

Person centredness

Putting people and patients at the heart of healthcare

Person centredness means that the community actively participates in the journey towards achieving a high-performing healthcare system.

At a broad level, people can be positively involved in efforts to improve the healthcare system's performance. For example, they can offer their views on the system and help set priorities to make sure healthcare policy, management and practice respond to the needs, concerns and expectations of the community.

At a day to day level, person centredness places patients at the heart of their medical treatment and is about effective relationships between patients, their families and healthcare professionals.

These relationships are *“grounded in strong communication and trust, highlighted by clinicians and patients engaging in a two-way dialogue, sharing information, exploring patients' values and preferences, and helping patients and families make clinical decisions”*.¹

Person centredness therefore depends on informed and involved patients, receptive and responsive health professionals, and a supportive healthcare environment.

Evidence shows that person centredness enhances care experiences and improves outcomes, safety, costs and appropriateness of care.²

This chapter covers:

- Peoples' views on the performance of their healthcare system
- Patients' views on communication, including how information is shared and the quality of relationships with healthcare professionals
- Patients' views on how engaged they are in discussions and decision-making about their care
- Patients' views and observations on the co-ordination of their care
- Patients' views on whether continuity of their healthcare was achieved.

What we learnt about NSW	How does NSW compare internationally?		
	Higher ranking	Middle ranking	Lower ranking
Most adults rate overall medical care from their GP or GP practice as excellent (42%) or very good (35%)	■		
Most adults are either very confident (19%) or confident (56%) they will receive the most effective treatment if they become seriously ill			■
Almost a quarter (24%) of adults say the Australian healthcare system works pretty well. A similar proportion (25%) say the system has so much wrong with it that it requires a complete rebuild			■
Most adults with a regular GP or GP practice report that the GP or medical staff they see always (79%) or often (14%) explain things in a way that is easy to understand	■		
The majority of adults say their regular GP: <ul style="list-style-type: none"> • <i>always</i> knows important information about their medical history (78%) • <i>always</i> spends enough time with them (74%) • <i>always</i> involves them as much as they want to be in decisions about their care and treatment (77%) 	■		
Six in 10 (61%) adults say someone in their GP practice co-ordinates their care	■		
Most adults with a regular GP or general practice have maintained the relationship for five or more years (64%) or three to five years (14%) .		■	

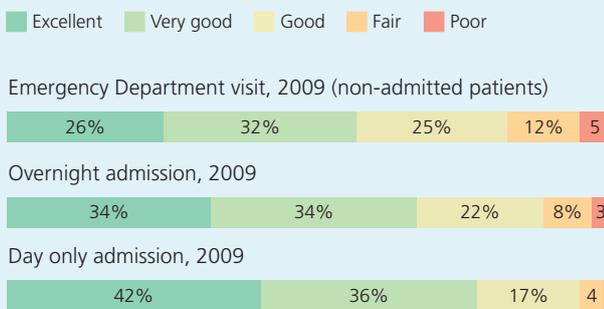
Person centredness

People's views on healthcare system performance

People are generally confident of receiving effective treatment but the people of NSW suggest major, rather than minor, reform

Regular monitoring of patient experiences and public perceptions can be a vehicle to measure healthcare quality. It can guide improvement and increase responsiveness of the whole system and within individual healthcare organisations.³

Bureau reports^{4,5} have examined NSW Health Patient Survey data for ED patients and those admitted for a day, or one or more nights in public hospitals. Overall ratings of care were:



In 2010, most NSW adults rated overall medical care from their GP or GP practice as excellent (42%) or very good (35%), a higher percentage than other countries (Figure 5.1).

Most adults in NSW were either very confident (19%) or confident (56%) they would receive the most effective treatment (including pharmaceuticals and diagnostic tests) if they became seriously ill (Figure 5.2).

