



Self management PERSONAL PLAN

A PLAN TO HELP PEOPLE LIVING WITH LONG TERM CONDITIONS

tive Hope Chai Vellbeing imistic Choice Self Management Choice Confidence Future Body Lifestyle Change Goals Wellbeing **Positive**

What is self management?

Self management is a way of informing and supporting you to manage your long term condition for yourself, not by yourself.

Did you know?

On average, people living with a health condition spend just 3 hours per year with their health care team...The rest of the time they are managing day to day life with the condition on their own, caring for themselves. (Self Management UK)

For more information about self management contact:

Let's Get On With It Together

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Contents

Tool 1:	Know your symptoms	
Tool 2:	Setting personal goals and action planning	
Tool 3:	Pacing my activities	
Tool 4:	Planning for set backs	
Tool 5:	Managing my medication	
Tool 2:	Setting personal goals and action planning	
	(extra form)	
Notes		
Evaluat	ion	

Tool 1: Know your symptoms

This part of the plan is to assist you to highlight how your condition affects you. Understanding your condition/s and what works for you may help you recognise when to seek help or it may be useful when you are meeting with your Health Professional.

If you know that a certain feeling or symptom indicates your condition worsening then record them below.

I feel OK when.....

I know I am managing my condition less well if	If this happens I will	If things are getting no better then I know I need

Tool 2: Setting personal goals and action planning

Personal Goals and Action Plan		
Name:	Date:	
The change I want to make is:		
To make this change, my goal for t	he next month is:	
To achieve my goal my actions will how often)	be: (what, when, where, how much,	
People who could help me achieve my goal:	How they might help:	

Reminders that will help me make	the chang	e or sustai	n the cl	hange:
The things that could make it difficult to achieve my goal include:		for overco		
Support/resources I will need to achieve my goal include:				
I will know that my plan is working when I see these results:				
My confide	nca leval ic			
•		_		
0 1 2 3 4 5 Not at all confident	6	7 8		10 emely ident

Tool 3: Pacing my activities

When we live with a long term condition we must plan and prioritise activities in order to get the most out of life.

If you think about the following questions, they will allow you to make changes gradually and be realistic.

For example, if this week a night out at the cinema means it will tire you out, think about what you can do differently to save your energy.

This might also involve having your shopping delivered instead of a trip to the supermarket to make it easier.

Remember to do things at your own pace, everyone is different.

What is the activity?

What tasks leading up to this are a priority?

What can you change?

Who can help?

Is there another way to do it?

* Use the chart on the following pages to record your activity

It can be useful to colour a chart for a week looking at the amount of energy you use. You can find the 'Weekly Activities Schedule' on the next page.

Weekly Activity Schedule				
Name:	Da	nte:		
	Monday	Tuesday	Wednesday	
Wake - 9am				
9am - 10am				
10am - 11am				
11am - 12 noon				
12 noon - 1pm				
1pm - 2pm				
2pm - 3pm				
3pm - 4pm				
4pm - 5pm				
5pm - 6pm				
6pm - 7pm				
7pm - 8pm				
8pm - 9pm				
9pm - Bed				

Please use colour to identify types of activity throughout the week For example: Red = High

Weekly Activity Schedule			
Thursday	Friday	Saturday	Sunday
,	,	,	,

energy activity | Yellow = Medium energy activity | Blue = Low energy activity | Green = Rest

Tool 4: Planning for setbacks

Planning fo	r setbacks, problems and solutions
Identify the setback/problem	
List possible solutions	
Select one to try	
Assess the results	
Substitute one idea for another	
Use other resources	

5

Tool 5: Managing my medication

As detailed in the accompanying toolkit, having a record of regular prescriptions, any allergies and a copy of your repeat prescription can be valuable at the time of hospital admission and when communicating with your Health Professional

Attach a copy of your repeat prescription here or list items in the table below			
Name of medication	Strength	How often do you take it?	

Are you allergic to any medications

Emergency information		
	Name	Number
GP		
Emergency Contact		
NHS 24		
CHI - Hospital Ref Number		

Personal Goals and Action Plan (extra copy)		
Name:	Date:	
The change I want to make is:		
To make this change, my goal for t	he next month is:	
To achieve my goal my actions will how often)	be: (what, when, where, how much,	
People who could help me achieve my goal:	How they might help:	

Reminders that will help me make the change or sustain the change:				
The things that could make it difficult to achieve my goal include:	My plan for overcoming thes difficulties includes:	ie.		
Support/resources I will need to achieve my goal include:				
I will know that my plan is working when I see these results:				
My confidence level is:				
0 1 2 3 4 5)		
Not at all confident	Extreme confider	ly		

NOTES

Evaluation

Thank you for taking time to look through the plan. We would really appreciate your feedback.

You can complete a short survey at: www.surveymonkey.co.uk/r/EvalSM

Alternatively, contact us on:

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"Don't wait until everything is just right. It will never be perfect. There will always be challenges, obstacles and less than perfect conditions. So what? Get started now. With each step you take, you will grow stronger and stronger, more and more skilled, more and more self-confident and more and more successful."

Mark V. Hansen, The Power of Focus

Let's Get On With It Together (LGOWIT)

A partnership made of the third, public and private sectors including NHS Highland, local authorities and the University of the Highlands and Islands.

If you have found this plan helpful and would like further information or training in self management, please contact:

www.lgowit.org.uk lgowit@highlandtsi.org.uk 01349 807061



Other useful websites:

Information on local supporting activities can be found on LiU www.nhsinform.scot/campaigns/living-it-up

NHS Inform www.nhsinform.co.uk

With thanks to Arthritis Care, Chest Heart & Stroke Scotland, NHS Highland and Highland Council for contributions to the booklet.

This document is available online at: www.lgowit.org.uk