

New study underpins the future of Person Centred Care

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Public sector organisations are being driven to produce greater efficiencies and cost savings, and the NHS in particular is facing the requirement to do more with less, and deliver better and more effective care while at the same time reducing a fiscal deficit.

This economic challenge has been the catalyst for new and sometimes radical thinking about how care is delivered. This has resulted in a move away from disease-based models to an effective and integrated person-centred approach - Person Centred Coordinated Care (P3C).

A new study published online in the journal *Health Expectations* today, 15th November 2017, sees the development of a practical tool to support organisations and practitioners achieve the organisational change which needs to happen if they are to provide personalised and coordinated care for people with multiple long term conditions - the Person Centred Coordinated Care Organisational Tool (P3C-OCT).

The work is published by Dr Helen Lloyd and her team at Plymouth University Peninsula Schools of Medicine and Dentistry and the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford. It is supported by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care South West Peninsula (NIHR PenCLAHRC) and the South West Academic Health Science Network.

Said Dr Lloyd: "P3C has become a priority for patients, carers,

professionals and commissioners in the UK. However, health services are developing a range of approaches to deliver P3C with a lack of tools to guide implementation or assess effectiveness. This is why we have developed the P3C-OCT as a practical resource to assist health services in delivering P3C within a framework which can be consistent and effective across the country and a range of services."

The P3C-OCT provides a coherent approach to monitoring progress and supporting practice development as care delivery shifts to the P3C model. It helps everyone within the P3C framework at delivery level - patients, practitioners, commissioners and others - gain a shared understanding and support the re-organisation of care for those with complex, multiple long term conditions.

A sample of 40 GP practices shows that the P3C-OCT can reliably detect change over time, and it is currently being used in four UK evaluations of new models of care. It is also being further developed as a training tool for the delivery of P3C, and a data resource for future research.

Dr Lloyd added: "In 2008 there were 1.9 million people with multiple long term conditions in the UK. Next year, 10 years later, this figure is anticipated to rise to 2.9 million with little sign of any future reductions. Delivering P3C as an effective and economic means of delivering appropriate care will require a culture change, as well as professional and organisational changes, especially around highlighting the patient as an 'expert' with access to both individual and other resources and around whom all care should be coordinated. The P3C-OCT helps to achieve this and we will continue to test the tool and use feedback to adapt and improve it - resulting in a more comprehensive theory of what works for whom, and in what situations, to best accomplish P3C."

More information: Jane Horrell et al, Creating and facilitating change

for Person-Centred Coordinated Care (P3C): The development of the Organisational Change Tool (P3C-OCT), *Health Expectations* (2017).
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