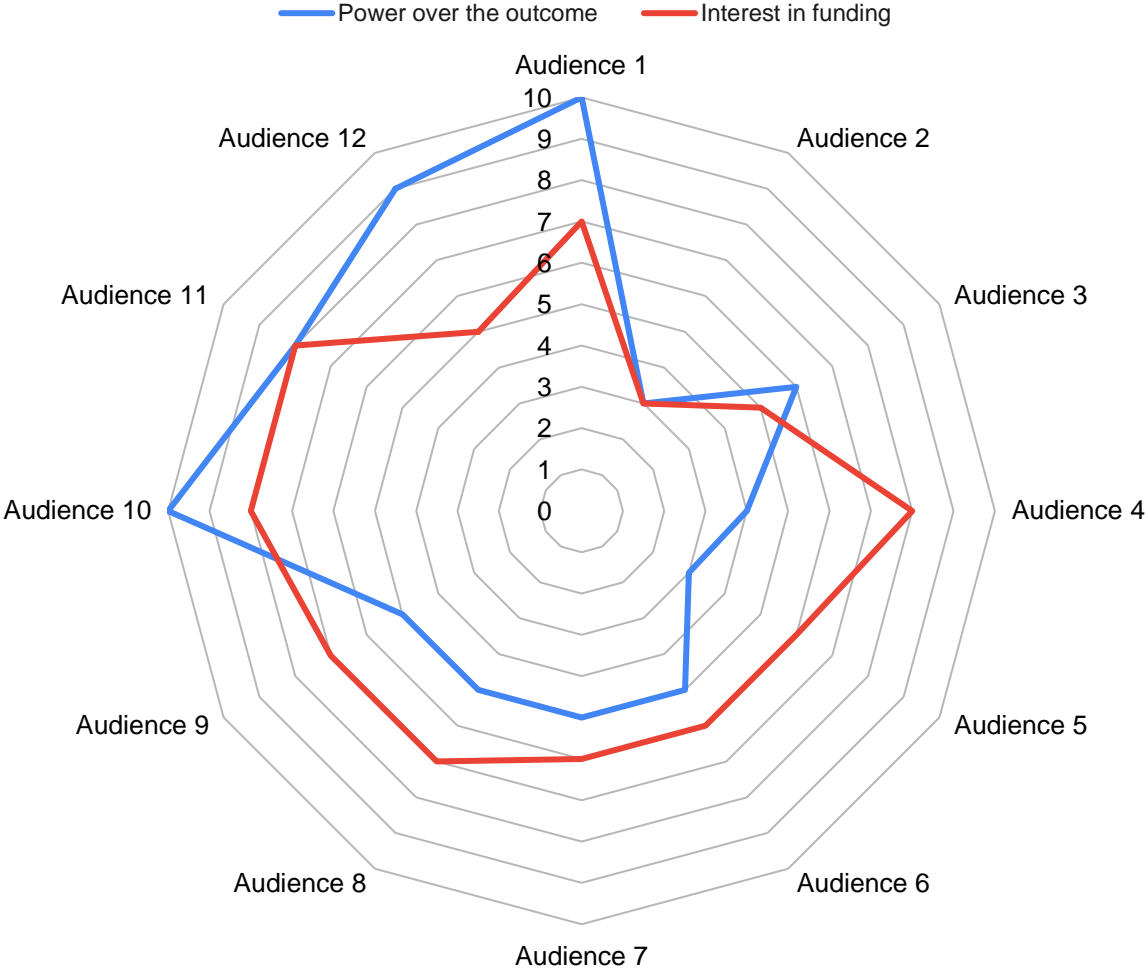
Ensure the PCI is sustainable as an organisation by generating revenue

# Audiences

# Audience Power Interest Analysis

## Audiences included:

- NHS England
- NHS ICBs, Training Hubs, Trusts
- The Government
- PCI learners
- PCI ambassadors
- PCI Stakeholder organisations
- Healthcare media
- Mainstream media



# Priority audiences identified

## Targets

ICB education leads

The Government

## Enablers

Influential health organisations

Media

## Effort

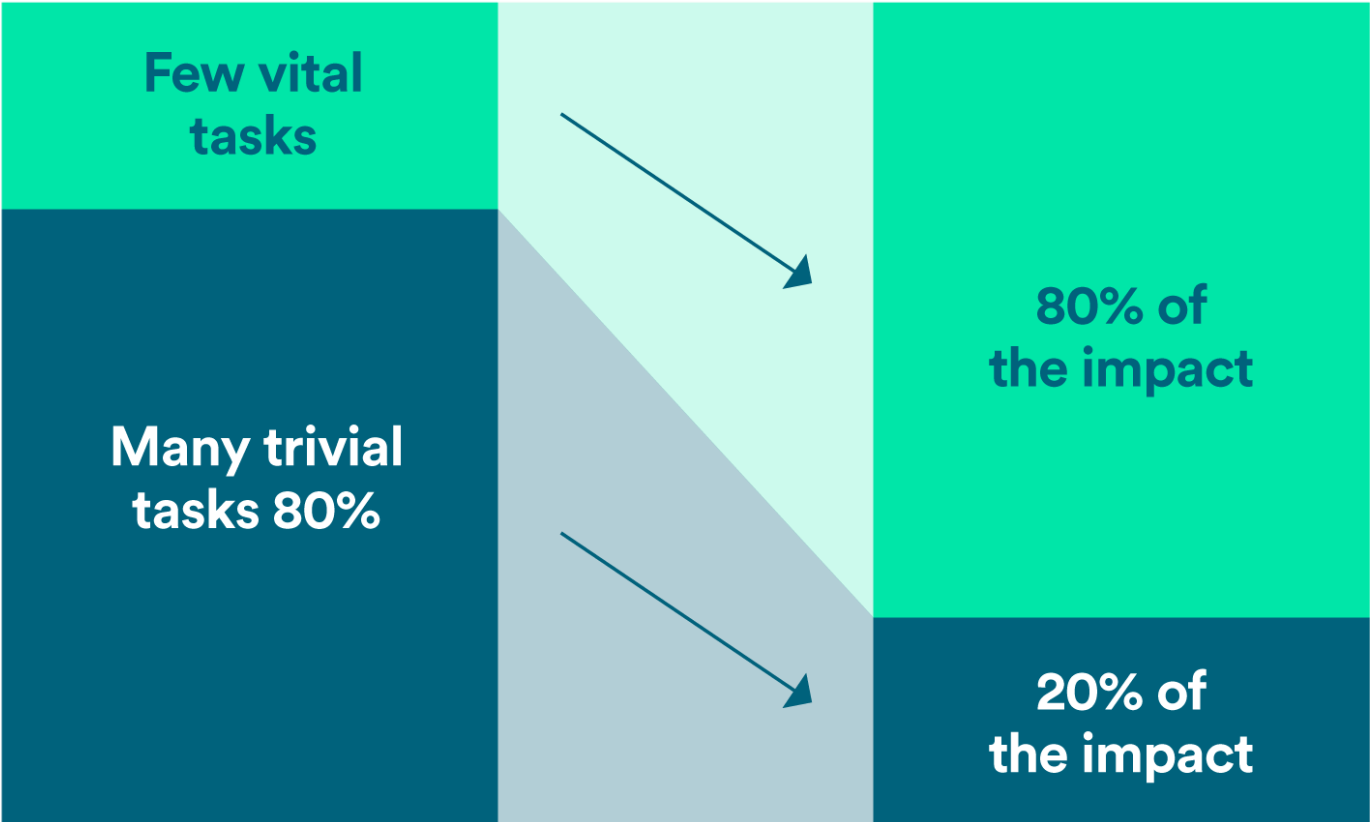
Few vital tasks

Many trivial tasks 80%

## Results

80% of the impact

20% of the impact



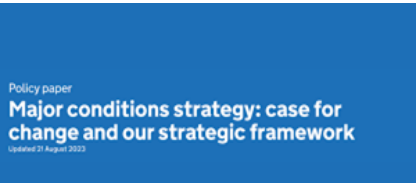
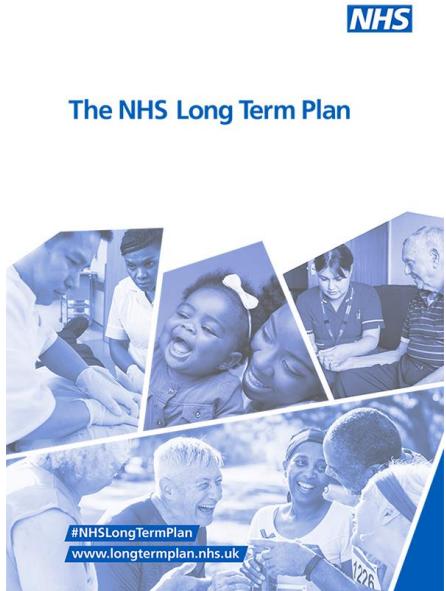


**Insights**

# Detailed research conducted

Desk

Interviews



P	Political	How government actions and policies influence the market and your organisation. (i.e. Election results, legislation changes, trade agreements).
E	Economic	Broader economy's health and its impact on your organisation. This includes inflation rates, economic growth, exchange rates.
S	Social	Cultural and demographic aspects of the external environment. This looks at population growth, age distribution, cultural trends, and lifestyle changes.
T	Technological	Incorporates innovation and technological changes that could affect your market position or operations. (i.e. Advancements in digital technology).
L	Legal	Involves the regulatory environment in which you operate. Compliance with laws and regulations at local, national, and international levels.
E	Environmental	Ecological and environmental aspects that could impact your operations or market. This includes climate change and sustainable practices.

# Potential audience barriers were identified



## ICB decision-makers

- Other priorities e.g. waiting lists, retaining workforce
- Limited funds
- Awaiting direction from 10 Year Plan

## The Government

- Waiting lists the main priority
- May see personalised care as a 'nice to have'

# Priority insights emerged

The NHS is overwhelmed with challenges that may be distracting attention away from personalised care:

- Waiting lists
- Costs
- Health outcomes
- Patient satisfaction
- H&CP satisfaction

Evidence suggests that if personalised care were embedded it could help with many of the challenges.

However, the connection wasn't being made - and it appeared that it was being deprioritised.

There was already a motivated group of individuals and organisations that recognise the power of personalised care – if we could bring them all together around a singular message, we could have greater impact.

Evidence would be crucial, and we would have the most impact if we could combine data and real people's stories to appeal to both the rational and emotional sides of the brain.

We would need to make personalised care 'real'.

# Strategic Levers

# Breakthrough campaign to make Personalised Care real – not theoretical



‘Personalised care to the rescue’

Polling the public + H&CPs for their experiences

Showing its absence – and how it impacts on people

Real patient & H&CP stories

Real ICB successes

Practical policy calls to feed into the 10 Year Plan

# Messages



# A positive and inspiring visual identity



**THIS!**

**IS MY CARE PLAN**

**Better outcomes occur when care is centred on the person, not the condition.**

Empowering people to take control of their health and care changes lives and reduces service pressures.

It's time to make this a reality for all.  
Invest in personalised care training at-scale.



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# Messages would need new evidence – surveys provided it

## General public

- 64% people with LTCs have been given advice that they wouldn't follow due to individual circumstances, preferences or capabilities not being considered
- 45% said their condition worsened as a result
- 40% had an additional GP visit as a result

## Health and care professionals

- 54% felt personalised care was practised in their organisation
- 25% said there had been a reduction in personalised care training
- 18% said it had been deprioritised by their organisation in the last 12 months
- 29% say they feel that personalised care is seen as a 'checkbox exercise' in their organisation

# Narrative to make Personalised Care real – not theoretical

## The problem

2 in 3 patients with LTCs are given advice that they can't or won't follow, due to a lack of personalised care. This is leading to poor adherence, worsening conditions and extra appointments.

