

# Personalised Care

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# Outline

- Why do we know Personalised care is needed?? Why do patient preferences matter?
- What does that mean in terms of national policy and transformation regarding Personalised care?
- How does change \*really\* happen? And what is our collective challenge to that?



# Why do we know Personalised care is needed?? Why do patient preferences matter?

1. Patients want their preferences understood, respected and acted on.  
**Ethical imperative/intrinsic value**

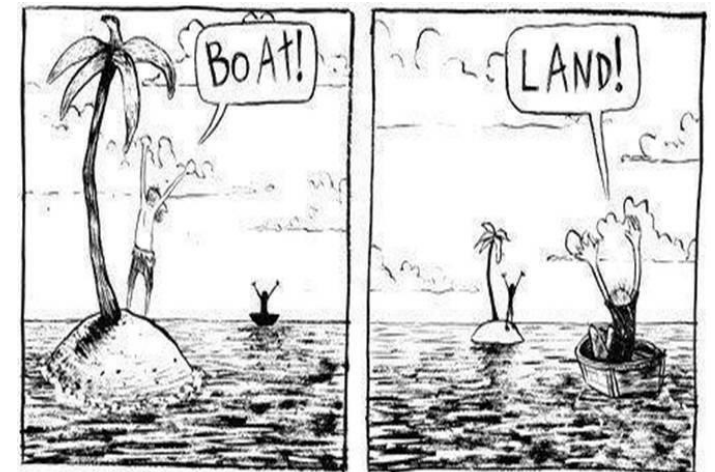
★ Evidence based healthcare= evidence + clinical expertise + individual patient preferences

3. Medico-legal imperative

4. Patient's over-estimate treatment benefits and under-estimate harms (as do clinicians)

5. **What informed patients want and what clinicians think they want are different**

★ 6. Value....



# So what?! What value does it add?



- Shared Decision Making- reduced unnecessary interventions & procedures (including diagnostics use) by 20-40%
- People who had the highest knowledge, skills and confidence had 19% fewer GP appointments and 38% fewer A&E attendances than those with the lowest levels of activation (further corroborated by The Health Foundation study)
- Improved clinician satisfaction through reducing paternalism in their approach (“fixer” and “facilitator” mental model)
- Personalised care can help to improve people’s ability to manage their long-term condition through health coaching and health education and peer support improves people’s access to information and can improve quality of life
- Social, personal and population value

Information from the [eg NHS England GP Patient Survey](#) dated 2019

Nearly 40% of people weren’t as involved as they wanted to be in decisions

GP survey 28: **‘were you as involved as you wanted to be in decisions?’**  
‘Yes, definitely= 60.5% (2018=60.9%)

59% felt they didn't have enough support to manage their condition

GP survey 38: **‘have you had enough support to help you manage your conditions?’**  
‘Yes, definitely= 41.8% (2018=43.2%)

60% felt that they didn't adequately discuss what was important to them to manage their condition

GP survey 40: **‘did you discuss what was important to you to help manage your conditions?’**  
‘Yes, definitely= 39.5% (2018=39.6%)

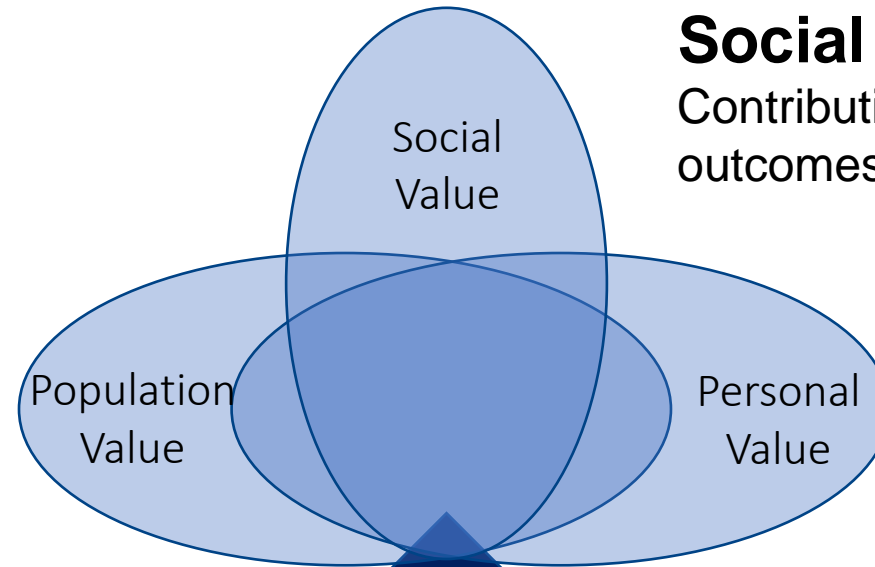
40% didn't feel they had a fully agreed plan to manage their condition

