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# Patient-centred care in pharmacy practice

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# What is patient-centred care?

1. Definition: Patient or person?
2. Why is it important?
3. How do we do it?
4. Where does it fit in practice
5. Summary



# Patient or person?

- What is the difference between a person and a patient?
- Which term is preferred?



“Person-centred care incorporates use of clinician skills, evidence-based knowledge and patient perspective to provide personalised, co-ordinated care which enables people to make the most of their lives”

Health Foundation, 2014. *Person-centred care made simple*, London: The Health Foundation.



Person-centred care refers to the care which focuses on an individual receiving health-care (patient)

- Recognising the person's expertise in managing their health
- Includes living with their condition and living their lives
- Considers impact on their families and communities.

What is the difference between a person and a patient?



# What does person-centred care look like?

## Key theme:

Co-ordinated, seamless care organised around patient needs with co-created, supported care plans for health, social and preventative care

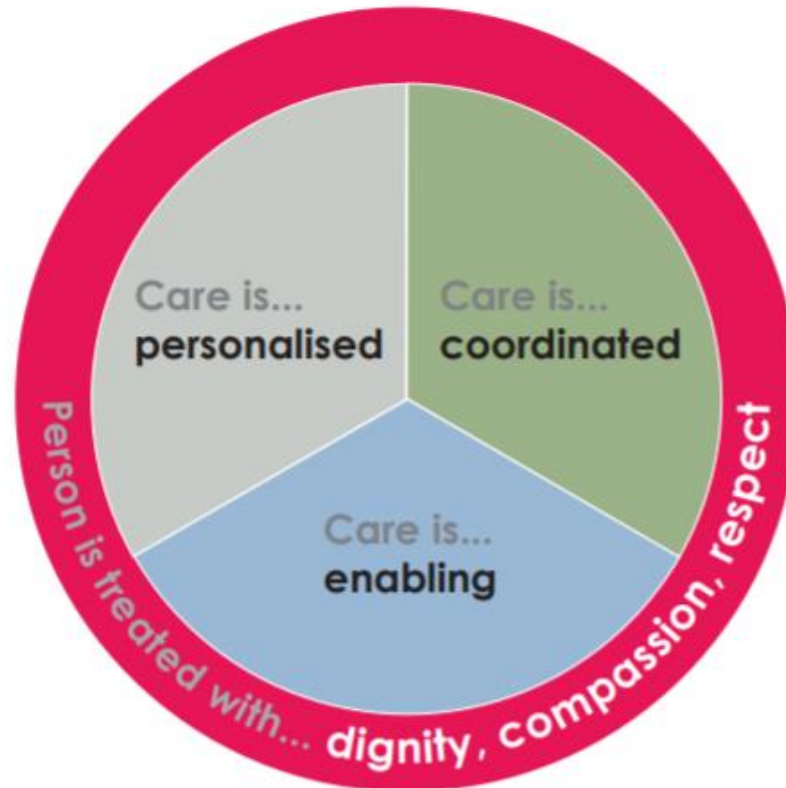
- Patients engaged in decisions about their care
- Supported selfmanagement
- Prevention, early diagnosis and intervention
- Emotional, psychological and practical support

Kings Fund 2012. From vision to action Making patient-centred care a reality

[https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Richmond-group-from-vision-to-action-april-2012-1.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Richmond-group-from-vision-to-action-april-2012-1.pdf)



# Four principles of person-centred care





# Key message 1 about Person centred care

- Often, health care does ‘to’ or ‘for’ people rather than ‘with’ them, finds it difficult to include people in decisions, and views people’s goals only in terms of particular clinical outcomes.
- Adopting person-centred care as ‘business as usual’ requires fundamental changes to how services are delivered and to roles – not only those of health care professionals, but of patients too – and the relationships between patients, health care professionals and teams.





## Key message 2 about Person centred care

- It is a relationship in which health care professionals and patients work together to:
  - understand what is important to the person
  - make decisions about their care and treatment
  - Identify and achieve their goals.
- Individuals who have more knowledge, skills and confidence to manage their health and health care are more likely to engage in positive health behaviours and to have better health outcomes.



## Key message 3 about Person centred care

- “Supporting patients with long-term conditions to manage their health and care can improve clinical outcomes. When people play a more collaborative role in managing their health and care, they are less likely to use emergency hospital services. They are also more likely to stick to their treatment plans and take their medicine correctly .”

