

The Meaning and Measurement of Person-Centred Care

**Using the Person-Centred Community Care Inventory
(PERCCI) to evaluate the quality of care experiences**

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My aim for today

To address two questions.

- ◆ What are we talking about when we say that we want to achieve person-centred care?
- ◆ How can we demonstrate that care being delivered really is person-centred?

1. Meaning

Put simply, being person-centred is about focusing care on the needs of the person rather than the needs of the service.

Royal College of Nursing

Person-centred care moves away from professionals deciding what is best for a patient or service user, and places the person at the centre, as an expert of their own experience.

Being person-centred is about focusing care on the needs of individual. Ensuring that people's preferences, needs and values guide clinical decisions, and providing care that is respectful of and responsive to them.

SCIE

Health Education England

...care that is focused and organized around the health needs and expectations of people and communities rather than on disease

WHO

...people using a service have care or treatment that is personalised specifically for them.

Regulation 9: Care Act Regulations

The challenge of being precise

- Definition by ...
 - ...what it's not
 - ...metaphor and imagery
 - ...generic principles and values, not what it looks like in practice
- Apparent simplicity, actual complexity
 - 'Easier to adopt the language of person-centred care as an alternative to practicing it'
- Lack of recognition of the history of person-centredness
 - Term is used as a neologism, not an idea with long history
- A literature-based “concept review”

Carl Rogers: Person-Centered Therapy



- ◆ Humanistic psychology
 1. Unconditional positive regard
 2. Congruence: not hiding behind professional façade
 3. Empathic understanding of person's frame of reference

“When functioning best, the therapist is so much inside the private world of the other that he or she can clarify not only the meanings of which the client is aware but even those just below the level of awareness. This kind of sensitive, active listening is exceedingly rare in our lives”

A historical filtering process

Sociological critique
of medicine

'Normalisation'

De-institutionalization

Sans Everything: A Case to Answer

Anti-psychiatry

Social model of
disability

"In our view, it is society
which disables physically
impaired people. Disability
is something imposed on top
of our impairments..."

Social construction
of ageing

Growth of social gerontology

1950s  1960s  1970s  1980s  1990s  2000+

Carl Rogers
Michael Balint

George Engels

Biopsychosocial model

Client-centered
counselling

Patient-cent(e)red
medicine

John & Connie
O'Brien

Person-centred planning

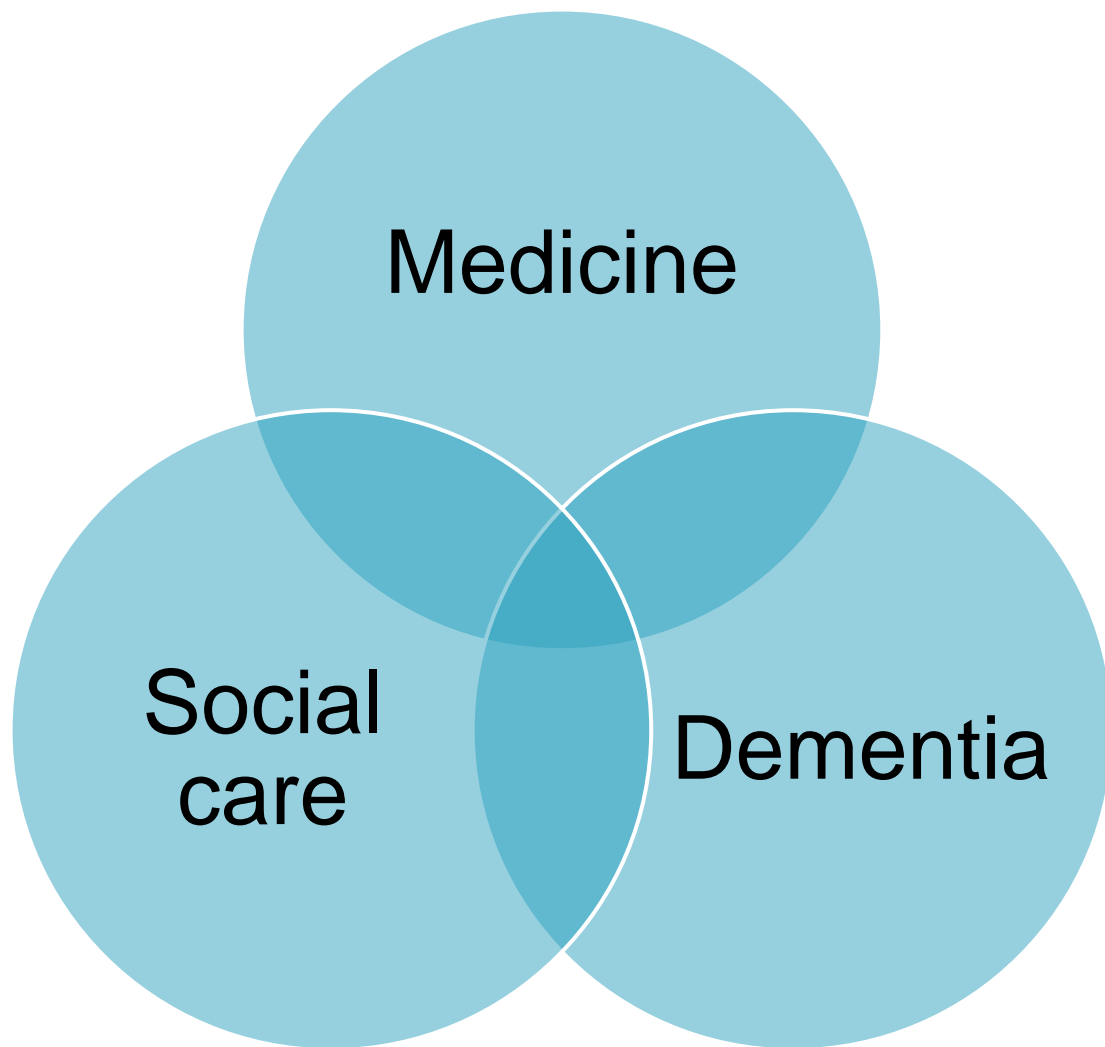
Tom Kitwood

"[Personhood] is a standing or
status that is bestowed upon
one human being, by others, in
the context of relationship and
social being"

