

### **What is person-centred care?**

Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome.

Person-centred care is not just about giving people whatever they want or providing information. It is about considering people's desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual, and working together to develop appropriate solutions.<sup>1,2,3</sup>

Being compassionate, thinking about things from the person's point of view and being respectful are all important. This might be shown through sharing decisions with patients and helping people manage their health, but person-centred care is not just about activities. It is as much about the way professionals and patients think about care and their relationships as the actual services available.

In the past, people were expected to fit in with the routines and practices that health and social services felt were most appropriate.<sup>4</sup> But in order to be person-centred, services need to change to be more flexible to meet people's needs in a manner that is best for them. This involves working with people and their families to find the best way to provide their care. This partnership working can occur on a one-to-one basis, where individual people take part in decisions about their health and care, or on a collective group basis whereby the public or patient groups are involved in decisions about the design and delivery of services. The underlying philosophy is the same: it is about doing things with people, rather than 'to' them.

There is no one definition of person-centred care.<sup>5,6</sup> People might also use terms such as patient-centred, family-centred, user-centred, individualised or personalised.<sup>7,8,9,10</sup> Regardless of the terms used, a lot of research has looked into what matters to patients and how to provide person-centred care to make sure people have a good experience.<sup>11,12,13,14,15,16,17,18</sup>

There are many different aspects of person-centred care, including:<sup>19</sup>

- respecting people's values and putting people at the centre of care
- taking into account people's preferences and expressed needs
- coordinating and integrating care
- working together to make sure there is good communication, information and education
- making sure people are physically comfortable and safe
- emotional support
- involving family and friends
- making sure there is continuity between and within services
- making sure people have access to appropriate care when they need it

### **Why is person-centred care important?**

Person-centred care is a high priority. Making sure that people are involved in and central to their care is now recognised as a key component of developing high quality healthcare.<sup>20,21,22,23</sup> There is much work to be done to help health and social services be more person-centred and this has be-

come more of a priority over the past decade.<sup>24,25</sup> This is because it is hoped that putting people at the centre of their care will:

- improve the quality of the services available
- help people get the care they need when they need it
- help people be more active in looking after themselves
- reduce some of the pressure on health and social services

In Denmark, as in the UK there is increasing demand for health services and there are limited resources. People are living longer and may often have many health conditions as they age.<sup>26,27</sup> Research has found that person-centred care can help to improve people's health and reduce the burden on health services,<sup>28,29,30</sup> so UK government policy is emphasizing strengthening the voice of patients<sup>31,32,33,34</sup> and moving away from a paternalistic model where professionals 'do things to' people.<sup>35,36,37</sup> The NHS constitution in England has person-centred care as one of its seven core principles. This philosophy is also built into National Service Frameworks, monitoring requirements and legislation in all four countries of the UK.

### **Person-centred care can improve quality**

Research has found that person-centred care can have a big impact on the quality of care. It can:<sup>38,39</sup>

- improve the experience people have of care and help them feel more satisfied
- encourage people to lead a healthier lifestyle, such as exercising or eating healthily
- encourage people to be more involved in decisions about their care so they get services and support that are appropriate for their needs
- impact on people's health outcomes, such as their blood pressure
- reduce how often people use services.

This may in turn:

- reduce the overall cost of care (there is currently little evidence of this)
- improve how confident and satisfied professionals themselves feel about the care provided

Reviews of research about this topic found that offering care in a more person-centred way usually improves outcomes.<sup>40</sup> Some of the most common ways that have been researched to improve person-centred care include helping people learn more about their conditions, prompting people to be more engaged in health consultations and training professionals to facilitate care that empowers people to take part.<sup>41,42</sup>

Offering care in a more person-centred way can even improve outcomes for professionals. A review of seven studies about professionals delivering person-centred care in nursing homes found that this approach improved job satisfaction, reduced emotional exhaustion and increased the sense of accomplishment amongst professionals.<sup>43</sup>

