

Person and Community centred care- The theory and the Practice

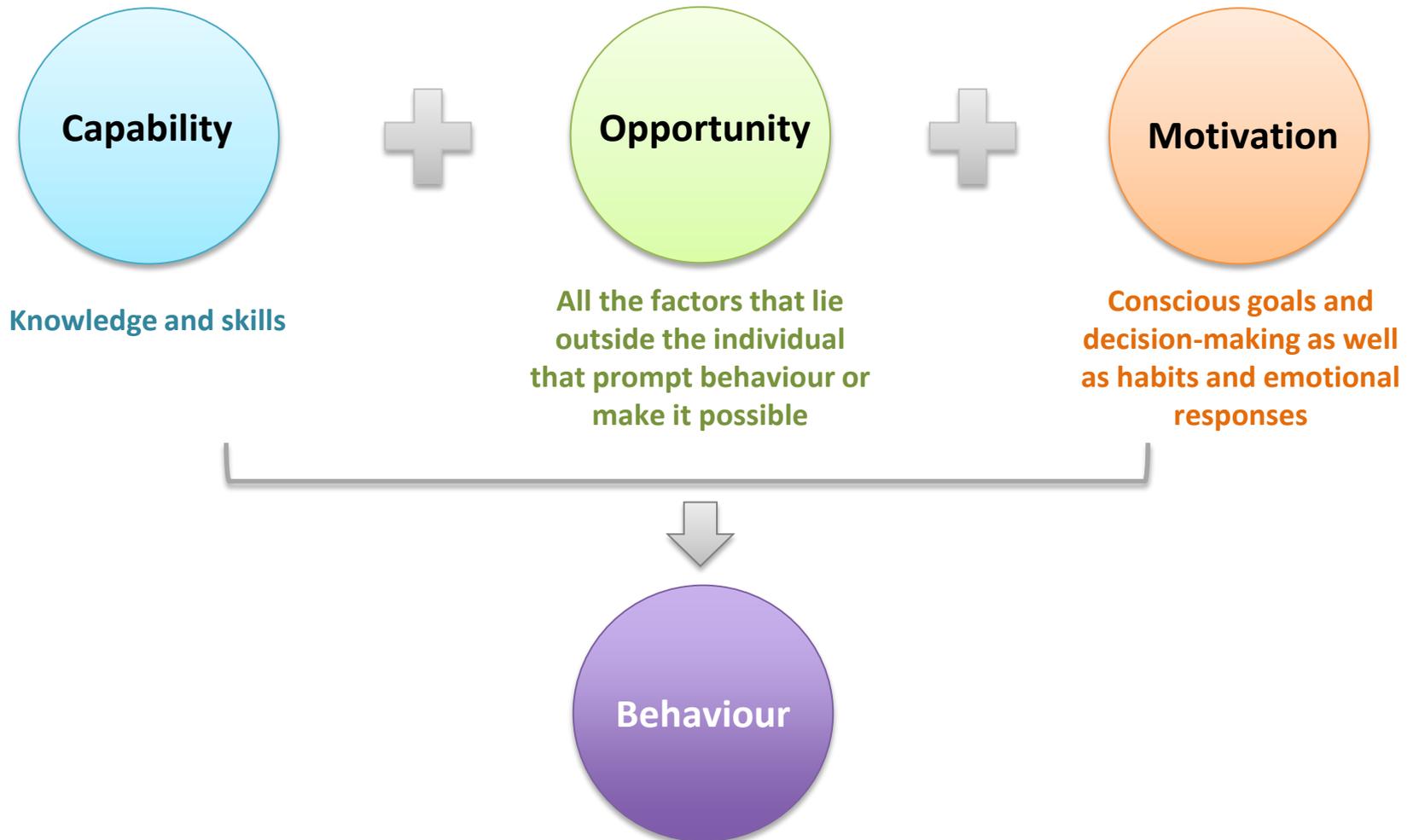
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Behaviour change theory

- COM-B framework
- Other considerations
 - Stages of change
 - Narratives

COM-B framework



Capability, opportunity, motivation



Capability

- **Physical capability**
- **Psychological capability** – ability to engage in the necessary thinking



Opportunity

- **Physical opportunity** – afforded by the environment
- **Social opportunity** – social and cultural context that impacts on the way we think about things



