Patient Centred Management

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Patients as people

PATIENT-CENTRED MANAGEMENT & PERSON-CENTRED CARE

Person Centred Care

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.

- 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
- 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.

Partnership working

Historically, people were expected to fit in with the routines and practices that health and social services felt were most appropriate.

Person-centred care 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,
- 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:
Do things with people, rather than 'to' them.

Medication Timings

It's best to take flucloxacillin on an empty stomach. This means 30 to 60 minutes before a meal or snack, or at least 2 hours after.
Try to space your doses evenly throughout the day. For example, first thing in the morning (before breakfast), at around midday (before lunch), late in the afternoon (before tea) and at bedtime.

“I can never get an appointment”

- Ring on the day
- “I can’t wait to be seen”
- Core hours 0800-1830

- On-line booking
- Doctor First/Triage systems
- Extended hours provision

CSA Feedback

15 Does not develop a shared management plan, demonstrating an ability to work in partnership with the patient.

This is NOT necessarily about checking patient's understanding. It's about both you and the patient collaborating (or negotiating) to forming a management plan TOGETHER (or at the very least, seeking their permission). Other than in urgent clinical situations, both of you should be involved in formulating the management plan (you because you are the professional doctor with the 'expertise' and the patient because it is their life after all).

Unless you have found out why a patient is there, what their ideas and concerns are about what is happening and what they're hoping for, you will be unable to persuade them that you have found the best solution to their problem. Do you want to make your working life easy or hard?

Remember, in these sort of situations, the aim is not to upset the patient but neither is it to 'give in' just to make the patient happy. It's to find a place which you both find acceptable (which sometimes might mean the patient is slightly disappointed but not angry or deeply upset) – in other words, reaching a point in the consultation where BOTH the doctor and the patient understand each other AND are able to reach a shared decision TOGETHER.

Personal/Social/Occupational

COMPARE…

1. “What’s your job?”
2. “Who’s at home with you?”

WITH…

1. “I’d be interested to know if this problem is interfering with your work”
2. “How are you managing this problem at home?” *or* “Do you need help with things that you didn’t before?”

Asking if someone drinks or smokes is not a social history, but a small and only sometimes relevant part of it

Prepping for Patient Centred Care

Understanding the symptoms in the context of that patient is the key to person-centred care

We look to ICE and social history to gather this “intel”…

…but we need to use it in our plan

De-ICEing

As a general rule of thumb, when asking about ICE, you should try not to include the words, "ideas", "concerns" nor "expectations".

ICE is only a part of data-gathering, not a discrete thing to tick off

When should you “ICE”?

- Start of consult, after opening statement:
  - Advantage is that you rapidly know what path to follow, and also that you don’t forget to ask.
  - Disadvantage is that outside of the CSA, patients may not feel comfortable or able to vocalise their ICE.
- End of history taking:
  - Advantage is you have the case information already, and usually will have a rapport
  - Disadvantage is when an unexpected ICE is presented and it leaves you with no time
- Follow cues:
  - Often following those cues means that the patients ICE is revealed; if not it gave you an opportunity to enquire about their ICE without interrupting the flow of the conversation.
  - If that opportunity never arose, or if you were unable to ask fully about ICE at that time, then you could revisit it again towards the end of the history taking.

Practising with a flexible approach means that you will be better able to adapt.

Utilising the ICE and PSO

Use what the patient already knows and thinks

It's much easier (and better) if you can explain the diagnosis in relation to the patient's framework – but you can only do that if you've figured out the patient's framework in the first place

Your management plan <u>should</u> be a shared one

The plan you formulate should be based on a synthesis of guidelines/experience/best practice plus what the patient has told you.

Reference the ICE and PSO in your plan where relevant

This highlights that you were listening to the patient

A Sore Throat

Patient has already said she was hoping for antibiotics for her 24 hours of "really bad sore throat" when the doctor explored her expectations at the beginning of the consultation. It's painful to talk a lot, which affects her call-centre job. After a history and examination, the GP feels it is viral.