## The solution

The de-prioritisation of personalised care can't continue – it must be at the centre of the NHS 10 Year Plan and ICBs must be supported to invest in it at-scale to tackle challenges with waiting lists, costs, outcomes and satisfaction.

## The evidence

The findings are based on a survey of 2,000 people and 500 H&CPs. The report is backed by subject leaders and key organisations.

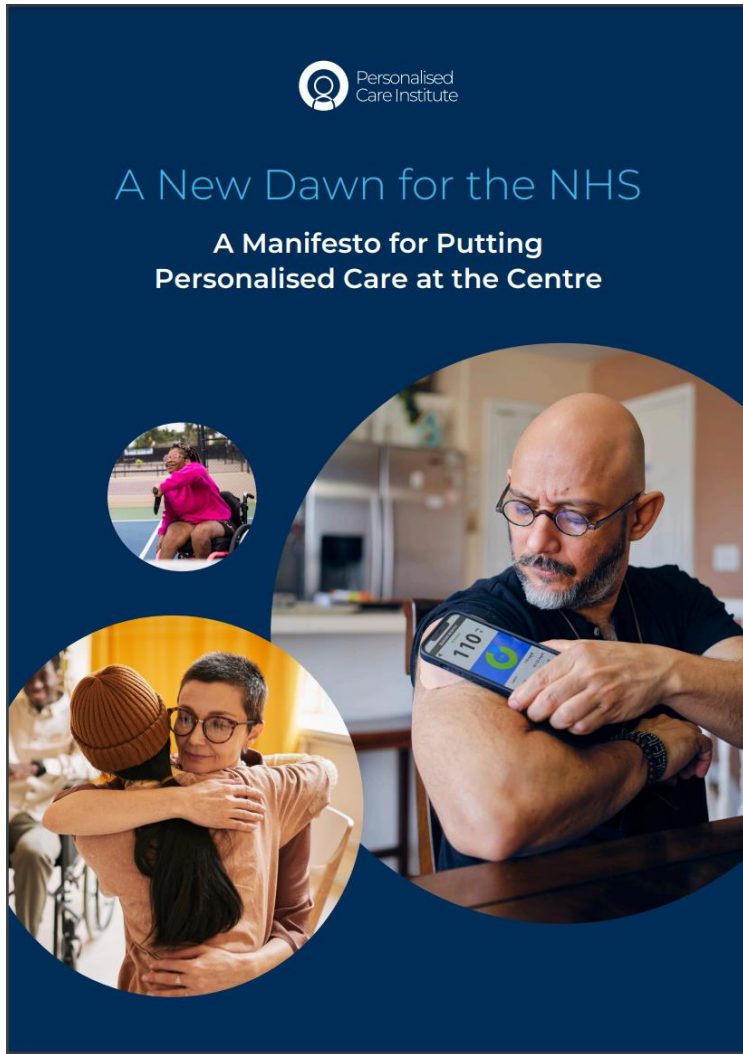
## The action

The Government and NHS must prioritise personalised care in the 10YP and invest in education. ICBs can learn how to embed personalised care at-scale in our webinar.

# Activities



# A 30-page research and policy report



At a time when personalised care can play a pivotal role in helping the NHS to tackle many of the biggest challenges it faces, there are signs that it is being deprioritised

“The best change empowers patients to take as much control of their care as possible”  
Lord Darzi



1. The upcoming NHS 10-year plan should outline a clear strategy for how it will embed personalised care across the health and care system.
2. Ring fenced central funding should be provided to NHS Integrated Care Boards, NHS Trusts and NHS Primary Care Training Hubs to support 'at-scale' training and professional development opportunities across teams, departments and organisations.
3. Personalised care principles should be integrated into all medical and healthcare professional curriculums, so that it is truly business as usual for all future health and care workers.

The difference personalised care makes  
**Noah, Luke and Katie**  
When Luke and Katie, from Leeds, noticed that their baby, Noah, was growing more and more sick, they spent weeks going back and forth with healthcare professionals trying to get him help. Not taking a holistic view of Noah's symptoms and not listening to the concerns of the worried parents who were watching their child deteriorate over a period of several weeks at home, despite concerns being raised at lots of appointments with numerous healthcare professionals, left these new parents on the brink of despair. When they finally were offered a urine test, which led to a diagnosis, everything changed. This is their story.



**Vera Foreman**  
Vera Foreman, 67, from Thorington, East Suffolk, was diagnosed with breast cancer in 2020, followed by bowel and ovarian cancer. Here, she shares how personalised care, provided by the Cancer Care Navigator team at NHS East Suffolk and North Essex NHS Foundation Trust, helped her cope with cancer.



"I was first diagnosed with breast cancer in 2020, which was initially treated with a new pilot drug. However, the cancer returned, this time in my bowel, and then again in my ovaries. These subsequent diagnoses really hit me, and I realised I needed more support than I was currently receiving.

"When you're living with cancer, it's not just a physical condition that you have to deal with, but something that affects every part of your life. And it impacts each person differently. The Cancer Care Navigator team understood this, and visiting them was the best thing I ever did.

They offered me tailored support that addressed my individual needs.

# Targeted media packages

## Half of patients get unsuitable advice, causing millions of avoidable appointments costing £600m

- 45% of patients have received unsuitable healthcare advice in last 2 years as personal circumstances and preferences not discussed
- Estimated 7 million GP and A&E visits could have been avoided, saving £600m, if NHS model of personalised care were fully embedded
- Personalised care runs through all major Government and NHS strategies and its core component is a legal standard
- However, report by the Personalised Care Institute, backed by the Patients Association, warns of NHS de-prioritisation and calls for urgent action

A new report has called for urgent steps to be taken after new data revealed that failures within the health system to consistently provide personalised care have resulted in millions of avoidable GP and A&E visits, at an estimated cost of £600m\*, as patients receive 'unsuitable' advice.

Based on research of 2,000 people and 500 health and care professionals, the report by the not-for-profit Personalised Care Institute found that half of people (45%) have received health advice or treatment recommendations that were unsuitable for them in the last two years and



## Health and care professionals concerned that lack of personalised care is driving system pressures

- New research of 2,000+ people and over 500 health and care professionals finds system failures to provide sufficient support and training have made it difficult for professionals in all settings to consistently deliver personalised care
- "Inevitable consequence" is that 45% of patients feel they have received health advice that is not suitable for their needs, leading to additional GP and A&E appointments and worsening conditions, report says
- Free education and advice hub launched to help NHS organisations to use personalised care training initiatives to tackle regional priorities, improve health outcomes and enhance workforce development.

A new report is calling for at-scale investment into personalised care education after its research identified that system challenges have prevented its widespread adoption, driving worsening conditions, reduced treatment adherence and a rise in avoidable GP and A&E visits.

Published by the not-for-profit Personalised Care Institute, the report reveals a concerning picture of the state of personalised care - an official NHS model of care, supported by a wealth of evidence demonstrating its effectiveness, that's designed to give people choice and control over how their care is planned and delivered.



# A Communications Toolkit for stakeholders

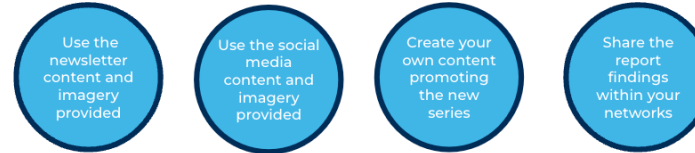


Name ↓

	THIS1 Twitter
	THIS!2 Facebook and LinkedIn
	THIS! Twitter 3
	THIS! Facebook and LinkedIn
	THIS! 3 Website
	THIS! 3 Twitter
	THIS! 3 Facebook and LinkedIn
	THIS! 2 Website
	THIS! 2 Twitter
	THIS! 1 Website

## How can you help us?

Your support is vital in helping us to encourage NHS organisations to use this new hub and realise the benefits of personalised care training at-scale. There are a number of ways that you can help.



### Transforming Health through Personalised Care: Strategies for ICBs, Trusts and PCNs:

- Offers NHS education leaders and commissioners practical examples of embedding personalised care training-at scale
- Hosted in collaboration with a leading ICB in England
- Free to access



## Suggested X and Bluesky copy to promote Transforming Health through Personalised Care



### Post one:

Launched by @Pers\_Care\_Inst, Transforming Health Through Personalised Care is a new education and advice hub with contributions from @ciosicb and @GPExcellenceGM to show how personalised training can be used to improve regional health outcomes:  
<https://www.personalisedcareinstitute.org.uk/personalised-care-at-scale/>

### Post two:

New research from @Pers\_Care\_Inst finds 45% of people report being given 'unsuitable' health advice, as it was not personalised to them. In response, the PCI has launched a new education and advice hub for ICBs on using personalised care to improve health.  
<https://www.personalisedcareinstitute.org.uk/personalised-care-at-scale/>





# An online 'Education and Policy Hub'

## Transforming health through personalised care training for Integrated Care Boards, NHS Trusts, and Training Hubs

When we provide care that is tailored to individual needs, preferences, capabilities and motivations we can ensure people get care that is right for them.

Research shows that personalised care leads to better outcomes. But the successful implementation of personalised care across entire health and care services is often more complex than it first appears.

That's why we have launched **'Transforming Health through Personalised Care: Strategies for ICBs, Trusts, and PCNs,'** an education and advice hub designed to show how NHS organisations can use personalised care training initiatives to tackle regional priorities, improve health outcomes, and enhance workforce development



### Sign up to the webinars

Taking place on Monday 31st March, 12:45am -2:00pm, our webinar series will feature two practical examples for embedding personalised care at scale from two leading Integrated Care Boards. Join us and learn how:

- Greater Manchester Primary Care Provider Board's GP Excellence Programme, in partnership with the Personalised Care Institute, developed a structured personalised care education programme for primary care staff providing diabetes care.
- NHS Cornwall and Isles of Scilly Integrated Care Board embedded personalised care skills across its multidisciplinary workforce through a 'roadmap to personalised care education', transforming health and care outcomes in the region.

Monday 31st March 2025  
12:45 – 14:00

[Book your place](#)



### Read our report

Our report, based on research of 2,000 people and 500 health and care professionals, shines a light on the current state of personalised care in this country.

It demonstrates clearly that, far from being a "nice-to-have", it is absolutely central to good care as the inevitable consequence of not practising personalised care is advice that isn't suitable for the individual, that can't or won't be followed and that adds to service pressures.

We call for three things:

1. Personalised care to be at the centre of the next NHS 10 Year Plan
2. Ring-fenced regional funding for personalised care education
3. Integration of personalised care education into all healthcare professional curricula

[Read the report](#)



### Change the NHS

The Government has launched "the biggest conversation ever about the NHS" to inform the next 10 Year Plan.

We want to ensure that personalised care – and providing at-scale education to our brilliant NHS workforce – sits at the very centre of that.

Please take the time to share your personal experiences at the link below.

We would be delighted for you to reference our report and policy calls within any submission.

[Share your experiences](#)

**The impact (so far)**

# The research is helping to kickstart a conversation

**PULSE**  
At the heart of general practice since 1960

The recruitment/unemployment crisis  
Now GPs are out of work while practices can't recruit?

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**PULSE PCN** NEWS VIEWS INSIGHT ROUNDTABLES REPORTS ABOUT US EVENTS

## Delivery of personalised care is not consistent, finds report

By Beth Gault  
Published: 05 December 2024

Personalised care is not consistently delivered across the NHS, according to a new report by the Personalised Care Institute (PCI).

The report, called *A new dawn for the NHS: a manifesto for putting personalised care at the centre*, surveyed 500 healthcare professionals and 2,000 patients.

Personalised care, which is an approach that focuses on what's important to the patient as well as clinical experience, was included in the Network DES from 2022/23. It was initially announced that all PCN clinical staff would have to undertake training for this, however this training was later scrapped by NHS England.