Motivation

- **Reflective motivation** – evaluations and plans
- **Automatic motivation** – emotions, impulses and habits

What this means in practice

Capability

- **Growth mindset** – abilities can grow (not fixed)
- **Self-efficacy/‘grit’** – belief in own ability to complete tasks and overcome obstacles

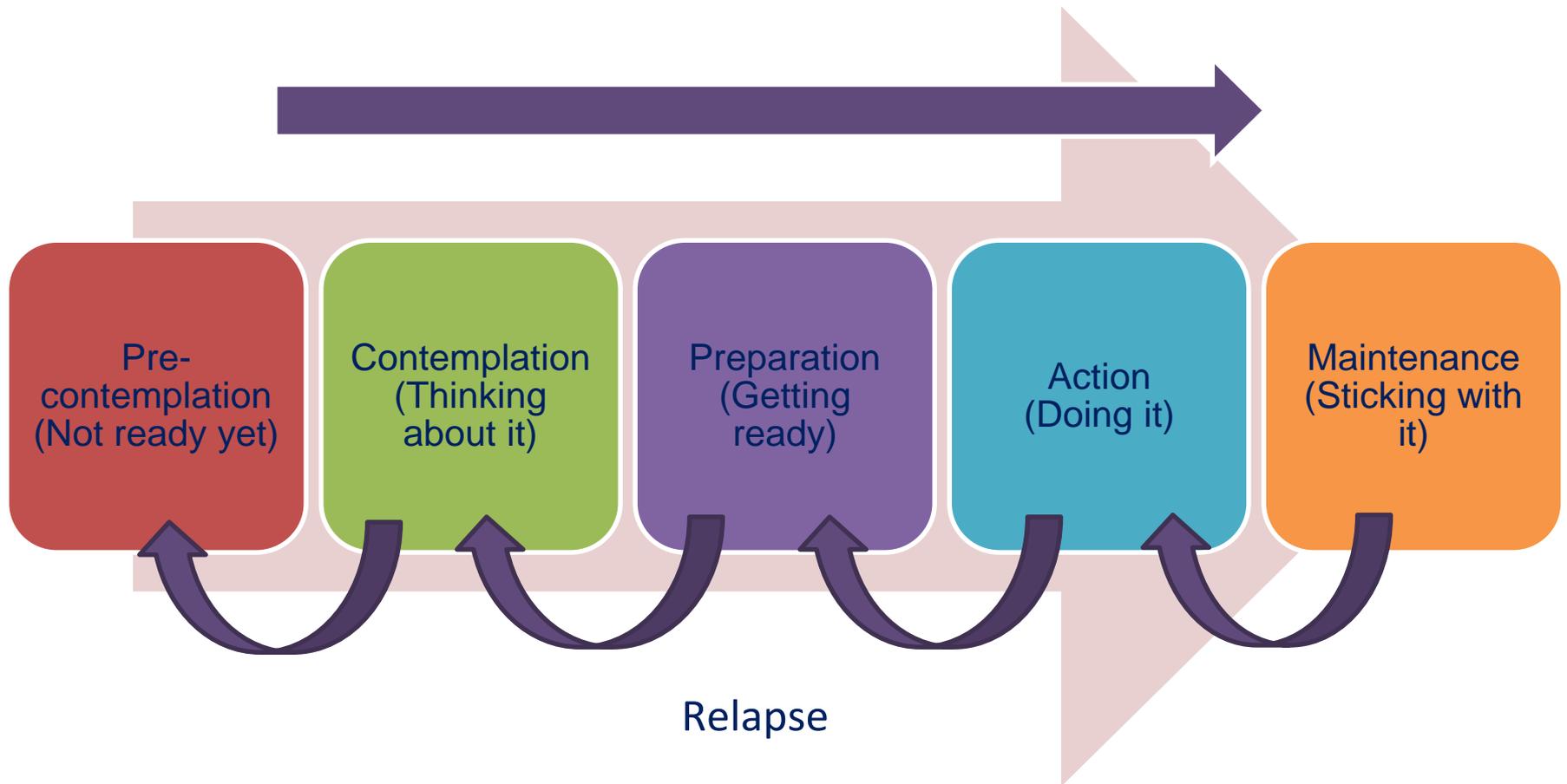
Opportunity

- **Removing friction costs** (small amounts of effort required that may be a barrier)
- **Building social connections** and social networks

Motivation

- **Intrinsic motivation** – task is inherently satisfying and motivation comes from within (rather than externally, e.g. rewards/punishments)
- **Goal-setting and feedback** – deciding what to aim for and working at it

Stages of change



Adapted from: Prochaska, J.O., DiClemente, C. & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviours. American Psychologist, 47, 1102-1114.

