What is person-centred care and why is it important?
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.\(^1\)\(^2\)\(^3\) 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.\(^4\) 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.\(^5\)\(^6\) People might also use terms such as patient-centred, family-centred, user-centred, individualised or personalised.\(^7\)\(^8\)\(^9\)\(^10\) 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.\(^11\)\(^12\)\(^13\)\(^14\)\(^15\)\(^16\)\(^17\)\(^18\) There are many different aspects of person-centred care, including:\(^19\)

- 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
- and 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.\textsuperscript{20,21,22,23}

There is much work to be done to help health and social services be more person-centred and this has become more of a priority over the past decade.\textsuperscript{24,25} 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
- and reduce some of the pressure on health and social services

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.\textsuperscript{26,27} Research has found that person-centred care can help to improve people’s health and reduce the burden on health services,\textsuperscript{28,29,30} so government policy is emphasising strengthening the voice of patients\textsuperscript{31,32,33,34} and moving away from a paternalistic model where professionals ‘do things to’ people.\textsuperscript{35,36,37} 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:

- improve the **experience** people have of care and help them feel more satisfied
- encourage people to lead a more **healthy 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, but there is not as much evidence about 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. 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.

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.

Research has found that some components or underlying principles of person-centred care may be most important for affecting outcomes, including:

- 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 supports 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. 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.
Towards person-centred care in South London

In order to be more person-centred, health services need to know what is most important to people. Person-centred care can focus on people’s individual health needs, but it is also about involving people in planning and evaluating services. Words such as ‘co-production’ and ‘co-design’ have been used to describe involving people in developing services and assessing their quality.

Based on all of the available evidence and feedback from patients and professionals, the Health Innovation Network – South London believes that beginning with a person-centred approach will lead to positive outcomes for patients and carers. Finding out what is important to patients and carers and making improvements in these areas will improve people’s experience of care and help them be more independent. For this reason, The Health Innovation Network is developing ways to measure the experience of health services in one of its key clinical priority areas: dementia. A Delphi technique is being used to get opinions from people with dementia, carers, patient and carer representative organisations, professionals and other stakeholders. People will be invited to rate the importance of various aspects of the quality of dementia care. Their responses will be summarised and circulated for discussion in repeated rounds until consensus is reached. This will help to make sure that the things being measured and improved upon are important to the people using services.

This is an innovative approach because although the concept of person-centred care puts patients at the heart of their care, few approaches to measurement have been driven by patients or build on aspects that patients and carers identify as most crucial. However, it is important not just to focus on people’s preferences because these can change over time and people generally prioritise the things they are currently doing rather than the potential way things could be. One of the challenges that the Health Innovation Network is tackling is how to define what services are fundamentally trying to achieve, and this is being done in partnership with patients and carers.
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