

# Using Person Centred Thinking in Continuing Health Care

*Continuing health care can be a real challenge for nurses, but a team in Wiltshire are using person centred thinking tools to help care manage patients and meet their health needs in a more personalised way. This case study describes how to use the different tools to address a number of everyday challenges.*

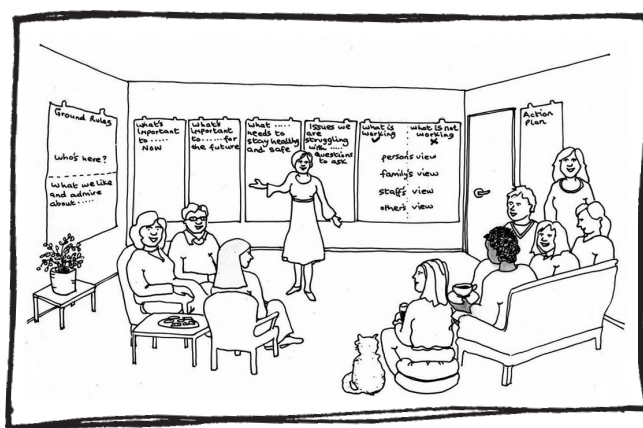
When someone's health needs are complex, intense or unpredictable, and dominate their life over and above their social care needs, the NHS recommends that a person should be assessed for continuing health care funding. The process is clinical and some professionals, including Amelia Jones and Sharon Kupai from Wiltshire Primary Care Trust, have been working to make it more personal.

“In the past, the whole assessment was professional-led,” said Amelia, team leader of the Community Health for People with Learning Disabilities team. “We weren't comfortable with it because we're learning disability nurses and have developed our skills to put people at the centre of everything we do. So when we learnt about person centred reviews and person centred risk assessments, our 'light bulbs' went on. It seemed right to use these tools to enhance our practice as continuing care assessors and it's helped our practice become less of a paper exercise and more person centred.”

Amelia said that it was now all about the person and what they want and don't want: “While we can't access individual budgets within community healthcare funding, we can now provide people with a support package that is as close to their needs and wants as possible.”

Amelia described an example where she and a colleague undertook a person centred review for a young woman who had been receiving continuing healthcare funding for two years, but was still struggling to be independent from her parents.

“This young woman was supported by a care agency and we asked them to provide a support worker who was young, trendy and girly. That was what



she wanted. The agency honoured this, but they were consistently sending someone who couldn't drive. That meant the young woman's parents had to drive them to wherever they needed to go and it defeated the point about helping her achieve independence. Once we were able to identify that, then we found a really simple solution. Such a little thing made a big difference."

The tools that Amelia and Sharon use in their work include one page profiles, matching, decision making agreements, learning logs, communications charts and risk assessments.

As best practice, Sharon recommended that nursing teams should start with developing a one page profile. This document describes how best to support a person; what people know, say and admire about them; and what is important to them.

"We've had some very good feedback from family members about how they love hearing really positive things about their sons or daughters," Sharon said. "From there, the one page profile is the basis for developing the support plan."

Other person centred thinking tools can help solve long standing problems like finding the most appropriate care for someone. Sharon explained how she used a matching tool - which identifies a person's individual characteristics, the kind of support they need from their carer and what interests they could share - to find the right support.

"I was working with an individual who had her own package of care through a care agency," Sharon said. For 18 months, the agency struggled to get her the right support staff, with over 100 different carers trooping in to meet her. So I insisted we use the matching tool and hopefully she won't ever again have to go through the process of meeting so many different and inappropriate people."

Sharon saw person centred tools working so well at work that she decided to use it in her personal life too. She worked with her mum on a decision making agreement to help manage her mum's finances and look at where she was going in the future.

"It was clear my mum was just switching off," she said. "All she wanted to know was whether she had enough money to go shopping for clothes. That's all. But we worked out what was important to and for mum and used that as the basis for any decisions that were being made."

important decisions in my life	how I must be involved	who makes the final decision
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Sharon's team have also introduced learning logs that reflect the activity a person undertakes, what worked well, the people involved and how things could be changed or altered to assist them even more.

date	What did the person do? (what, where, when, how long?)	Who was there? (names of people supporting the person, friends and others).	What did you learn about what worked well? What did the person like about the activity? What needs to stay the same?	What did you learn about what didn't work? What did the person not like about the activity? What needs to be different?

“A young woman in a residential care had started to have problems at night time getting up and being disruptive,” Sharon said. “Her dad came in to visit and went and had a look at her bedroom. He found she had been sleeping under a duvet, which never used to happen. She used to have sheets and be tucked in tight and snug. So they tried that approach and they found that it worked - they don't have any problems now. We've used this information in a learning log because otherwise new staff will just go round and round in circles.”

The team at Wiltshire have also introduced communications charts which set out the body language and gestures people are using in different circumstances. The charts describe what their support team think it means and what should be done as a preventative measure. It also helps the support

workers communicate with a person by providing examples of things they might want to tell them, and the best way of doing it.

Finally, Amelia and Sharon have been using person centred risk assessments to overcome other challenges to patients receiving continuing healthcare funding. Amelia explained how her colleague Bruce helped someone with epilepsy have more meaningful contact with her family.

“A woman being cared for in a hospice was unable to sit on a settee because she had epilepsy. There was risk she would have a seizure and fall off. But this meant she was missing out on having close contact with her parents or support workers because she was always in her wheelchair. We did a person centred risk assessment. The process made us think through when she could change from her wheelchair to the settee, why she needed to do that and with who. There were lots of constraints, but using the tools meant we were able to come up with lovely ideas to make it happen. Because of the risk of seizures, which would make her jump, we placed beanbags around the bottom of the settee. We also said she wouldn't sit there unaccompanied for hours and hours, just when someone was visiting her.”

The Wiltshire team is still at the early stages of implementing person centred thinking tools, but they're already seeing plenty of benefits.

“It hasn’t been a systematic change, it’s just creeping through at the moment and it’s a real learning curve for us,” Sharon said.

Amelia agreed and said they had even started developing one page profiles for the entire nursing team.

“This way of working has been absolutely more fulfilling. We wouldn’t want to stop using these tools now. Once you get to know them, you pick your favourites, have them in your head and use them every day. The more you use them, the better they become.”

“As part of developing our own one page profiles, Sharon asked people we work with in other organisations what they liked and admired about us as community nurses. That gave us a lot of positive feedback and we were able to draw up how to support ourselves as a team. The whole process was very energising. Our positive meetings keep the cynicism at bay which could so easily creep in to our daily working life. It’s been a little ray of sunshine.”

To learn more about person centred thinking tools and person centred reviews go to [www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk) or email [kerry@helensandersonassociates.co.uk](mailto:kerry@helensandersonassociates.co.uk)

