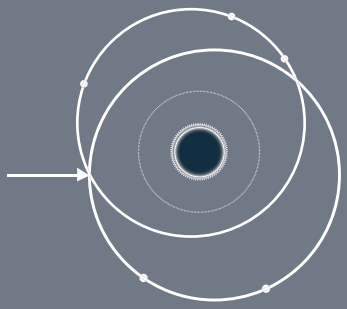

Defining Person-Centred Care

Policy Review

Ciarán Morrison
Digital Health and Care Institute

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INNOVATION SCHOOL
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POLICY REVIEW

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Defining Person-Centred Care

In the last 10 years of outpatients related publications in Scotland, the principle of a person-centred approach to health and care has been a recurring theme. Despite its reoccurrence in several key documents the meaning of the term can sometimes change, as does the synonymous terminology used both within the same and different documents. *The Modern Outpatient: A Collaborative Approach* champions an outpatients service in which "people get fast access to advice and support, self management information, and, where needed, get to see the right health professional as quickly as possible to ensure care is delivered in as responsive and person-centred a manner as possible, and, critically, as close to home as possible" [1]. In this report a patient-centred approach, means ensuring patients are kept well informed and empowered; that they will receive care and support in or near their own home; and will be looked after by multidisciplinary teams based in the community. Their understanding of a person-centred approach includes the strengthening of knowledge exchange and self management for patients in the community. While the Modern Outpatient publication outlines the Scottish Government's current stance on person-centred care, other documents have their own take on the definition often with overlapping themes, but with different focal points. While the championing of a patient-centred model of health care is not an original concept, we can see a clear increase in determination for its use as of the release of the *2010 Healthcare strategy for NHS Scotland* [2]. The Quality Strategy clearly states that person-centred refers to the provision of care that is responsive to the needs, values and personal preferences of the individual and assures that patient values will guide all clinical decisions [2]. Thus, creating mutually beneficial relationships/partnerships between patients, their families, and those providing their health and care services. These relationships should, again, reflect individual needs and values, and should demonstrate clear communication, compassion, continuity of care and shared decision-making.

The *2014-2017 National Clinical Strategy* refers to person-centred care as a patient focused approach to care instead of a condition focused approach, based on long-term relationships between patients and their relevant clinical team(s) [3]. This is intended to allow for more holistic care and reduce the focus on task delivery in the care process. The Clinical Strategy's take on person-centred care includes taking time to communicate effectively and honestly, with outlines of prognosis including descriptions of uncertainty, to ensure that people can make informed and supported choices that match their individual values. In the last two years the Chief Medical Officer's (CMO) annual reports, *Realistic Medicine* and *Realising Realistic Medicine*, have again placed focus on moving the provision of health and care to have a more person-centred approach [4, 5]. These annual reports refer to person-centred care as a personalised approach to care, and focus on shared decision making and informed consent as being key aspects of this approach. The CMO sees person-centred care as moving away from the culture of a "doctor knows best" approach to decision making towards a collaborative partnership [4, 5]. The *2014-2017 eHealth strategy* shares the same definition of person-centred care but focuses on the aspect of "integrated and person-centred information and intelligence to support decision making, quality evaluation and improvement, which can be used to assess performance and improve patient care", as seen in figure 1 [6].

Overall the understanding of person-centred care from the perspective of the NHS is that it represents a move away from the paternalistic methods of the past towards a process in which

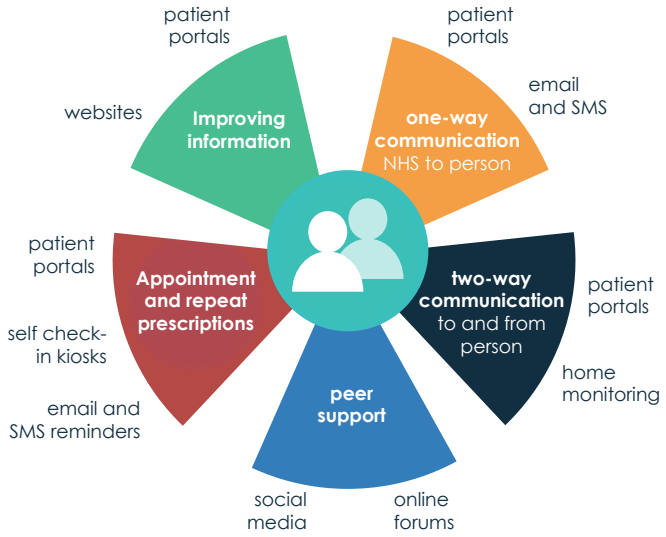

Figure 1. The technology and resources that will make up key aspects of person-centred care. Adapted from [6].

patients are fully informed about their condition. This means that patients will be able to communicate this understanding and make well-informed decisions regarding their health and care. This process will be responsive to the needs, beliefs and values of the patient, and will create mutual relationships in which the partnership of patient and doctor make shared decisions, stemming from informed choice.

