



Primary care: what matters to patients?

Jeremy Taylor, CEO, National Voices
At WSPMA annual conference 2014
19 June 2014



National Voices

People shaping health
and social care

National Voices is:



- “Few bodies have done more than National Voices to promote person centred care” Health Service Journal June 2014
- Our mission:
 - Promoting person-centred health and care
 - Being a valued membership organisation
- 160 organisations as members
- Founded in 2008



The public debate on health and social care in one slide



- Doctors
- Nurses
- Hospitals
- Money
- Scandal

What we don't talk about



- Health
- The best healthcare system in the world
- Care outside hospital
- The primary care workforce
- The informal workforce (all of us!)

What matters? – the evidence



- fast access to reliable health advice
- effective treatment delivered by trusted professionals
- involvement in decisions and respect for preferences
- clear, comprehensible information and support for self-care
- attention to physical and environmental needs
- emotional support, empathy and respect
- involvement of, and support for, family and carers
- continuity of care and smooth transitions.

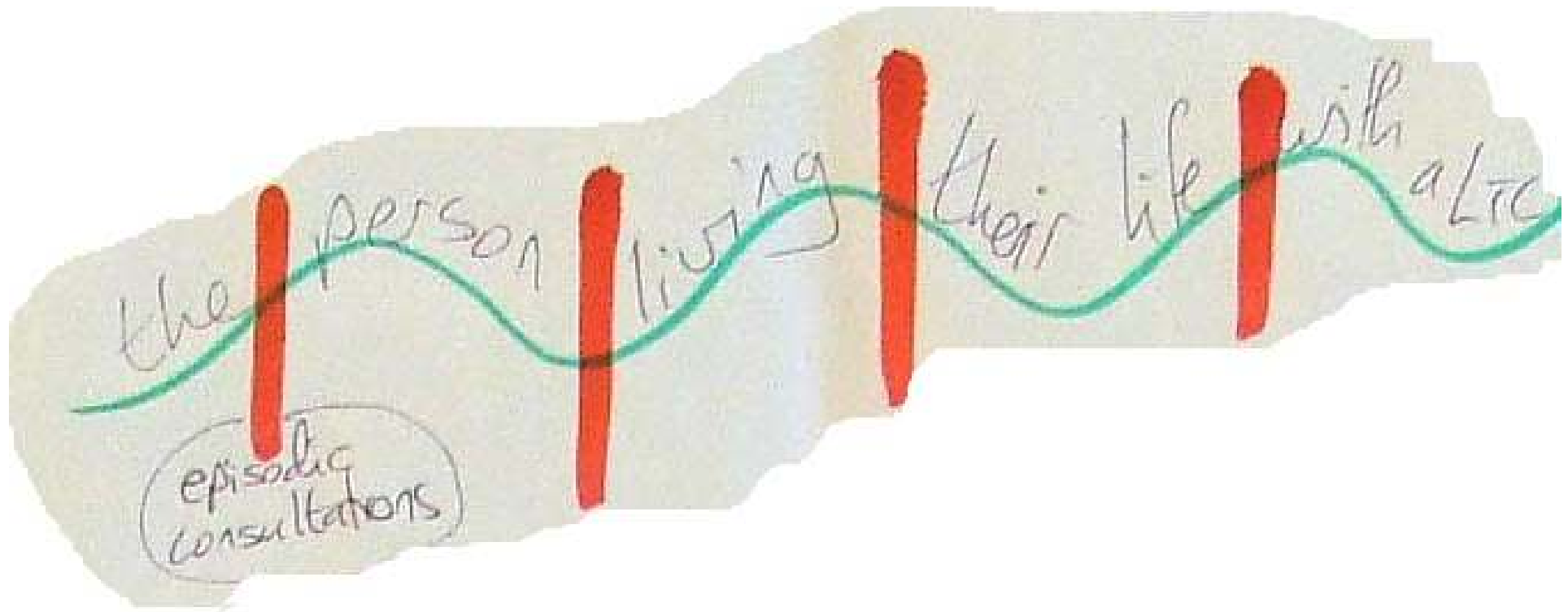
<http://www.nationalvoices.org.uk/evidence>

What matters? – what people say



- It's impossible to see my GP
- I want the best possible care for my mum
- I'm not taking these pills – they make me feel terrible
- I can't remember anything the doctor said
- See me – not my disease
- I'm her daughter but it was a struggle to get anyone to explain what was going on
- I don't want to have to tell my story over and over again.