GP survey 41: **‘have you agreed a plan to manage your conditions?’**  
‘Yes, definitely= 60.3% (2018=60.4%)

# A broader view on value looks beyond this. Eliciting personal values and preferences: Triple value

## Population Value

Maximising health and well being for a given population or population segment



## Social Value

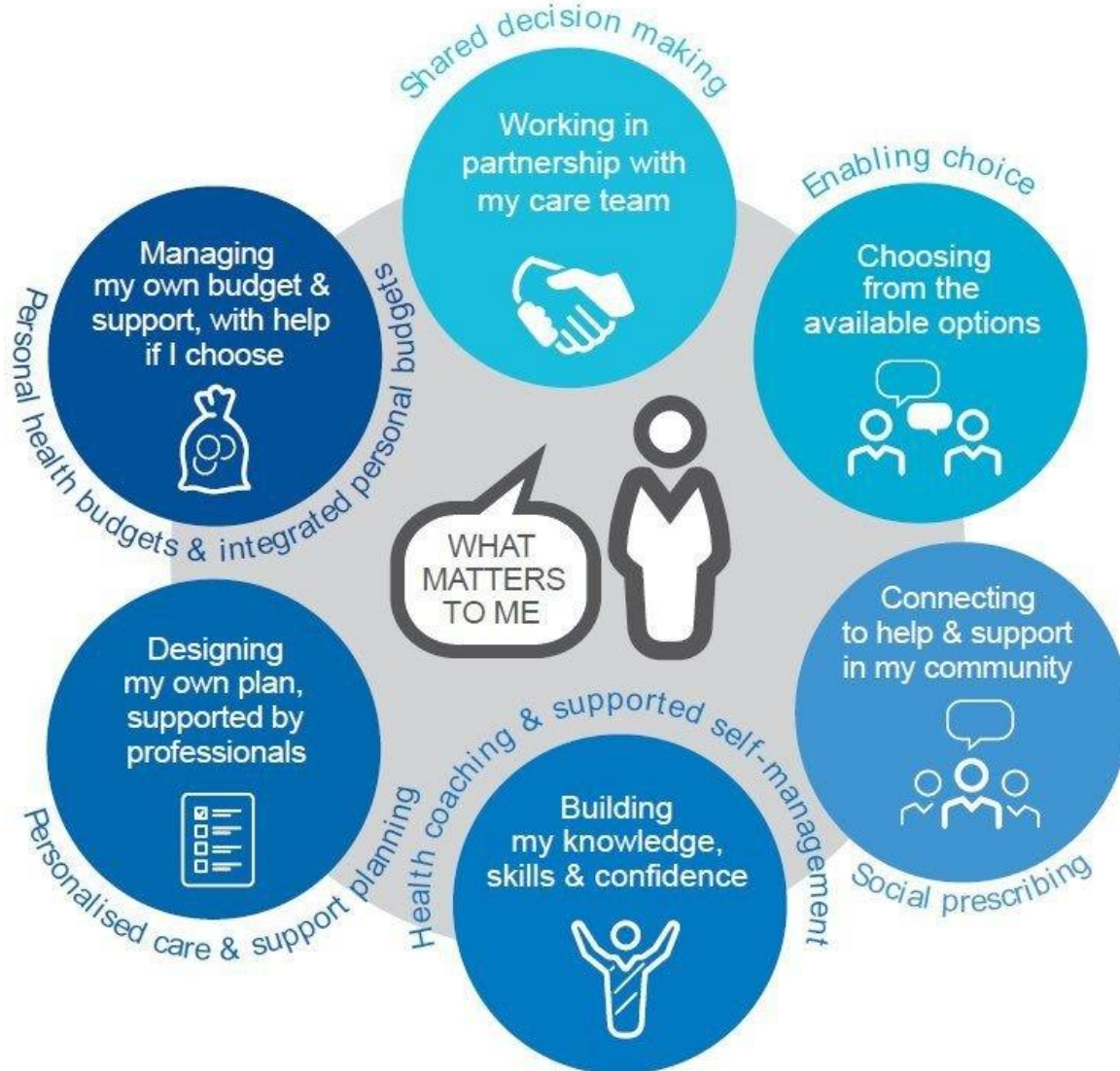
Contributing to wider community outcomes

