



# Person-centred Care

**What Non-Executive Members Can Do**

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This resource is one strand of a wider induction and development programme led by the NHS Chairs Group and the Corporate Business Management Team at the Scottish Government.

This booklet sets out the various aspects within the person-centred portfolio, with each chapter relating to some or all of the 'Must Do With Me' areas. It offers points for NHS Board Non-Executive Members to consider as they drive forward the person-centred care agenda.

# Introduction

## Person-centred Care

Delivering person-centred care is a strategic priority for NHS Scotland and the Scottish Government. Working in partnership with people who use health and social care services, their families and carers, to deliver care which meets their needs, is a vital part of achieving our 2020 vision for Health and Social Care.

There are many definitions and dimensions of person-centred care. In the Healthcare Quality Strategy for NHS Scotland, we have described it as: *“Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication and shared decision making.”*

It is, perhaps possible to describe person-centred care more simply. Fundamentally, the person-centred approach means asking not, “What’s the matter **with** you?”, but, “What matters **to** you?” It means finding out who is important to the person, and working with them and their loved ones to support their care.

It means providing the information people need to be fully involved in decision making, ensuring that services are as far as possible organised around their needs, and enabling them to be involved in their care at the level they choose.

We are at an important juncture in the provision of health and social care. Person-centred approaches are at the heart of this transformation and this booklet introduces the key policy strands supporting development towards this exciting new era.

Practical improvements to person-centred care are promoted and supported through the framework of five key '**Must Do With Me**' principles.

### **1. What matters to you?**

We will ask you about your personal goals and the things that are important to you. These things will form the basis of everything we do with you.

### **2. Who matters to you?**

We will ask you about the people that matter most in your life and will help you to stay connected and involve them in the way that you choose.

### **3. What information do you need?**

We will provide you with understandable full information and will support you to make decisions that take account of your personal goals and the things that are important to you.

### **4. Nothing about me without me**

We will always involve you in any decisions, discussions or communications about you.

### **5. Service flexibility**

As much as possible, the timing and method by which you contact and use services or supports are flexible and can be adapted to your personal needs.

Together, these five '**Must Do With Me**' principles of care will help to ensure that all of the interactions between people using services and the staff delivering them are characterised by **listening, dignity, compassion** and **respect**.

# Feedback, Comments, Concerns and Complaints

Which of the five '**Must Do With Me**' principles does this relate to?



The Patient Rights (Scotland) Act 2011 introduced the right for people to give feedback, comments, concerns and complaints about the services they receive from NHS Scotland, and places a duty on the NHS to actively encourage, monitor, take action and share learning from the views they receive.

There were 31,117 complaints made about NHS services in Scotland in 2017-18. The figure includes all hospital visits, and GP, outpatient, dental and ophthalmic appointments, and represents a 32% increase since 2016-17. The increase can largely be attributed to the introduction of an early resolution stage for closure of complaints – these complaints were largely unrecorded in previous years and in 2017-18 accounted for 48% of all cases closed.

## **The NHS Complaints Handling Procedure (CHP)**

The new NHS Complaints Handling Procedure (CHP) was introduced across Scotland from 1 April 2017. The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland. It brings much sharper focus to the early, local resolution of complaints, wherever that's appropriate, and has brought the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for compliant investigations.

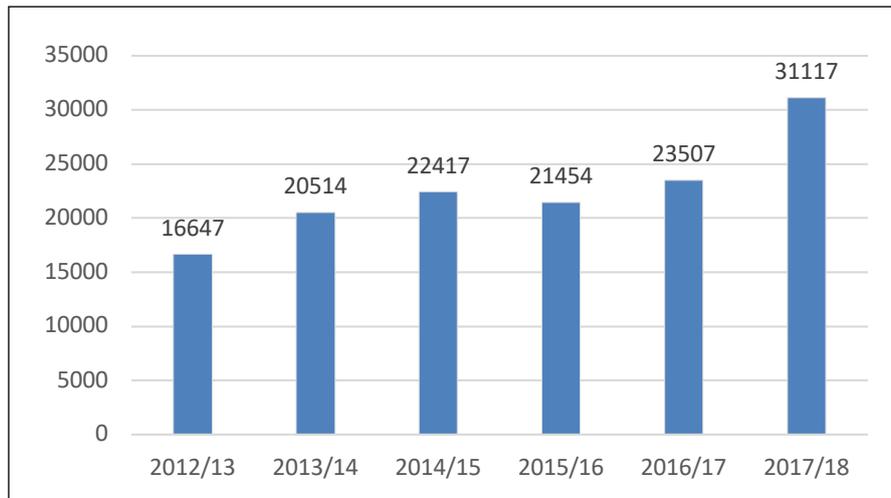
The CHP reflects the broader ambition for the NHS in Scotland to be an open, learning organisation that listens to and acts on feedback and when unintended harm is caused. The procedure complements the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care)(Scotland) Act, and the development of a national approach to reviewing and learning from adverse events.

