



# Person-centred Care

## What Non-Executive Directors 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 Directors to consider as they drive forward the person-centred care agenda.

# Introduction

## Person-centred Care

There are many definitions and dimensions of person-centred care. In the Healthcare Quality Strategy for NHS Scotland we have described it in this way: *“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.”*

The Chief Medical Officer for Scotland reiterated the vital importance of the person-centred ethos in her 2015 annual report, describing the need to *“deliver healthcare that focuses on true value to the patient”*; the need to *“place collaborative, relational decision-making and planning at the heart of our system”* and the absolute imperative *“to be focusing completely and relentlessly on what matters most to the people who look to us for care, support and treatment”*.

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**.

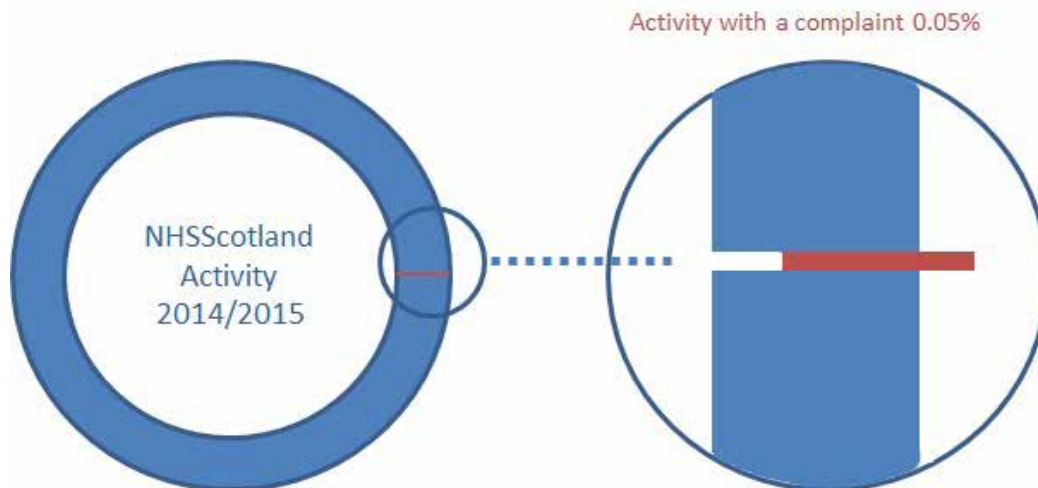
# Feedback, Comments, Concerns and Complaints

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 NHSScotland, and places a duty on the NHS to actively encourage, monitor, take action and share learning from the views they receive.

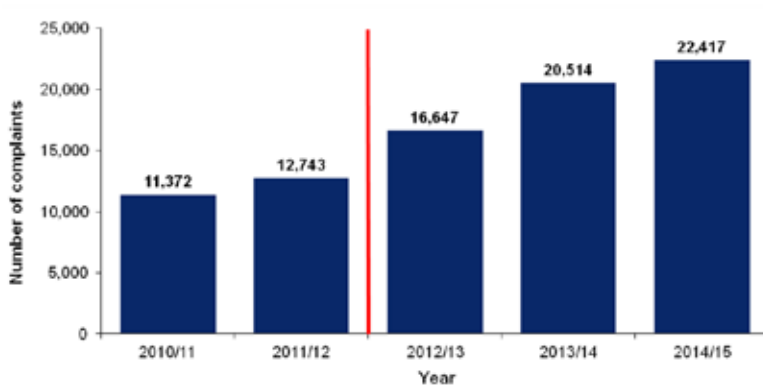
There were 22,417 complaints made about NHS services in Scotland in 2014-15 – the equivalent of 0.05% of all NHS activity. The figure includes all hospital visits, and GP, outpatient, dental and ophthalmic appointments, and represents a 9% increase since 2013-14.



Source: ISD (Scotland) NHSScotland complaints: <https://isdscotland.scot.nhs.uk/Health-Topics/Quality-Indicators/Publications/2015-09-29/2015-09-29-Complaints-Report.pdf?87847536803>

In 2014-15, in line with one of the recommendations of the Scottish Health Council's report: ['Listening and Learning: How Feedback, Comments, Concerns and Complaints Can Improve NHS Services in Scotland'](#), the Scottish Government asked the Scottish Public Services Ombudsman's Complaints Standards Authority to lead the development of a revised NHS complaints procedure. A working group, including representation from NHS Boards, the independent Patient Advice and Support Service (PASS), the Scottish Health Council, Healthcare Improvement Scotland and NHS Education for Scotland, has since been convened to take this forward.