Impact of person-centred care

From each individual stance on person-centred care we can see that there are shared themes throughout, but the impact of this changes between publications. The *Healthcare Quality Strategy for NHS Scotland* arrived before all other publications in this report, and it came with a list of actions that would directly impact the health and care sector to:

1. Improve and embed patient-reported outcomes and experience across all NHSScotland services;
2. Support staff, patients and carers to create partnerships which result in shared decision making;
3. Inform and support people to maintain their health and manage ill-health.

These broad goals would be achieved via the undertaking of more direct actions, these being the:

- Implementation of the new Self Management Strategy;
- Implementation of the Patient Rights (Scotland) Bill in 2011;
- Action in response to the first results of the BetterTogether Patient Experience surveys;
- Collection of appropriate data to measure patient reported outcomes (PROMS);
- Shared decision making defined, supported and measured;
- Implementation of the CARE approach in primary and community care;
- Building on the principles of the Quality and Outcomes Framework to maximise quality in the other contractor areas;
- Enhanced management of falls, pressure area prevention and nutrition;
- Improved resources to support better health literacy;
- Development of evidenced interventions to support improved person-centredness;
- Development of a programme of action to ensure that peoples' equality needs are gathered, shared and responded to across health services by Summer 2011; and the introduction of interventions to improve staff experience.

These actions would have greatest impact on the culture surrounding person-centred care, with some having immediate impact within the internal culture of the health service, later documents would aim to have greater impact on the provision of person-centred care in NHS Scotland [2]. The Modern Outpatient leans towards person-centred health and care provided in a community setting. The primary impact of the Modern Outpatient

programme will be that:

1. Patients will receive timely access to advice, treatment and support. This means that GPs will continue to manage their patient and offer advice on self management. Advice and decisions will be recorded in the patient's record. Public awareness of self management advice and triage options will be increased. The NHS will work to ensure a more integrated approach to patient management, encouraging a more holistic approach instead of treatment by disease/ condition. Diagnostic tests will be made available to primary care clinicians, to help determine if a referral is needed and where it should be made. Secondary care referrals will be sent to the most appropriate clinician.
2. Patients will not incur unnecessary inconvenience when accessing outpatient services. Meaning, if a patient needs to be seen in secondary care, following the first appointment they may be discharged without follow up, given further appointments (possibly not with a consultant), any follow up care needed may take place or patients might be discharged with supported self management. The range of technologies used to support patients or provide remote monitoring will be extended.
3. Patients will gain access to outpatient review services when it is clinically necessary. Regular unnecessary return appointments will be avoided, but patients will have a means to book appointments if they wish. GPs will contact patients to advise them and discuss next steps when they receive results. A mechanism of self-assessment will be included in booking systems to ensure patients are seen or advised by the right clinician.

Specifically, the Modern Outpatient Programme will make sure patients will be kept well informed of their condition and subsequent care; they will get access to the right clinician at the right time, receive care and support in or near their own home, and will be looked after by community based multidisciplinary teams [1].

The *National Clinical Strategy* saw the impact of person-centred care from the perspective of what would be required to realise it wholly. The move towards person-centred care would cause an increase in the availability of information and decision aids for patients. Because of this there will be an increased use of IT (ehealth) in the health and care service as it will be a crucial enabler for models of coordinated person-centred care by community care teams. This will mean that better phone coverage and internet connectivity will be required to aid remote clinicians. The model of health and care in Scotland will need to be reimagined as a move to patient-centred care will strain resources, specifically the availability of clinicians due to time constraints, one of the main long-term impacts of this may be the introduction of an electronic patient record to help aid the proposed collaborative, person-centred approach [3].