## Background to development of the CHP

The Scottish Health Council's report: 'Listening and Learning – how feedback, comments, concerns and complaints can improve NHS services in Scotland', recommended in 2014 developing a clear, succinct and person-centred model CHP for the NHS, which all boards and their service providers could adapt and adopt.

The NHS Model CHP has subsequently been developed, led by a Steering Group chaired by the Complaints Standards Authority and involving representatives from across NHS Scotland, working alongside others including the independent Patient Advice and Support Service (PASS) and Healthcare Improvement Scotland public partners.

## Number of complaints received for NHS Scotland: 2012-13 to 2017-18

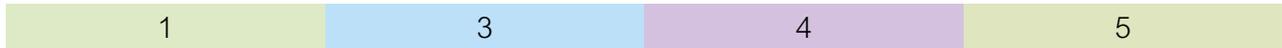


Source: ISD (Scotland) NHS Scotland complaints: <https://www.isdscotland.org/Health-Topics/Quality-Indicators/NHS-Complaints-Statistics/>

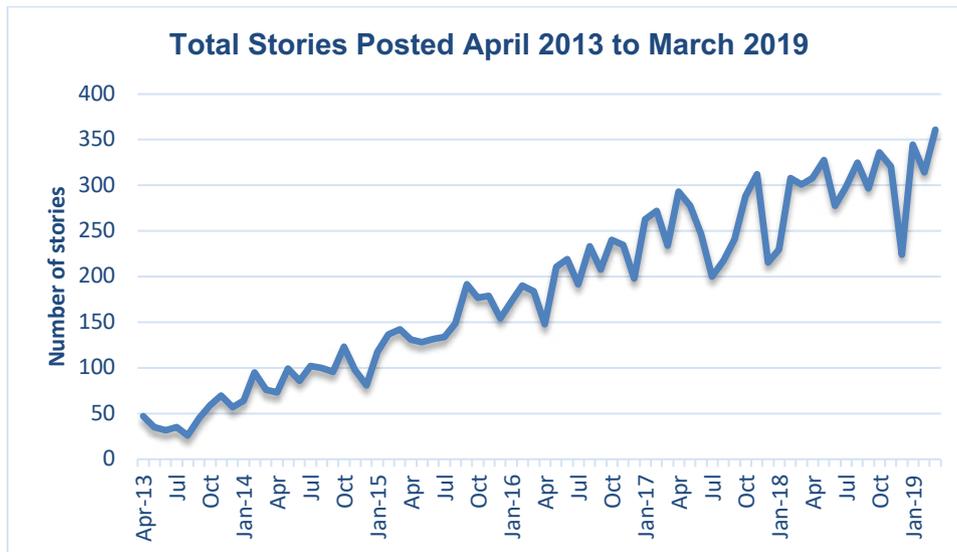
Boards must listen to, and act on, every complaint made about the services they provide, and use the information to identify the changes or improvements that could be made to further improve quality of care and treatment. This year, NHS Boards once again published annual reports showing where lessons have been learned, and action taken to improve services, as a direct result of feedback, comments, concerns and complaints.

# Increased Use of Care Opinion Driving Change

Which of the five '**Must Do With Me**' principles does this relate to?



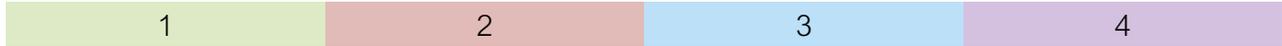
The Scottish Government continues to support NHS Boards' engagement with Care Opinion. This independent website provides a safe, anonymous route through which people can feed back about their experience of care – whether good or bad – and engage in constructive dialogue with services about how things can be improved. It also provides an important route through which NHS Staff can hear how their work has been valued and appreciated by members of the public. With over 15,000 stories now posted about people's experience of care in Scotland, Care opinion has become an important source of information about what really matters to people about health and social care services across Scotland, what they think works well and what could be better. By listening to the stories, staff working at all levels can take action to provide the care and support people really want.