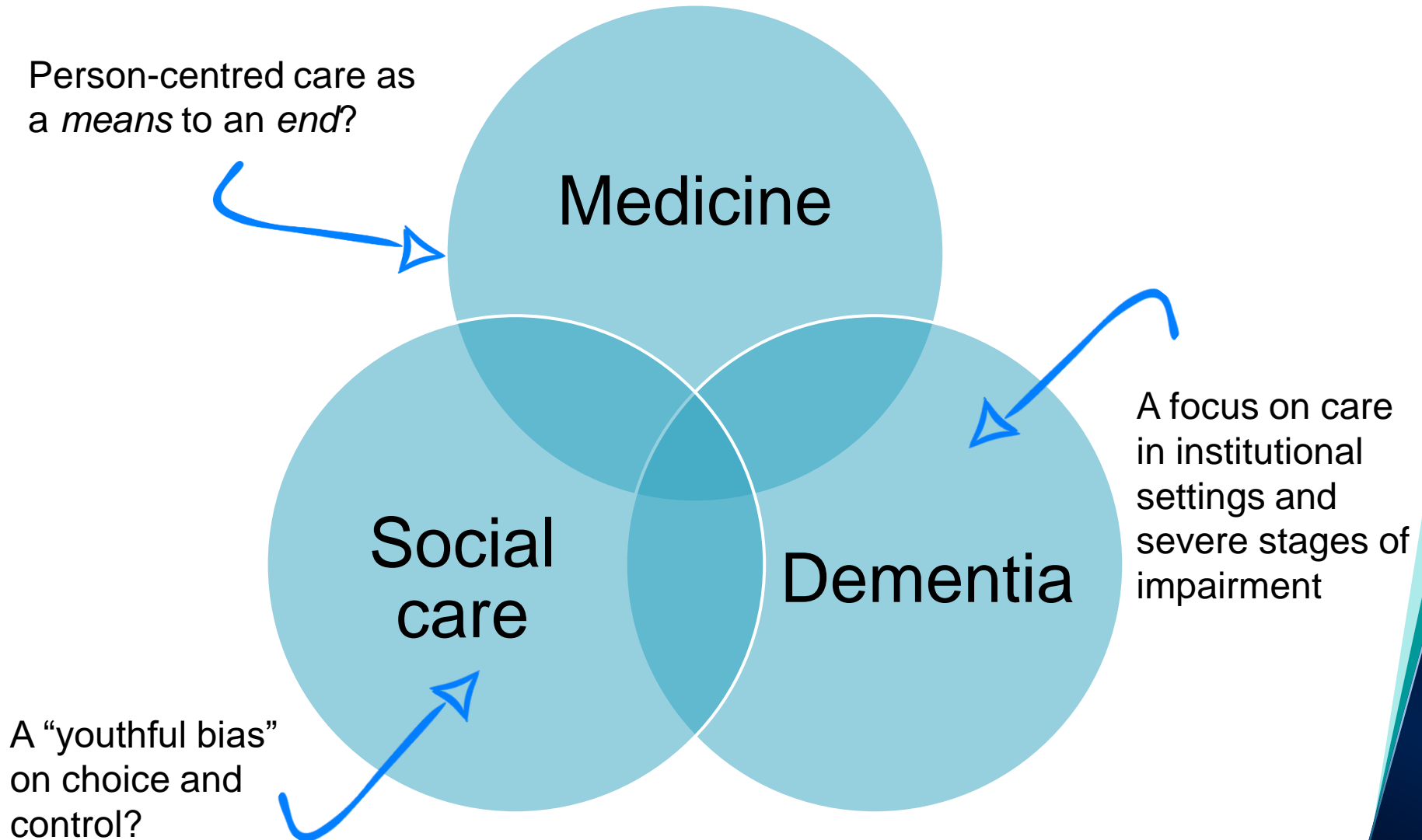
Differences between professions?

- ◆ Social workers
 - ◆ Emphasis on person-centredness as empowering people
- ◆ Nurses
 - ◆ Emphasis on person-centredness as a means for developing rapport
- ◆ Physicians
 - ◆ Did not know how to define person-centredness...
 - ◆ ... but not empowerment or rapport

Different models of person-centredness?



Some critique and contrasts



Differences are not recognised

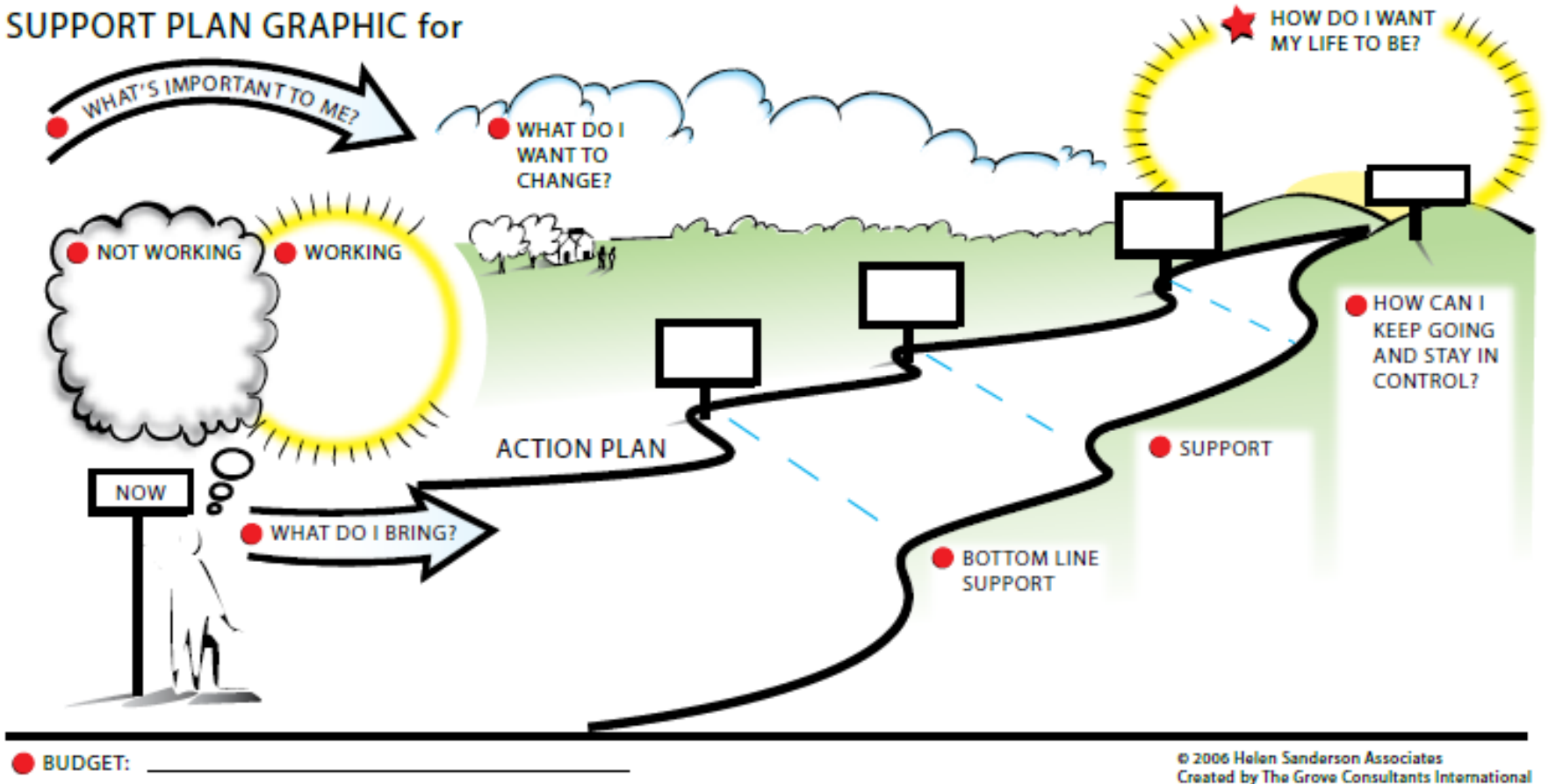
*“The **person-centred planning** approach has ... a focus on supporting individuals to live as independently as possible, to have choice and control over the services they use and to access both wider public and community services...”*