Living with



Traditional practice styles.....



- Create dependency
- Discourage self-care
- Ignore preferences
- Undermine confidence
- Do not encourage healthy behaviours
- Lead to fragmented care





Informed, engaged patients

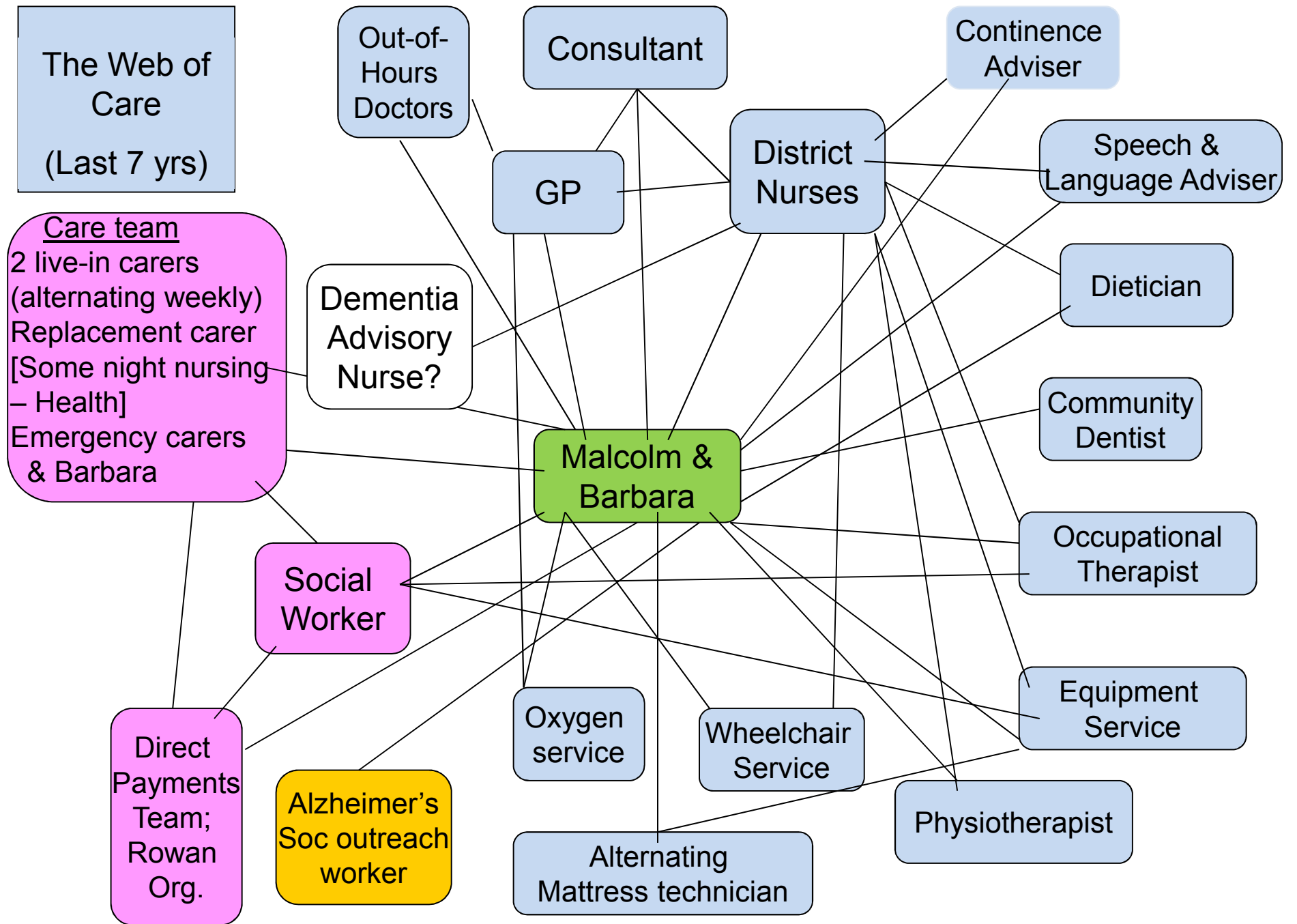
Have the knowledge, skills and confidence to manage their own health and healthcare,

And they.....

