

## SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator

**Action number: CA15222**

**STSM title: Knowledge-building for innovation and understanding of implementing person-centred care (PCC) for Ireland.**

**STSM start and end date: 08/10/2018 to 24/10/2018**

**Grantee name: Dr Vivienne Byers**

### PURPOSE OF THE STSM:

This Short Term Scientific Mission (STSM) was an opportunity to explore the experiences of those involved in the implementation of a person centred approach to healthcare delivery in Sweden under the auspices of the Gothenburg University Centre for Person-centred Care (GPCC). It sought to inform a whole systems approach to implementation of integration and a re-orientation to delivering services with the person at the centre, and bring this learning to the Irish context. To contextualise this STSM Report; Irish health policy though espousing person-centredness as a central plank of reform, has a poor record in terms of implementation. The Irish healthcare system has underdeveloped primary and community services delivery, as primary care services are provided on a private basis to two-thirds of the population by self-employed physicians. This STSM was carried out to inform ongoing research examining the current implementation of integrated healthcare in Ireland through the establishment of Community Health Organisations (CHOs) (Healy Report 2014, Integrated Care Programmes Charter 2016). This learning can also inform the ongoing research in GPCC in Sweden with regard to understanding the policy and wider environmental influences on micro and meso level implementation.

**Working Group 1** in the COST Action 15222 has as its core objective to create added interest and buy-in for the implementation of person-centred care, the aim was to begin the work required to generate a real and better understanding of the PCC concept in Europe. As a member of WG1 my aim is to generate that understanding in Ireland at a national level. There is now an opportunity through access to decision-makers, to have impact at this level in re-orienting Irish healthcare, particularly in adding interest to these concepts espoused by the R & D Roadmap.

In Ireland policy pushes the concept of person-centred care and has done for over a decade however, the structures and processes of care delivery have not been changed to accommodate this alteration (Byers 2017). This lack of organisational accommodation to the delivery of person-centred care has been reported by a number of studies (Abelson et al. 2007). Barriers include the lack of organisational support, the unchanging nature of the organisational culture, ambiguity in policy aims and limited legislative guidance, as well as misconceptions regarding the meaning of person-centred care.

International research in implementation in primary care shows that managers can take on an important role in connecting the macro level policy to the micro level of front-line professionals (Casebeer et al 2010). At the micro level, a critical factor of implementation is what the people at the end of the policy chain actually do; how they put it into operation and practice. Dahan & Mangematin, (2007, 2009) note that the diffusion of new practices in implementing policy/reform can prove difficult if not impossible without a mediating

arrangement at the meso level: a common tool, arrangement or management action that creates an opportunity for action. Finally, at the macro level, policy implementation and its influence on street-level practice in healthcare is mediated by a number of key institutional influences; government & formal rules, professional norms and expectations from society (Hupe and Van der Krogt 2013). There is a need to understand the capacity by which the policy connects with professional practice to provide for feedback and inform evaluation and improve implementation in practice. At a macro level this work is supported by a legislative and wider cultural environment that affirms patient rights. The practice element of the GPCC model comprises three 'simple routines' to initiate, integrate and safeguard person-centred care in daily clinical practice (Britten et al, 2017). It is also underpinned by a philosophy and ethic of practice.

### **DESCRIPTION OF WORK CARRIED OUT DURING THE STSMS**

Interviews were carried out during this STSM with those involved in GPCC projects and their steering, exploring macro, meso and micro perspectives.

During this STSM the work included carrying out interviews with 12 researchers/practitioners involved in GPCC, attending the Management Committee and Working Group meetings as a CostCares MC member, attending a number of research meetings/seminars and attending the European Network for Cost Containment And Improved Quality Of Health Care Training School.

### **DESCRIPTION OF THE MAIN RESULTS OBTAINED**

Utilising my research in health policy implementation from both a practitioner (first-line) and policy analysis (macro) perspective, and familiarising myself with the work of GPCC a set of targeted technical outcomes were met:

- i. Met with key researchers, practitioners and managers involved in planning and implementation of PCC at the micro/meso organisational levels in order to clarify and define domains & sub-domains of person-centred care and routes to its implementation through familiarity with GPCC projects.
- ii. Met with key researchers involved in understanding person-centred care from a policy level, organisational and health systems context, as well as those in the areas of law and of leadership in health care organisations and also from a wider stakeholder base, in order to distil a number of tangible actions and processes to move from principles to implementation that have application in the Irish context
- iii. Met with those involved in implementing PCC care at the level of municipalities, the new test bed, as well as at hospital and ward level and identified practice based tools, approaches and learning that enabled implementation and create change.
- iv. Took part in the *European Network for cost containment and improved quality of health care - Training school* in Gothenburg 15-17 October 2018, in order to avail of the learning opportunities available.
- v. Attended a seminar featuring a *Dialogue on Person-Centred Care* (Professors Inger Ekman & Brendan McCormack).