*“...**Person-centred care** has the same meaning as person-centred planning, but is more commonly used in the field of dementia care and services for older people”.*

SCIE (2012) p3, emphasis in original

Variations

SUPPORT PLAN GRAPHIC for



Three Shared Attributes

1. Knowing the person

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graph TD; A([1. Knowing the person]) --> B[Understands personal experience of illness or disability]; A --> C[Knows the different dimensions of life affected]; A --> D[Understands what is important to a person's wellbeing]; A --> E[Understands what person values in support / care];
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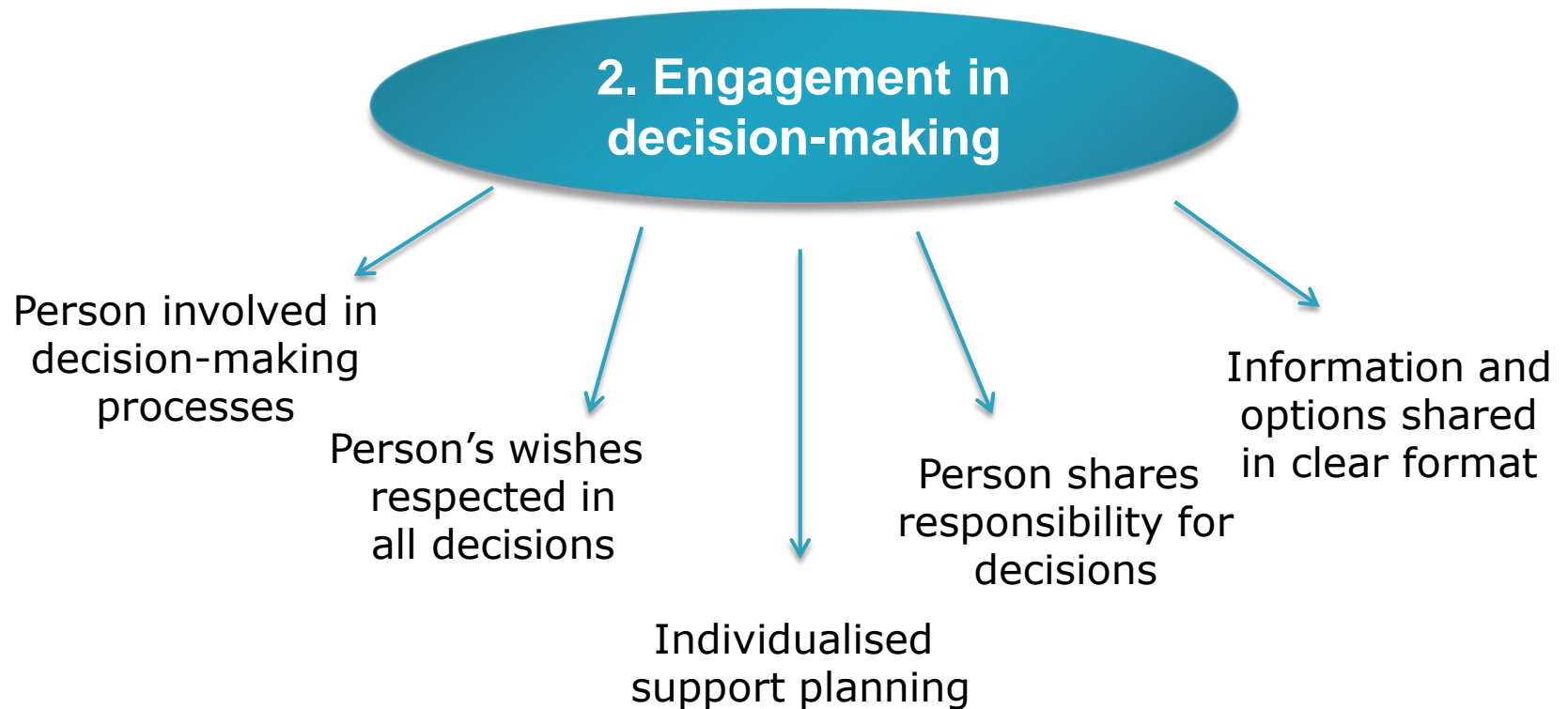
Understands personal experience of illness or disability

Knows the different dimensions of life affected

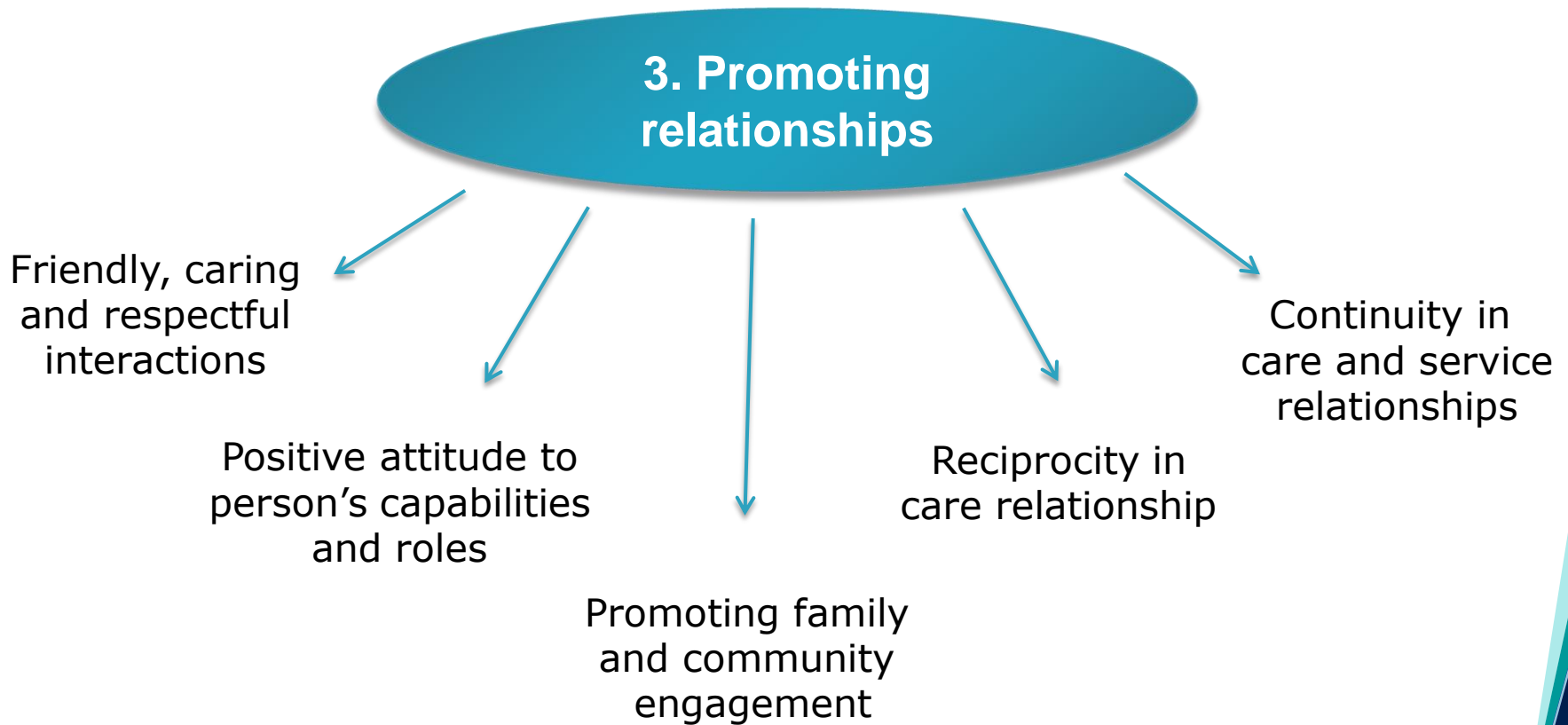
Understands what is important to a person's wellbeing