Narrative – how we talk to patients

- How we talk to patients can influence the relationship
 - Giving them space to vocalise what's going on for them vs. problem-solving
- Gives context, which enables holistic understanding of the patient
- Stories (narratives) in the clinical encounter can aid behaviour change
 - Memorable, grounded in experience and encourage reflection

The four principles of person-centred care





Royal College of General Practitioners

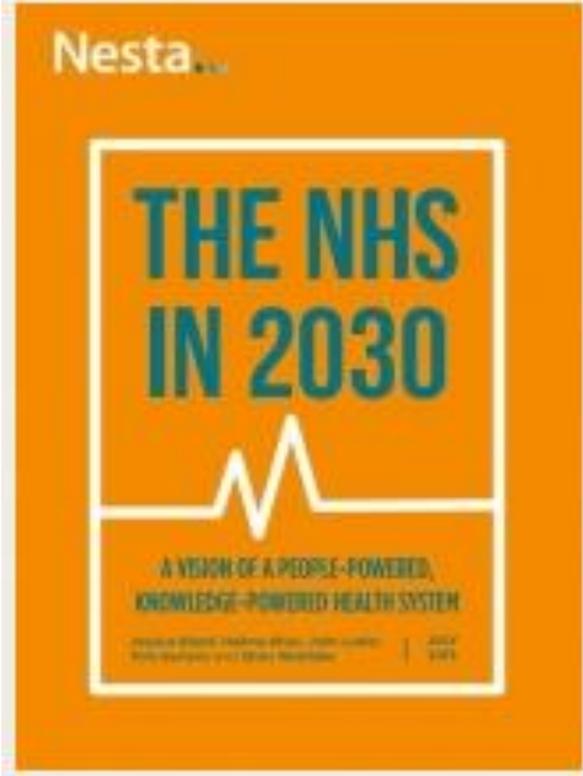
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Collaborative care and support planning



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Person Centred Care 2020

Person and Community Centred Care

- People, families and communities at heart of Health and Wellbeing
- New Values
- How to do it
- Economic case



Sheffield CCG- Person Centred Care

- 4th year of 5 year program (£600k/yr)
- 69/86 GP practices
- Started careplanning- building skills
- ‘The Conversation’
- How to engage primary care
 - System changes
- How to Measure change

The *Patient Activation Measure*® (*PAM*®)



Survey instrument that assigns an individual an *activation level* (1 - 4) and a *numeric score* (0 – 100)

- Activation Level 1 – Score 0 – 45.2
- Activation Level 2 – Score 45.3 – 55.1
- Activation Level 3 – Score 55.2 – 67
- Activation Level 4 – Score 67.1 – 100

How Does the PAM[®] Work?

Level 1

Starting to take a role

Individuals do not feel confident enough to play an active role in their own health. They are predisposed to be passive recipients of care.

Level 2

Building knowledge and confidence

Individuals lack confidence and an understanding of their health or recommended health regimen.

Level 3

Taking action

Individuals have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors.

Level 4

Maintaining behaviors

Individuals have adopted new behaviors but may not be able to maintain them in the face of stress or health crises.

