

Our Declaration: Person - centred care for long term conditions



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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Our Declaration: Person-centred care for long term conditions

Person-centred care for all

1. Person-centred care is central to improving the lives and health of the increasing number of children, young people and adults who live with long-term conditions (LTCs). Person-centred care has been defined by people themselves as: “I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”
[\(National Voices\)](#)
2. The NHS and our wider health and care system needs a clear narrative about the importance of person-centred care, particularly for those with multiple LTCs, complex care or support needs to improve outcomes and reduce inequalities. As part of this narrative we must ensure that we always consider a person’s physical and mental health and wellbeing together, as well as their personal assets and those of their local community. Our declaration provides a consensus view from a wide range of stakeholders, including people with lived experience of LTCs and health and care professionals, on what person-centred care means for people with LTCs and for those involved in their care and support.

Person-centred care at all stages

3. Health and care needs change over the course of people’s lives and have a significant impact on quality and experience of life, particularly for people with LTCs. Simplistically this might be represented as a changing spectrum of care or support needs across a life course.
4. At one end of the spectrum are people living independently with no long-term conditions. Moving along the spectrum might be people with a single LTC. Towards the other end of the spectrum are people with many LTCs, often including frailty. At the far end of the spectrum are people approaching the last years or months of life who might have particularly complex care needs. People’s position on this spectrum will shift as their care needs and preferences change. At some points on the spectrum people might be more likely to think about prevention of ill health and ways of keeping well, for others straightforward evidence based care might be their preference. Some people are at risk of excessive treatment burdens and this is particularly a risk for older people and those with multiple LTCs. Person-centred care and care and support planning allows a greater emphasis on what matters to the individual and enables the health and care system to be sensitive to these changing needs and preferences whatever they might be. It allows people to take a less narrow approach and think about their whole lives, including the role of their family, carers and community.
5. Person-centredness, supported self-management, proactive care, and support for family and carers are fundamental and essential components across the entire care spectrum for people living with LTCs. This is an important concept that if fully embedded within health and care professional practice and culture

would result in significant benefits for people, their families, communities and professionals themselves.

6. Currently, care is often designed for people with LTCs based on condition-focussed treatment with under-representation of person-centred approaches. For people with multiple LTCs, treatment based on individual condition-focussed guidelines could result in over treatment and for some can cause harm due to interaction between interventions or medication.
7. Person-centred care allows health and care professionals to work in partnership with people and their carers to identify what matters most to them and then to work together to devise the most appropriate plan to deliver this, recognising that a person's care needs will change over time, especially as dying and death approaches. For example, when they might benefit from a period of extra support to develop the knowledge skills and confidence to manage their own health at home and thus make hospital admission less likely. Or when a person no longer benefits from standardised guideline-directed treatment for multiple long-term conditions. Sometimes, this means not being constrained by narrow condition-focussed approaches that can act as a 'strait-jacket'.

Collaborative care and support planning as the key to person-centred care

8. Care and support planning is a process that enables professionals and people to work in partnership to achieve person-centred care designed around the individual's assets, goals and preferences. Care and support planning supports people to move towards these goals and achieve what matters to them. Care and support planning can be a signposting mechanism for 'more than medicine', for example, introducing people to social networks that take asset-based approaches by valuing the capacity, skills, knowledge and connections in individuals and whole communities. Care and support planning is important at any stage of the spectrum.

Person-centred care in the NHS: nationally & locally

9. Through co-production, the NHS should work in partnership with people with LTCs, their carers, whole communities, health and care colleagues, education, other community services and the third sector to support professionals and those responsible for service design to fully embed commission and deliver care and support that is person-centred.
10. People with LTCs and their carers are assets to their community and person-centred care will enable them to fulfil their full potential.
11. The NHS should use a national permissive framework, for example the [LTC framework](#), that provides consistency based on evidence-led tools and resources for change and which supports local innovation and locally-led initiatives, helping to share and spread examples of good practice and lessons learnt.
12. National enablers such as person-centred outcome measures and incentives should drive the delivery of person-centred care. The system should work towards achieving person-centred care as an outcome in itself.