Understands what person values in support / care

Three Shared Attributes



Three Shared Attributes



2. Measurement

Measurement is a process of finding a number that shows the amount of something

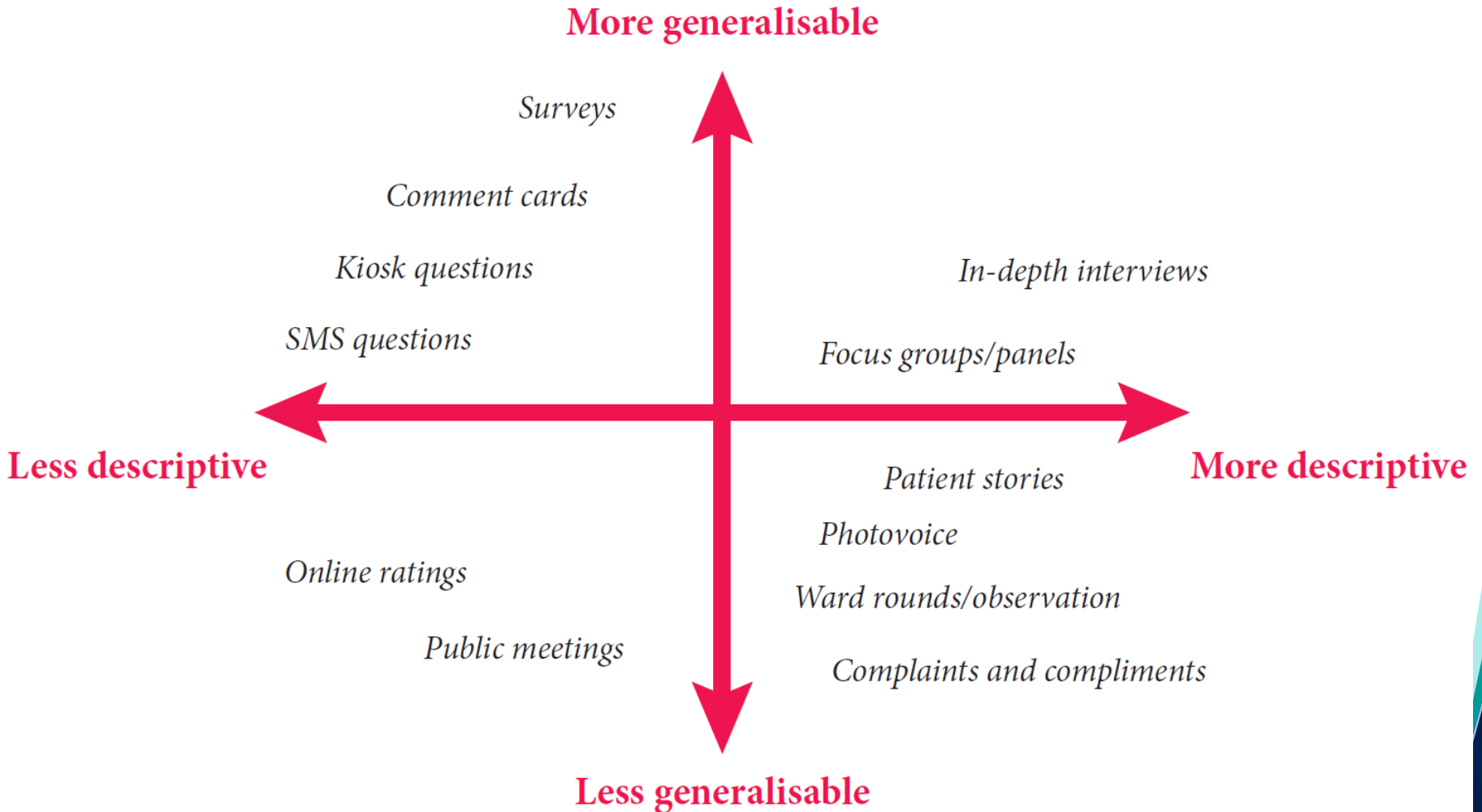
It can be a group or ranking (e.g. coming 1st, 2nd or 3rd in a race)

But usually we are interested in a refined level of measurement (so the exact time it took to reach the finish line)

Why do we measure?

- ◆ To add to our understanding of a phenomenon
- ◆ Three common reasons for measuring:
 1. To classify people/groups
 2. To discriminate between people/groups
 3. To evaluate change over time
- ◆ **Most valuable when used alongside other sources of understanding and knowledge**

Sources of information?



Why we avoid bad measurement

Effectiveness of treatment for schizophrenia

	Using <u>published</u> scale (n, col %)	Using <u>unpublished</u> scale (n, col %)
Found treatment had significant benefit	52 (15.8%)	38 (30.0%)
Found treatment had no benefit	277 (84.2%)	89 (70.0%)
Total	329 RCTs (100%)	127 RCTs (100%)

Marshall et al 2000 Brit J Psych 176(pp 249-252)

What does a good measure look like?

Validity (or accuracy)

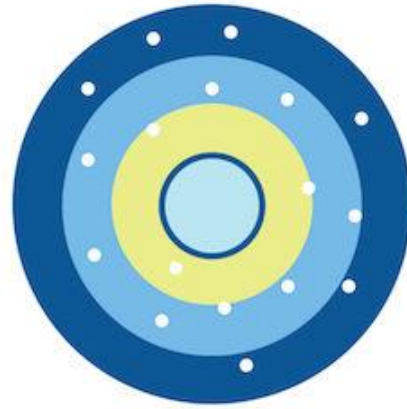
Does it measure what we want it to measure?