### Number of complaints received for NHSScotland: 2010/11 to 2014/15



Source: ISD (Scotland) NHSScotland complaints: <https://isdscotland.scot.nhs.uk/Health-Topics/Quality-Indicators/Publications/2015-09-29/2015-09-29-Complaints-Report.pdf?87847536803>

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 Patient Opinion Driving Change

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

1

3

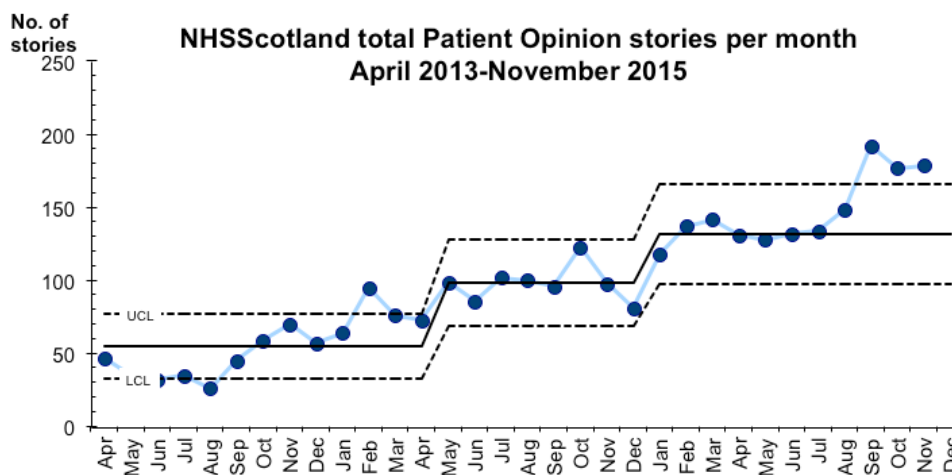
4

5

The Scottish Government continues to support NHS Boards' engagement with [Patient Opinion](#). This independent website provides an online route for people to share their experiences of care – whether good or bad – directly with NHS Boards, and engage in constructive dialogue with them about how services can be improved.

In 2015, more than 1,700 stories were shared on Patient Opinion. The vast majority received a prompt response, and there have been over 100 service changes made or planned to NHS services as a direct result of the stories shared in this way, since the website was rolled out across Scotland.

Patient experience is an early indicator of both good and poor quality. With this in mind the Scottish Government is currently developing systematic methods that boards will be able to use to analyse the trends and themes being aired. These can then be used to share good practice and where required, improve quality.



The total number of stories being posted on Patient Opinion and Care Opinion continues to increase significantly.





# Our Voice

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



Our Voice is based on a vision that people who use health and care services, carers and the public will be able to engage purposefully at every level in health and social care 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 is being 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.

It is designed to create a voice with a purpose that is representative and inclusive, informed, and focused on quality improvement. The framework builds on policy developments and partnership working over the last five years, involving national and local government, the NHS, communities and the third sector, which has driven change towards involving people in the design and delivery of health and care services, and the use of feedback to drive improvement.

Our Voice will operate at individual, local and national level to support improvement and empower people to be equal partners in their care and will include:

- At **national level**, a citizen voice hub will gather intelligence on issues of concern and involving as wide a range of people as possible in improving services. Citizens' panels and new models of deliberative engagement will create opportunities for people to engage in national policy debate.
- At **local level**, a peer network is being developed to support people to engage purposefully in local planning processes. Guidance, tools and techniques will build people's capacity to get involved in, and to lead, local conversations. Particular support will be given to those whose voices are not always heard, and to develop local networks of people who are willing to get involved.
- At **individual level** 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.

Work is now underway, with partners, to develop the infrastructure that will support the new framework. A **leadership coalition** is being developed to guide this work.



*My Voice*



*Community Voice*



*National Voice*

# Self Management

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

1

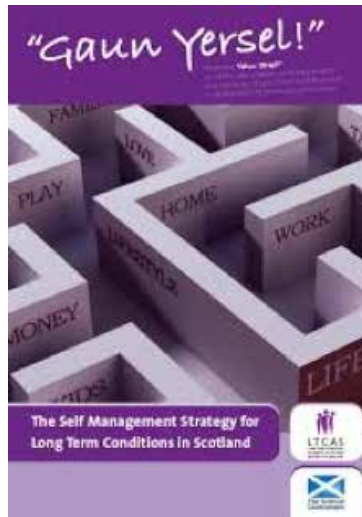
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Self management puts people living with long-term conditions in 'the driving seat'. People are supported and encouraged to access information and to develop skills that will enable them to live their lives on their terms.