**HEALTHCARE LEADER**

NEWS VIEWS INSIGHT ROUNDTABLES REPORTS ICB SPONSORED INFORMATION

Home > News > Personalised care is 'inconsistently' delivered across NHS

## Personalised care is 'inconsistently' delivered across NHS

By Beth Gault  
5 December 2024

Personalised care is not consistently delivered across the NHS, according to a new report by the Personalised Care Institute (PCI).

The report, called *A new dawn for the NHS: a manifesto for putting personalised care at the centre*, surveyed 500 healthcare professionals and 2,000 patients.

It found that though 90% of healthcare staff surveyed said they avoid just treating the condition and instead seeing a whole person, just 54% felt this was an approach routinely practiced across their organisation.

**MOST POPULAR**

- 1 The role of system leaders in reaching net zero
- 2 System working: Train, retain and reform the primary care workforce
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- 4 How ICBs are improving diabetes care across the system

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## Viewpoint: How to ensure personalised care is central to the 10-year NHS plan

Personalised care leads to better health outcomes and could help meet the 10-year Health Plan's ambitions, but the NHS must develop a culture that promotes this approach, says GP Dr Sam Finnikin.

by Dr Sam Finnikin

Patient Information Forum

18 December 2024

## Report highlights inconsistent personalised care delivery; Using AI to reduce demand on A&E; Long COVID comments on social media

Your weekly round up of the latest news, studies and views for professionals working in health information (18 December 2024).

### Report highlights inconsistent personalised care delivery

The Personalised Care Institute (PCI) has launched a new learning and advice hub after research revealed inconsistent delivery of personalised care within the health system. A new dawn for the NHS: a Manifesto for Putting Personalised Care at the Centre says there are signs personalised care is being deprioritised at a time when it is needed most. Key findings from the research include:

- Almost 2 in 10 people experience none of the 10 key elements of personalised care;
- More than 4 in 10 people have received health advice that is not suitable for their individual needs in the last two years;
- This rose to more than 6 in 10 for those with multiple health conditions.

A lack of personalised care led to:

- Worsening conditions for a third of people who said the advice they received was unsuitable;
- A quarter of people stopping following the advice or treatment early;
- 3 in 10 people requiring additional GP visits, with a 2 in 10 requiring a visit to A&E.

To help tackle the problem, the PCI has launched a free education and learning hub. Transforming Health through Personalised Care: Strategies for ICBs, Trusts and PCNs aims to help NHS organisations use personalised care training initiatives to tackle regional priorities, improve health outcomes and enhance workforce development.

TheKingsFund

Home | Insight and analysis | Blogs

Blog

Patients and the public | Technology and Innovation

## Why we need to signpost patients to credible health information

Community services | Health inequalities | Public Health

21 January 2023 | 4 minutes read

found lack of access to good information is a major barrier to self-care, while research by the **Personalised Care Institute** found a lack of personalised advice resulted in worsening conditions, people stopping treatment early, and additional GP and A&E visits.

Patients Association  
@PatientsAssoc · Follow

Personalised care improves outcomes for patients. Learn how the [@Pers\\_Care\\_Inst](#) is scaling personalised approaches to transform healthcare: [personalisedcareinstitute.org.uk/personalised-c...](https://personalisedcareinstitute.org.uk/personalised-c...) [#PersonalisedCare](#)

personalisedcareinstitute.org.uk  
Personalised Care at Scale - Personalised Care Institute  
Transforming health through personalised care training for Integrated Care Boards, NHS Trusts, and Training Hubs When we provide care th...

# Major organisations are backing its findings



Royal College  
of Surgeons  
of England

**RCOA**  
Royal College of Anaesthetists

 **RCPCCH**  
Royal College of  
Paediatrics and Child Health  
*Leading the way in Children's Health*

**BASW**  
The professional association for  
social work and social workers

 the patients association



**SoR** 100 YEARS  
THE SOCIETY OF RADIOGRAPHERS

**RCOT** Royal College of  
Occupational  
Therapists

**The Kings Fund**

 CHARTERED  
SOCIETY  
OF  
PHYSIOTHERAPY

 **Qni** The  
Queen's  
Nursing  
Institute



Patient  
Information  
Forum


**BGS**  
British Geriatrics Society  
Improving healthcare  
for older people

 **RCSLT**







National  
Academy  
for Social  
Prescribing

# More than 200 NHS attendees to the first webinar

 Personalised Care Institute

**Our speakers**

			
Dr Emma Hyde	Dr Catherine Millington Sanders	Deborah O'Nyons	Andy Riley
Clinical Director - Personalised Care Institute	Clinical Director - Innovation and Accreditation, Personalised Care Institute	Clinical Lead for Supported Self-Management at NHS Cornwall and the Isle of Scilly Integrated Care Board	Head of the Personalised Care Institute

Many  
Education leads and  
commissioners

7  
Immediate meeting  
requests

31<sup>st</sup> March  
Webinar – another  
chance to learn



The evidence has supported a submission to 10 Year Plan

**CHANGE**  
**H**  
**S**

**Help build a  
health service  
fit for the future**



## What's next?

- The PCI is looking for influential partners to support its campaign to ensure that personalised care sits at the centre of the 10 Year Plan – do you have influence?
- Your organisation can commission the PCI to develop bespoke training for your organisation based on your priorities – using its extensive experience and network

If you would like to find out more about either of these opportunities please email [info@personalisedcareintitute.org.uk](mailto:info@personalisedcareintitute.org.uk) and the team will be keen to hear from you.

**Want breakthrough health communications?**

# Contact me or the team at Evergreen PR



**We ‘make health happen’,  
with breakthrough  
campaigns that achieve  
outcomes.**

Visit [evergreenpr.co.uk](https://evergreenpr.co.uk) for  
info.

Or email me  
[leigh@evergreenpr.co.uk](mailto:leigh@evergreenpr.co.uk)



Personalised  
Care Institute

A promotional poster for the 'The Future of Personalised Care Conference 2025'. The poster features a photograph of a young woman in a blue uniform smiling at an elderly woman. The text on the poster includes the title 'THE FUTURE OF PERSONALISED CARE CONFERENCE', the year '2025', the theme 'MEASURING SUCCESS', the date 'TUESDAY 25TH FEBRUARY 2025', the time '9:00AM - 5:00PM', and the location 'LONDON'. The Personalised Care Institute logo is at the bottom.

**THE FUTURE OF  
PERSONALISED CARE  
CONFERENCE**

**2025**

**MEASURING SUCCESS**

**TUESDAY 25TH FEBRUARY 2025**

**9:00AM - 5:00PM**

**LONDON**

**Personalised  
Care Institute**

## Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.







**THE FUTURE OF  
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# Morning Break



# Welcome Back



**THE FUTURE OF  
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**2025**

**MEASURING SUCCESS**

 **TUESDAY 25TH FEBRUARY 2025**

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Care Institute**



**Dr Emma Hyde**  
Clinical Director  
Personalised Care Institute



**Dr Jenni Naisby**  
Clinical Support Fellow  
Personalised Care Institute



# Measuring Outcomes In Personalised Care Panel



**THE FUTURE OF  
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**Professor Chris Salisbury**  
Emeritus Professor of  
Primary Health Care -  
University of Bristol



**Mari Carmen Portillo**  
Professor of Long-Term  
Conditions at the University  
of Southampton &  
The Long-Term Conditions  
Theme Lead for the NIHR  
Applied Research  
Collaboration Wessex



**Alf Collins**  
Freelance Health  
Consultant



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A promotional poster for a conference. The left side features a photograph of a young woman in a blue uniform smiling at an elderly woman. The right side contains text: 'THE FUTURE OF PERSONALISED CARE CONFERENCE' in large blue letters, followed by '2025' in a large font with a horizontal line above it. Below that is 'MEASURING SUCCESS' in smaller blue letters. Further down are three icons with text: a calendar icon for 'TUESDAY 25TH FEBRUARY 2025', a clock icon for '9:00AM - 5:00PM', and a location pin icon for 'LONDON'. At the bottom right is the Personalised Care Institute logo and name.

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**2025**

MEASURING SUCCESS

TUESDAY 25TH FEBRUARY 2025

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LONDON

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## Slido

What advice would you give an ICB  
who wanted to measure  
personalised care to see if this was  
*effective?*





**THE FUTURE OF  
PERSONALISED CARE  
CONFERENCE**

**2025**

MEASURING SUCCESS

 TUESDAY 25TH FEBRUARY 2025

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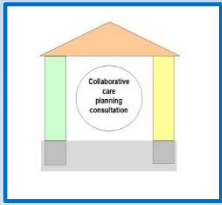
 Personalised  
Care Institute

## Using the Year of Care Approach to Deliver Person Centered Care for people with People with Long Term Conditions



**Ms Lindsay Oliver**  
National Director  
NHS Year of Care  
Partnerships





# NHS Year of Care

## Using the Year of Care approach to deliver person centred care for people with People with Long Term Conditions

Lindsay Oliver

National Director, Year of Care Partnerships

[www.yearofcare.co.uk](http://www.yearofcare.co.uk)

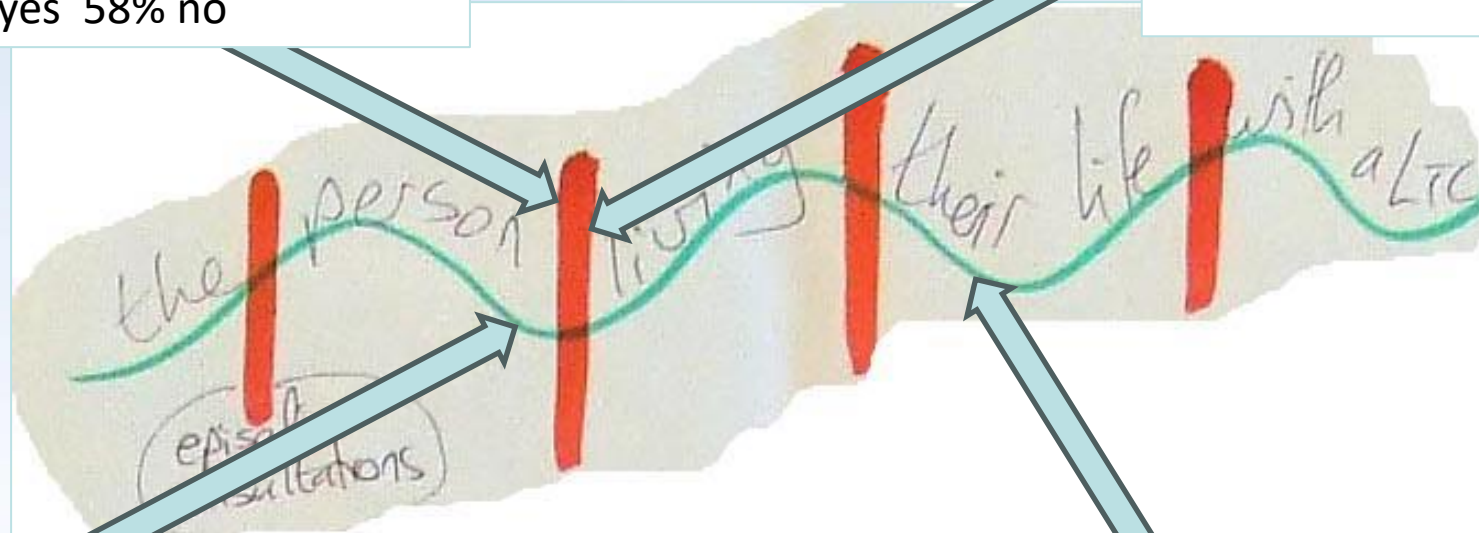


# People with Long Term Conditions

(GP survey England 2024)

Discussed what was important to you  
when managing your conditions  
42% yes 58% no

