

### Who owns your care plan?

It's your **care plan** and you own it. Many people have a paper copy that they take home with them but it's really up to you whether you want that or whether you just want it recorded in your notes. It's also confidential, therefore you can decide who has access to your plan such as your carer, family or health or social care professional.

If the plan is for your child, you may wish to discuss the contents of it with your child's school to explain and agree what is needed to support them during school time.

### What are the benefits of having a care plan?

Being able to talk about your condition and being listened to will help to ensure that you get the right services and are aware of the wider choices available to meet all of your needs, not just the medical ones. It will also help you to have a clear understanding of your medical condition and the impact it may have on your life.

### What if I don't want a care plan?

Many people with a long term condition feel more confident about managing their condition and prefer to get on with their lives as independently as they can. You might not want a **care plan**, which is fine, but you should still expect a regular discussion with your doctor, nurse or other health or social care professional about how you are managing your condition, and what you can do for yourself. You should also be listened to with your views taken into account and be given any new information that would be helpful. This is where the term "self care" might be used.

### What does self care mean?

We all self care every day, without realising it, for example taking medicines properly and exercising. You can even improve your quality of life by setting your own goals such as stopping smoking, losing weight or even returning to work. Managing your condition better, means you will keep well for longer. Whatever you decide, your **care planning discussion** should include supporting you to self care.

### How often will my care plan be reviewed?

This varies from person to person. It should be reviewed at least once a year, but more frequently if you and your doctor or nurse agree this is needed.

When managing long term conditions in children it is really important to revisit and revise the **care plan** to take account of growth and development.

### More Information

To find out more about **care plans** and the support available visit [www.nhs.uk/yourhealth](http://www.nhs.uk/yourhealth)

For other information on how to access NHS Services call NHS Direct on **0845 46 47**. Carers can contact Carers UK via CarersLine on freephone **0808 808 7777** or online at [www.carersuk.org](http://www.carersuk.org) for support.

For tips on how to get the best out of a discussion with your doctor or nurse go to: [www.nhs.uk/gpappointment](http://www.nhs.uk/gpappointment)

To find out more about the Information Prescription visit: [www.nhs.uk/informationprescriptions](http://www.nhs.uk/informationprescriptions)

### Patient Advice and Liaison Service (PALS)

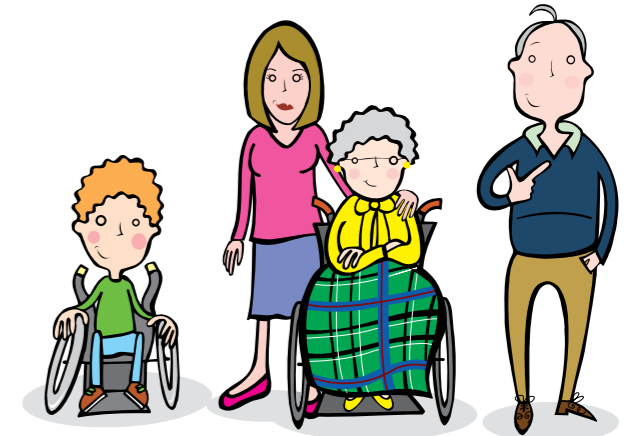
Whether you're a patient, relative or carer, PALS can answer questions and resolve concerns. Go on line at [www.pals.nhs.uk](http://www.pals.nhs.uk) or call NHS Direct to find out where your local PALS office is.

**www.nhs.uk**  
**0845 46 47**

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If you require further copies of this title visit: [www.orderline.dh.gov.uk](http://www.orderline.dh.gov.uk) and quote 299425/ Care planning  
Tel: 0300 123 1002  
Fax: 01623 724 524  
Minicom: 0300 1230 1003 (8am to 6pm, Monday to Friday)

### Do you or your child have a long term condition?



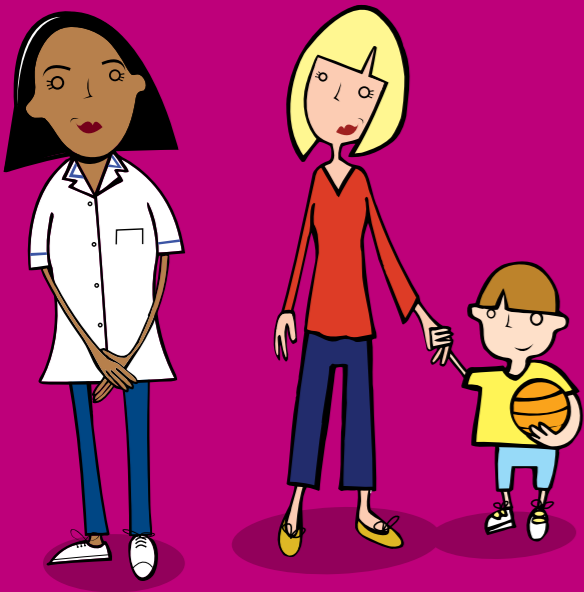
### Did you know a care plan will help you manage your condition better?