Almost a quarter (24%) said Australia's healthcare system worked pretty well, while a similar proportion (25%) said the system required a complete rebuild and just over half (51%) said there were some good things about the system but it needed fundamental changes to work better (Figure 5.3). Among Australians, these views have remained stable since 2001.⁶

Figure 5.1: Survey 2010: Overall, how do you rate the medical care that you have received in the past 12 months from your GP's practice or clinic?*

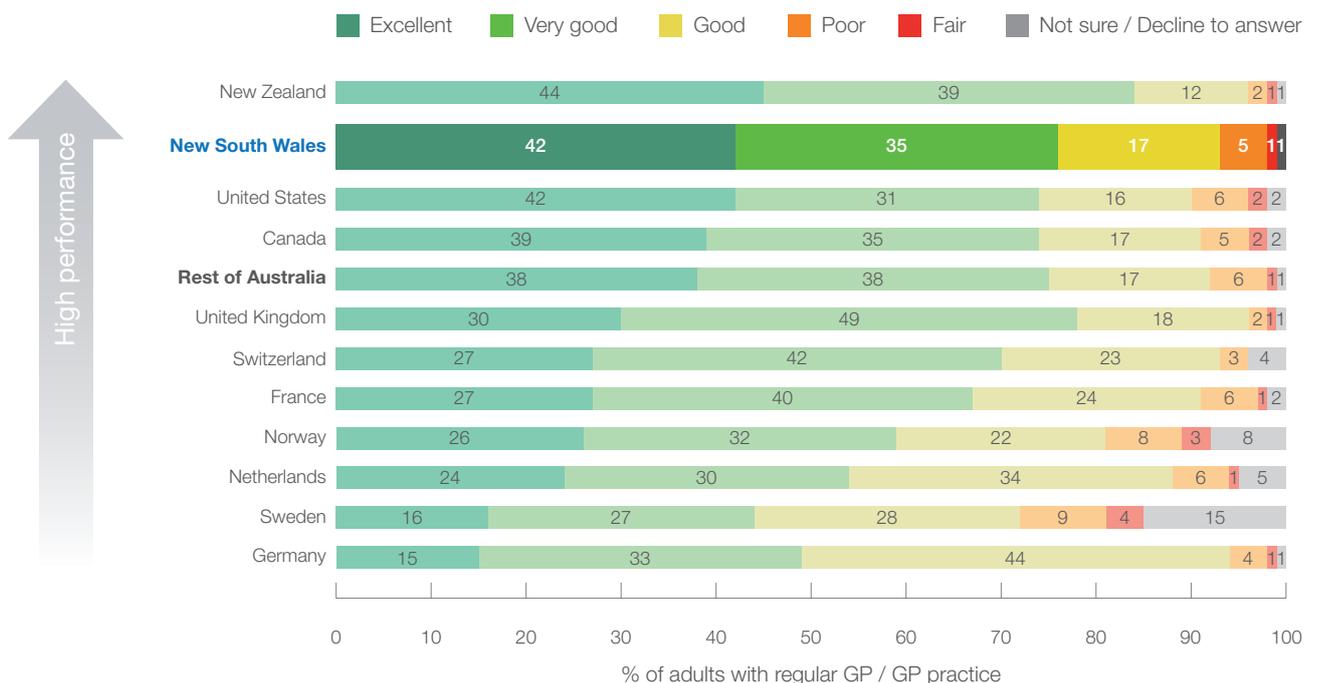


Figure 5.2: Survey 2010: How confident are you that if you became seriously ill, you will receive the most effective treatment, including drugs and diagnostic tests?*