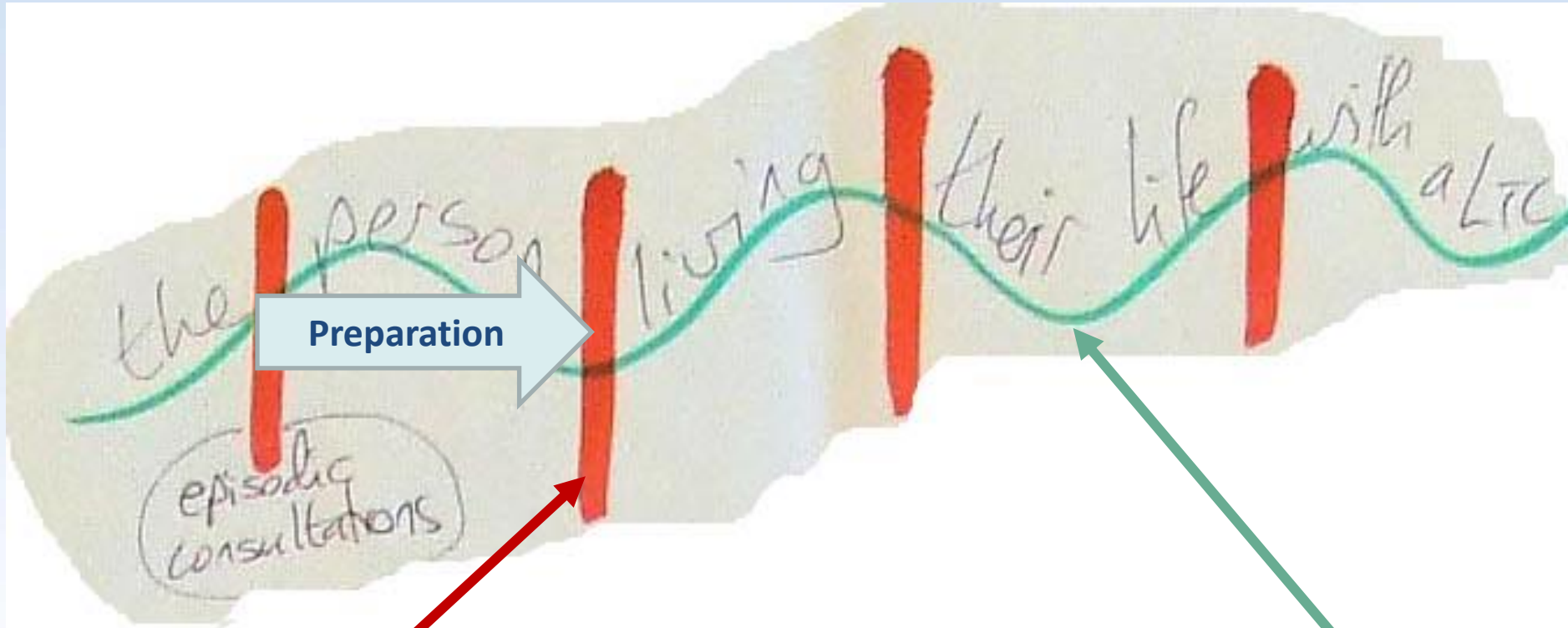
20% of people agreed a plan  
(94% of people found it useful)



Only 25% of people feel very  
confident to manage their LTC  
(22% not confident at all)

Only 31% of people said they had  
enough support  
(37% not had enough support)

# Year of Care Principles

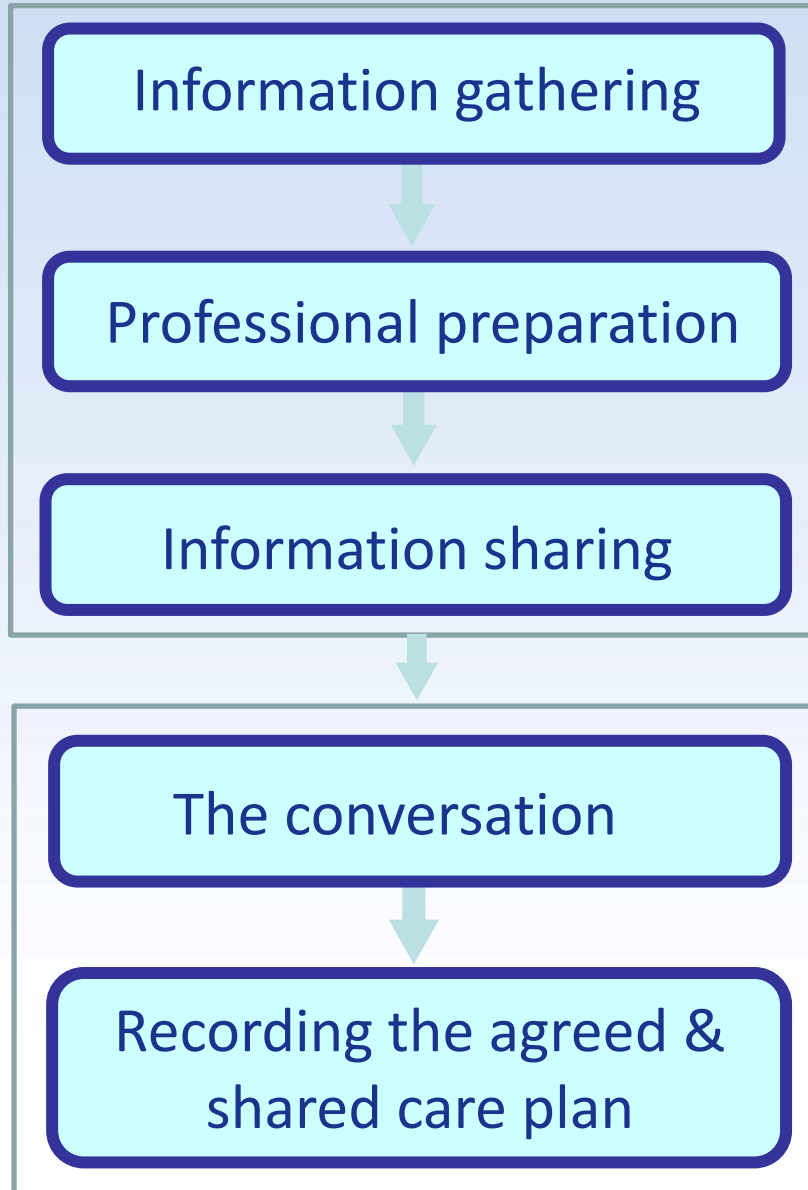


**More meaningful conversations  
“Personalised care and support  
planning”**

**Support for self-management and to  
live well**



# PCSP: the process



**Preparing for Care Planning**

Your care planning appointment is for you to think about what is important to you, things you can do to live well and stay well, and what care and support you might need to do this.

This letter contains some of your test results and information, along with some questions, to help you think ahead and plan what you would like to discuss at your appointment.

Please bring this to your appointment. The back page will be used to record the summary and the plans you make.

**What are the most important things to you at the moment?**

**These are some things that people sometimes want to talk about. Circle any that are important to you.**

Sleep	Feeling down, stressed or lonely
Medication	Eating the right amount
Monitoring my health	Giving up smoking
Healthier eating	My day-to-day health
Pregnancy and contraception	Alcohol
Driving	Physical activity
Work / benefits / money	Relationships/sex/ life
Pain	My future health

**What else would you like to discuss?**

**DIABETES TESTS & CHECKS**

**CHOLESTEROL & BLOOD FATS**

Previous	Latest	Low Risk	More Risk	High Risk
		Less Than 4	4 - 5	Above 5
Lowering cholesterol can reduce the risk of heart attacks and strokes. Cholesterol lowering treatment is recommended for all people with diabetes aged over 40. The safest level of cholesterol is less than 4.		Your questions, thoughts or ideas		

**KIDNEY TESTS: Your kidneys are tested by looking at two tests:**

**Early Morning Urine Test (ACR)**

Previous	Latest	Low Risk	More Risk	High Risk
		Less Than 3.0	3.0 – 5.0	Above 5.0
An early morning urine test (Albumin/Creatinine Ratio): ACR results are better if under 3.0.		Your questions, thoughts or ideas		

**Blood Test (eGFR)**

Previous	Latest	Low Risk	More Risk	High Risk
		Above 60	45 - 60	Below 45
A blood test (eGFR) checks how well your kidneys are working. Ideally your eGFR should be above 60 and be stable.		Your questions, thoughts or ideas		

**EYES**

Last Screening Date:	Your questions, thoughts or ideas
You should have your eyes checked every year. This check looks for changes to blood vessels at the back of your eye.	

**FEET**

Last Screening Date:	Your questions, thoughts or ideas
Left Foot: O/E – Left diabetic foot at high risk	
Right Foot: O/E – right diabetic foot at low risk	
Your yearly foot check looks for problems with blood flow (circulation) or the feeling (nerves) in your feet.	

NHS Confidential Information about a Patient      Diabetes - colour Blind Web - v 1.0      NHS No.      Date of Birth

## Preparing for Care Planning

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Healthier eating	My day-to-day health
Pregnancy and contraception	Alcohol
Driving	Physical activity
Work / benefits / money	Relationships/sex life
Pain	My future health

What else would you like to discuss?

What's Important

Agenda setting topics

'White Space'

Date: 05-Jan-1947

General health and wellbeing issues	Previous	Latest	Your questions, thoughts or ideas
<p><b>Weight (kg):</b> Being overweight can make your condition more difficult to control and can increase your risk of other health problems. Being underweight can also increase your risk of health problems.</p> <p><b>Smoking:</b> Smoking causes problems with your health in many ways.</p>	136 kg	139 kg	<p>Joined Slimming World + Lost 6 So Far AND to keep going!</p>
<p><b>Mood:</b> How you feel can make a big difference to your health. During the last month, have you been bothered by feeling down, depressed or hopeless, or had little interest or pleasure in doing things?</p>			<p>Your thoughts <del>Never been in a bad mood</del>            When I'm in a bit of a mood I think about my diabetes and how I'm not doing so well as I would like to be. I'm not sure how to find a way to feel better. Pretty good</p>
Diabetes tests and checks	Previous	Latest	Your questions, thoughts or ideas
<p><b>Diabetes Control:</b> Your HbA1c is an overall measure of glucose control over the past 8-10 weeks. A level of between 48 and 59 is safest, and has the lowest risk of health problems in the future.</p>	51.9	49.7	Hoping for better results
<p><b>Blood Pressure (BP):</b> Keeping your blood pressure below 130/80 reduces your risk of health problems (a level below 125/75 is used if you have kidney disease).</p>	137/77	136/76	Getting better, but I thought it was lower?
<p><b>Cholesterol and Blood Fats:</b> Lowering your cholesterol can reduce your risk of heart attacks and strokes (even if you have already had one). The safest level of cholesterol is less than 4.</p>	4.6	3.3	think this is good a feel this is closer to slimming world
<p><b>Kidney Tests:</b> Your kidneys are tested by looking at two tests.</p> <p>1. A blood test (eGFR) checks how well your kidneys are working. Ideally your eGFR should be above 60 and be stable.</p> <p>2. An early morning urine test (Albumin/Creatinine Ratio): ACR results are better if under 3.0.</p>	85	71	<del>Feel good result</del> Feel Good result
<p><b>Eyes:</b> Your yearly eye check looks for any changes to tiny blood vessels at the back of your eye.</p>			Last screening was done on: 10-Dec-2015
<p><b>Feet:</b> Your yearly foot check looks for problems with blood flow (circulation) or the feeling (nerves) in your feet.</p>			Last screening was done on: 09-Jan-2015
<p>* Not prepared to go through with any more probing!</p>			