### **FUTURE COLLABORATIONS**

The contribution to the scientific objectives of the Action is to meet the capacity building objective; to inform and educate professionals, politicians and other stakeholders about the necessity and possibilities of innovative measures in healthcare in order to successfully embed future research findings and innovations and to build the critical mass necessary to perform large scale testing. This contribution in collaboration with GPCC will be supported by:

- i) development of a research paper addressing how to utilise levers in society to move implementation from a policy vision to street-level or first-line practice, based on a synthesis of the GPCC experience. This paper will focus on a macro view point with a comparative discussion of policy and legislative provisions in both Sweden and Ireland as enablers/barriers to implementation. It will be written in collaboration with researchers from GPCC and be published in a leading health policy journal.

ii) knowledge building to bring innovation and understanding in the area of implementing person-centred care back to Ireland, through completion of a review to be published in an Irish public administration journal. This journal is circulated to Government and the wider Public Service for dissemination of core developments in state sectors, including health. Thus, addressing WG1 goals of (i) attuning on-going national research to be in line with the EU Roadmap, through (ii) coordinating on-going research and sharing and integrating research outcomes and findings in order to (iv) create added interest in the R&D Roadmap and proposed research topics.

### References/Bibliography:

- Abelson J., Forest P.G., Eyles J., Casebeer A., Martin E. & Mackean G. (2007) Examining the role of context in the implementation of a deliberative public participation experiment: results from a Canadian comparative study. *Social Science & Medicine*, 64, 2115–2128.
- Britten, N., Moore, L., Lydahl, D., Naldemirci, O., Elam, M., & Wolf, A. (2017). Elaboration of the Gothenburg model of person-centred care. *Health Expectations*, 20(3), 407-418.
- Byers, V. (2009) Planning in the Irish health services: Legislative strategy or administrative control? *Journal of Management & Marketing in Healthcare*, 2 (1): 15-27
- Byers, V. (2017). The challenges of leading change in health-care delivery from the front-line. *Journal of Nursing Management* (25), 449–456. <https://doi.org/10.1111/jonm.12342>.
- Department of Health (2016) *Statement of Strategy 2016-2019*. Hawkins House: Dublin, Ireland.
- Dowrick, C., Heath, I., Hjörleifsson, S., Misselbrook, D., May, C., Reeve, J., Swinglehurst, D. and Toon, P., 2016. Recovering the self: a manifesto for primary care. *British Journal of General Practice*, 66(652), 582-583.
- Ekman I, Swedberg K, Taft C, Lindseth A, Norberg A, Brink E, et al. (2011). Person-centred care – ready for prime time. *European Journal of Cardiovascular Nursing*, 10, 248–251.
- Ekman I, et al. Health-care improvement in a financially constrained environment. *Lancet*. 2016 Feb 13;387(10019):646-7.
- Harding, E., Wait, S. and Scrutton, J., (2015). *The state of play in person-centred care*. London: The Health Policy Partnership.
- Health Services Executive (HSE) (Healy Report) (2014) *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group*. Dublin: Health Services Executive.
- Health Services Executive (HSE) (2015) *HSE Code of Governance*. Dublin: Health Services
- Health Services Executive (HSE) (2016) *Clinical Strategy and Programmes Division (CSPD) Reform & Establishment of Integrated Care Programmes Charter*. Dublin: Health Services.
- Houses of the Oireachtas (2017) *Committee on the Future of Healthcare*. Second Interim Report. Dublin.
- Moore, L., Britten, N., Lydahl, D., Naldemirci, Ö., Elam, M., & Wolf, A. (2016). Barriers and facilitators to the implementation of person-centred care in different healthcare contexts. *Scandinavian Journal of Caring Sciences*, 31(4), 662-673.
- Naldemirci, Ö., Lydahl, D., Britten, N., Elam, M., Moore, L., & Wolf, A. (2016). Tenacious assumptions of person-centred care? Exploring tensions and variations in practice. *Health*: <https://doi.org/10.1177/1363459316677627>