

Flash report

Person-centred care during a pandemic and beyond: Covid-19 learning from health and social care services in Scotland

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@PersonCntrdSco

Background

It is clear that the ability to provide the type of person centred care we should all expect has been challenged by COVID-19. Over the past few months we have seen those working in our health and care systems truly rise to this challenge of finding new and innovative ways to overcome the barriers to providing compassionate person-centred care this pandemic has raised.

The aim of this session was to provide an opportunity to:

- hear more about these innovations
- reflect on the conditions that are needed to innovate and sustain person-centred care during this pandemic, and
- take part in group discussions exploring how we might continue to improve person-centred care and identify what support is needed in the future to sustain innovation.

Summary of key information presented

Heather Edwards, *Interim Head of Improvement Support, Care Inspectorate*

The COVID-19 pandemic has resulted in loss and grief to people and communities. It is important that in our services and interactions with people, we recognise the long term impact of this. It has also had a huge impact on health and social care staff, both professionally and personally.

The Care Inspectorate has produced the enriched [model for psychological needs](#) that can be used as a way of exploring the impact of COVID-19. For example, the need for 'Attachment' has been impacted by the halt on visiting from family and people supporting activities/hobbies – impacting on the sense of self as a person. This kind of model can support the development of compassionate care.

Staff wellbeing also plays a vital part, as you 'can't pour from an empty cup'.

Similarly, the role of psychological safety is paramount. In developing innovative person-centred practice people need to feel safe in suggesting ideas and learning from mistakes. People need to feel safe to raise unformed ideas that colleagues can collaborate on to develop.

Chris Sutton, *Portfolio Lead, People-led care, Improvement hub (ihub)*

There have been a number of published examples of innovation from the ihub, SSSC, the Personal Outcomes Network and the Care Inspectorate*. From the examples compiled, excluding those in acute settings, the following themes were established:

- Connecting colleagues to support and wellbeing
- Connecting people with their loved ones
- Connecting people with communities
- Empowering people to do things differently.

Innovation examples include:

Socially
distanced
celebrations

Virtual visiting

Dedicated
spaces for staff
wellbeing

Pen pal
schemes

Remote
wellbeing
checks

Virtual social
events

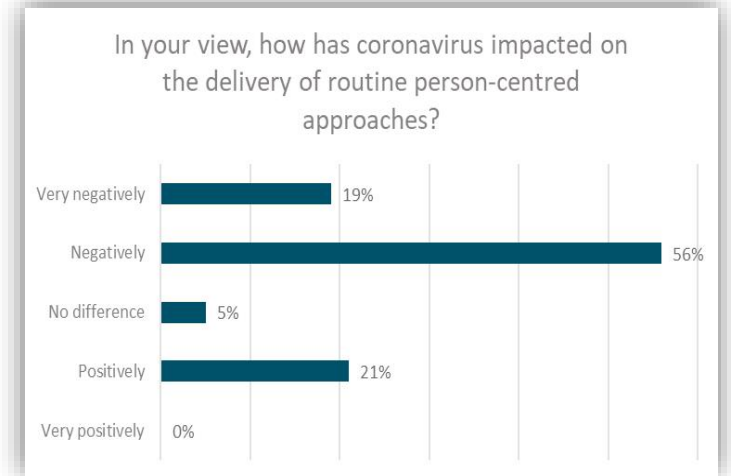
Group discussion

It was noted that although the majority of participants felt coronavirus had impacted negatively, some felt it had in fact made no difference or positively impacted on the delivery of routine person-centred approaches. When we asked participants why this might be the case, they told us:

- There is a greater sense of solidarity amongst staff, and they feel more motivated to do things differently.
- In having to come up with solutions to challenges, they feel empowered to do this in a person centred way.