- Make healthy lifestyle choices
- Make informed and personally relevant decisions about their treatment and care
- Stick with treatment regimes
- Experience fewer adverse events
- Use less costly healthcare



With thanks to Angela Coulter





Care planning

My
goals/outcomes

Person centred coordinated care

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

Information

Transitions

Communication

Decision making

Care planning



- I work with my team to agree a care and support plan.
- I know what is in my care and support plan. I know what to do if things change or go wrong.
- I have as much control of planning my care and support as I want.
I can decide the kind of support I need and how to receive it.
- I have regular reviews of my care and treatment, and of my care and support plan.
- I have systems in place to get help at an early stage to avoid a crisis.

Communication



- I tell my story once.
- I am listened to about what works for me, in my life.
- I am always kept informed about what the next steps will be.
- The professionals involved with my care talk to each other. We all work as a team.
- I always know who is coordinating my care.
- I have one first point of contact. They understand both me and my condition(s). I can go to them with questions at any time.

Information

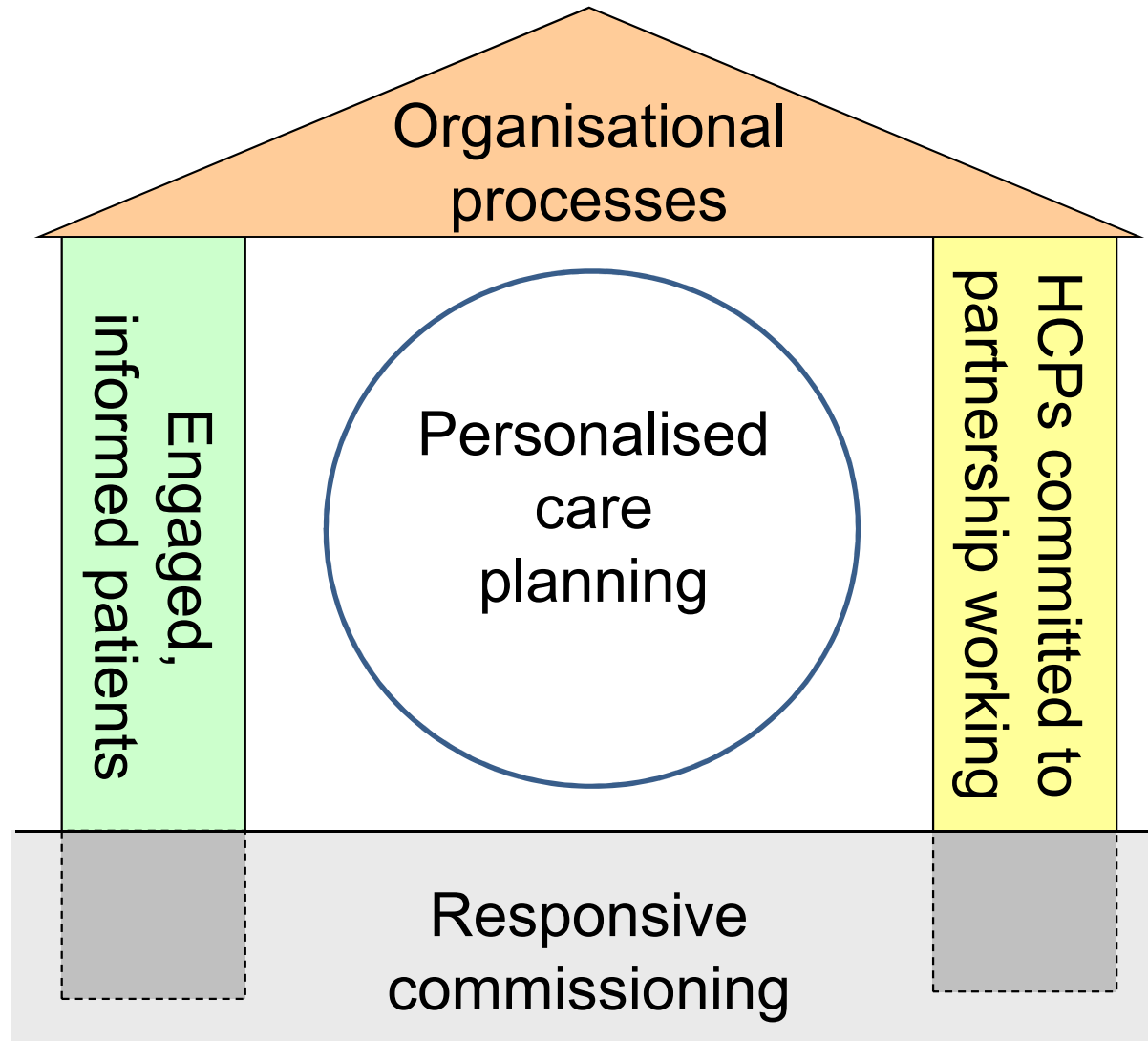


- I have the information, and support to use it, that I need to make decisions and choices
- I have information, and support to use it, that helps me manage my condition(s).
- I can see my health and care records at any time. I can decide who to share them with. I can correct any mistakes in the information.
- I am told about the other services that are available to someone in my circumstances, including support organisations.

Decision-making



- I am as involved in discussions & decisions about my care, support and treatment as I want to be.
- My family or carer is also involved in these decisions as much as I want them to be.
- I have help to make informed choices if I need and want it.
- I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS).



Coulter, Roberts, Dixon: Delivering better services for people with long-term conditions – building the House of Care, King's Fund, October 2013

Where are we trying to get to?



From:	To:
Patients as recipients	People as partners and managers of their health
Primarily medical	Increasingly social
Professionals designing services	Co-design of services
Doctors and nurses	And the rest of the workforce!