The 2014/15 and 2015/16 annual reports from the Chief Medical Officer propose approaching care in a more person-centred manner, encouraging more tailored and personally meaningful conversations and shared decision making, leading to improved experience and outcomes for both patients and NHS staff. This in turn will reduce the number of complaints received (many of which relate to communication and consent) and support the communication behaviours that will also underpin a greater culture of candour and early resolution – both prominent features of the Scottish Government's support of openness and learning. IT developments will be made such as shared medical records and patient portals, and digital decision aids. The overall impacts of the realisation of person-centred care, as described in each of the aforementioned documents, will simply be

the implementation and/ or realisation of each document's definition of person-centred care.

Measuring impact

To fully understand the benefits of moving towards a person-centred approach, is to ensure that all impacts of implementation are measured via realistic means. These measurements must record and illustrate the true value of this changing approach to care. The 2010 Quality Strategy clearly sets out that the Consultation and Relational Empathy (CARE) measurement technique will be used to measure all clinical appraisals. Any progress made on the ambitions of the Quality Strategy will be measured against several national Quality Outcome Measures. The following measures were listed for potential use in measuring the impact of the strategy [2]:

1. Patient recorded healthcare experience
2. Staff experience
3. Staff attendance
4. Healthcare associated infections
5. Emergency admissions
6. Adverse events
7. Hospital standardised mortality rate
8. Proportion of people who live beyond 75
9. Patient reported outcomes
10. Patient experience of access
11. Self-assessed general health
12. Percentage of last 12 months of life spent in preferred place of case.

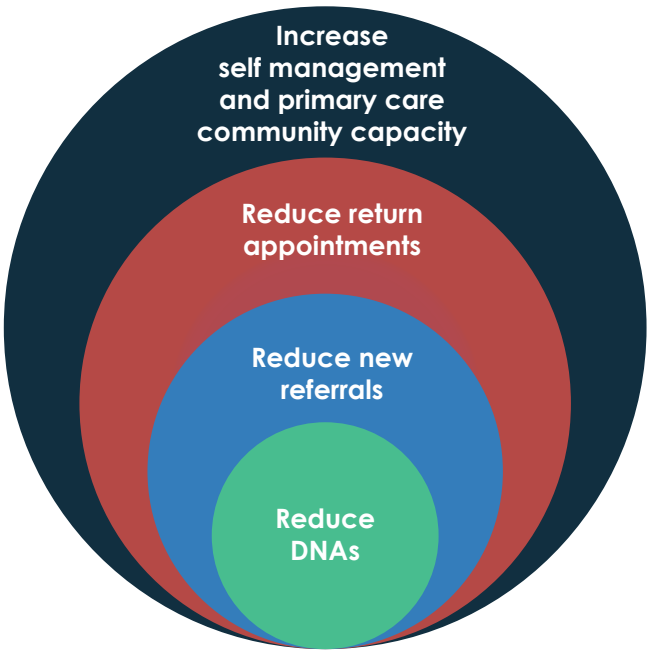

Figure 2. Quality Outcome Measures. Adapted from [1].

Each element of the Modern Outpatient programme, including the person-centred approach, will have a set of key metrics and associated outcome measures. The overall aim is to halt the growth in outpatient in-hospital appointments and reduce overall attendance numbers by 2020, releasing reinvestment in out of hospital provision and enhance the patient experience. Figure 2 shows examples of the metrics that will be used to ensure there is an evidence base to support changes in patient flows, as well as professional and resource support [1].

The national clinical strategy states that the effectiveness of the person-centred approach will be measured in relation to each individual and their contexts, via the collection and analysis of data [3]. As for the CMO reports, the realistic medicine approach is an ongoing process and will continue to change in the coming years, but the measures in place from the National Clinical Strategy will be used to determine the effectiveness of the impacts of said reports [4, 5].

How person-centred care is specifically measured is open to debate, clinical metrics in certain cases conflict with the overall ethos of person-centred care, so a careful balance of measures is required to help ensure the most valuable patient experience in a person-centred health and care system.