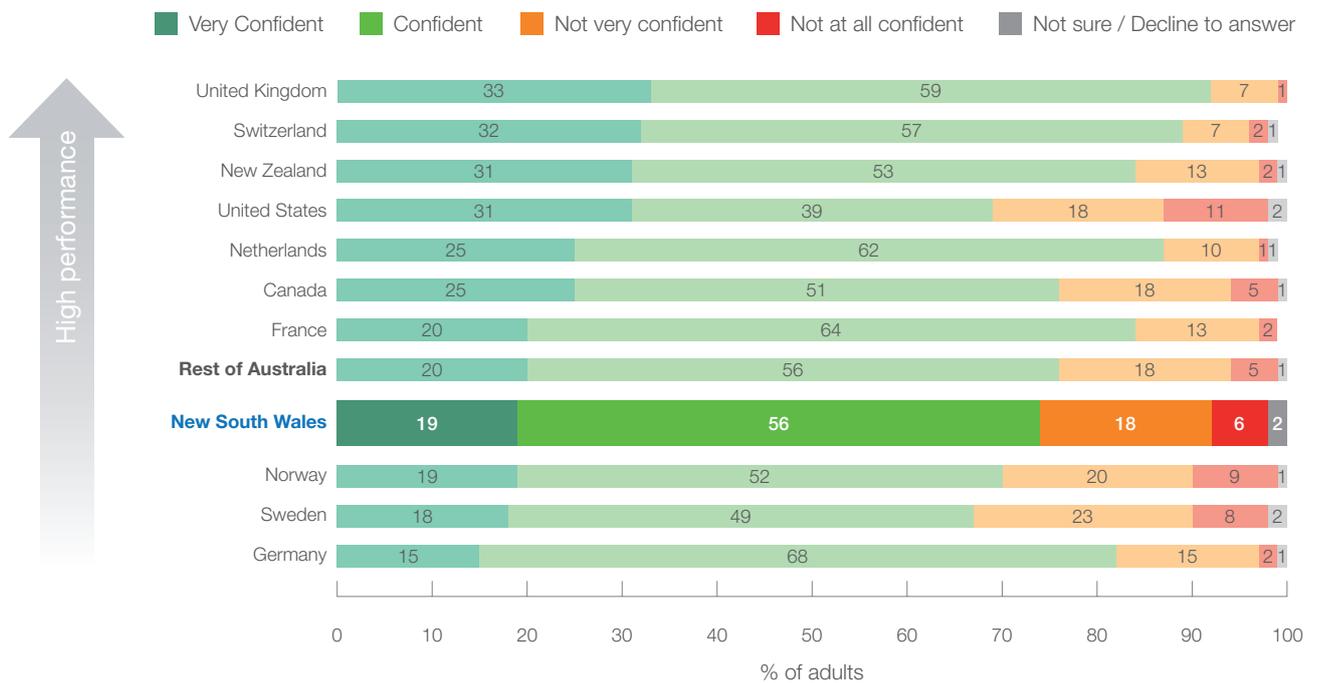
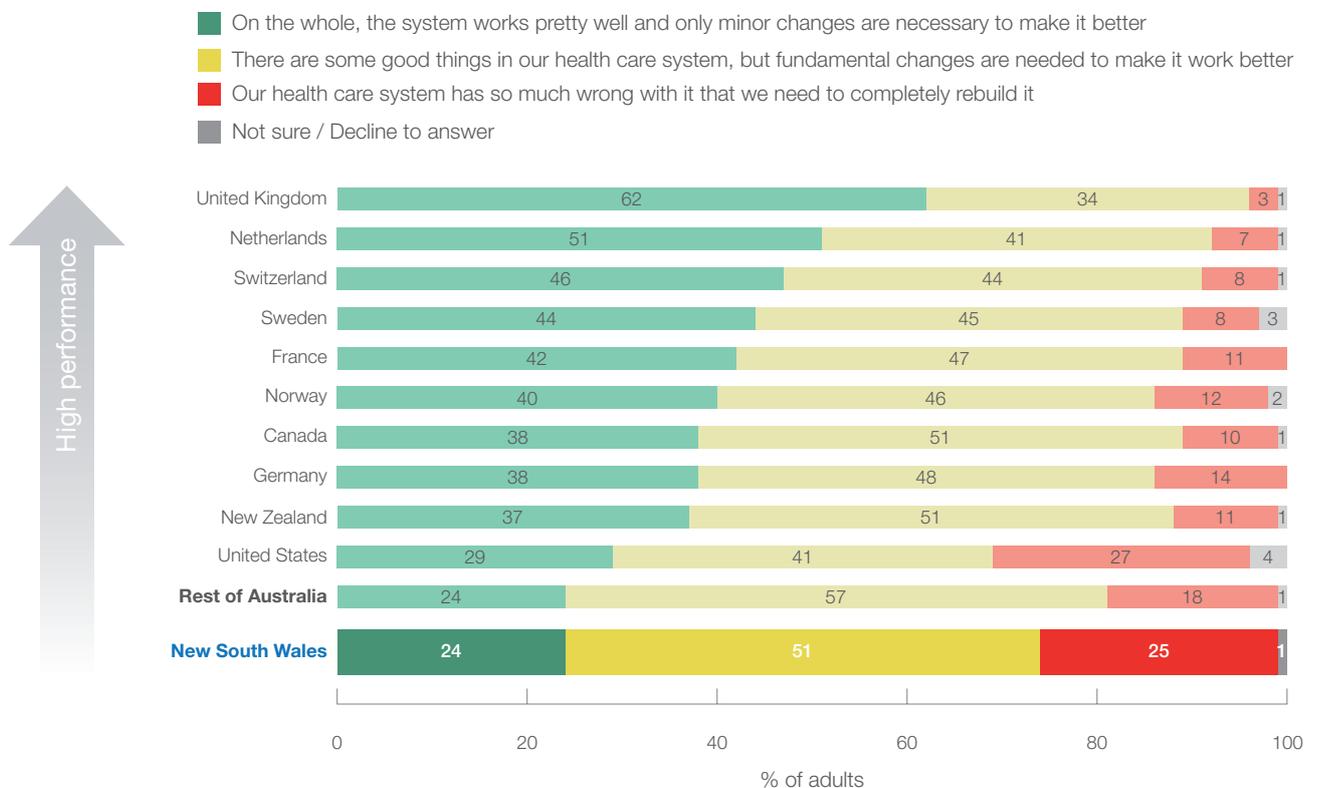


