

Flash report

Person-centred care during a pandemic and beyond: Covid-19 learning from acute services in Scotland

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This report reflects the insights from conversations held at the ‘Person-centred care during a pandemic and beyond’ virtual event.

The aim of this session was to provide an opportunity to:

- hear more about these innovations
- reflect on the conditions that are needed to innovate and sustain person-centred care during this pandemic, and
- take part in group discussions exploring how we might continue to improve person-centred care and identify what support is needed in the future to sustain innovation.

Summary of key information presented

Shaun Maher, *Strategic Adviser for Person-Centred Care and Improvement, The Scottish Government*

The focus on COVID-19 and the pressures of changing clinical guidance has, in many areas, resulted in an emphasis on the medical model, with person-centred approaches being seen as a lesser priority. This suggests that person centred care is not as embedded in the ‘DNA’ of the health and social care system as we would like it to be.

As acute care faces a backlog, person-centred approaches have the potential to support the radical, rapid transformation required to support lasting change.

There have been some great person-centred innovations that have been developed during this pandemic, some of which have been as a result of restrictions to visiting and the use of personal protective equipment (PPE), as teams try and mitigate the negative impact of these.

This presents us with two opportunities:

1. To sustain and spread person-centred innovations more widely.
2. To look for opportunities to bring a stronger person centred perspective and methods to the reactivation work around system and flow. Particularly Access QI (Inc. Flow Coaching) and Value Management.

Camilla Somers, *Knowledge and Information Skills Specialist, Improvement hub (ihub)*

ihub have been [publishing examples of innovation](#). These examples fall into the following themes:

- Connecting patients with their loved ones.
- Connecting colleagues to support wellbeing.
- Maintaining therapeutic relationships.
- Caring for children during COVID-19.
- Caring for those with additional needs.

Examples include innovations around:

Virtual visiting

Family liaison teams

Dedicated spaces for staff wellbeing

Online chaplaincy services

Tools to support bedside conversations

Dedicated inboxes for loved ones

Panel discussions

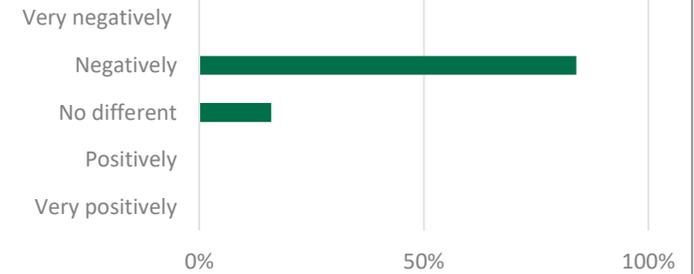
Participants felt that the pandemic had had a negative impact on person-centred care and that this period overall has been challenging. There had however been opportunities to move quickly when there was a problem identified in providing person-centred care, and that this agility and freedom has driven innovation.

Questions posed, included whether these innovations have been enabled by a 'normal rules don't apply' attitude, freedom and permission to act, and/or the increased capacity due to many services being scaled back?

Participants discussed how in going forward, it may be important to ensure that staff continue to feel able to make person-centred decisions on services and signposting, alongside people they are caring for.