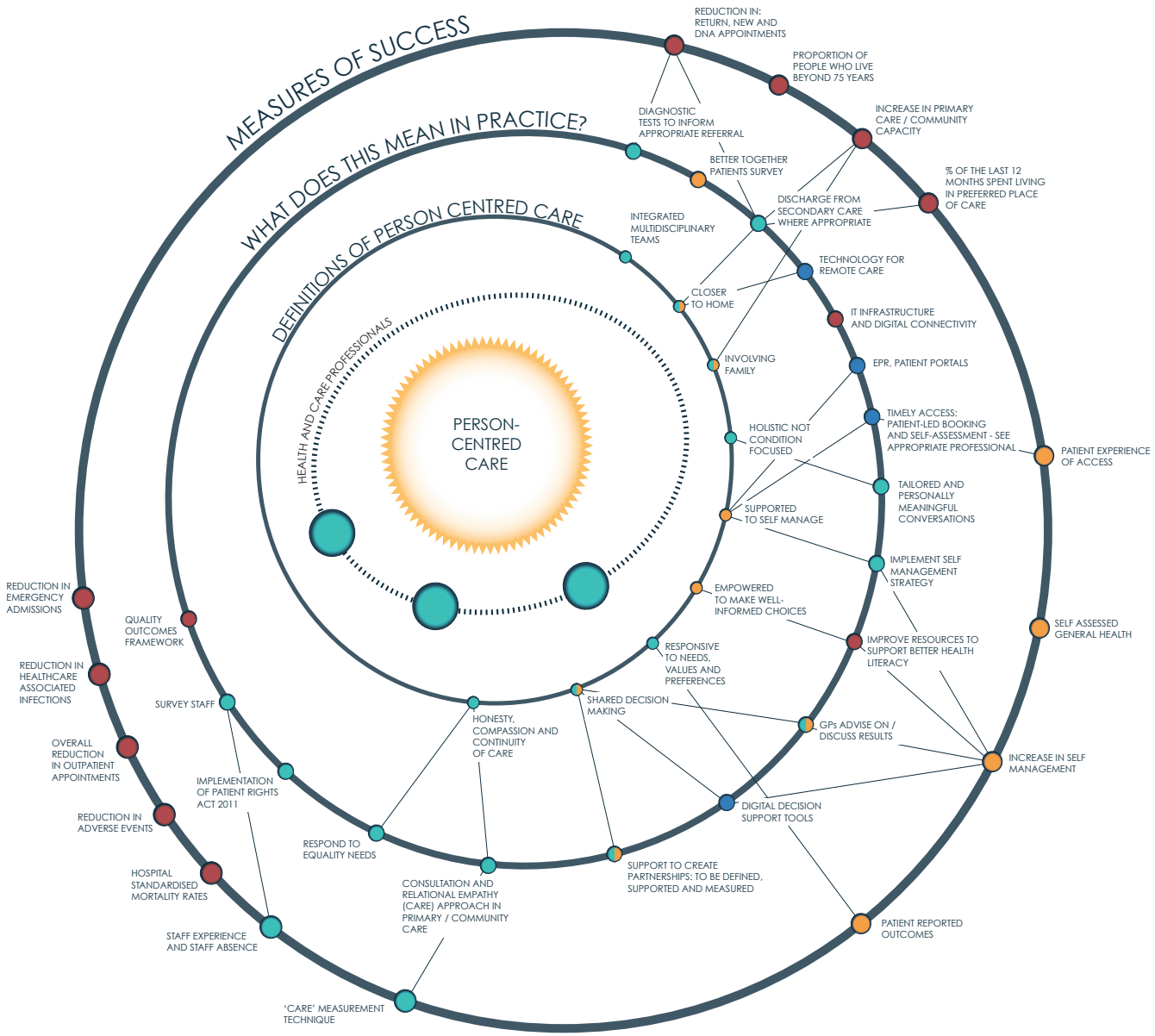

Figure 3. The current state policy map for person-centred care (G Teal, 2018)

References

1. *Scottish Government. The Modern Outpatient: A collaborative Approach 2017-2020. 2017.*
2. *Scottish Government. The Healthcare Quality Strategy for NHS Scotland. 2010.*
3. *Scottish Government. A National Clinical Strategy For Scotland. 2016.*
4. *Scottish Government. Chief Medical Officer for Scotland Annual Report 2014/15 Realistic Medicine. 2016.*
5. *Scottish Government. Chief Medical Officer for Scotland Annual Report 2015/16 Realising Realistic Medicine. 2017.*
6. *Scottish Government. NHS Scotland eHealth Strategy 2014-17. 2015.*

For more information please contact:
Ciarán Morrison,
ciaran.morrison@dhi-scotland.com

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