# Our Voice

Which of the five '**Must Do With Me**' principles does this relate to?



Our Voice is all about engaging the people of Scotland to make health and social care better. It is based on a vision where everyone can influence how Scotland's Health and Social Care services are run. This includes those who use them, families, carers, organisations, and members of the public. The Our Voice framework allows everyone to engage purposefully with health and social care providers to continuously improve and transform services. People will be provided with feedback on the impact of their engagement, or a demonstration of how their views have been considered.



Our Voice has been developed in a partnership involving the Scottish Health Council, Healthcare Improvement Scotland public partners, COSLA, the Scottish Government, The ALLIANCE and other third sector partners. The views of over 1,000 individual sand groups also contributed to the design and development of the framework.

Our Voice operates every level of health and social care to ensure that the voice of the service is heard and to support improvement and empower people to be equal partners in their care:

At **national level**, there are many ways to involve as wide a range of people in discussions about national health and social care policy and how to improve services. The Our Voice Citizen's Panel provides a 'public voice' on a variety of health and social care issues. The Citizens Panel has enabled the voices of people to be heard on a range of important issues including what makes for a good consultation with a doctor, how we can use our medicines better, and how digital technologies can improve healthcare. New models of deliberative engagement are creating opportunities for people to engage in national policy debate. At **local level**, peer networks are being developed to support people to engage purposefully in local planning processes. The Scottish Involvement Network is a peer led network for people working in engagement and participation. The Scottish Involvement Network has over 50 members including those from housing, health and social care partnerships, the NHS and third sector organisations. All of the members contribute to the development of the network and the delivery of it's goals to improve the practice of engagement and to raise awareness of the importance of engagement in decision making. The Scottish Health Council's Participation Toolkit has been developed to support health and social care staff to more effectively involve patients and service users, carers and members of the public in decisions about their own care and in the design and delivery of local services. At **individual level** people should have the information and support they need to make decisions about their care and treatment. Shared decision making is the cornerstone of Realistic Medicine's drive to better support people to be meaningfully involved in decisions about their care. People will be empowered and supported to feed back about the care and services they receive, and this feedback will be used to drive and inform continuous improvement to services.



*My Voice*



*Community Voice*



*National Voice*

# Self Management

Which of the five '**Must Do With Me**' principles does this relate to?

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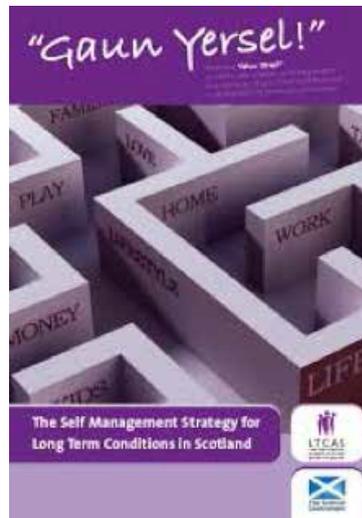
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Self management puts people living with long-term conditions in 'the driving seat' of their care. It supports and encourages them to access information and to develop skills that will enable them to live their lives well, on their own terms, with whatever health conditions they have.



Scotland has been a world leader in self management. In 2008 [Gann Yersel! The Self Management Strategy for Scotland](#) was published. The strategy was co-produced with people living with long-term conditions, co-ordinated by the ALLIANCE working with the Scottish Government.

## **Self Management Fund**

The £2 million per year Self Management Fund, administered on behalf of the Scottish Government by the Health and Social Care Alliance Scotland (the ALLIANCE), provides a unique opportunity for third sector organisations and partnerships to develop and strengthen new project ideas that support self management as well as building upon existing approaches.

By 2018, the Self Management Fund had provided £18 million to support over 275 new ideas and projects by third sector organisations and partnerships, all aimed at supporting people to live well with their conditions, based on the understanding that they are supporting people to live well with their conditions, based on the understanding that they are in the driving seat of their care.



## **Self Management Network**

Launched by the ALLIANCE in November 2014, the Self Management Network Scotland has over 500 members and continues to grow. The network provides a focal point for continuing to build on self management in Scotland, sharing good practice and driving innovation and improvement.



## **ALISS**

ALISS (A Local Information System for Scotland), is an online resource that helps to link people with support within their local communities. ALISS has been co-produced with people with long-term conditions and professionals, and it offers a means for communities to work together to gather, maintain and share vital information.

# Health Literacy

Which of the five 'Must Do With Me' principles does this relate to?