Increasing Level of Activation 

10-30% of Nat'l population

20-25% of Nat'l population

35-40% of Nat'l population

25-30% of Nat'l population

Self-Management Insights

Level 1

Level 2

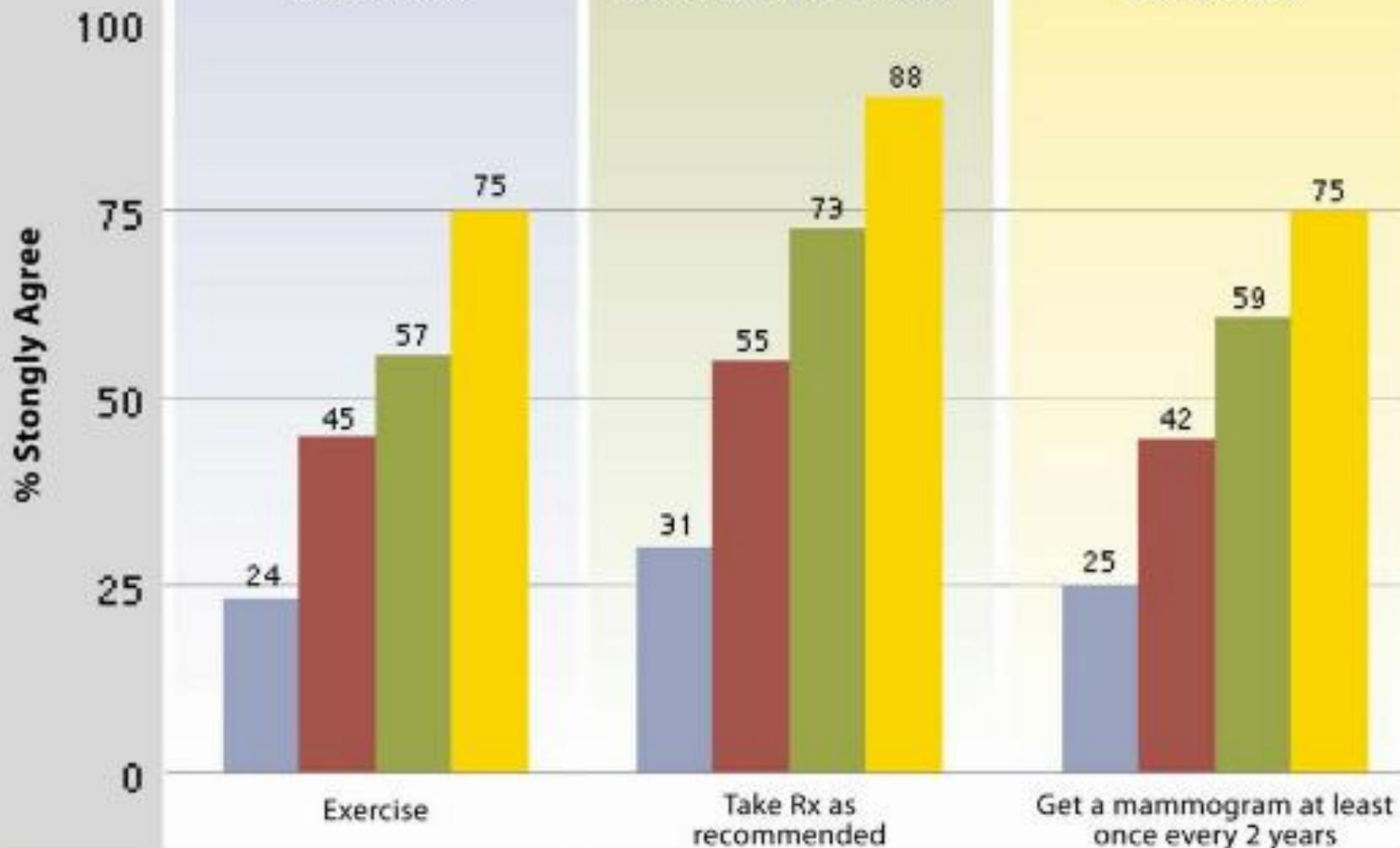
Level 3

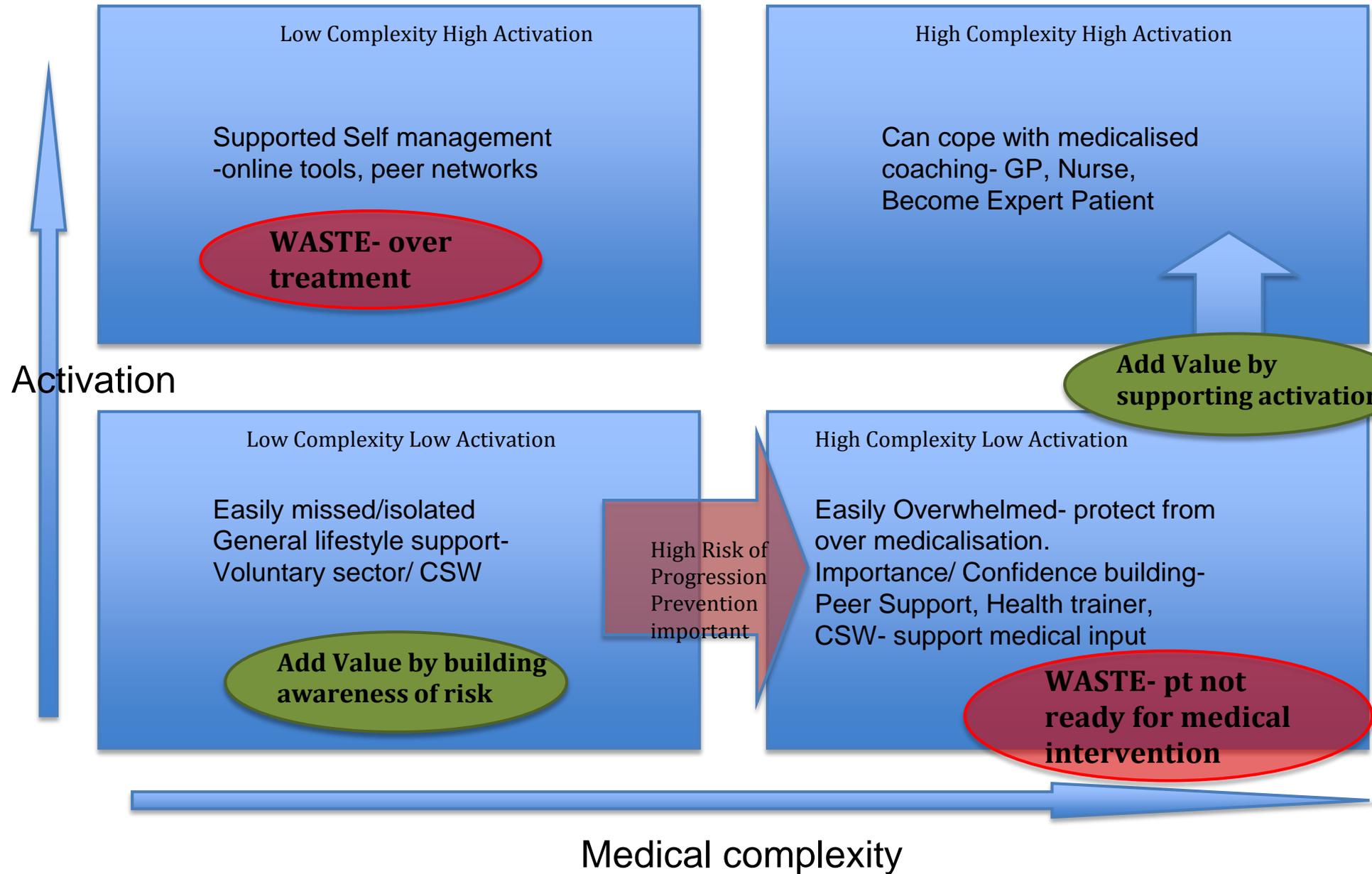
Level 4

Healthy Behaviors

Disease-specific Self-care Behaviors

Preventive Behaviors





Social prescribing



Age UK
Love later life

Love later life
A brand platform
delivering for campaigns



Beverley Sullivan
Senior Brand Identity Manager
Age UK



Change in self-efficacy, general health and wellbeing

Measures were developed for the National Health Trainers Data Collection and Reporting System (Department of Health, 2011)

| Measure | Before | After | % Change |
|--------------------|--------|-------|----------|
| Self-efficacy | 68.4 | 74.1 | 8.32 |
| General Health | 38.3 | 51.7 | 35.1 |
| WHO Five-Wellbeing | 29.1 | 44.5 | 52.95 |

Increases were reported across all measures, with the greatest increase in perceived wellbeing, followed by general health and self-efficacy

Final Word

- New 'Value Set'- with right measures
- Better conversations- less 'telling'
- Build ownership of Health and Wellbeing into our communities