

Promoting patient-centred care planning consultations

- Care planning is part of a broader approach to patient-centred care, encouraging patients to participate in consultations and share in decision making
- Personalised care planning can improve some measures of physical health in people with long-term conditions such as diabetes and asthma
- Lack of time in consultations is perceived as a barrier to care planning by professionals and patients
- Strategies for developing consultation skills aimed at both professionals and patients, alongside condition-specific training, could improve patients' health outcomes and behaviours
- Encouraging professionals to initiate care planning and self-management discussions, and reassuring patients that social and emotional issues are legitimate discussion topics could be helpful

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Background

Care planning is being promoted as part of a broader approach to patient-centred care, encouraging patients to participate in consultations and share in decision making.¹ NHS England have recently published guidance for commissioners on delivering personalised care and support planning and outline the role of commissioners in developing a patient-centred approach.²

The commissioner's role in personalised care and support planning²

- Commission appropriate patient-centred services to embed personalised care and support planning
- Commission support for self-management, for example structured education programmes, community activities and peer support networks
- Support access to information to enable people to make an informed contribution to discussions about their condition
- Ensure support is available to patients to help them participate in shared decision making
- Promote the development of patient-centred skills and competencies for professionals
- Ensure robust local measurement to inform and support improvement

Methods

We have searched DARE, NHS EED and CDSR for relevant systematic reviews and economic evaluations. We have not carried out exhaustive literature searches to identify primary studies but have searched NHS Evidence and interrogated reference lists and tracked citations for the identified reviews.

Effectiveness

We identified four relevant Cochrane reviews addressing care planning, patient engagement and shared decision making.³⁻⁶ We also identified a qualitative study looking at patients' experiences of care planning and a recent systematic review about patient engagement in general practice consultations by the King's Fund.

Personalised care planning

A forthcoming Cochrane review included 19 studies, mainly conducted in the USA, looking at the effects of personalised care planning for people with long-term conditions.³

There was considerable variation in the support for care planning across the studies, but all involved either face-to-face or telephone support. Care planning was most commonly done by nurses, service co-ordinators or nurses and therapists acting as care managers. In only a small number of studies were patients' usual care physicians delivering the intervention. Support involved providing information, prompts for patients, structured consultation using motivational interviewing, training or prompts for clinicians, peer support, and individual or group visits. The review found improvements in some physical measures in people with diabetes and asthma, a reduction in depression symptoms and improved self-efficacy. The effects were small but significant. Evidence on cost-effectiveness was limited and mixed.

Patient-centred clinical consultations

Another recent Cochrane review has evaluated interventions aimed at providers to promote patient-centred approaches in clinical consultations.⁴ The review included 43 randomised controlled trials of patient-centred care training for providers, such as training sessions and materials, guidelines, and question prompts. Some interventions were more complex and included decision aids, education or training for patients. Interventions had a range of aims from improving patient centredness to improving health behaviour. Most studies addressed consultations for long-term conditions including diabetes, heart disease, asthma and depression.

The majority of studies measured the effect on consultation skills and behaviours (using either video or audio tape or physician and patient questionnaires) and found improvements in the "patient-centredness" of the consultation. Improvements were seen in behaviours such as clarifying

patients' concerns and beliefs; communicating about treatment options; levels of empathy; and patient perceptions of providers' attentiveness.⁴

The effect on patient satisfaction was modest, but improvement was more consistent when the training for providers was supplemented by condition-specific training for professionals and patients. There were mixed effects on patients' health status and health behaviours, however training for both providers and patients may produce greater improvements than training for providers alone.⁴

Involving older patients in primary care consultations

A third Cochrane review looked at interventions for patients aged over 65, aimed at helping them participate in primary care consultations and make informed decisions about their care.⁵ The review included three small, poor quality studies. Interventions involved face-to-face sessions to coach patients in question-asking (either individually immediately before their visit or a group session in advance of their visit) or written materials about patient communication skills sent to patients a few days before their visit. The interventions on the whole appeared to lead to more questioning behaviour and more self-reported active behaviour, although there was no effect on patient satisfaction. None of the studies measured health status or wellbeing outcomes.

Decision support

A recent Cochrane review evaluated a range of interventions to promote shared decision making, aimed at healthcare professionals, patients, or both together.⁶ Interventions included printed educational materials, educational meetings, audit and feedback, reminders, education outreach visits and information provided by or to patients, such as patient decision aids. The review could not determine the most effective types of intervention, but concluded that shared decision making interventions actively targeting patients, professionals or both are better than no intervention at all, and those that target both together may be the most promising. Audit and feedback for professionals when used with other interventions may increase the uptake of shared decision making.

Evidence about the effect of shared decision making on clinical outcomes is lacking, but there is some evidence to suggest that patients may be more likely to follow through with treatments and actions if decisions are mutually agreed.⁷

Concerns have been raised that shared decision making may increase health inequalities as it may advantage those who are natural information seekers.⁸ A recent systematic review considered a range of interventions designed to engage disadvantaged groups (minority ethnic, low literacy, low socioeconomic status and medically underserved groups) in shared decision making. Interventions included communication skills and education sessions, decision aids, booklets and counselling sessions. The review found a positive effect on patients' knowledge, participation and self-efficacy, suggesting increased involvement in healthcare decisions. The review authors also suggest that differences between advantaged and disadvantaged groups, for example in knowledge and treatment preferences, disappear following such interventions and shared decision making may be more beneficial to disadvantaged groups than higher socioeconomic status patients.⁸

Implementation and evaluation

A systematic review produced by the Picker Institute for the King's Fund identified continuity of care as key to developing the good doctor-patient relationship necessary to facilitate patient engagement in consultations.⁹ Related qualitative research published after the review has also explored patients' experience of care planning. This found that poor continuity of care was a barrier to care planning, which was often inconsistent and incomplete, done through a number of different contacts, with action planning and goal setting found to be rare.¹⁰

Lack of time in consultations is also perceived as a barrier to care planning by both professionals and patients.^{9,10} Allowing additional time for initial care planning consultations, encouraging professionals to initiate care planning and self-management discussions, and reassuring patients that social and emotional issues are "legitimate" discussion topics could be helpful.^{9,10}

Clinicians should use effective communication to determine individuals' desire for involvement in

their care.¹¹ Key communication skills for practitioners involve listening, negotiation, recognising verbal and non-verbal cues, reflective and open questioning and making eye contact.⁹ Short-term training (less than 10 hours) in patient-centred approaches for professionals appears to be as successful as longer-term training programmes.⁴

Developing patients' skills and knowledge through individual or group coaching sessions could improve engagement in consultations.¹⁰ While this may not be practical for whole populations, identifying subgroups of patients who might benefit most from greater involvement in care planning, for example those who want to be involved but lack skills, could be a useful approach.⁵

The King's Fund review identified a range of indicators of patient engagement from an analysis of questionnaires evaluating patient engagement with primary care.⁹ The measures across the domains of listening and support, involvement in decisions, information and explanations, length of consultation, and interpersonal care including empathy are detailed in their report and could be useful for evaluating and monitoring implementation of care planning.

The Health Foundation has produced a website with a range of resources to support the implementation of patient-centred care approaches, including guidance on setting up training for professionals and patients, and ways to evaluate patient-centered care (<http://personcentredcare.health.org.uk/>).

Conclusions

Patient-centred consultations are increasingly advocated and NHS England have issued guidance for commissioners on delivering personalised care and support planning.²

There is consistent evidence that most interventions promoting patient-centred approaches lead to improvements in the patient-centredness of consultations. Investment in training and skills development for health professionals improves the delivery of patient-centred care.

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