The Health Foundation. [\*Person-centred care made simple, What everyone should know about person-centred care.\*](#)



The Bristol inquiry recommended that patients must be at the centre of the NHS and must be treated as partners by health professionals—as “equals with different expertise”

“The paternalistic manner in which health care is currently delivered tends to foster demand, instead of encouraging self reliance.....Instead of treating patients as passive recipients of medical care, it is much more appropriate to view them as partners or co-producers.”



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# National Drivers



- NHS plan 2000
- Darzi review 2008
- Liberating the NHS 2012
- Five year forward view 2014
- Carter review



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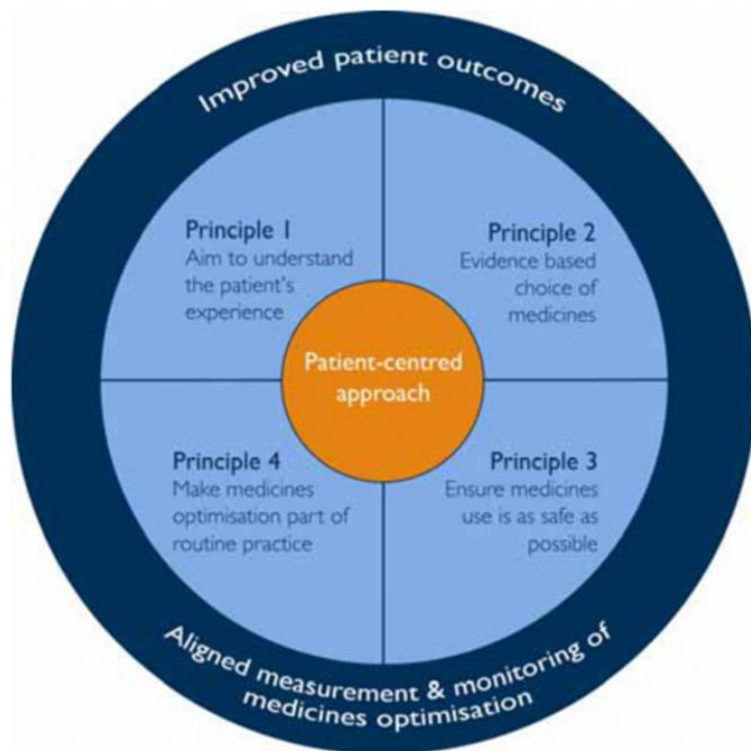
# Pharmaceutical care and medicines optimisation



- “Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life”. (Hepler and Strand, 1990)



# Link to medicines optimisation.....



Medicines optimisation involves the provision of safe, evidenced-based care embedded within pharmacy practice that enhances the medicines-related patient experience.



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# How is it different from current practice?



- Patients as active participants in care
- Empowering patients
- Encouraging self management
- Equal experts



A recent review from the Care Quality Commission found ***hardly any change*** over the past ten years in the extent to which patients feel informed and involved in decisions about their care. And this is ***despite the almost universal consensus about the need for person-centred care***, of which shared decision making is the prime embodiment.

July 1, 2016 <http://blogs.bmj.com/bmj/2016/07/01/angela-coulter-at-last-some-better-news-on-shared-decision-making/> & CQC report "Better care in my hands" May 2016 [http://www.cqc.org.uk/sites/default/files/20160519\\_Better\\_care\\_in\\_my\\_hands\\_FINAL.pdf](http://www.cqc.org.uk/sites/default/files/20160519_Better_care_in_my_hands_FINAL.pdf)





# What are we trying to do?

Continue to provide evidence- based medicine...

Evidence based medicine is about integrating

- The best available external clinical evidence with
- individual clinical expertise and
- the thoughtful identification individual patients' predicaments, rights, and preferences

in making clinical decisions about their care.



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# Where does person-centred care fit into pharmacy practice?



- Frailty
- Multimorbidity
- Polypharmacy
- Deprescribing
- Management of long term conditions
- Supporting people with specific needs.....



- Age-associated **decline in physiologic reserve and function** across **multi-organ systems** leading to **increased vulnerability** for adverse health outcomes (Fried et al 2001)
- A distinct health state where a **minor event** can trigger **major changes** in health from which the patient may **fail to return to their previous level of health** (British Geriatric Society)
- Progressive Long term condition, with episodic deteriorations



- “the presence of two or more long-term health conditions”.
  - physical
  - mental
  - Symptom complexes eg pain
  - Ongoing conditions eg learning disability
  - Sensory impairment eg sight/hearing loss
  - Alcohol or substance misuse



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# Multimorbidity is associated with