Reliability (or precision)

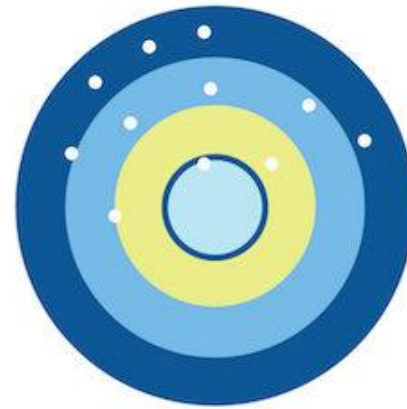
Do we measure it closely and consistently?



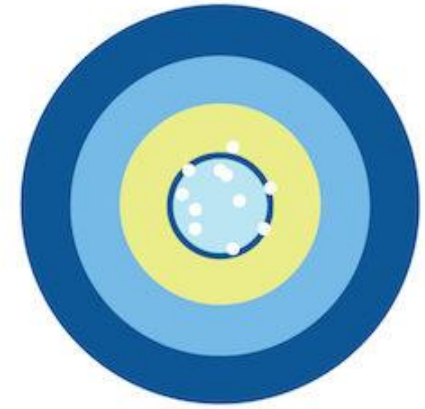
*Reliable
Not Valid*



*Valid
Not Reliable*



*Neither Reliable
Nor Valid*

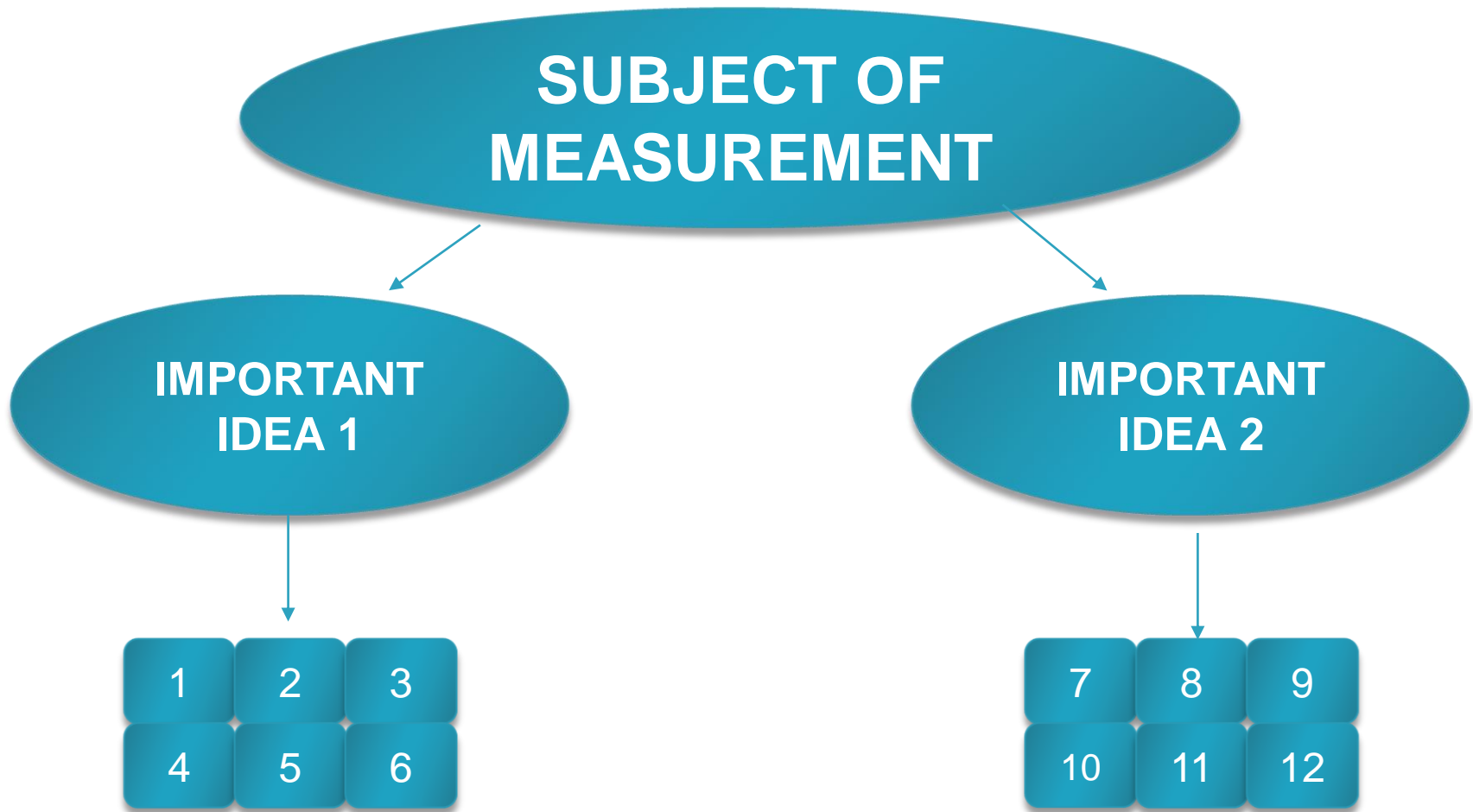


*Both Reliable
& Valid*

Can we measure subjective things?

- ◆ Yes –we measure many subjective things
 - ◆ Class
 - ◆ Well-being
 - ◆ Job satisfaction
 - ◆ Political orientation
 - ◆ Depression
 - ◆ Personality traits
 - ◆ Quality
 - ◆ Person-centred care???

Forming scales



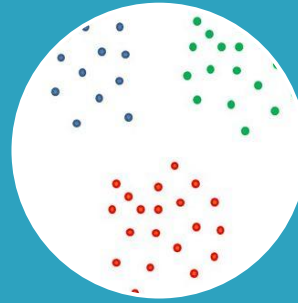
Coproduction of a questionnaire



**Generate
ideas**



Map



Test



Interpret



Generate ideas

Two groups of older people and carers using community day services

One group in deprived, predominantly white, community

One group in deprived, predominantly South Asian, community

What words and statements best describe a good care experience?



