

# Report shows use of care plans in UK is rare with limited benefits

September 1 2014

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The current use of written care plans and care planning in the management of patients with long-term conditions by GPs in the UK is rare, a new study shows.

This is just one of several findings of a new study published today by researchers at the Universities of Manchester, Cambridge, Keele and York.

In the UK, the use of written care plans and a process of care planning has been proposed to improve the [management](#) of long-term conditions. Care planning means [discussions](#) with patients about care for their long-term conditions, making agreements about roles and responsibilities, supporting patients to manage their own health, and promoting shared decision-making consistent with evidence and patient preferences. A care plan summarises the results of those discussions and provides a blueprint for care.

The study, published in the *British Journal of General Practice (BJGP)*, measured the adoption of care plans and care planning, and explored the relationships with patient outcomes, using a controlled [prospective cohort study](#). The study was conducted before new contractual obligations to offer care plans to the most vulnerable 2% of patients came into operation.

Professor Peter Bower, lead at the Centre for Primary Care, who led the research, said: "Care plans and care planning could make a significant

contribution to care for long-term conditions, and they are part of the influential Chronic Care Model. However, less is known about routine implementation of care plans and care planning in [primary care](#)."

The study recruited 38 practices, 17 of which reported relatively high levels of care plans, and 21 of which showed lower levels based on data from the General Practice Patient Survey. The study then recruited 2,439 patients in those practices and followed them over 12 months.

Very few patients in the cohort reported having access to a written care plan. Patients in practices that had higher levels of care plans did report more experience of care planning based on the validated Patient Assessment of Chronic Illness Care scale, but the differences were small. The study found no relationship between care plans, care planning and [patient outcomes](#).

Dr David Reeves, also from the Centre for Primary Care, at The University of Manchester a researcher on the study, said: "Even in our "high" care planning practices, numbers of patients reporting a written care plan were quite low, and from interviews it was clear that many [patients](#) did not understand what a care plan was, or confused it with standard information leaflets given out by their GP. Hence we are unable to say from the results whether a well-designed care plan can make a difference to patient health outcomes."

This study has highlighted that more effective methods of implementation may be required to allow the potential benefits of care planning to be demonstrated. The results may have implications for the role of care plans in initiatives such as Year of Care.

Dr Tom Blakeman, also from the Centre for Primary Care, a clinical researcher on the study, said: "The findings from this study have implications for the new 'Avoiding Unplanned Admissions Enhanced

Service', which incentivises the use of care plans and care planning for vulnerable people and those with complex physical or mental health needs. It will be important not to miss an opportunity to find out what type of care plans are being used, how they are being implemented, and whether they have an effect on the quality of interpersonal care and health outcomes."

**More information:** "Care plans and care planning in the management of long-term conditions in the UK: a controlled prospective cohort study." David Reeves, Mark Hann, Jo Rick, Kelly Rowe, Nicola Small, Jenni Burt, Martin Roland, Joanne Protheroe, Tom Blakeman, Gerry Richardson, Anne Kennedy, and Peter Bower. *Br J Gen Pract* September 2014 64:e568-e575; DOI: [10.3399/bjgp14X681385](https://doi.org/10.3399/bjgp14X681385)

Provided by University of Manchester

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