## Personal Value

improving the *outcomes that matter* to an individual

Optimise through  
better allocation  
and greater  
technical efficiency

# What does that mean in terms of national policy and transformation in England regarding Personalised care?



“This chapter therefore sets out five major, practical, changes to the NHS service model to bring this about over the next five years:

1. We will boost ‘out-of-hospital’ care, and finally dissolve the historic divide between primary and community health services.
2. The NHS will redesign and reduce pressure on emergency hospital services.
- 3. People will get more control over their own health, and more personalised care when they need it.**
4. Digitally-enabled primary and outpatient care will go mainstream across the NHS.
5. Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.” (NHS LTP, 2019)



# How does change \*really\* happen? And what is our collective challenge to that?

“

Variation in care is rarely a problem of recalcitrant doctors and nurses being unwilling to learn or resistant to change, but rather is the result of a system that has evolved to perpetuate variation.”

<https://catalyst.nejm.org/doi/full/10.1056/CAT.19.1083?cid=DM83521&bid=124047460>

## OLD POWER VALUES

Managerialism, institutionalism, representative governance

Exclusivity, competition, authority, resource consolidation

Discretion, confidentiality, separation between private and public spheres

Professionalism, specialization

Long-term affiliation and loyalty, less overall participation

## NEW POWER VALUES

Informal, opt-in decision making; self-organization; networked governance

Open source collaboration, crowd wisdom, sharing

Radical transparency

Do-it-ourselves, “maker culture”