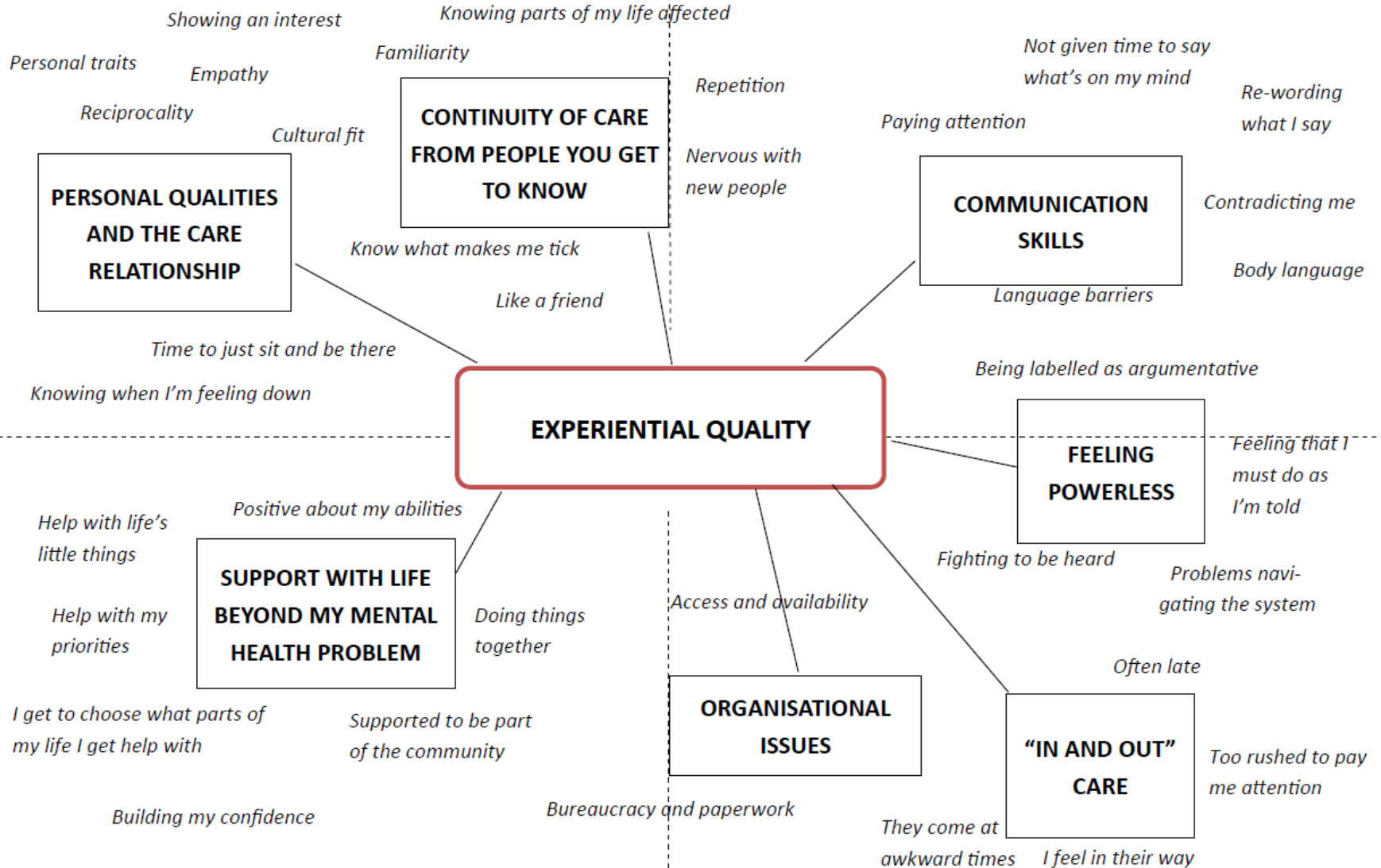
126 statements between two groups

FRAMED POSITIVELY

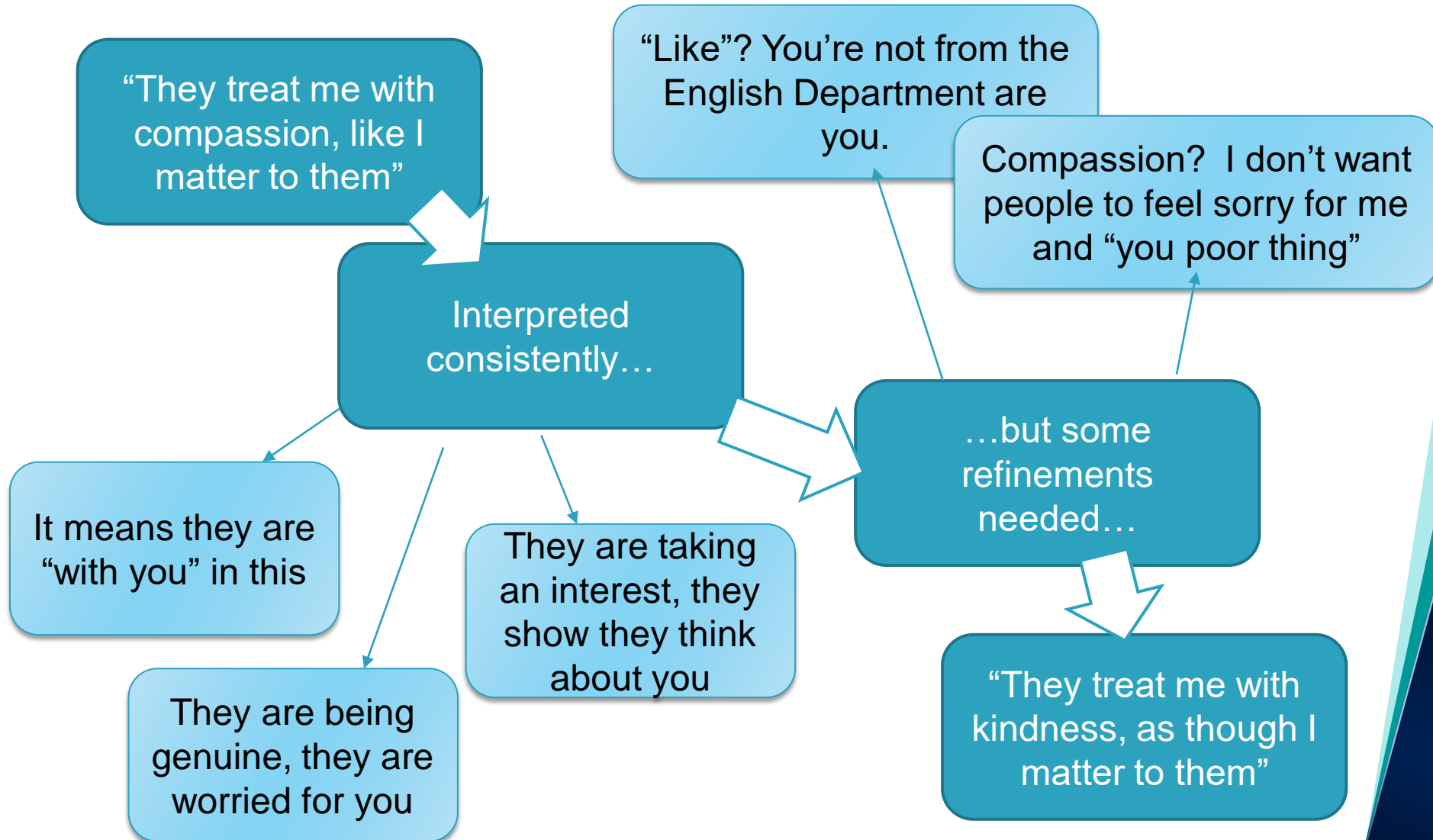
FRAMED NEGATIVELY

QUALITIES OF THE PRACTITIONERS

CONTENT AND PROCESSES OF CARE



Refining questionnaire items



The PERCCI

Q1: ... take what I have to say seriously

Q2: ... treat me with kindness, as though I matter to them

Q3: ... can tell my good days from my bad days

Q4: I feel I have developed a close connection with ...