Research has found that some components or underlying principles of person-centred care may be most important for affecting outcomes, including:<sup>44,45,46,47,48,49,50,51,52,53,54,55,56,57</sup>

- getting to know the patient as a person and recognising their individuality
- seeing the patient as an expert about their own health and care
- sharing power and responsibility

- taking a holistic approach to assessing people's needs and providing care
- including families where appropriate
- making sure that services are accessible, flexible and easy to navigate
- looking at people's whole experience of care to promote coordination and continuity
- making sure that the physical, cultural and psychosocial environment of health services support person-centred care
- making sure that staff are supportive, well trained in communication and striving to put people at the centre of their care

While the evidence is mounting that person-centred care can make a difference, there are not that many studies about outcomes yet and some research has mixed findings.<sup>58</sup> Person-centred care means different things to different people and this might be why there are mixed findings. This makes it even more important to think about how to measure and put person-centred care into practice, so that health services can better understand the benefits of this approach.

### **Experience from East London NHS Foundation Trust (ELFT)**

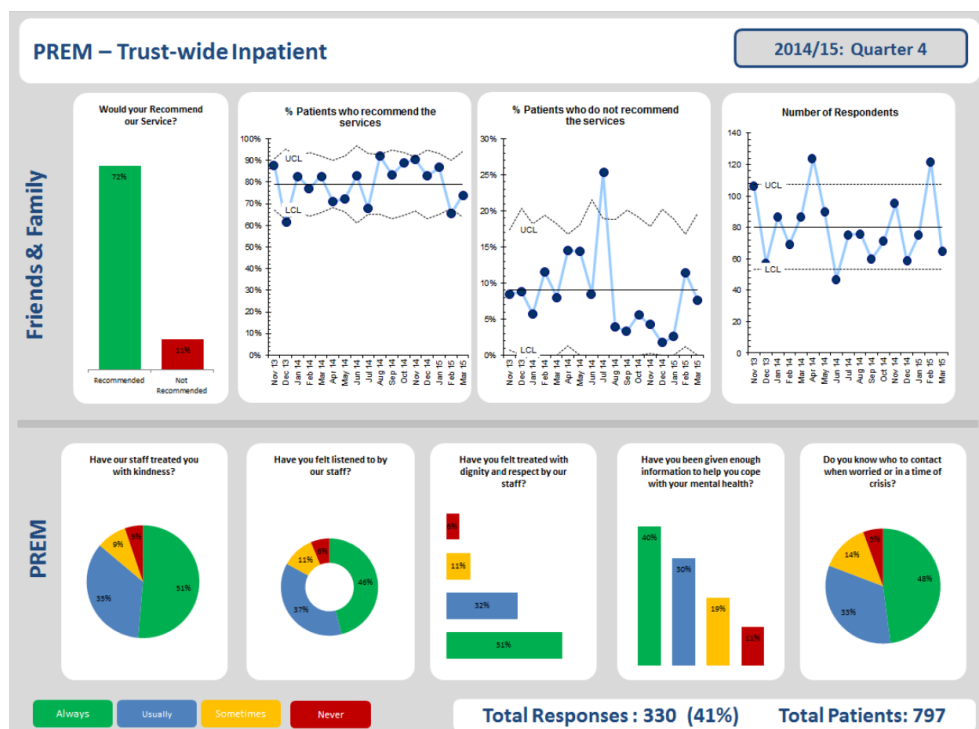
The Trust's vision is to make a positive difference to people's lives. ELFT has a clear statement regarding their vision which includes working together as a team with our patients, carers and partners.<sup>59</sup>

ELFT has a clear mandate in the Quality Strategy that patients are at the heart of everything the organisation does.<sup>60</sup> As such the trust has put in place an infrastructure to support this work including:

- 'Recovery Colleges'<sup>61</sup>
- 'People Participation Leads' (PPL) in each directorate (area of work)<sup>62</sup>
- 'Working Together Groups' at local and organisational-wide level<sup>63</sup>
- dedicated 'Peer Support Workers' (PSW) to support the transition from I care back into the community<sup>64</sup>
- personal stories at Board meetings
- training and involvement in QI<sup>65</sup>
- dedicated resources to support training, activities and factors outside the usual scope of health care, e.g. benefits and housing advice<sup>66</sup>
- a stand-alone SU run website<sup>67</sup>
- SU on all interview panels

Feedback data is crucial. ELFT collects data from people who use their services via a range of methods, e.g. touch screens on wards, via website, face-to-face surveys. The feedback covers a wide variety of care aspects, for example, satisfaction with care and treatment, food, information about medication, ward-rounds, 'safety', etc. Many of these data are collected 'real-time' or regularly (weekly/monthly/quarterly). These data are used to inform the QI work, and are made available in public areas for SU's, carers and staff to see, and also on the Trust website.

Below is an example of a patient feedback dashboard. These data are collected in 'real-time', i.e. devices are in all wards, services, teams for patients to provide feedback on their experience at any time on any day.



The high response rates and constant flow of data allow analysis to be undertaken at local level (ward/team) and facilitate the quality improvement work. Qualitative data is collected alongside these quantitative data to support greater understanding of specific areas of concern.

Uniquely, ELFT educates and supports SUs and carers to collect many of these data. This approach has been shown to increase the honesty of the feedback given. This model also has the benefit of 'up-skilling' and empowering SUs.<sup>68</sup>

Much of the clinical work is also undertaken collaboratively, for example, SU designed 'This is me' care plans and the use of 'Advanced Directives' to ensure safe and person-centred care.

### Organisational indicators of Impact

Below is a summary table containing the results of the mandatory indicators all NHS Trusts are assessed against.

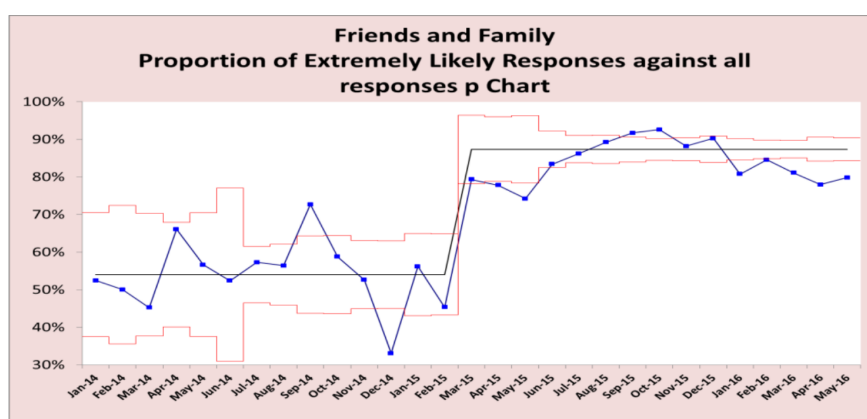
Category	Indicator	Performance
<b>Monitor</b>	Finance risk rating (on a scale of 1-4, with 4 being the best)	4
<b>Monitor</b>	Governance risk rating (on a scale from green to red, with green being the best)	Green
<b>Care Quality Commission</b>	Number of standards that are assessed to be non-compliant following CQC inspections	Nil
<b>National targets</b>	National target relevant to mental health and community services	Fully compliant
<b>National staff survey</b>	National ranking for overall staff engagement	1 <sup>st</sup> =