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Meeting people's health literacy needs and communicating in meaningful ways is key to delivering person-centred care. It also improves the safety and effectiveness of care, and helps address health inequalities.



The case for action on health literacy was set out in the [Making it Easy – A Health Literacy Action Plan for Scotland](#). The Plan, published in 2014, set out our ambition for Scotland to be a health literate society that enables all of us to have the confidence, knowledge, understanding and skills to cope with the complex demands of modern healthcare, and to maintain good health. In December 2016, the Scottish Government committed to refreshing the Health Literacy Plan.



*Making it Easier – Scotland's Health Literacy Action Plan* was launched in November 2017 to international acclaim. It builds on what we've learned so far about health literacy and sets out plans to:

- share the learning from Making it Easy across Scotland;
- embed ways to improve health literacy in policy and practice;
- develop more health literacy responsive organisations and communities; and
- design supports and services to better meet people's health literacy levels.

Improving our health literacy – so that we all have the skills, confidence, knowledge and understanding to navigate complex healthcare systems and to be meaningfully involved in decisions about our care, is a cornerstone of Realistic Medicine's drive to better support people's needs through shared decision-making.

## **The Health Literacy Place**

The Health Literacy Place is the main source of health literacy information and resources in Scotland. Launched in 2014, the website provides access to a range of health literacy tools and techniques to help practitioners make sure that good conversations can take place with those they are caring for and supporting.

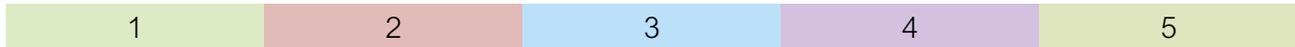
The website contains information to encourage professionals to use approaches that have been successful in other areas in Scotland and support them to practice person-centred care.

Some examples of good practice and techniques we share are:

- **The Dundee demonstrator** – which undertook walkthroughs with a range of people to see what their journey was like from the front door to the clinic location and came up with solutions to make it easier to navigate.
- **Teachback** – a method for practitioners to use to check that they have communicated information effectively and that messages they have provided are being understood and taken away.
- **Chunk and Check** – requires practitioners to break down information into smaller chunks throughout consultations and check for understanding along the way, rather than providing all the information that is to be remembered at the end of the session.
- **What Matters To You?** – supports staff to focus on what's important to the people they are caring for and supporting.

# House of Care

Which of the five '**Must Do With Me**' principles does this relate to?



The House of Care helps people be more involved in decisions about their care and to identify what matters most to them. It also helps people to identify the resources within their communities which can support them in achieving their goals. Local evaluation and experience suggests it improves public and practitioner satisfaction, develops meaningful person-centred quality improvements, and enhances system transformation.



The House of Care is helping to build a shared understanding of the critical success factors required to turn the rhetoric of health and social care, and primary care policies, into every day implementation. It does this through practitioner training which develops a person-centred ethos while building skills and leadership, underpinned by supported self management principles. It strengthens patient and staff health literacy capabilities, and builds knowledge of, and relationships with local community assets and resources.

Scotland's House of Care programme is a collaboration between the ALLIANCE, six partnership areas across Scotland (Lothian/Thistle Foundation, Greater Glasgow & Clyde, Tayside, Lanarkshire, Ayrshire & Arran, and Grampian), the Scottish Government, and year of Care Partnerships. Valuable support has been received by British Heart Foundation. It also has close connections with the Royal College of General Practitioners (RCGP).

It has built on over a decade of experience in general practice of the practical implementation of collaborative care and support planning for people living with one or more long-term condition. It helps people be more involved in decisions about their care and identify what matters most to them.

The House of Care seeks to address health care inequalities and support public health aims. It does this by preparing people through information gathering and sharing prior to a collaborative conversation involving goal setting and action planning. This promotes empathy, enablement and an active role for people and their carers.

Important information is gathered about individual support needs. This information can be aggregated at regional, locality and GP Cluster level to inform the provision of self management support ('More than Medicine') in local communities, and to help realise enhanced public health.

# Person-Centred Visiting

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The Scottish Government supports the growing movement towards flexible visiting in NHS Scotland so that people have better access to families and loved ones while they are in hospital.

The Programme For Government 2018-19 contains a commitment to person-centred, flexible visiting across our NHS by 2020.

There is growing recognition of the importance of encouraging and supporting family presence whilst a loved one is in hospital or similar setting. In addition to the ethical and human rights imperative to support this approach, there is now evidence of wider impact on safety and effectiveness in the peer reviewed literature, and from organisations who have developed a family friendly culture which puts visiting under the control of the individual and their family 24/7. Positive impacts include reductions in falls and complaints, as well as improved patient and family experience.