Q5: ... understand the areas of my life that I need help with

Q6: I am given enough time to say everything that I want to say

Q7: I have a say in decisions taken

Q8: I am helped to keep in touch with my local community

Q9: I get help with the things that are most important to me

Q10: My opinions about my care and support are respected

Q11: ... helps me to feel optimistic about what I can still do

Q12: ... helps me to build confidence.

About the workers

About the services

How did we test it?

- ◆ ~600 people with mental health and social care needs using community support
- ◆ Validity
 - ◆ Comparing with our expectations
 1. People would experience more person-centred care, the longer they have been with a service
 2. People would experience more person-centred care if they attended day centres rather than received domiciliary care
 - ◆ Testing correlations with other measures
 - ◆ Moderate correlation with other satisfaction measures
- ◆ Reliability
 - ◆ Test-retest experiment

Results

	Coeff.	Robust s.e.	<i>t</i>	<i>p</i>
Aged under 70	3.899	1.118	3.49	.001
Dementia diagnosis/other organic	- 3.502	1.263	- 2.77	.006
Referred < 6 months ago	- 5.905	1.714	- 3.45	.001
Sees registered practitioner	8.670	2.157	4.02	< .001
Sees registered practitioner * Sees support worker ¹	2.782	1.116	2.49	.013
Receives homecare	- 2.074	1.200	- 1.73	.085
Attends daycentre	2.093	1.131	1.85	.065
Constant	35.611	2.319	15.36	< .001

$n = 410$, $R^2 = .186$, $Adj R^2 = .170$. Shapiro-Wilk $z = 5.721$ ($p < .001$); RESET test $F(3,395) = 1.95$, $p > .05$

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If you started using the service within the last six months you reported significantly poorer person-centred care

$n=410$, $R^2=.186$, Adj $R^2=.170$. Shapiro-Wilk $z=5.721$ ($p<.001$); RESET test $F(3,395)=1.95$, $p>.05$

Results

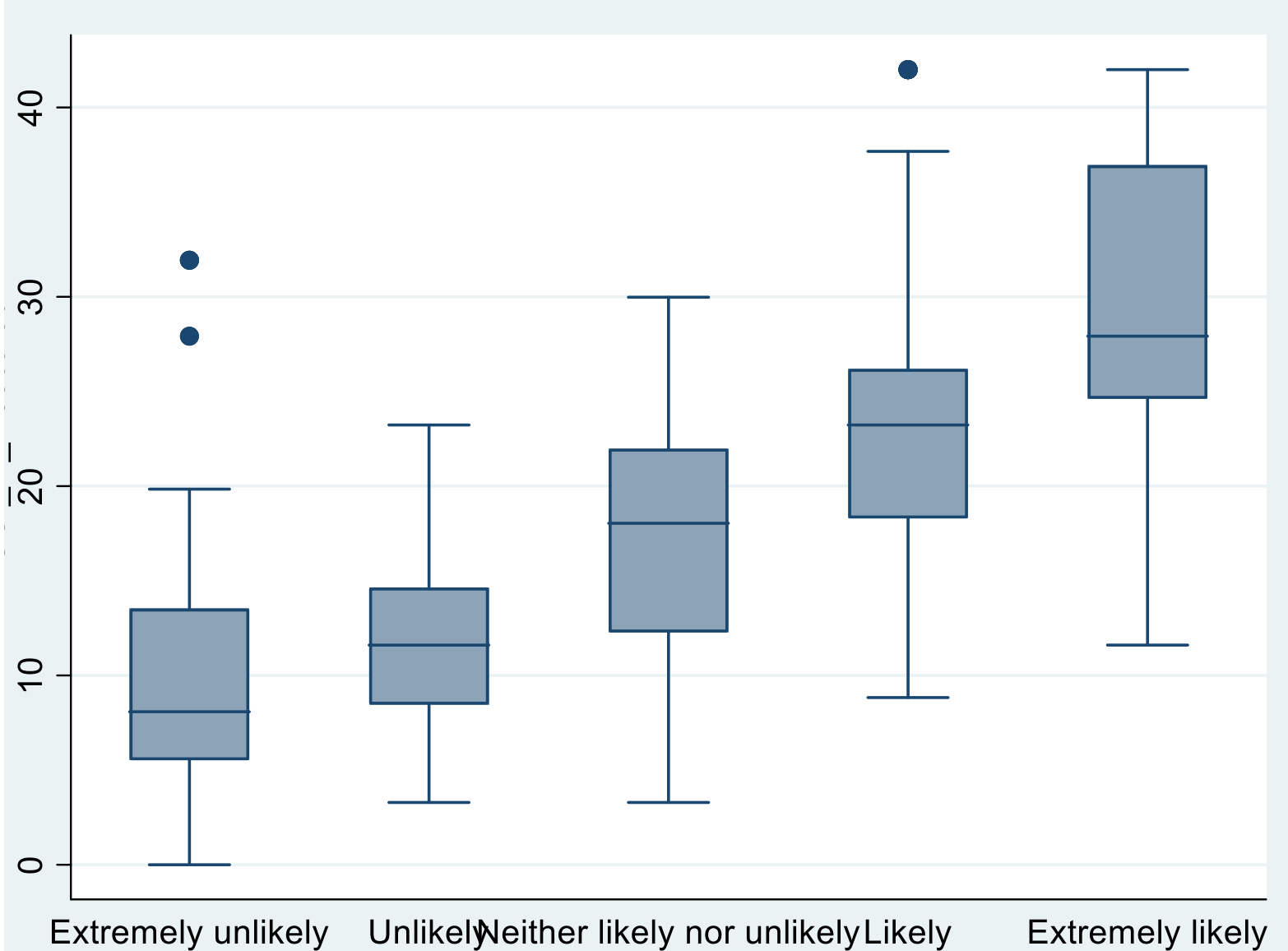
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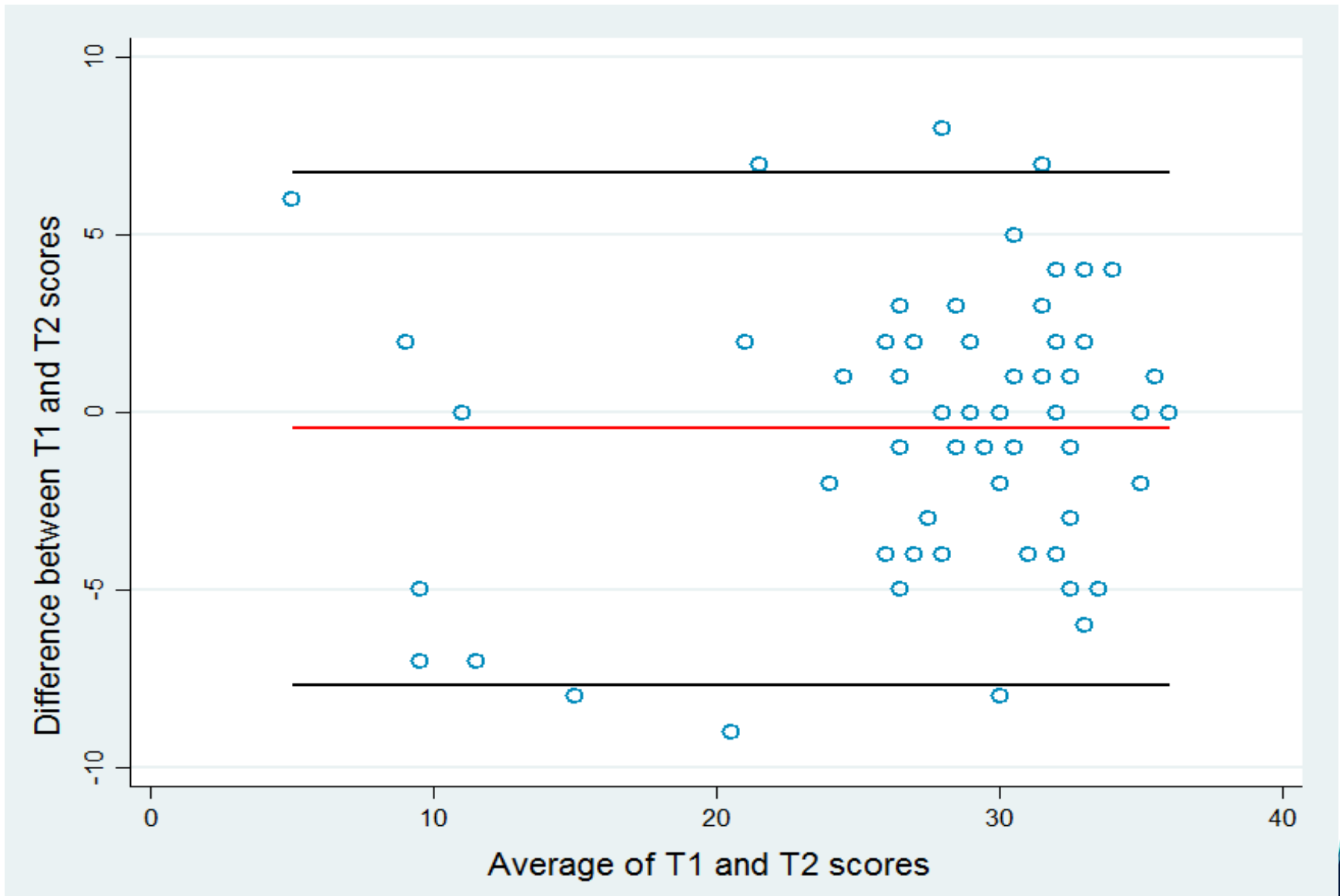
Person-centred care tended to be:

- Poorer if you received homecare
- Better if you attended a daycentre

Expected relationship with satisfaction



Excellent test/retest reliability



www.percci.org (it's free!)

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PUTTING PEOPLE AT THE HEART OF COMMUNITY CARE

The Person-Centred Community Care Inventory (PERCCI) is a short, easy-to-complete questionnaire that measures the quality of care experiences.

It is an evidence-based tool, co-designed with people with lived experience of care services.

[Download](#)

[Infographic](#)



www.percci.org (it's free!)

PERCCI Putting people at the heart of community care

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It is an evidence-based tool, co-designed with people with lived experience of care services. It is free to use.



What is PERCCI?

The PERCCI (pronounced 'Percy') allows care providers and the people they support to understand the quality of care and how it is being experienced.

It is based on rigorous University research and evidence, and evaluates three established principles of person-centred care:

- understanding the person
- involving people in decisions about their care
- building positive care relationships



The tool asks 12 simple questions - designed in full partnership with people with experience of using care services. It scores their answers in a way that will describe overall quality, but can also help to identify people whose care may be falling below expectations.

How does it work?

Simply download the PERCCI questionnaire from the PERCCI website (percci.org) and share it with people who are receiving care and/or their families.

The PERCCI is completely free. Providers can also speak to the research team via email: Mark.Wilberforce@york.ac.uk



Why is it important?

The PERCCI provides a simple, evidence-based means for helping to monitor and promote the quality of care experiences.

This may also support providers when addressing CQC's Key Lines of Enquiry and also help to demonstrate that the provider is well-led.

Using a novel, research-based tool may also help to demonstrate that the service is seeking to improve and innovate.

How do I create PERCCI scores?

The PERCCI is calculated by simply giving the response to each question a 0, 1, 2 or 3 depending on their answer (0 for 'rarely or never' and 3 for 'always'). Then add these together across all 12 questions. The PERCCI score can range from zero up to 36. You can compare PERCCI scores either between different people (e.g. to identify those were particularly low scores) or for the same people over time (e.g. to see if care experiences are improving).



Visit percci.org

PERCCI PERSON-CENTRED COMMUNITY CARE INVENTORY

These questions are designed to show whether your care and support is person-centred.

For each statement, please tick one box to show how often you feel that each quality is shown.

The first six statements are about care workers that support you

		Never or rarely	Sometimes	Often	Always
1	My care workers take what I have to say seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	They treat me with kindness, as though I matter to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	They can tell my good days from my bad days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I have developed a close connection with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	They understand the areas of life that I need help with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I am given enough time to say the things I want to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The final six statements are about your care and support overall

		Never or rarely	Sometimes	Often	Always
7	My care and support helps me to feel optimistic about what I can still do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I have a say in decisions taken about my care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I am helped to stay in touch with my local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I get help with the things that are most important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	My opinions about my care and support are respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	My care and support helps me to build confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For enquiries about PERCCI please contact Mark Wilberforce at mark.wilberforce@york.ac.uk, or visit percci.org

We too often asks insufficiently penetrating questions, insufficiently often, of too few people... and our regular surveys, asking if people are satisfied with the care they receive, sound too much like asking people whether they are grateful

Potential value

- ◆ PERCCI is an evidence-based measure of person-centredness, and can be used (freely) to evaluate quality
- ◆ It is very short and quick to complete
- ◆ It has been co-produced with people using services
- ◆ It helps to identify people with poor experiences so you can examine why that might be
- ◆ Over time you can monitor service quality
- ◆ It does not tell you what problems might be – you need to follow-up for more details.

on a scale of 1 to 10 how happy are you?



he's done this before and you're gonna need a much more sensitive calibration area down the bottom end of the scale

Thank you

- ◆ If you are interested in using the PERCCI, or are interested in its further development, please contact me
 - ◆ mark.wilberforce@york.ac.uk
 - ◆ @M_Wilberforce
 - ◆ www.percci.org

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