# Personalised care and support planning: preparation



Information gathering



Information sharing

*“...helped me see what was happening  
and so I knew what to ask”*

*“...its 100% better than being told no  
action necessary”*

*“...I had some time to think about  
things...”*

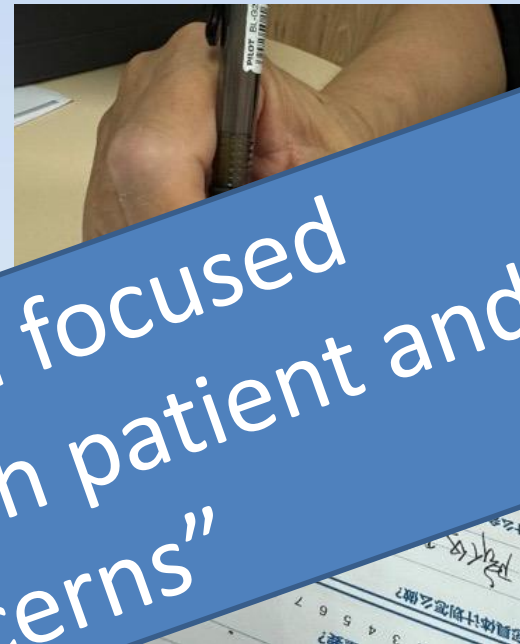
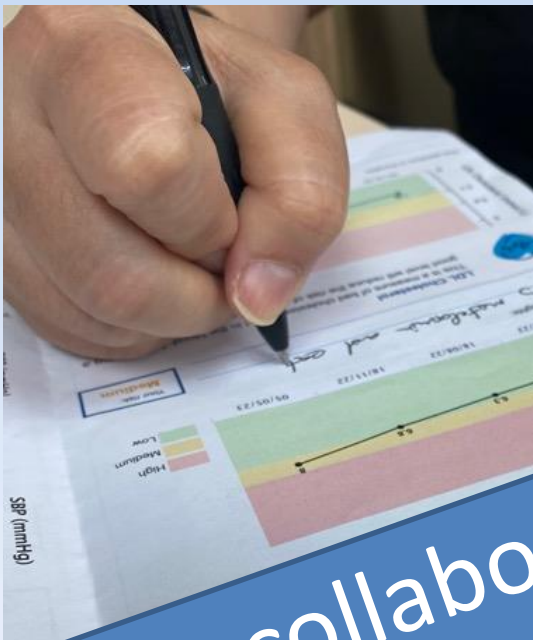
*“...you can't take it in when they talk to  
you...this way you can take your time”*

*“...saved a lot of time”*

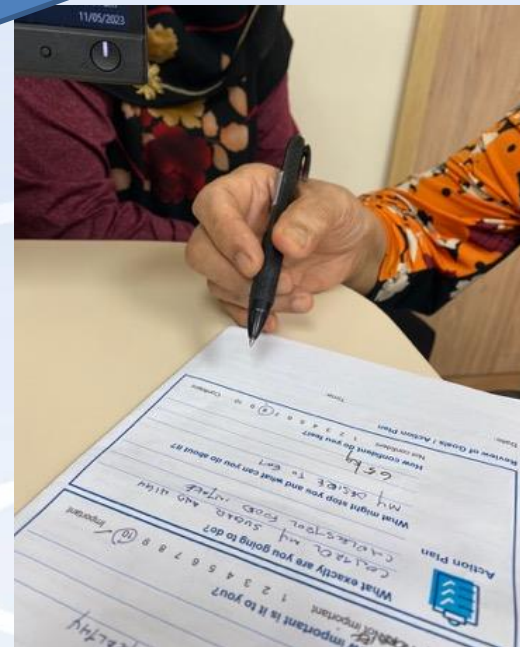
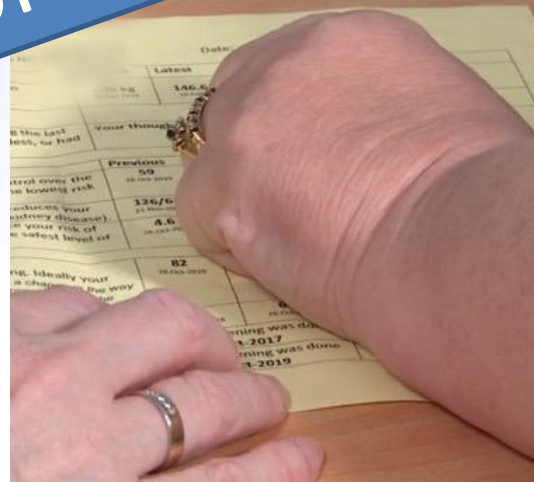
*“...helped me raise issues I was worried  
about”*

*“...a place to write down what I really  
want to talk about”*

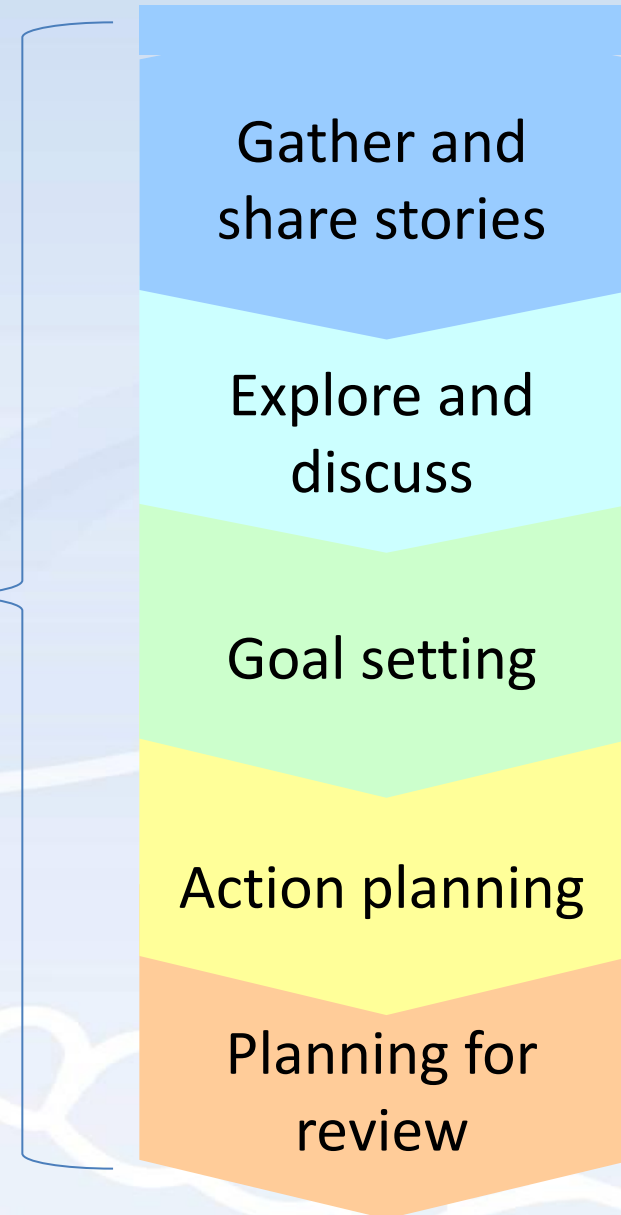
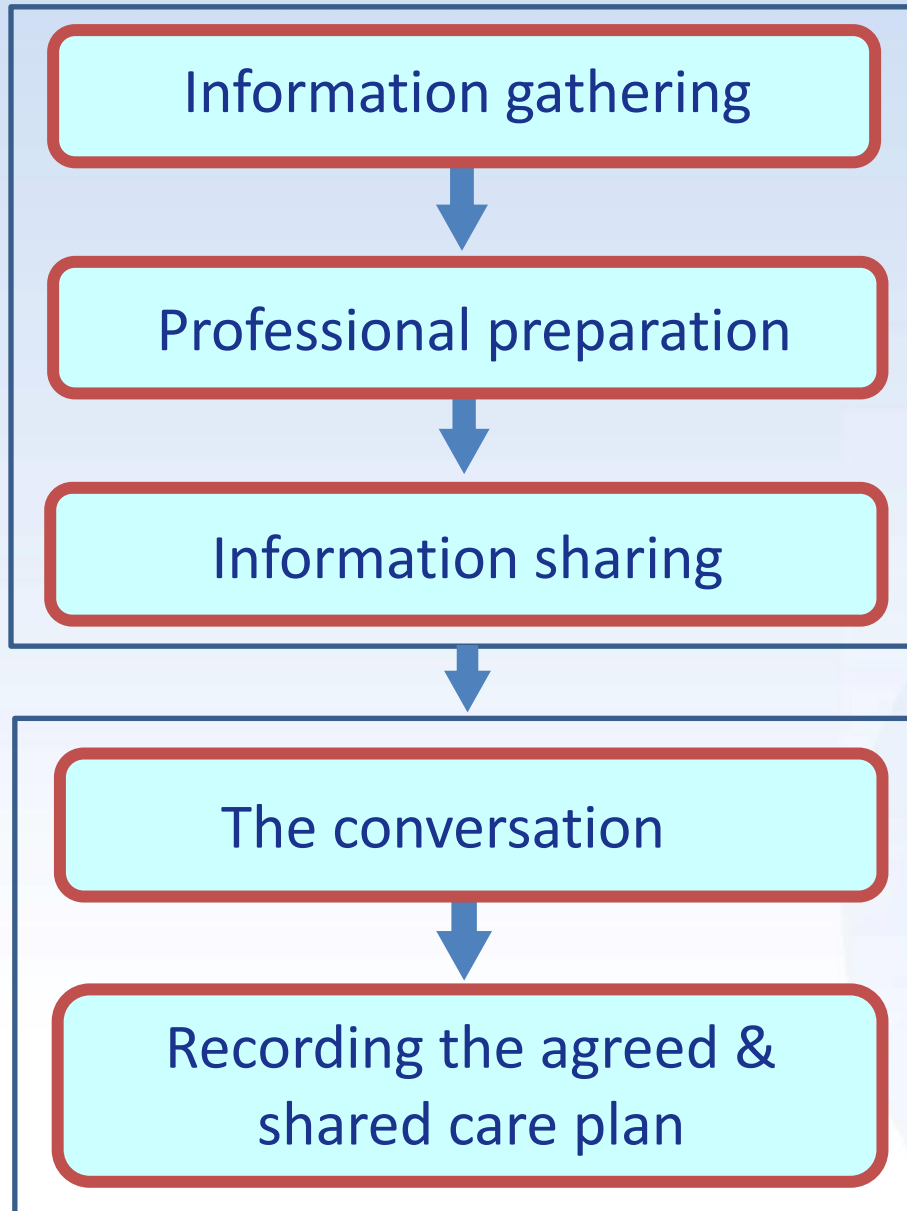




“a collaborative forward focused conversation based on both patient and professional concerns”



# PCSP conversation





# Personalised care and support planning: conversation



## The conversation

*“...I could ask the questions instead of being asked the questions...”*

*“...talking about something you know about rather than something your kept in the dark about”*

*“...interested in what I had to say  
...talking with me rather than looking at the computer”*

*“...I could talk about what was important to me”*

*“...before (in 10 minutes)it was too easy to just end up with a prescription which isn't what you want”*