GP: "Okay, so I can see that your throat is red and the tonsils are pretty big, but overall, I don't think you will benefit from antibiotics. I think this is a virus, and so antibiotics don't make any difference because they work against bacteria only. I think we should focus on how to make your symptoms more bearable, using ibuprofen and perhaps a local anaesthetic throat spray"

Pt: "I still wouldn't mind a course of antibiotics just to make sure though – I always end up needing them"

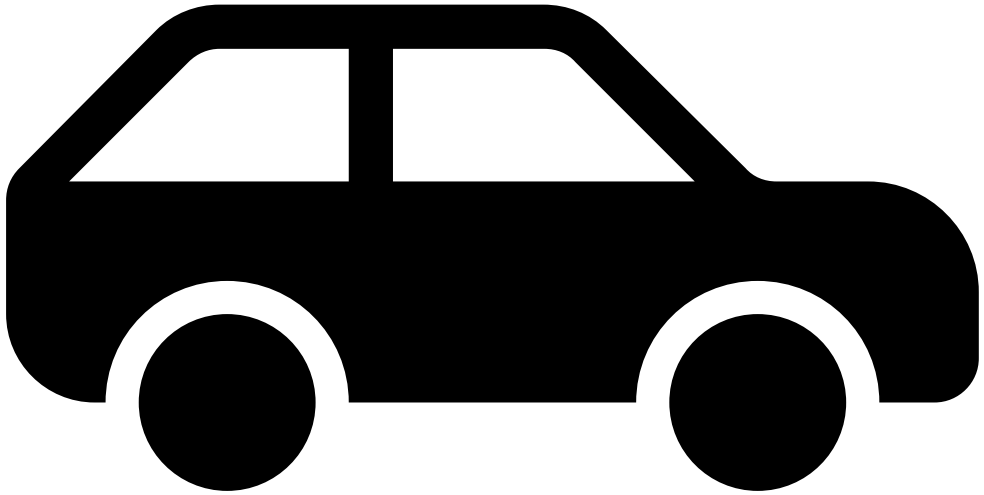
GP: "Well I understand that you just want to get better – I want that too. In some cases, viral and bacterial infections look the same initially. How about a post-dated prescription – if things aren't improving after 2 days then you could start antibiotics without needing a 2nd consult."

Pt: 'I guess that's okay, I'll give that a go'.

Workshops

Case Example and Discussion

Role-Play Case



Iwan, 16y 10m

SAH following AVM aneurysm 12m ago

Failed curative surgery so risk of further life-ending/affecting event

Single seizure in post-operative recovery period. No further seizures

Taking Levetiracetam 1g BD and keen to stop

Neurology follow-up is in 9 months

Wants to learn to drive

Elsie, 81y

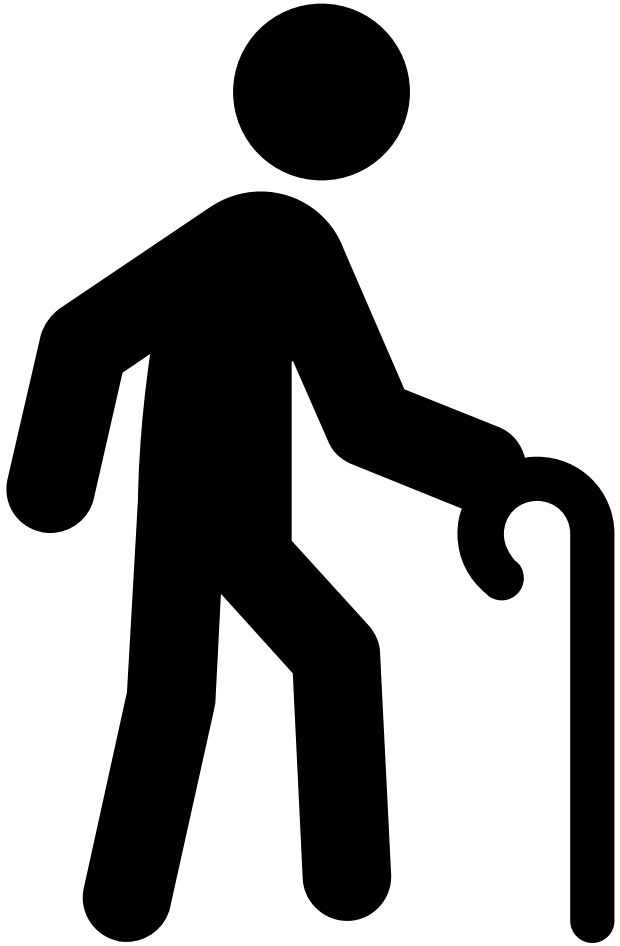
Wants to stop atorvastatin – feels tired and achey

