

Scottish Person Centred Interventions Collaboration

SCO PIC



Background:

There has been increasing concern over the quality of care amongst the public, healthcare providers and policy makers. Over a third of complaints to NHS Scotland are associated with care experience and relate to poor communication and staff attitudes (Information Services Division, 2011).

While high quality care is often delivered across Scotland, there are still some shortfalls. A top priority for NHS Scotland is to ensure that the way people are treated becomes as important as how quickly they are treated. The aim is to ensure high quality of care and positive care experiences for all patients.

The ScoPIC programme was commissioned by the Chief Health Professions Officer for the Scottish Government, in support of the Quality Strategy (2010). ScoPIC is headed by Professor Brian Williams and is a new collaboration between the CSO NMAHP Research Unit (University of Stirling and Glasgow Caledonian University); the University of Dundee and Aberdeen; and the NHS in Scotland.

Aims and Objectives:

The main aims of the collaboration are:

- To evaluate interventions which will potentially impact upon person-centred care
- To develop tools and platforms for the assessment of patient experience of care (with a focus upon person-centred care) for the NHS and for research.

Methods:

The collaboration is developing a series of studies which aim to improve our understanding of patient experience and person-centred care.

Improving Patient Experience of Care Study (IPEC)

This study is primarily a complimentary, parallel stepped wedge cluster trial of two interventions in approximately 30 wards. The Caring Behaviours Assurance System (CBAS™) and a locally augmented version of Releasing Time to Care (RTC™ – plus) each aim to improve nursing team care, but through different strategies. Wards allocated to either intervention will be evaluated for two years with six sampling points. Questionnaire data will be collected on patient experience, well-being and enablement, and will be linked with NHS datasets by the Health Informatics Centre (HIC). Over 5000 patients may contribute.

Longitudinal nurse reported quality of care, “caring environment” and burn-out will also be collected.

This will be combined with a realist evaluation to examine contextual influences upon adoption, implementation and the sustainability of the intervention and impact. There will be a cost-effective analysis which will largely focus upon length of stay, bed occupancy and staff absence.

Improving Patient Experience of Care Pilot Study - ICARE

This study will be a pilot evaluation of the effectiveness of CBAS™ in approximately 6 wards which have previously adopted RTC™. It shares many design aspects with the IPEC study, with data collection from patients and nursing staff over 3 time-points (before, at the end of and after implementation) over 12 months. 2 case study wards will contribute data for a realist evaluation.

Other ScoPIC projects:

1. The programme will be working with NHS teams to improve data collection of person-centred care actions and outcomes.
2. Working with community teams as well as acute care teams.
3. Adding to the understanding of nocebo effects and to the understanding of caring behaviours.
4. Evaluating a programme which aims to reduce NHS staff stress.

The collaboration also aims to develop a sustainable research platform which will support person-centred research beyond the initial 3 year funding.

Implications:

Scopic will develop a sustainable research platform and data resource to improve the understanding of the causes and consequences of variance in patient reported experience of care. The programme will further develop NMAHP research into person centred care, recognising local care needs and practitioner autonomy rehabilitation trials.

Scopic Team:

ScoPIC Programme lead:

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NHS Tayside: Mrs Eileen McKenna, Ms Tracey Passway, Mrs Deborah Baldie, Mrs Kate Danskin, Mr Derek Colley, Ms Allyson Angus (Patient involvement)

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