	score	
<b>National community patient survey</b>	Overall national ranking	3rd

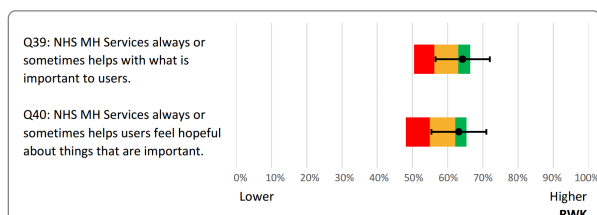
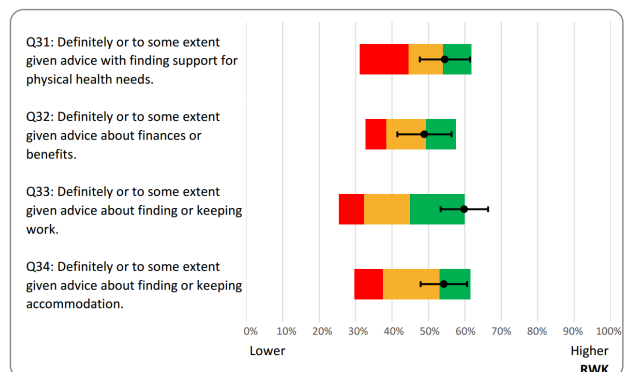
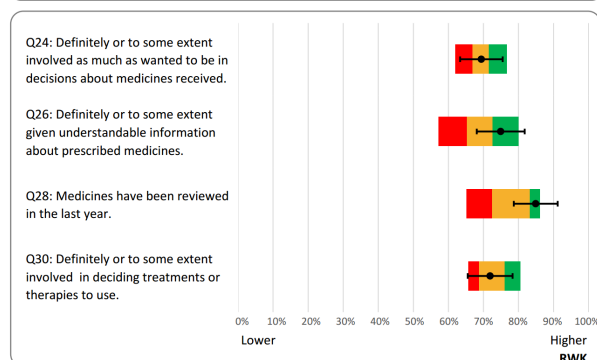
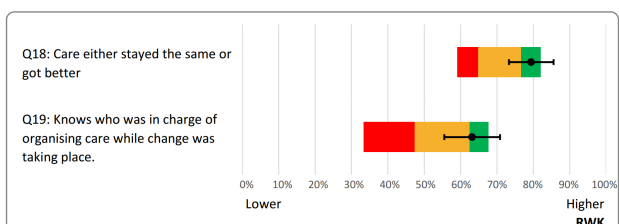
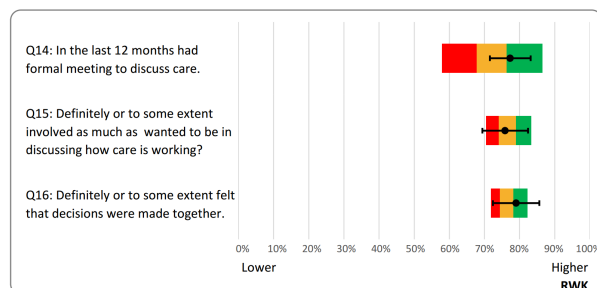
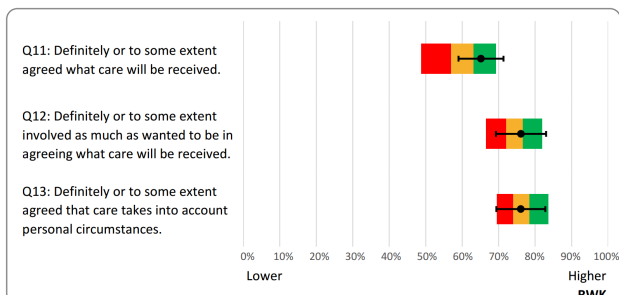
Some of details, specific to the staff and patient surveys are presented below:



All health providers in the England are required to ask patients whether they would recommend the service they experienced to friends or family should they need it. This is known as the 'Friends and Family Test' (FFT). Patients can respond using a five-point scale, e.g. 'highly unlikely to recommend' through to 'highly likely to recommend'. The data below show the proportion of ELFT patients who responded 'highly recommend (very positively)' and how this has increased significantly over time.



All NHS services also undertake annual surveys of patient experience of care. Below are the ELFT results from the National Mental Health Services Survey (2015) specific to Person Centred Care:



These data indicate high levels of satisfaction across a broad range of 'Person Centred Care' factors.

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