Figure 5.3: Survey 2010: Which of the following statements comes closest to expressing your overall view of the healthcare system in this country?*



Person centredness

(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

Communicating with patients

Communications between patients and healthcare professionals are generally seen as positive

Clear and active communication between patients and healthcare professionals has a positive effect on health and wellbeing. Patients are more satisfied with their care when information about illness and treatment is adequately discussed. They want to engage with healthcare professionals who have clinical knowledge and skills and are good communicators.²

In 2010, most NSW adults with a regular GP or GP practice reported that the GP or medical staff member they saw *always* (79%) or *often* (14%) explained things in a way that was easy to understand. This compares favourably on the international stage, with NSW adults offering among the most positive ratings on whether their regular GP or general practice staff explained

things appropriately (Figure 5.4).

One in five NSW adults (20%) reported that there was a time in the previous two years they had received conflicting information from different doctors or healthcare professionals (Figure 5.5).

Respect, empathy and courtesy are central to good communication. The Bureau's analysis of the 2009 NSW Health Patient Survey found most day-only patients rated the courtesy of nurses as excellent (44%) or very good (34%) and overnight inpatients rated courtesy of nurses as excellent (35%) or very good (35%).⁴ Non-admitted ED patients rated the courtesy of ED staff as excellent (30%) or very good (32%) (Figure 5.6).⁵ Importantly, the Bureau found that views on courtesy were closely associated with patients' ratings of overall care.