*“...you may not have all the answers, but you've helped me work things out”*

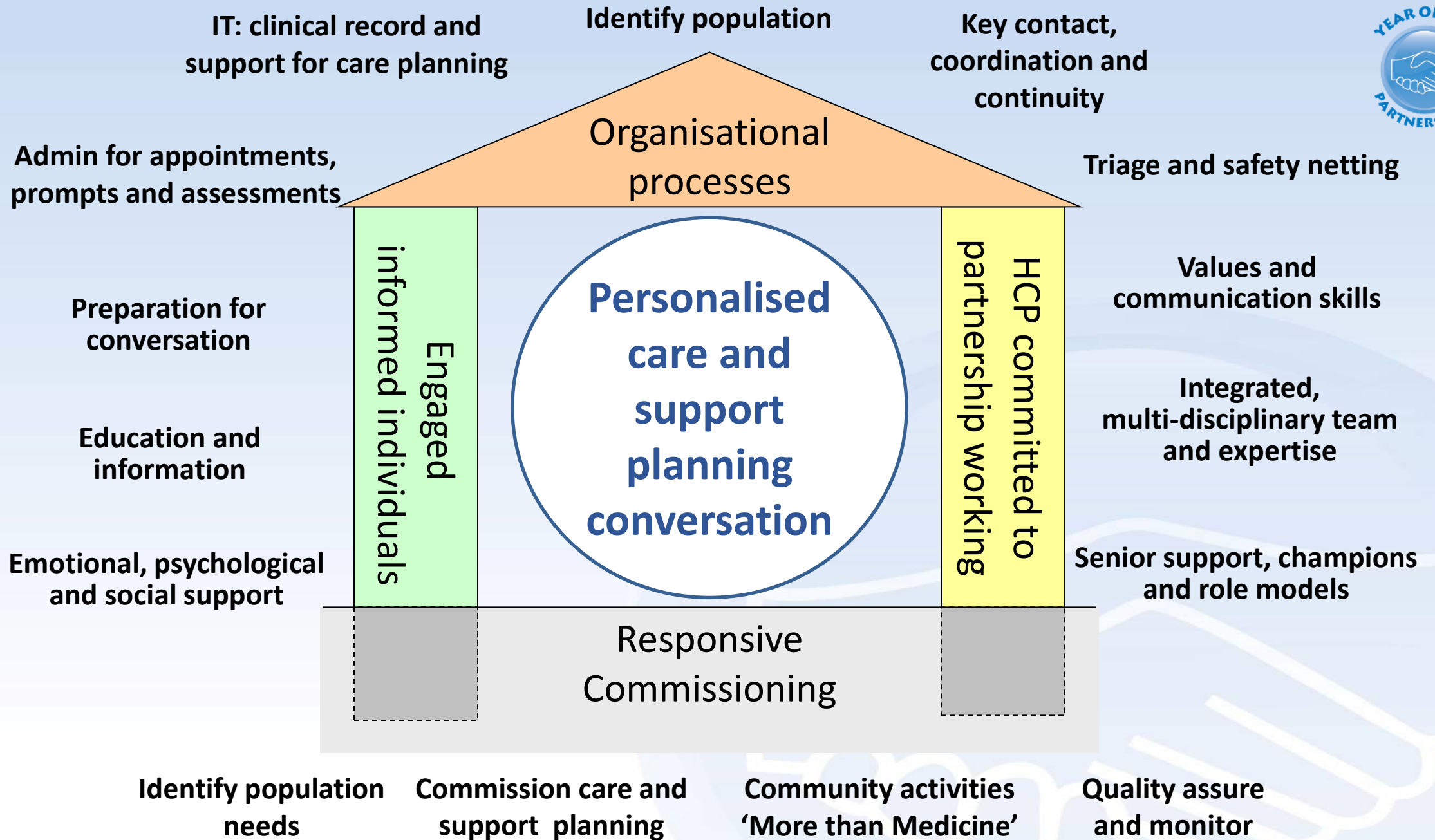
# Disease orientated care

January	February	March
GP appointment for pain in knee	COPD Pre annual review with health care assistant COPD annual review with Nurse	GP appointment for pain in knee Eye screening appointment
April	May	June
Health care assistant appointment - info gathering for my diabetes Blood test	Annual nurse appointment for CSP for diabetes GP appointment for pain in my knee	See the Dietitian Appointment with Pharmacist about my medication
<b>20 appointments</b>		
Hospital appointment - pain management	Practice nurse appointment & month COPD review	Pain specialist nurse appointment
October	November	December
Flu vaccination	Blood test GP appointment about chest infection See GP about pain in my knee	6 month diabetes review with the Nurse GP appointment about chest infection

# Person orientated approach



January	February	March
		Eye screening appointment
April	May	June
Health care assistant appointment - info gathering for my diabetes	Appointment with Pharmacist about my medication Annual nurse appointment for CSP for diabetes	GP appointment for pain in my knee Community transport Community singing group
<b>8 appointments</b>		
ageUK	See GP about pain in my knee	Cardio/pulmonary rehabilitation
October	November	December
Blood test	6 month diabetes review with the Nurse	



# Who are NHS Year of Care?



- National NHS training and support team based in the North East (hosted within Northumbria Trust)
- 17+ years of Personalised Care and Support Planning (PCSP), Shared Decision Making and Patient Education and Self-Management
- Practical experience of designing and implementation PCSP to replace annual 'disease' reviews
- Resources/case studies/evaluations ([www.yearofcare.co.uk](http://www.yearofcare.co.uk))
- Advising on policy and guidance (TLAP/National Voices/ RCGP/Health and Social Care Alliance/Scottish government)

The Year of Care approach: developing a model and delivery programme for care and support planning in long-term conditions within general practice. *BMC Fam Pract* **20**, 153 (2019).

<https://doi.org/10.1186/s12875-019-1042-4>



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## Evaluating Personalised Care across the system



**Beth Clark**

Personalised Care Facilitator, WASP

**Matthew Wood**

Digital Lead, WASP



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 Personalised  
Care Institute



Personalised Care:  
Business as Usual

Or is it?





## The NHS Long Term Plan



#NHSLongTermPlan  
[www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)



## Universal Personalised Care

Implementing the Comprehensive Model

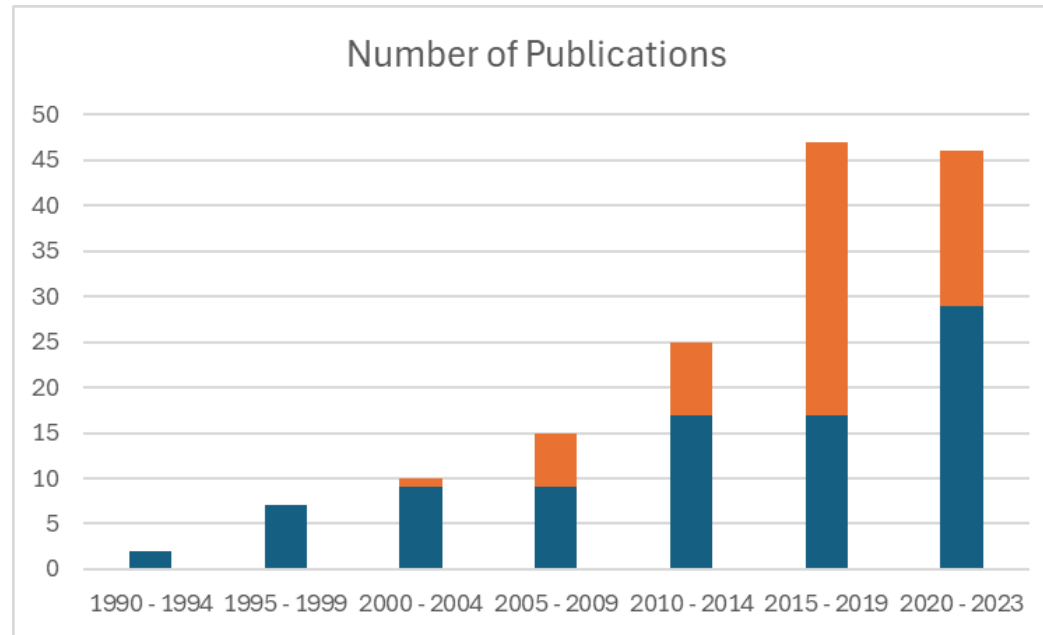


#Personalisedcare [www.england.nhs.uk/personalisedcare](http://www.england.nhs.uk/personalisedcare)

The NHS Long Term Plan says personalised care will become **business as usual** across the health and care system and **Universal Personalised Care** confirms how we will do it....

.....by 2024

How can we systematically evaluate personalised care delivery?



**90 new instruments**  
**62 adapted instruments**

**92%** from the perspective of service users

**77%** supported self-management  
19% shared decision making

**89%** designed for a single health condition (diabetes most common)

Almost exclusively developed in high income countries

## The Gap

How well are personalised approaches are being implemented in our services and systems?

What do we need to do, to improve this?