Scotland has been a leader in developing self management approaches, as set out in the self management strategy [Gann Yersel!](#) The key emphasis within this strategy is: "I am the leading partner in the management of my health."

The **£2m 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.



The Self Management Network Scotland was launched in November 2014. It has just under 300 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.

# Health Literacy

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



A primary aim of person-centred care is to enable people to have sufficient knowledge, understanding, confidence and skills to cope with the complex demands of modern health care. 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.

Health literacy is recognised globally as a priority health issue, and Scotland is at the vanguard in its promotion. The Scottish Government published **Making it Easy – A Health Literacy Action Plan for Scotland** in May 2014 and have also established a national Clinical Lead for Health Literacy.

[Making it Easy – A Health Literacy Action Plan for Scotland](#) sets out the actions the Scottish Government and partners are taking to help all of us in health and social care collaborate and help realise the ambition to live well, on our own terms, and with any condition we may have, by making sure that health and social care services cater for each of us – regardless of our abilities. Health literacy is at the heart of our commitment to delivering a safe, effective and person-centred healthcare system.



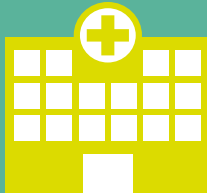
Some facts that should  
get your attention

**43%**

of English working  
age adults will  
struggle to understand  
instructions to calculate  
a childhood paracetamol  
dose

**\$106 -  
\$236  
bn**

The cost to the US economy,  
because of inadequate  
health literacy, is estimated  
to be in the region of  
\$106- \$236 billion per year



Those of us with lower  
levels of health literacy:  
have higher rates of  
emergency admission...



...and have difficulty  
managing our own health  
and wellbeing, that of our  
children, and anyone else  
we care for

From Making it Easy – <http://www.gov.scot/Resource/0045/00451263.pdf>

## **The Health Literacy Place**

NHS Education for Scotland Knowledge Services has developed the Health Literacy Place [website](#) to deliver on a key objective within the national Health Literacy Action Plan.

The Health Literacy Place is designed to be the 'go to' place for health literacy tools and support in Scotland.

## **Demonstrator Programme**

A call to action invited health boards across Scotland to submit proposals for projects and NHS Tayside was awarded the programme in January 2015.

The overall aims of the programme are to:

- Design new, or build upon current, discharge pathways that improve communication between patients/carers tailored to their needs and circumstances.
- Provide meaningful, personalised information and check understanding about their tests, diagnosis, medication and further management.
- Enable staff to recognise and cater for the health literacy needs of those in their patient population.
- Design or build upon existing pathways of referral to out patient clinics create greater patient/ carer engagement and effectiveness of clinic encounters using innovations.

# House of Care

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



The House of Care represents a tangible and proven approach that allows health care services to embrace Collaborative Care and Support Planning and fulfil their responsibilities to support the self management of people living with multiple long-term conditions. This approach supports and enables people to articulate their own needs and decide on their own priorities, through a process of joint decision making, goal setting and action planning.



The House of Care Early Adopter Programme, directed by the Health and Social Care Alliance Scotland (the ALLIANCE), works with five sites – Ayrshire & Arran, Greater Glasgow & Clyde, Lanarkshire, Lothian, and Tayside.



The focus of the programme is on ensuring people living with long-term conditions:

- are empowered by the model of care and the care planning process;
- are able to articulate their own needs, deciding on their own priorities, supported by health and social care professionals through a collaborative conversation;
- are supported to develop the knowledge, skills and confidence to manage their condition(s) effectively in the context of their everyday life; and
- have an improvement in their experience of care, which should become more coordinated, with a measurably improved 'patient experience'.

The Royal College of General Practitioners, both at a Scotland and UK level, are strongly committed to supporting developments in Collaborative Care and Support Planning, viewing it as fundamental to the change required to address the current crisis in GP services. Their [Blueprint for Scottish General Practice](#) and [2016 Manifesto](#) make explicit mentions of their support for the House of Care programme in Scotland.

# What Non-Executive Directors Can Do

## What Non-Executive Directors 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.
- 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, particularly the stories posted about its services on the independent website Patient 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 Patient 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 people 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 Yersell!](#)

ISD (Scotland) NHSScotland Complaints Report: <https://isdscotland.scot.nhs.uk/Health-Topics/Quality-Indicators/Publications/2015-09-29/2015-09-29-Complaints-Report.pdf?87847536803>

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 Easy – A Health Literacy Action Plan for Scotland](#)



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