Figure 5.4: Survey 2010: When you need care or treatment, how often does your regular GP or medical staff you see explain things in a way that is easy to understand?*

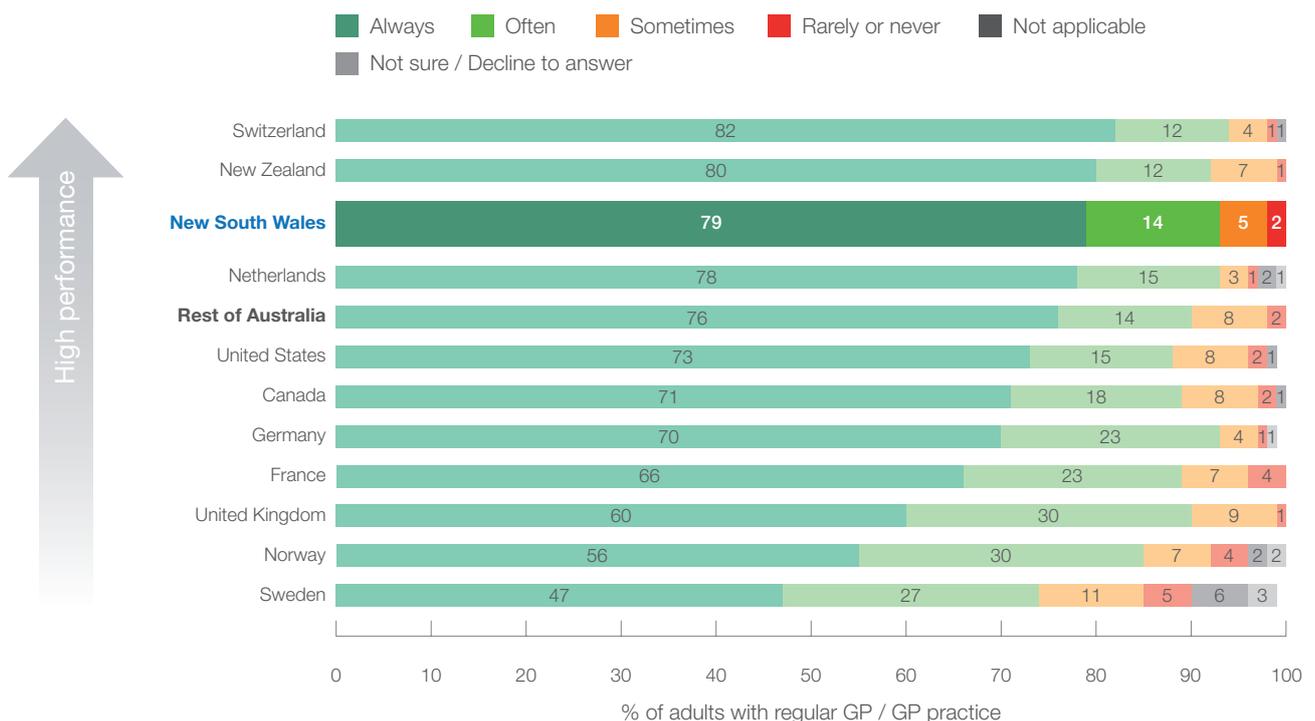


Figure 5.5: Survey 2010: Now thinking about the past two years, when receiving care for a medical problem, was there EVER a time when you received conflicting advice from different doctors or healthcare professionals?*