# WASP Service Evaluation



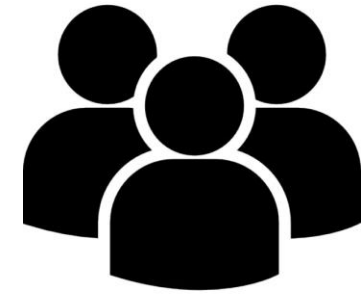
Frontline Staff



Managers



System Leads



Service Users



# WASP Service Evaluation



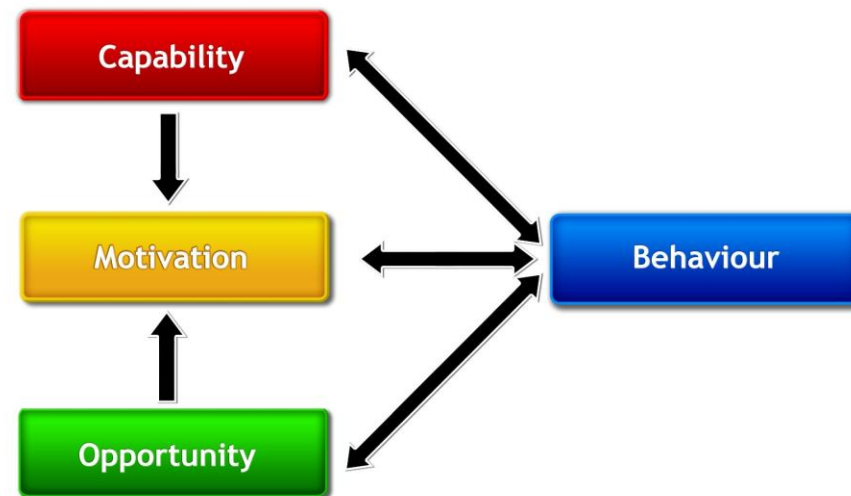
Frontline Staff



Managers

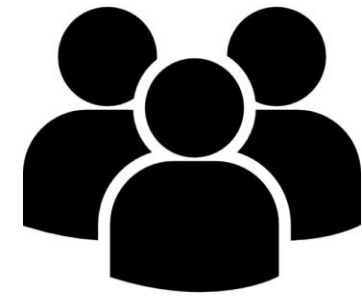


System Leads

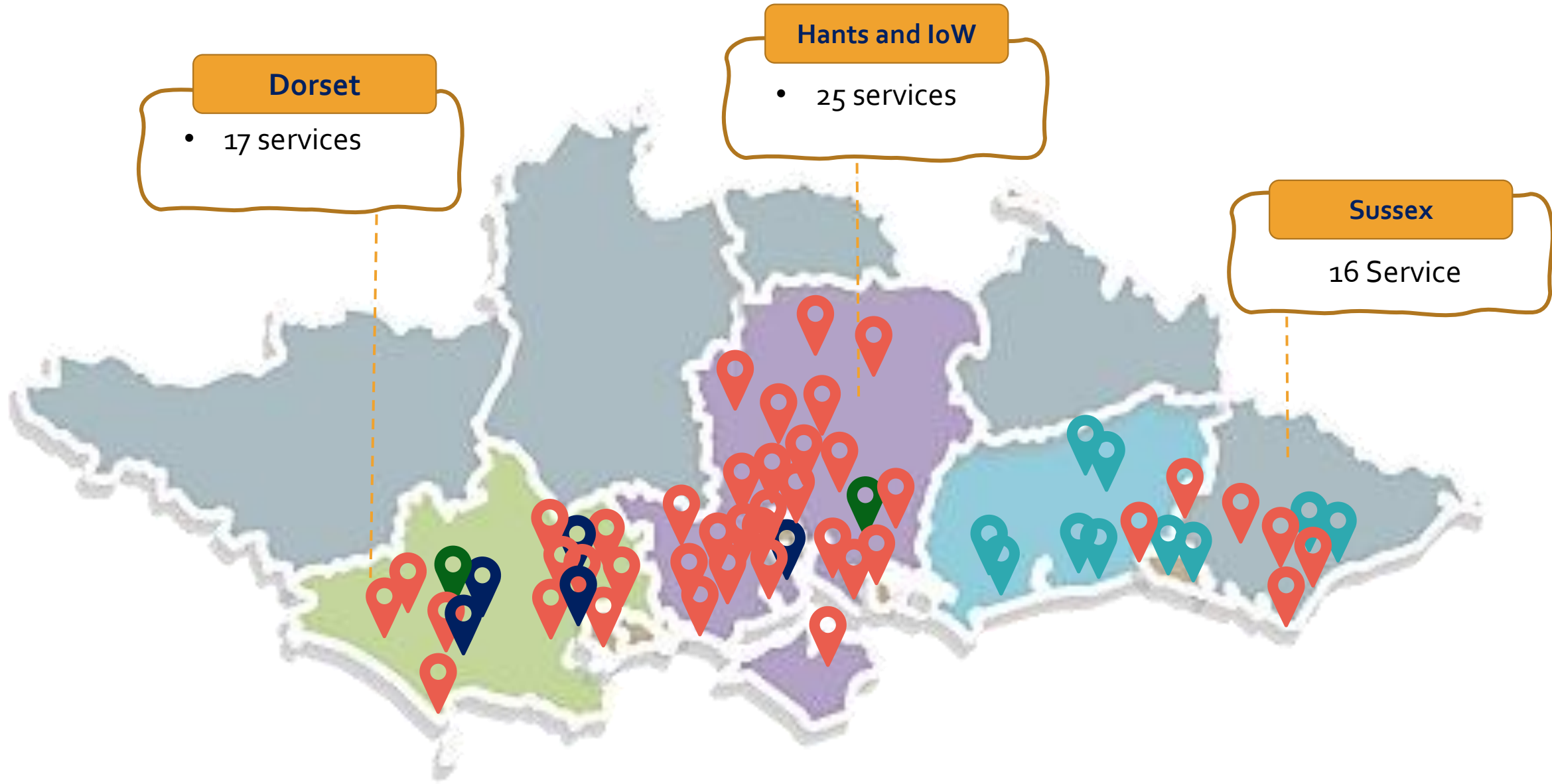


# WASP Service Evaluation

What did you  
experience, and  
how important  
was this for you?



Service Users



 Physical Health

 Mental Health

 Voluntary/Social

 Maternity



# Survey Response Summary

Year

2023

2024

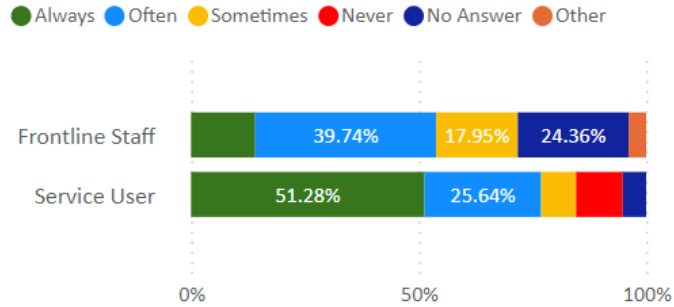
No of Frontline Staff

76

No of Service Users

39

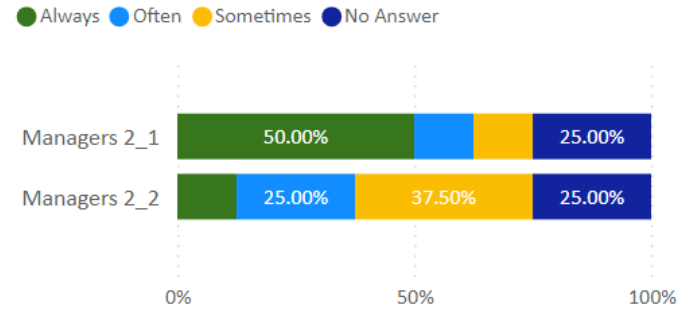
## What you do and how often



## Question Detail

Survey Type	Question Num	Question Text
Frontline Staff	Q2a.1	I encourage people to prepare for they could bring or do in advance)
Service User	Q1.1	I am encouraged to prepare for my appointments (e.g. what to bring c

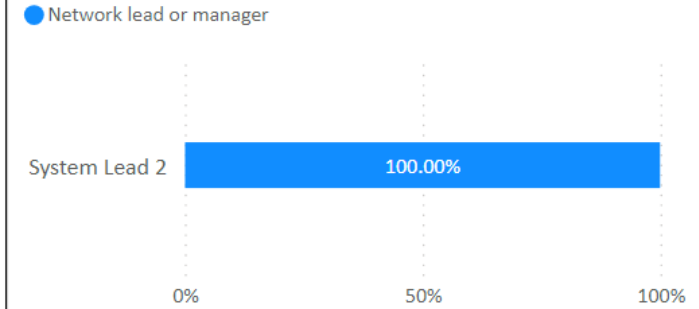
## What you do and how often



## Question Detail

Survey Type	Question Num	Question Text
Managers	Q1b.2_1	Information provision for patients: communicate with service users in (e.g. email, text, phone, face-to-fa
Managers	Q1b.2_2	Information provision for patients: written to service users, rather tha

## What you do in the ICB



## Question Detail

Survey Type	Question Num	Question Text
System Lead	2	Q0.2-What is your role in the Integrated Care Board (ICB) or system (please tick all that apply)? - Selected Choice

## Survey Type

All

## Age

All

## Ethnicity

All

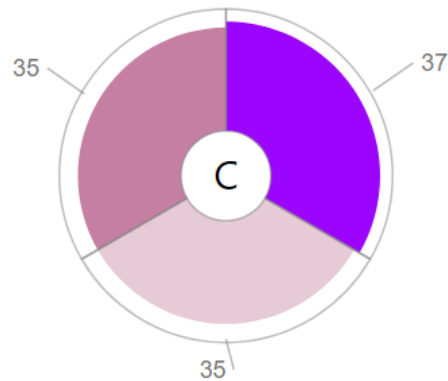
## Gender

All

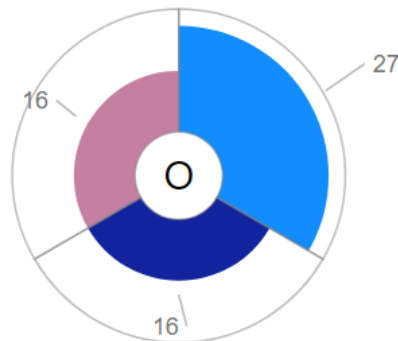
## Postcode

All

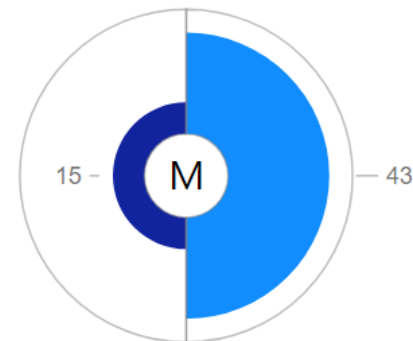
## Capabilities



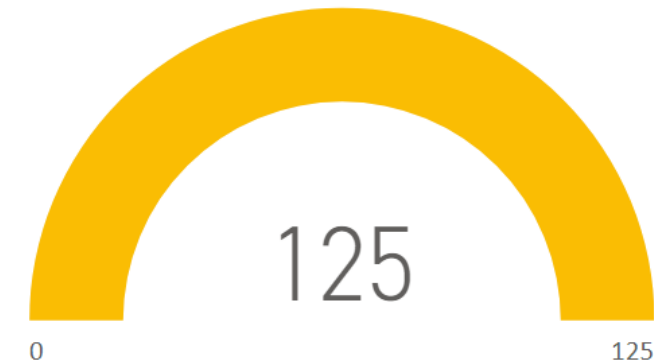
## Opportunities



## Motivation



## Selected Respondents vs Total

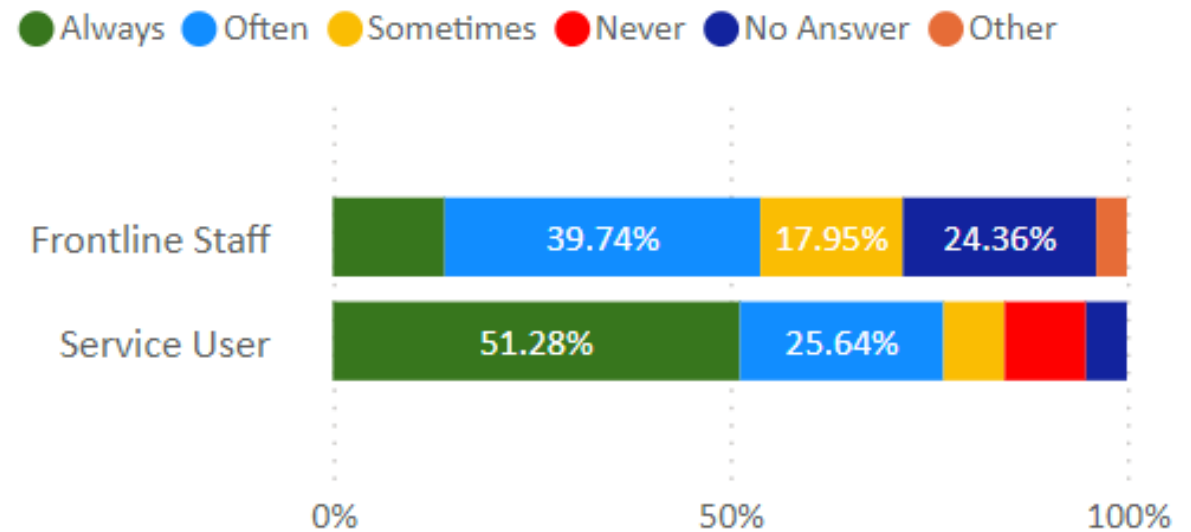


### Frontline Staff

"I encourage people to prepare for appointments (e.g. things they could bring or do in advance)"

### Service User

"I am encouraged to prepare for my health or social care appointments (e.g. what to bring or do in advance)"







# Survey Response Summary

Year

2023

2024

No of Frontline Staff

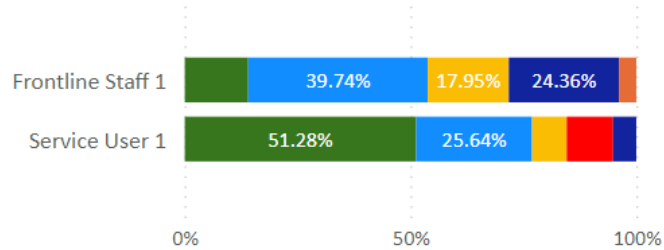
76

No of Service Users

39

## What you do and how often

Always Often Sometimes Never No Answer Other

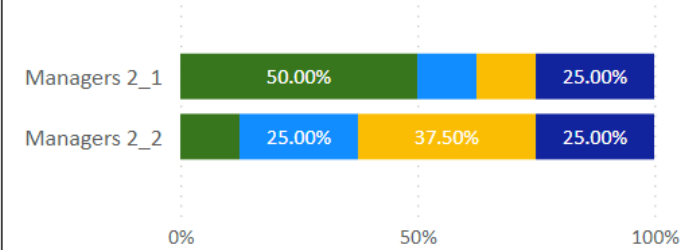


## Question Detail

Survey Type	Question Num	Question Text
Frontline Staff	Q2a.1	I encourage people to prepare for they could bring or do in advance)
Service User	Q1.1	I am encouraged to prepare for my appointments (e.g. what to bring c