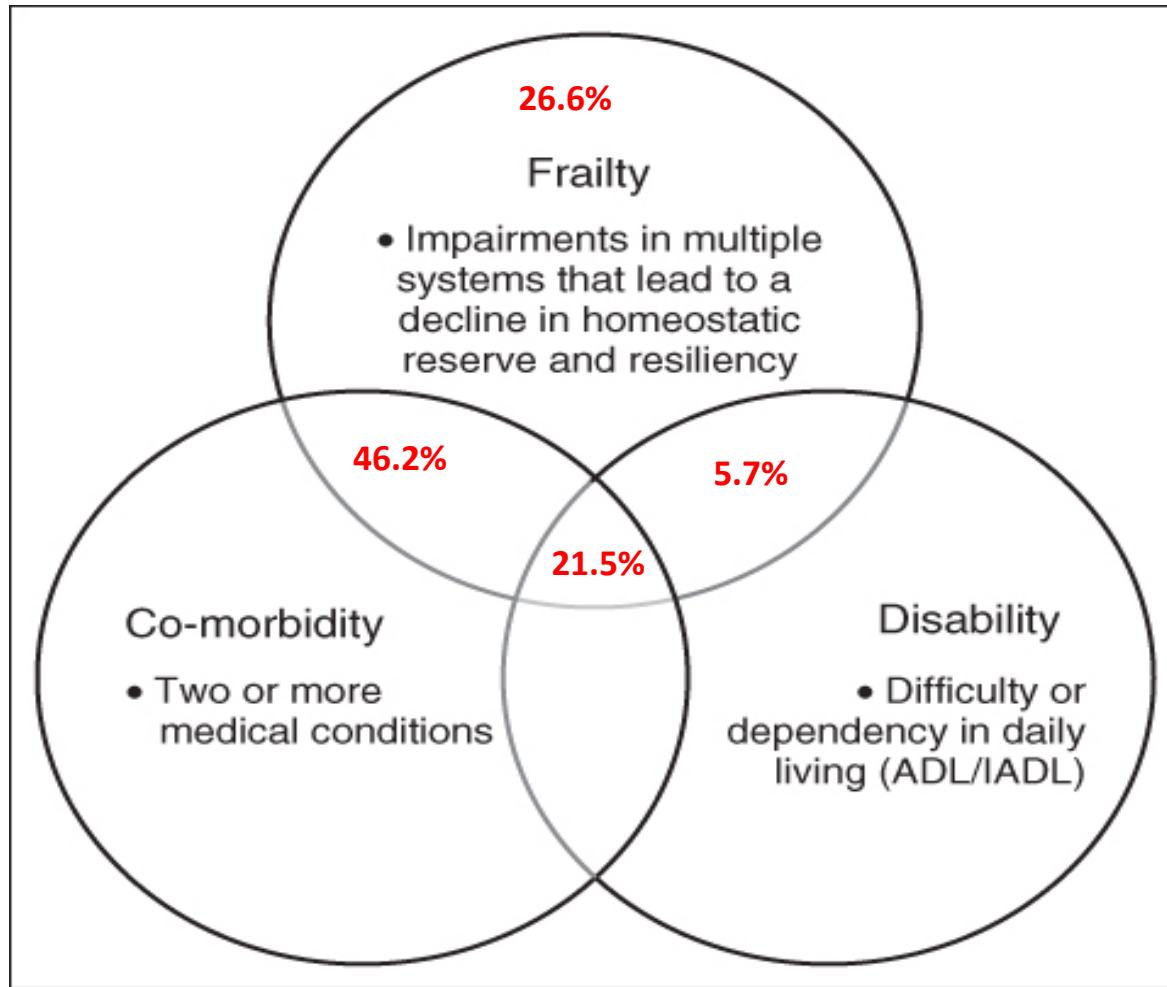
- Reduced quality of care
- Higher mortality
- Polypharmacy
- Higher treatment burden
- More adverse effects
- Greater use of unplanned emergency care

NICE. Multimorbidity: clinical assessment and management. NG56. September 2016. [www.nice.org.uk/guidance/ng56](http://www.nice.org.uk/guidance/ng56)



# Frailty, Co-Morbidity and Disability

(Fried et al 2004)



Fried LP et al. Untangling the Concepts of Disability, Frailty, and Comorbidity: Implications for Improved Targeting and Care. J Gerontol A Biol Sci Med Sci (2004) 59 (3): M255-M263.doi: 10.1093/gerona/59.3.M255



- Prescribing or taking many medicines
  - Numbers of medicines
  - More than clinically required
  - Appropriate
  - Problematic (inappropriate)
- Hyperpolypharmacy/Excessive polypharmacy
- Oligopharmacy/ Non polypharmacy