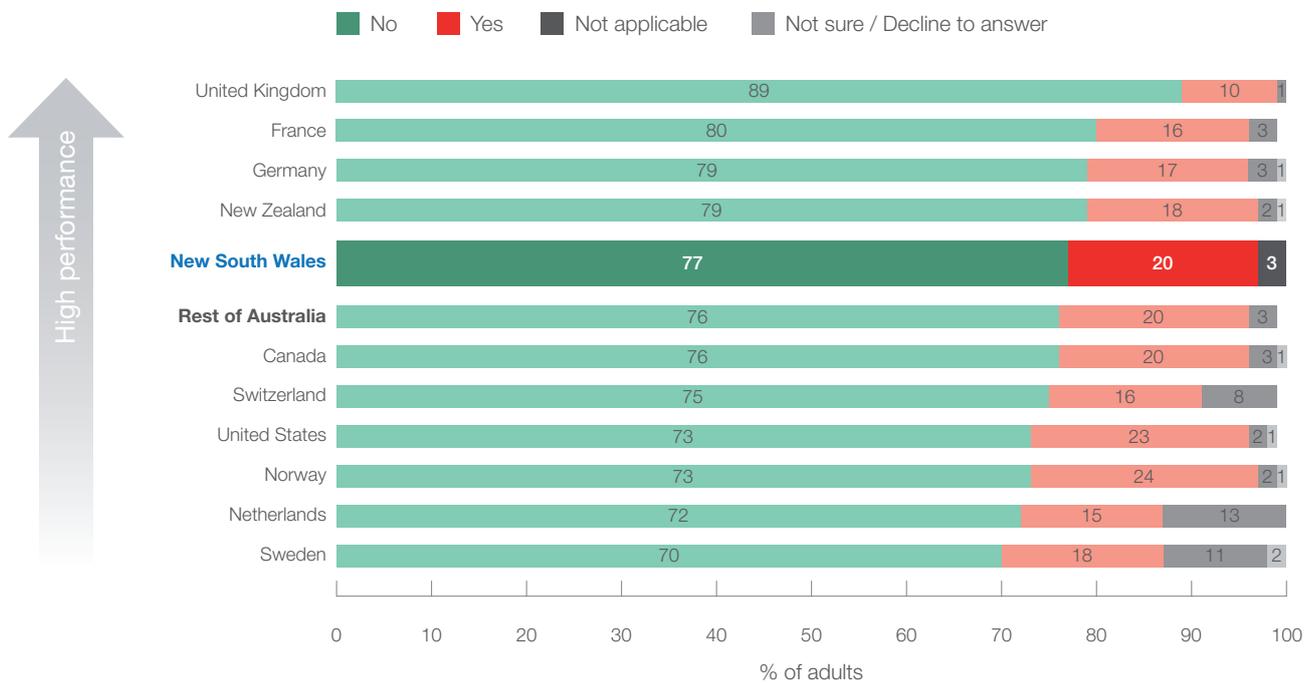
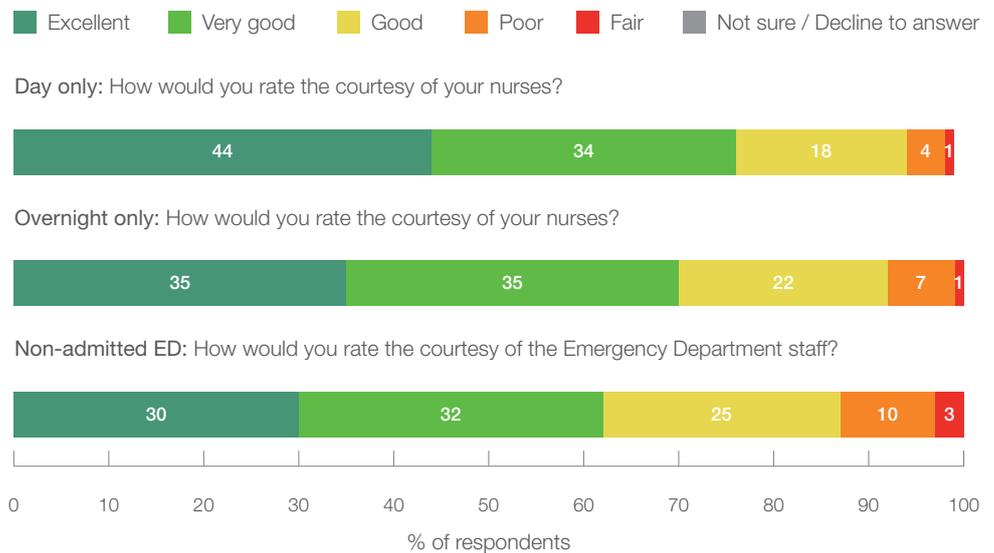


Figure 5.6: Survey 2009: How would you rate the courtesy of your nurses / the ED staff?[ⓐ]



Person centredness

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 (ⓐ) NSW Health Patient Survey, 2009 (Note: Percentages may not add up to 100 due to rounding).