Treatment plans	Participative care and support planning
Clinical outcomes	Outcomes that matter to people
Hospital focus	Home and community focus

Well meaning waffle?



- Putting patients first
- Patients at the heart
- Patient focussed healthcare
- Person-centred healthcare
- Shared decision making
- Whole-person care
- Engagement
- Involvement
- Participation
- Patient and Public Voice
- PPI/PPE
- No decision about me without me

What people also say...



- Admit
- Allow
- Attend
- Care pathway
- Consent (vt)
- Demand
- Discharge
- Refer
- Bed-blocker
- Case
- Co-morbid
- DNA
- Frail elderly
- Frequent flyer
- Inappropriate attender
- Worried well

Being person-centred



- **People** - *treat me as a person – dignified, compassionate, holistic*
- **People engaged in their own health** – *help me, don't lecture me*
- **Partners in decisions** – *inform me, involve me as much as I want to be*
- **Self-managers** - *help build my knowledge, skills, confidence, I want to get on with my life*
- **Consumers** – *hear me, understand me, measure what matters, give me choices, be responsive, use my feedback, handle my complaint well*
- **Citizens** - *understand my needs; respect my rights*
- **People helping people** - *connect me with those who can help me*
- **Communities** - *we want to put something back: benefit from our collective goodwill, experience and leadership*

What works?



- Information is therapy
- Patient involvement leads to better clinical decisions
- Self management education and support helps people with LTCs lead better lives
- Communication training for professionals improves care
- Health behaviours can be changed. Well designed public health interventions work
- (National Voices distilled evidence from 779 systematic reviews and turned into 5 simple guides)

<http://www.nationalvoices.org.uk/evidence>

Things for practice managers to champion



- Better appointment systems
- Good, engaging information
- Friendly receptionists
- Ban “one problem per consultation”
- Signposting/social prescribing
- Patient decision aids
- Proactive care and support planning
- Multi-professional team working
- Patient access to electronic health records
- GPs emailing/skyping



"The starting point for any system of care should be to ask what it takes to lead a good life".

The Generation Strain: Collective solutions to care in an ageing society. McNeil & Hunter IPPR April 2014

- Thanks for listening
- www.nationalvoices.org.uk
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