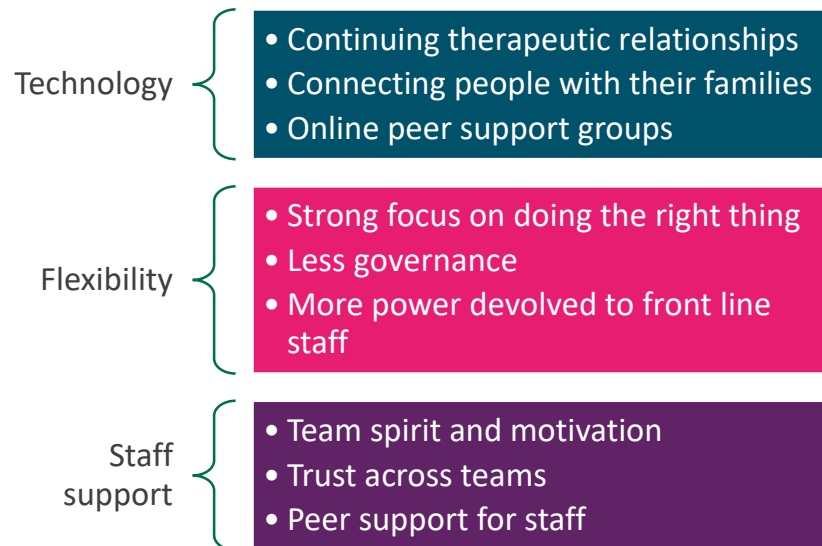
There was also discussion around the role of digital ways in providing person centred support to people, that included:

- concerns about the impact of digital exclusion and inequalities
- people now beginning to want and expect digitally enabled support (for example, video calling to enable grocery shopping) but not being provided with it.

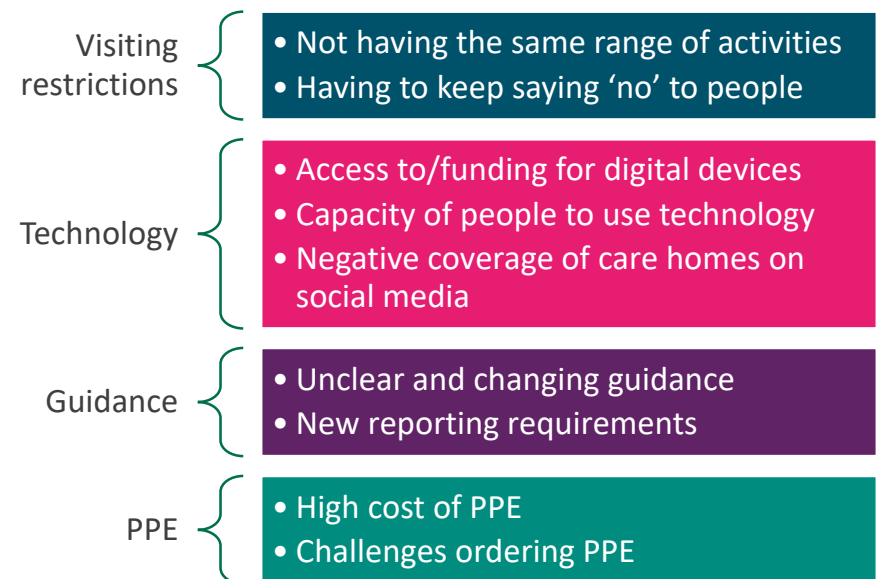


Breakout discussion questions

What has **enabled** us to develop or use person-centred approaches during this period?



What has **challenged** our ability to develop or use person centred approaches during this period?



What would you need to support improvement and innovation in person-centred care and practice moving forward?

Although there was still a level of uncertainty as to what the future holds, participants felt that the main support needs were the following:

Culture change

- Move towards a risk enabling culture to providing person-centred care, with strong support from national leaders
- Recognition from policy makers that care residents are individuals and not a single group

Working together

- Scottish Care surgeries have allowed for peer support
- Continued close relationship with the Health and Social care Partnerships
- More sharing of good practice and experiences

Comments from participants

"We grouped together and became innovative in the aim of improving the wellbeing of the people we support. In the absence of family visits we became more sociable, singing, dancing, laughing, joking."

"So much guidance from so many places none of which was particularly person-centred."

"We have spent decades building up person-centred care - individual approaches flexible and meaningful and in one fell swoop we were asking staff to do things that went completely against this training."

"GP's reluctance to attend resulting in people's wishes as laid out in their ACP's not being followed"

Find out more or contact us: hcis.personcentredscot@nhs.net

What innovation, practice or approach would you like to keep going forward?



Words taken from participant comments in response to the closing question

What next?

- We will be running two further discussion workshops in September.
- We will analyse what we have found and engage with stakeholders again regarding our findings.
- We will then explore ways at a national and local level we can further support person-centred innovation and practice.

**Examples of published innovations:*

[ihub](#)

[SSSC](#)

[Care Inspectorate](#)

[Personal Outcomes Network](#)