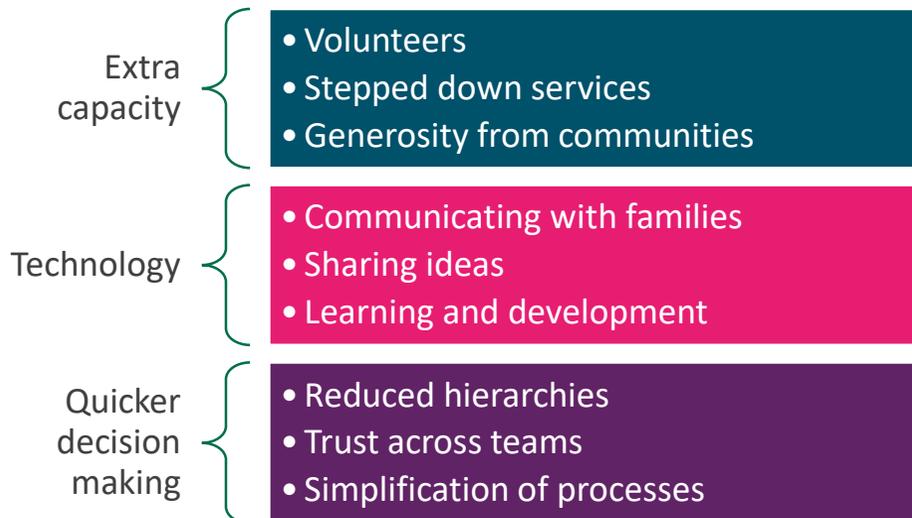
Although in some cases, we heard that as services across hospitals have stepped down, some staff have in fact had more capacity and so are getting the space to be more compassionate.

In your view, how has coronavirus impacted on the delivery of routine person-centred approaches?

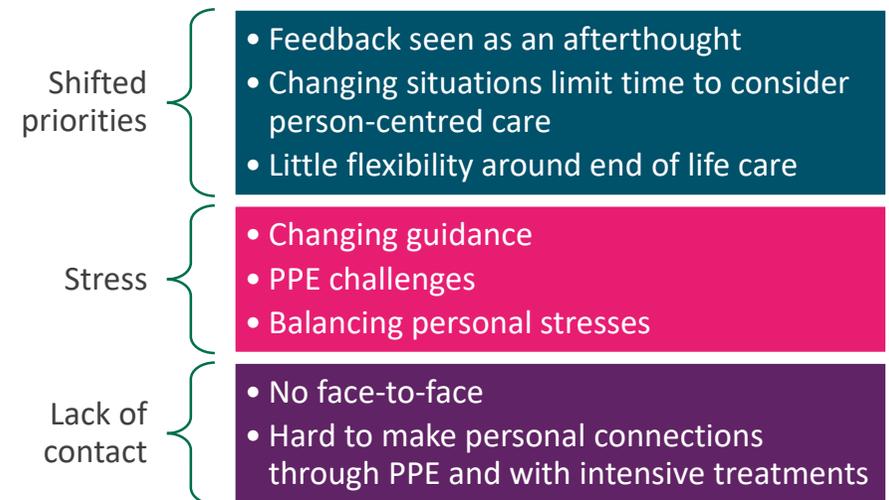


Breakout discussion questions

What has **enabled** us to develop or use person-centred approaches during this period?



What has **challenged** our ability to develop or use person-centred approaches during this period?



What support should the national improvement organisations offer to support innovation?

Participants felt that they needed further time to reflect on their experiences, as there is still a level of uncertainty about what the future holds.

Some useful questions were posed:

How might we support information sharing at a national level?

- Is it possible to get access to national patient experience data?
- Can we continue to share examples between practitioners?

How might we normalise engagement with patients, families and carers?

- Is there a role for setting people's expectations for engagement?
- What support do leaders need to embed engagement?

Continue to add insights on this question by responding to our [online survey](#)

What innovation, practice or approach would you like to keep going forward?



Words taken from participant comments in chat box in response to the closing question

Comments from participants

"I think there is still a wealth of learning to be achieved from patients and their families that we need to consider that has not surfaced yet."

"Using technology to help support patient communication and social interaction will be useful beyond this, for example connecting patients and family members virtually in decision making if they are not able to be present in person."

"Continued trust and simpler funding/monitoring for 3rd Sector organisations is important - they have been key to supporting with very practical issues that have mattered most to folks."

What next?

- This is the start of a conversation about what we have learned during COVID-19 and how we might improve person centred care and practice.
- There will be a similar virtual conversation held with primary, community and social care services at the end of July and September.
- We will analyse what we have found and engage with stakeholders regarding our findings.
- We will then explore ways we can support this conversation and support innovation at a national and local level.

Find out more or contact us: hcis.personcentredscot@nhs.net