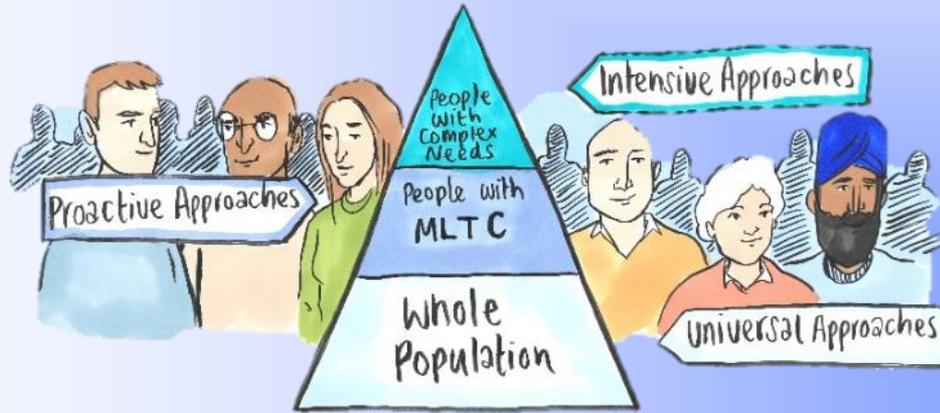


Person-centred care



About Person-Centred Care



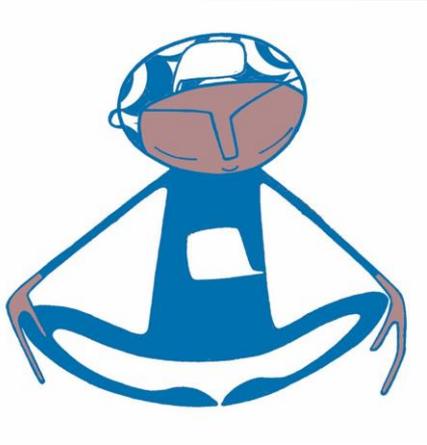
- **GPs and Allied Health Professionals are uniquely placed** to facilitate this more personalised approach and ensure individuals are receiving the care and support they need from **primary care and community services**
- The person-centred care approach:
 - Can **reduce pressures** on the primary care team
 - Can bring **increased professional satisfaction**
 - **Empowers individuals** to take an active role in managing their own health and well-being, working alongside health professional's medical expertise

Why Person-Centred Care?



- **Rise in multi-morbidity & complexity, people with 1+ LTCs make up 30% of the population.** This has a significant impact on the system
- **We know that adversity in childhood affects both mental and physical health long term**
- **People with multiple LTCs account for ~50% of all GP appointments**
- **By 2035 two-thirds of adults are expected to be living with multiple health conditions and 17% will have four or more conditions.**
- **Current 10-minute GP consultation doesn't allow enough time to effectively address all health and well-being issues**

Why Person-Centred Care?



- Need a **move towards more personalised and joined up approach to health and care** to meet increasingly complex needs, expectations and health inequalities
- **Person-centred care (PCC) offers an alternative** to the traditional & linear bio-medical model
- PCC gives people **more choice, understanding and control** in their lives by providing an approach that is appropriate to the individual's needs (*NHS Comprehensive Model*)

PCC involves a conversation shift from asking:

‘What’s the matter *with* you?’

to

‘What matters *to* you?’ and

‘What has happened *to* you?’

Adam K. : Social Prescribing

- 10 year old child
- History of hyperactivity, concentration difficulties and behavioural difficulties
- Lives with Mum and 2 younger siblings
- Mum has long standing mental health difficulties including a history of depression, and a diagnosis of personality disorder. She is currently single having left an abusive and violent partner.
- Mum is at the end of her tether and says she cannot cope. She requests a CAMHS referral.



What Matters to Adam and his family?

- Reminder: 10 years old, hyperactive, behavioural difficulties, living in adversity
- Significant intergenerational adversity
- School have threatened exclusion
- Mum not coping and wants a CAMHS referral
- Received a letter inviting her for an appointment with a wellness coach eg Parent Family Support Advisor, Family Support Worker, Health Connector-trained to provide parent and family support (in surgery/school/charity sector). Letter outlined the nature of the appointment. **(social prescribing)**



What Matters to Adam and his family?