While there is a strong emphasis on removing time restrictions altogether, this does not mean that family presence should be completely unmanaged. The privacy and dignity of people in hospital should be protected and guidelines developed locally with patients and families to support this.

There are already good examples of early adopters of flexible, person-centred visiting across Scotland. In August 2017, NHS Grampian launched its 'Welcome Ward' initiative. This person-centred approach to hospital visiting recognises the important role that families, carers and friends can have in a person's recovery. Across NHS Grampian, family, friends and carers are welcome to visit the ward as much as their family member or friend would like, and to share their knowledge and experience with staff. NHS Lanarkshire has also adopted a person-centred visiting policy across its acute hospitals, while the new Dumfries and Galloway Royal infirmary opened in December 2017 with fully flexible visiting. Other NHS Boards are working towards full implementation of a person-centred approach to visiting.

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## What Matters to You?

Scotland continues to be at the forefront of a growing international movement working to improve health and social care by gaining a better understanding of what really matters to people receiving care or support.



The 'What Matters To You?' approach supports staff to focus on what's important to the people they are caring for and supporting. It's based on the principle that, by talking to people about what's important to them, listening deeply to the answers and taking action on what we hear, we can provide the care and support that people really need and want. In line with the principles of Realistic Medicine, our ambition is that conversations about what matters become a core part of how health and care services are delivered across Scotland, every day.

## Scotland has taken a leading role in the international 'What Matters To You ? Day since June 2016.

Scotland has co-ordinated and hosted the annual 'What Matters To You?' day since June 2016. Now in its fourth year, many of the countries engaging with Scotland have gone on to co-ordinate their own local campaigns, embedding 'What Matters To You?' at international level.

On 6 June 2018, over 600 individuals and teams from across Scotland joined colleagues from around the globe to take part in 'What Matters To You?' Day. Four new countries joined the initiative in 2018, bringing the total number of countries engaging with 'What Matters To You?' Day to 33.

Members of the 'What Matters To You?' working group visited teams in a wide range of settings across Scotland including mental health units, acute wards and community services, to provide support and capture learning. In previous years, the day was targeted at health and social care staff but, since 2018, the focus has been on the empowerment of the people who use the services, allowing them to both initiate and respond to 'What Matters To You?' conversations about their care and support.

# What Non-Executive Members Can Do

## What Non-Executive Members can do to promote person-centred care

- Consider how you can champion person-centred care, both within and outwith your board.
- Determine whether the leaders in your organisation are advocating for action to deliver care that is reliably person-centred.
- Support teams in implementing person-centred visiting in their wards and clinical settings. Is the information for patients and families on websites, posters and other materials consistent and clear?
- How is the board developing positive care experiences with a strong focus on the outcomes that matter to the people using its services, guided by the five '**Must Do With Me**' principles of care?
- Does the board widely publicise the information people need to give feedback, comments, concerns and complaints, and the support available for them to do so?
- How is the board supporting staff to be open and confident in receiving feedback?
- How is the board using the intelligence gathered from all forms of feedback, including the stories posted about its services on the independent website Care Opinion, to inform and drive improvement?
- Is the board frequently reviewing and giving due priority to the themes and nature (i.e. positive or negative) of the feedback from the independent website Care Opinion and comparing this to other internal sources of feedback?
- Are the governance and accountability mechanisms the board has put in place in connection with feedback and complaints robust and transparent?
- Does the board engage with patients and the public in reviewing how the themes emerging from feedback and complaints data can be used to improve healthcare services?
- How is the board supporting the people their Health Board serves to have the confidence, knowledge, understanding and skills they need to understand the information they are given about their health, and to navigate healthcare systems?
- Does the board support people to live well on their own terms, and with whatever health conditions they have, through collaborative care and support planning?
- Is the board working with its integration partners to develop effective mechanisms for involving citizens meaningfully in planning and improving healthcare services, using the principles and values of Our Voice?

# References

Health and Social Care Alliance Scotland: [Gaun Yersel!](#)

ISD (Scotland) NHS Scotland Complaints Report: [NHSScotland Complaints Statistics 2014-15](#)

Royal College of General Practice: [Blueprint for Scottish General Practice](#) and [2016 Manifesto](#)

Scottish Health Council: ['Listening and Learning: How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland'](#)

Scottish Government: [Making it easier: a health literacy action plan 2017-2025](#)



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