# What is Deprescribing?

- **“The process of stopping medicines”**

Drug and Therapeutics Bulletin *DTB* 2014;52:25. Describing deprescribing <http://dtb.bmj.com/content/52/3/25>

**The complex process required for the safe and effective cessation (withdrawal) of inappropriate medication. Takes into account the patient’s physical functioning, co-morbidities, preferences and lifestyle**

Drug and Therapeutics Bulletin *DTB* 2014;52:25. Describing deprescribing <http://dtb.bmj.com/content/52/3/25>

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# So how do we help

Provide an approach to care which takes into account multimorbidity which may be

- tailored
- individualised
- Bespoke

Eg for people who find it difficult to manage their conditions, treatments, day to day activities

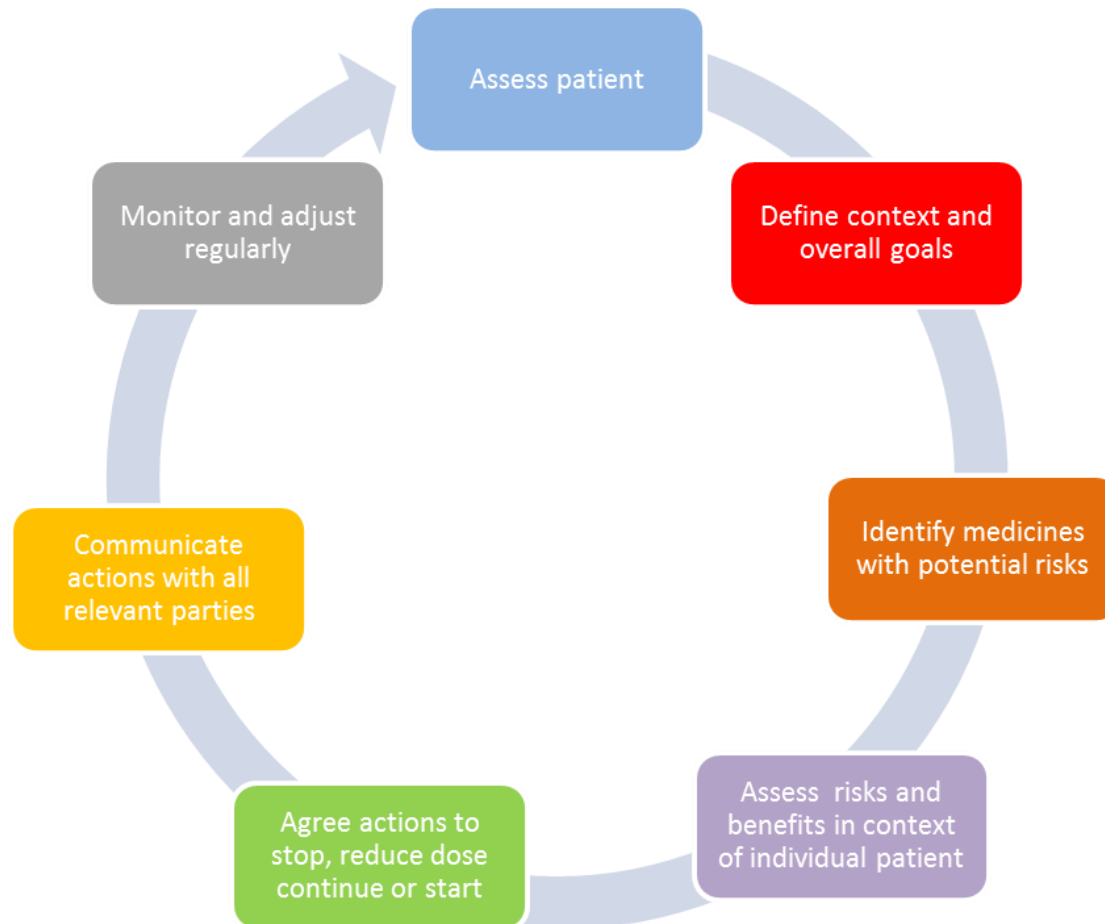
le PERSON CENTRED

NICE. Multimorbidity: clinical assessment and management. NG56. September 2016. [www.nice.org.uk/guidance/ng56](http://www.nice.org.uk/guidance/ng56)



# Patient-centred polypharmacy process

## The right amount of medicines for you





- Person-centred care is a mindset for pharmacy practice
  - An equal relationship with patients, respecting their expertise in their lives, condition, situation and beliefs supports patient-centred care.
  - It is particularly important in people who have multiple conditions
  - Optimal evidence-based practice requires your expertise, knowledge and the person's values and preferences.



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# Thank you