Your health,  
your way,  
your choice.

## What's a long term condition?

There are many long term conditions and you may have more than one which you live with and manage every day. These are some of the most common ones: Diabetes, Heart Disease or a heart problem, Asthma, Stroke, Parkinson's Disease, COPD, Arthritis, Back problems/pain, Cancer, Epilepsy, but there are many others including rare conditions such as Sickle Cell or Pernicious Anaemia, and mental health conditions such as Bipolar Disorder or Schizophrenia. If your doctor, nurse or other health or social care professional has said that you have a long term condition then ask them how a **care plan** would help you – show them this leaflet.



## How a care plan can help you

Agreeing a **care plan** with your health or social care professional means being able to talk about your condition, how it affects your life, what you want to do and what more you can do for yourself with the right support. This will help you to manage better and keep your condition well under control. It's about being given all the information you need, being listened to, being able to ask questions about your condition and feeling able to say what's really important to you.

## Your care plan

After having a **care planning discussion** you can start to put the things you've agreed into a plan. This will be your **care plan**, which lists the goals you set yourself such as stopping smoking or taking more exercise. Other details it could include are the services you will be receiving and a date when the plan will be reviewed. It may also contain an information prescription, covering relevant and personalised information about your condition, treatment, and contact details for support services such as benefits advisors and self-help groups. Jim's **care plan** (see opposite) was a written document that he took away with him. For some people a **care plan** will be very detailed, for others it might be something more simple - you may not want a written document, you might just want to record what you've agreed in your patient notes.

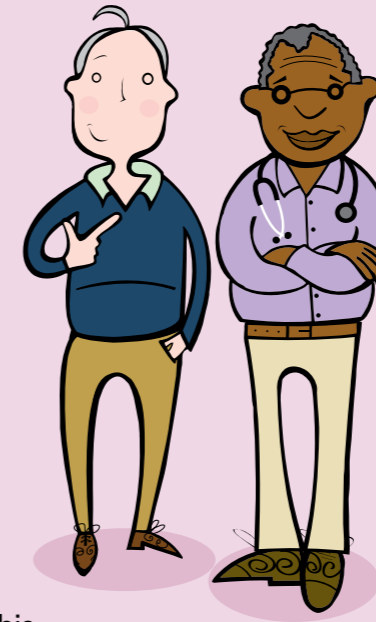
**The important thing is that you know you have a care plan, and that you're happy with what's been agreed in it.**

## This is how Jim's care plan helped him:

Jim has diabetes, high blood pressure and recently had a mild stroke. He was offered a **care plan** which he agreed to.

This started with a **care planning discussion** where he was asked about his goals. Jim said he wanted to go back to work, wanted to lower his blood pressure without using medication and wanted to lose weight. He discussed all of this with his nurse, who told him about a local weight management service that he could be referred to. They talked about what they could do to support him in returning to work, such as access to return to work schemes. Jim decided to try regular walking and swimming to increase his activity to lower his blood pressure (he could get free access to his local pool too). Jim was also referred to a local support group for diabetes and considered joining a course that could help him to understand his diabetes and manage it better.

Jim was surprised by how much he got out of his **care planning discussion**, how he really felt listened to especially about the things that were important to him and felt much more positive. Everything they discussed was written into his **care plan**.



## Do you have a care plan?

Many people already have a **care plan**, but if you think you haven't got one, then speak to your doctor, nurse or other health or social care professional who can give you more information.

## How will you recognise your care plan?

A **care plan** can be called different things, for example a social care professional might call it a support plan whereas a health professional might call it a health plan.

Sometimes it will be called a:

- Personalised **care plan**
- Personalised health plan
- Integrated **care plan**
- Support plan
- Person centred planning
- Self management plan

Whatever the plan is called, the most important thing is that you and your doctor, nurse or other health or social care professional should together plan what you need to help manage your condition better.