QRISK is 21%

BP 138/88 on no meds

eGFR 68ml/min

No FHx early CVD



Martin, 62

Knee osteoarthritis, needing to break on long walks with family

Ex-site foreman

PMHx: GORD

No past knee injury

No meds/remedies tried so far

Freda, 86y

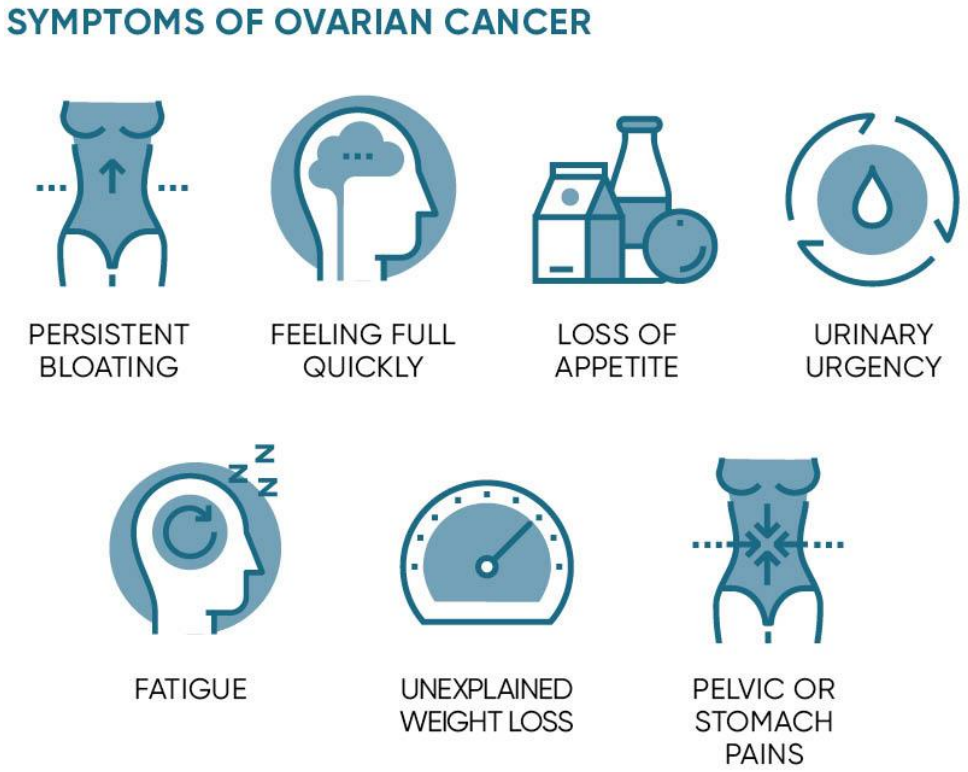
In EMI residential care

Good GP relationship with family

DNACPR agreed when moved into EMI

PMHx: CVA aged 72, mild heart failure, AF, osteoarthritis

Meds: apixaban, amlodipine, atorvastatin, co-codamol, nebivolol, oxybutynin, memantine



Leon, 29

Calls to ask for monthly prescriptions (currently on weekly)

On quetiapine 50mg BD from psychiatry for psychosis

Only actually taking 25mg BD as states was told should reduce as is “stable”

5 weeks ago in ED with overdose of quetiapine

- https://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/
- *Person-centred care made simple* is published by the Health Foundation, 90 Long Acre, London WC2E 9RA; ISBN 978-1-906461-56-0
- What is person-centred care and why is it important? Health Innovation Network South London
- https://www.csarevision.com/interpersonal-skills.html