Supporting person-centred care in COVID-19 situations

Our approach

Healthcare Improvement Scotland developed a learning system to support the sharing of person-centred practices developed in response to the challenges of COVID-19 and related public health measures.

Healthcare Improvement Scotland invited stakeholders from the health and social care system to share their experiences and examples of how services were adapting their person-centred practice to meet new challenges. These stories were collated with examples found through searching social media, online sources, and from partner organisations the Care Inspectorate and Scottish Social Services Council.

We then shared our findings with stakeholders to sense check through online discussions and webinars.

Core message

Health and social care staff have shown they are committed to maintaining compassionate care in rapidly changing and pressurised situations, creating the culture, supporting staff wellbeing and embracing technology to enable this.

Maintaining a person-centred approach to improvement will be much needed in the coming months and years.

This overview provides a summary of some of our key learning about what has enabled good practice during the pandemic.

70 stories 5 insight summaries 4 webinars

Key themes

In creating a culture that enables person-centred care health and social care, staff have been empowered and permitted to act and make decisions that are right for the individuals in their care. This has been demonstrated through leadership capabilities at all levels and team working.

Health and social care staff identified significant barriers to person-centred practice. The focus on infection prevention and control and processes in some cases resulted in a shift back to a more traditional medical model. Along with this, teams had to interpret and implement guidance coming from a range of sources at pace.

Several key factors facilitated the development of enabling a culture that meant, under this pressure, staff were still able to respond to very dynamic situations in ways that were safe and, more importantly, compassionate.

- **Reduced bureaucracy**
  Across all settings, there was a sense of shared values and that doing what was right for the individual was the priority. This facilitated a lighter touch approach to developing new, innovative ideas to keep people well at a time of physical distancing and infection prevention and control.

- **Trust**
  Many of the innovations around connecting people with communities and their families were possible because staff were trusted to make the connections. They were empowered by an urgency and sense of shared goals around keeping people well.

- **Collaboration**
  Partnership working and collaboration at an operational level allows for greater peer support, allowing staff to feel more confident in making decisions.

  Community models and Self-directed Support

  Adapting previous work and developing new partnerships

- **Give and Go services**
  Ensure patients continue to receive supplies from NHS Greater Glasgow and Clyde

- **Creative writing and gardening**
  From Western General Hospital, NHS Lothian

- **More flexibility with what can be paid for**

- **Fewer restrictions/bureaucracy from funders and HSCPs**

- **Thinking of new ways to support people**
In the context of physical distancing, technology appears to have played a vital role for many in the delivery of health and social care services during the COVID-19 pandemic. This has highlighted the benefits of using technology but has also put a spotlight on issues around access to technology and digital literacy.

There have been examples of technology allowing for greater choice and control over when and how people speak with practitioners. Technology has also allowed for 'asynchronous communication', meaning that people are able to engage with messages as and when they want to. Similarly, interactions are no longer tied to a particular setting. People can be in their own homes when they speak with clinicians, closer to any support networks and more confident to invite other people into the appointment or interaction.

Staff wellbeing was supported in a number of ways, that allowed them to continue providing high-quality care.

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**Role in maintaining services**

Limitations on visiting or meeting up with family and friends has been challenging in inpatient or care home settings for those using health and social care services and staff still delivering care and support during the pandemic. Use of technology has enabled continued communication and relationships with health and care practitioners to be virtual.

- Supporting breastfeeding online from NHS Lanarkshire
- Supporting physical activity remotely from Aberdeen City Health and Social Care Partnership
- Keeping a focus on what matters to people during COVID-19

**Digital access**

There were challenges for care homes around cost and access to digital devices, both personal devices and those that could be used by care homes to support residents.

- Near Me has introduced online technology to hundreds of care home residents and staff, allowing rapid access to podiatry, GPs and district nurses

**Digital literacy**

Digital literacy was a challenge in that some people didn’t feel comfortable or confident in using digital devices and platforms – including some staff.

- Highland charity - Get Connected