- Initial conversation, Adam and his Mum's priorities were discussed
- Mum has stopped her anti depressant medication – discussed using [Emotion Coaching model](#)
- Main concerns are managing Adam's behaviour at home and coping on her own with three children
- Mum feels if Adam is excluded from school she will 'crash'



What Matters to Adam and his family?

- Information given about the effects of trauma (including intergenerational trauma - toxic stress) on emotions and behaviour
- Information provided about local connections e.g. Facts4Life in the local school
- Mum wanted to be able to understand better her own mental health needs and have support so she could remain able to manage her children – information provided about mindful exercises, nutrition, sleep, exercise and emotion coaching
- Parent Support Groups and Talking Cafés were discussed and she was keen to be referred (**shared decision making**)
- In addition, the Facts4Life information on Mindful Emotion Coaching was reviewed and she thought it would be useful.



What Matters to Adam and his family?

- With regards to Adam's behaviour and mental health, Ms K's goals were discussed **(goal setting and care planning)**
- She wanted to be able to manage her three children and Adam to go to school
- She was keen to start her anti depressant again and to access Talking Therapies **(shared decision making)**

- A website with easy to understand video clips was shared
- Mum agreed to ask Adam's teacher about Facts4Life **(social prescribing)**
- A review appointment was arranged in 2 weeks time.



Review Meeting

- At review the wellness coach ran a simple mindful exercise and then asked Ms K to talk about moments that worked well or not so well with Adam
- She then shared with Ms K a Wellness Plan for Adam and offered a joint appointment to go through it in detail
- The **Wellness Plan** is a psycho education tool enabling parents and families to understand better how they can work together to support each other (**social prescribing**)



‘connecting and having informed discussions increases Ms K’s neurological integration and improves her health and wellbeing which in turn affects the health and wellbeing of her children’

Discuss in Groups



RCGP and Person-Centred Care

The RCGP PCC Project 2018-2019:

- Join our network! The Person-Centred Care Network of Champions is a:
 - reference group
 - peer support group
 - awareness raising group
- Developing definitions, standards and an evaluation framework for PCC
- Guidance for PCC approach to Cancer, Diabetes, Learning Disabilities and Mental Health
- RCGP and Network are raising awareness about PCC by speaking at and participating at events



Royal College of
General Practitioners



For more information and resources about person-centred care:

personcentredcare@rcgp.org.uk

<http://www.rcgp.org.uk/personcentredcare>

<http://www.england.nhs.uk/personalisedcare>

Why Person-Centred Care?

Personalised Care and Support Planning:

- Extensive evidence shows well-being, satisfaction and experience improves through good personalised care and support planning.
- Improves GP and other professionals' job satisfaction.
- Some evidence of improved clinical outcomes and that it is at least cost neutral, with some evidence of small cost improvements



Why Person-Centred Care?

Supported Self-Management:

- Evidence from England shows people who have the highest knowledge, skills and confidence had 19% fewer GP appointments and 38% fewer A&E attendances than those with the lowest levels of activation.
- Corroborated by a Health Foundation study which tracked 9,000 people across a health and care system.
- Realising these changes in service utilisation requires a 15-20-point increase in activation score; NHS England work on health coaching and social prescribing lead to an average 10.8-point increase in activation score – with a commensurate decrease in service usage



Why Person-Centred Care?

Shared Decision Making (SDM)

- People consistently over-estimate treatment benefits & underestimate harms.
- SDM supports people to understand benefits and harms of options available
- Tends to reduce uptake of high risk, high cost interventions by up to 20%



Why Person-Centred Care?

Reduction in Health Inequalities

- Most individual LTCs more common in people from lower socio-economic backgrounds, and multiple conditions are disproportionately concentrated in these groups.
- Evidence shows levels of knowledge, skills and confidence to manage health tend to be lower for people with lower incomes and lower levels of education.
- When people are supported to increase their knowledge, skills and confidence they benefit from better health outcomes, improved experiences of care and fewer unplanned admissions.
- Shared decision making interventions significantly improve outcomes for disadvantaged people.
- PCC tailors SDM to health literacy, tailor conversations to take account of low health literacy, up to 61% working age adults do not understand health info



Resources from RCGP

The RCGP PCC Project includes:

- Person-Centred Care Network of Champions
- Person-Centred Care [Toolkit](#) (additional resources and evidence)
- Care and Support Planning [Guidance](#)
- Person-Centred [Care Planning Animation](#)
- General information and resources on the RCGP [Person-Centred Care Website](#)