Short-term, conditional affiliation; more overall participation

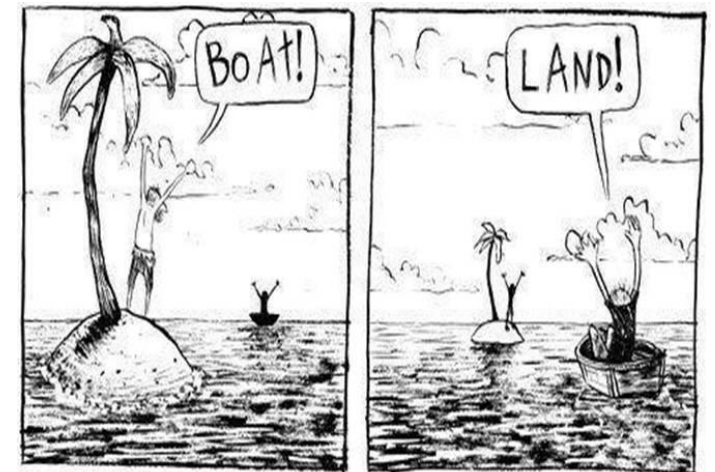
SOURCE JEREMY HEIMANS AND HENRY TIMMS

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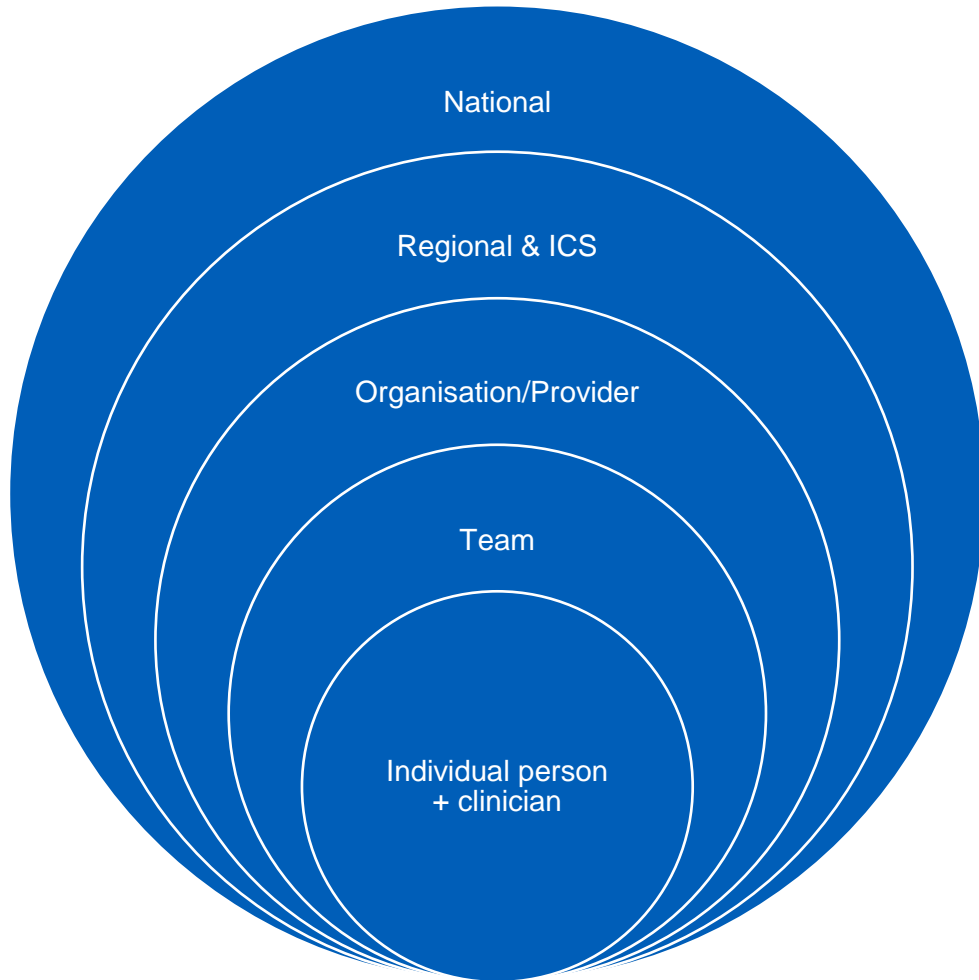
# Why do we know Personalised care is needed?? Why do patient preferences matter?

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**Ethical imperative/intrinsic value**
2. Evidence based healthcare= evidence + clinical expertise + individual patient preferences
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4. Patient's over-estimate treatment benefits and under-estimate harms (as do clinicians)
5. **What informed patients want and what clinicians think they want are different**
6. **Value....**





So in the end..



# If you want more...



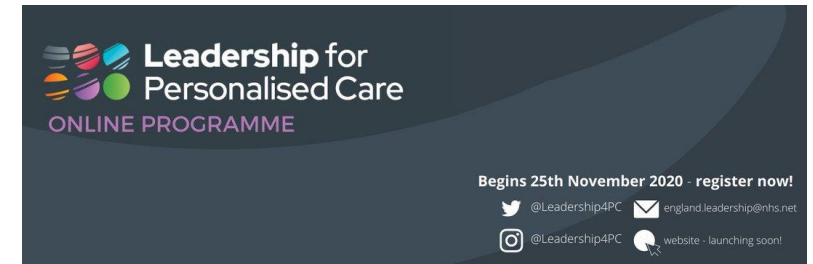
Support peer leadership to grow → Peer Leadership Development Programme

Link: <https://www.futurelearn.com/courses/peer-leadership-foundation-step-1>



Support clinical workforce skills, knowledge and confidence → Personalised Care Institute (PCI)

Link: [www.personalisedcareinstitute.org.uk](http://www.personalisedcareinstitute.org.uk)



Development of system leadership skills for us all → System leadership in personalised care

Link: <https://twitter.com/Leadership4PC>

<http://www.ihl.org/communities/blogs/why-do-we-fear-co-producing-health-with-patients>