## What you do and how often

Always Often Sometimes No Answer

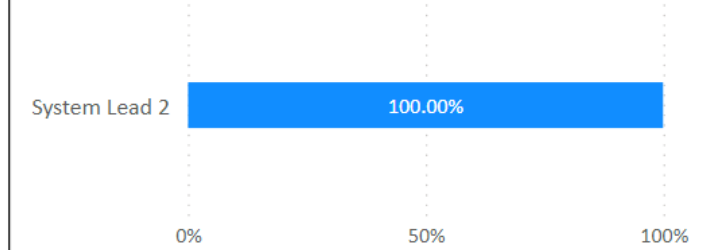


## Question Detail

Survey Type	Question Num	Question Text
Managers	Q1b.2_1	Information provision for patients: communicate with service users in (e.g. email, text, phone, face-to-fa
Managers	Q1b.2_2	Information provision for patients: written to service users, rather tha

## What you do in the ICB

Network lead or manager



## Question Detail

Survey Type	Question Num	Question Text
System Lead	2	Q0.2-What is your role in the Integrated Care Board (ICB) or system (please tick all that apply)? - Selected Choice

## Survey Type

All

## Age

All

## Ethnicity

All

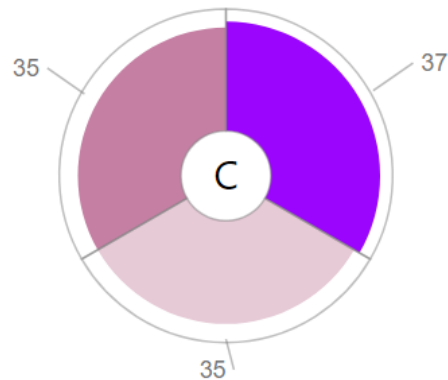
## Gender

All

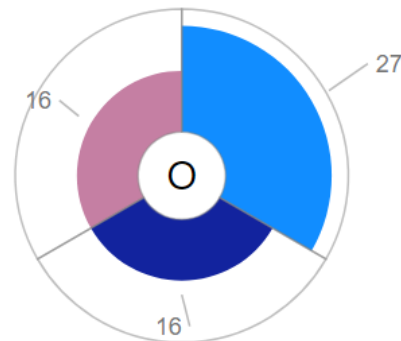
## Postcode

All

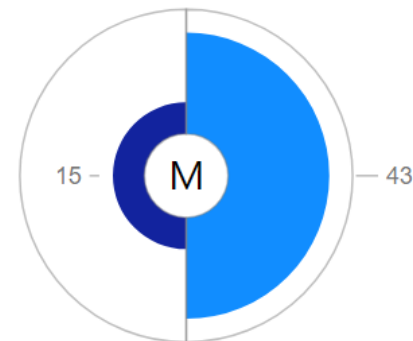
## Capabilities



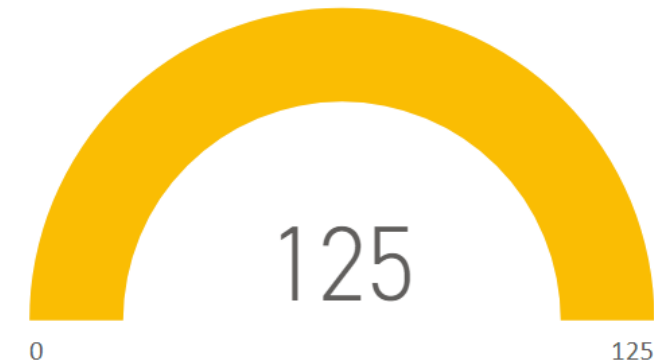
## Opportunities



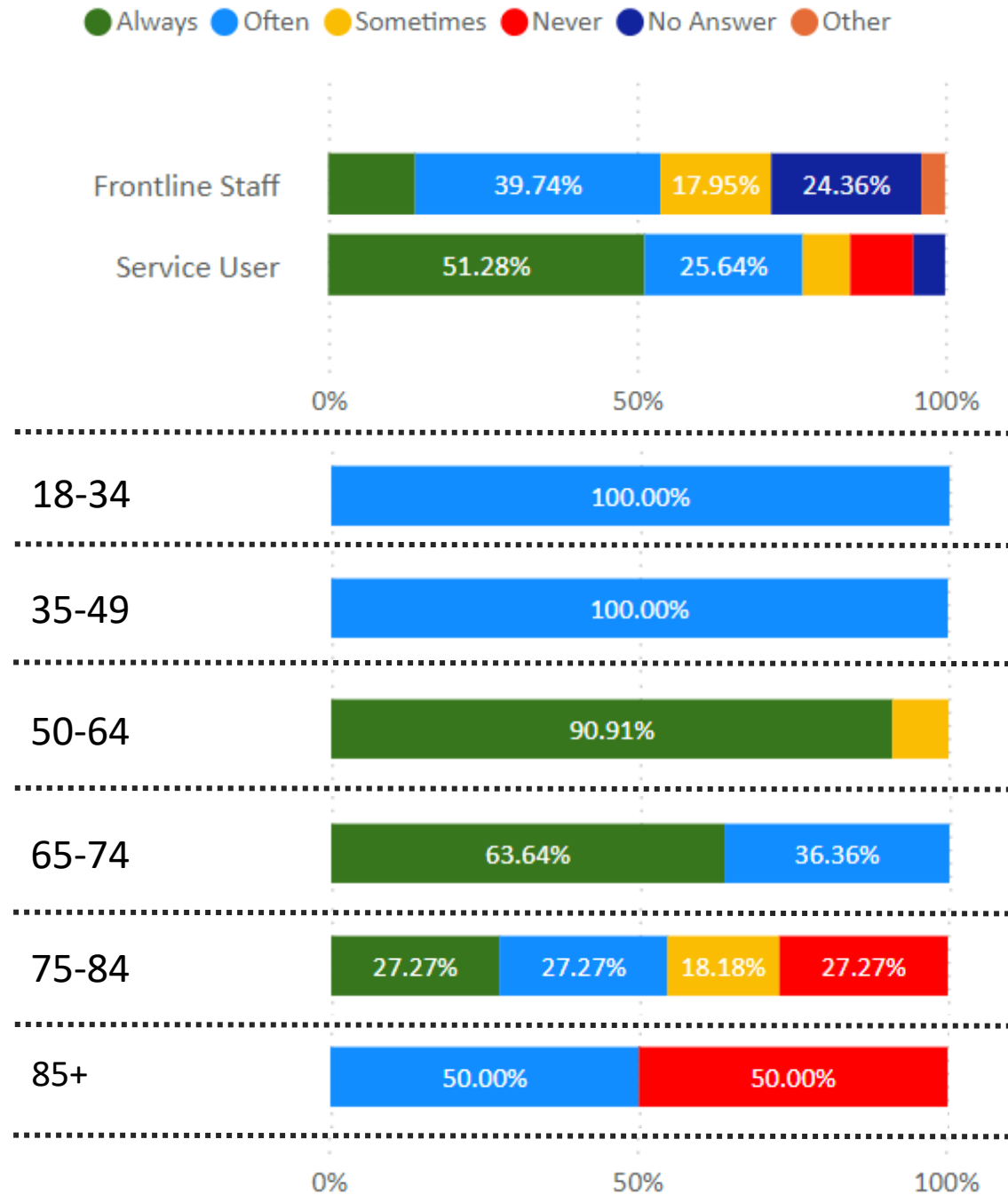
## Motivation



## Selected Respondents vs Total



How does the age of a service user affect if they believe they are encouraged to prepare for their upcoming appointments?



**Linear Regression**  
 Service Users' self-reported chronic health conditions, trending with an Index Score\*

Condition	Frequency	Frequency %	Significance	Trend
Coronary Heart Disease	20	5.6%	0.056	-1.918
Diabetes	49	13.7%	0.464	-0.733
COPD	17	4.6%	0.237	1.187
Cancer	19	5.3%	0.884	-0.146
Heart Failure	16	4.5%	0.525	0.637
Stroke/TIA	96	26.8%	<0.001	6.460
Atrial Fibrillation	42	11.7%	0.683	0.408
Painful conditions	56	15.6%	0.015	-2.453
Depression	44	12.3%	0.09	-2.645
Dementia	6	1.7%	0.024	2.278
'Other'	123	34.4%	0.026	-2.237

\*Weighted based on participants answers to how important aspects of personalised care are to them.

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If Service Users indicated a **Stroke/TIA** as an **existing chronic condition**, they were more likely to have a **higher WASP Index Score**

The **level of qualification** respondents attained had a significant relationship with the index score, with **higher levels of qualification** found to have a **lower WASP Index Score**

## Linear Regression

Significant results, and their trends with the Index Score



## In Summary

- Teams use the WASP service evaluation to support their understanding of personalised care in their service, and to design change.
- WASP's Dashboard continues to grow with additional teams signing on for service evaluations.
- A Secondary Data Analysis is being reviewed to understand trends in the data collected from previous service evaluations.

**Come and speak to us at our stand!**



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A promotional poster for a conference. The left side features a photograph of a young woman in a teal uniform smiling at an elderly woman with glasses. The right side contains text: 'THE FUTURE OF PERSONALISED CARE CONFERENCE' in large blue letters, followed by '2025' in a large, bold font. Below this is the subtitle 'MEASURING SUCCESS'. The event details are listed: 'TUESDAY 25TH FEBRUARY 2025', '9:00AM - 5:00PM', and 'LONDON'. At the bottom right is the Personalised Care Institute logo and name.

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**2025**

MEASURING SUCCESS

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# Lunch & Networking



# Welcome Back



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**Dr Emma Hyde**  
Clinical Director  
Personalised Care Institute



**Dr Jenni Naisby**  
Clinical Support Fellow  
Personalised Care Institute





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## Fireside Interview – Lived experience of personalised care



**Mr Daniel Fleshbourne**  
Mental health and wellbeing practitioner  
Lincolnshire Partnership NHS Foundation Trust



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*Questions for Dan?*

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# Embedding the Personalised Care Mindset Throughout Healthcare



**Nicky Adair**  
Health Coaching Skills  
Trainer and Coach &  
Primary Care and  
Women's Health Hub  
Programme Manager for  
Cornwall - Kernow Health  
CIC



**Jake Wellings**  
Health Coaching Skills  
Trainer, Coach  
Supervisor & Systems &  
Business Consultant -  
Kernow Health CIC



**Georgi Daluiso-King**  
Personalised Care Lead  
and Advanced  
Physiotherapy  
Practitioner in MSK  
Sussex MSK Health  
(Here and SCFT)





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A promotional poster for the 'The Future of Personalised Care Conference 2025'. The poster features a photograph of a young woman in a blue uniform smiling at an elderly woman with glasses. The text on the poster includes the title 'THE FUTURE OF PERSONALISED CARE CONFERENCE', the year '2025', the theme 'MEASURING SUCCESS', the date 'TUESDAY 25TH FEBRUARY 2025', the time '9:00AM - 5:00PM', and the location 'LONDON'. The Personalised Care Institute logo is at the bottom.

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## Technology and Innovation panel discussion



**Dr Tahreema N Matin**  
Associate Medical Director  
& Consultant Radiologist  
Workforce, Training &  
Education Directorate,  
NHS England



**Frances Tippett**  
Chair  
Coalition for  
Personalised Care



**Dr Matthew Dolman**  
Complex Care GP, North Sedgemoor PCN , Somerset  
NHSE South West Clinical Lead Regional Digital  
Neighbourhood Programme - North Sedgemoor PCN  
NHSE SW





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**Digital health and personalised  
care go together like peas and  
carrots**



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## Chairs Closing Remarks



**Dr Emma Hyde**  
Clinical Director  
Personalised Care Institute



**Dr Jenni Naisby**  
Clinical Support Fellow  
Personalised Care Institute





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SAVE THE DATE 25th September  
2025 for PCI virtual conference:

**Shaping the Future: The Role of  
Digital Health for Personalised  
Care**