Patients' views on engagement in their care

NSW patients are positive about their engagement in care

Most patients expect to be given information about their health and treatment options and for clinicians to take account of their preferences. Some wish to be an active participant in the decision-making process. They also want healthcare workers to know them well, give them enough time and attention, and provide advice.⁷

In 2010, NSW adults with a regular GP or GP practice reported that when they needed care or treatment, their GP always (78%), often (12%), sometimes (5%), or rarely or never (4%) gave them an opportunity to ask questions about recommended treatment (Figure 5.7).

Further, the majority of NSW respondents said their regular GP: *always* knew important information about their medical history (78%); *always* spent enough time with them (74%); and *always* involved them as much as they wanted to be in decisions about their care and treatment (77%) (Figure 5.8).

In terms of international comparisons, NSW adults offer among the highest ratings for engagement in care relative to adults from other countries.

Figure 5.7: Survey 2010: When you need care or treatment, how often does your regular GP or medical staff you see give you an opportunity to ask questions about recommended treatment?*

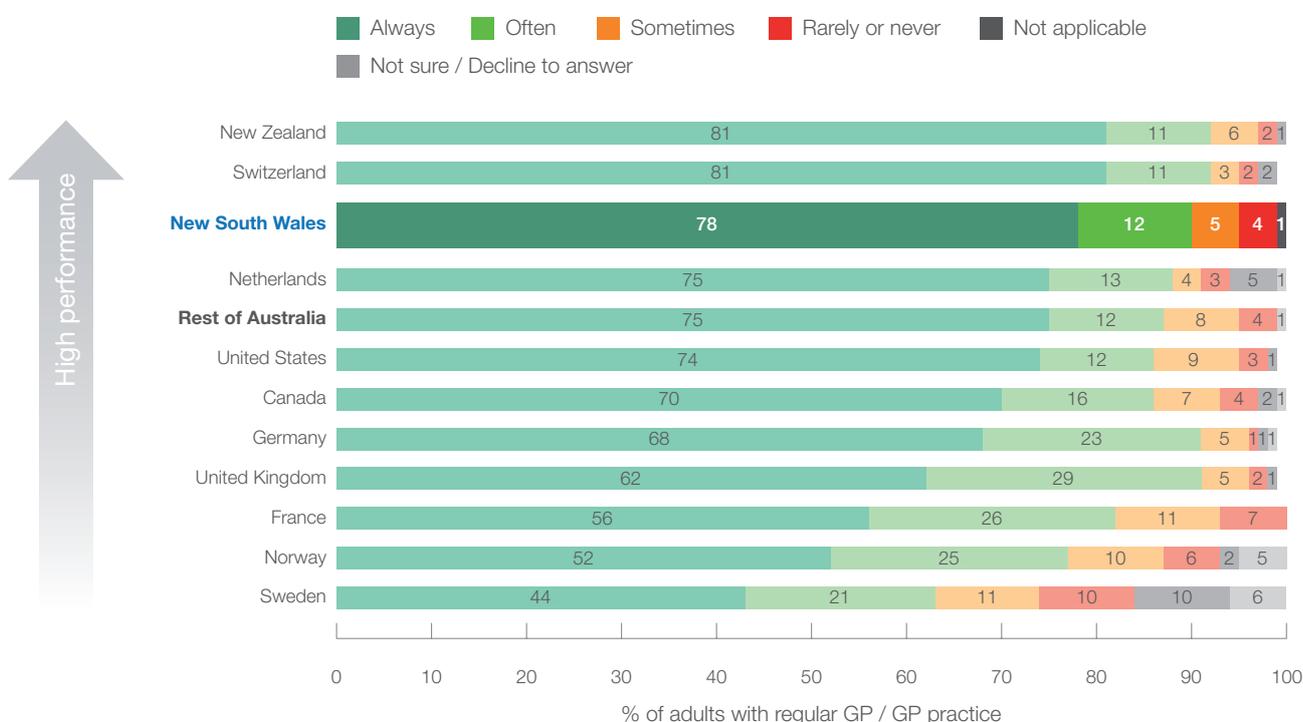
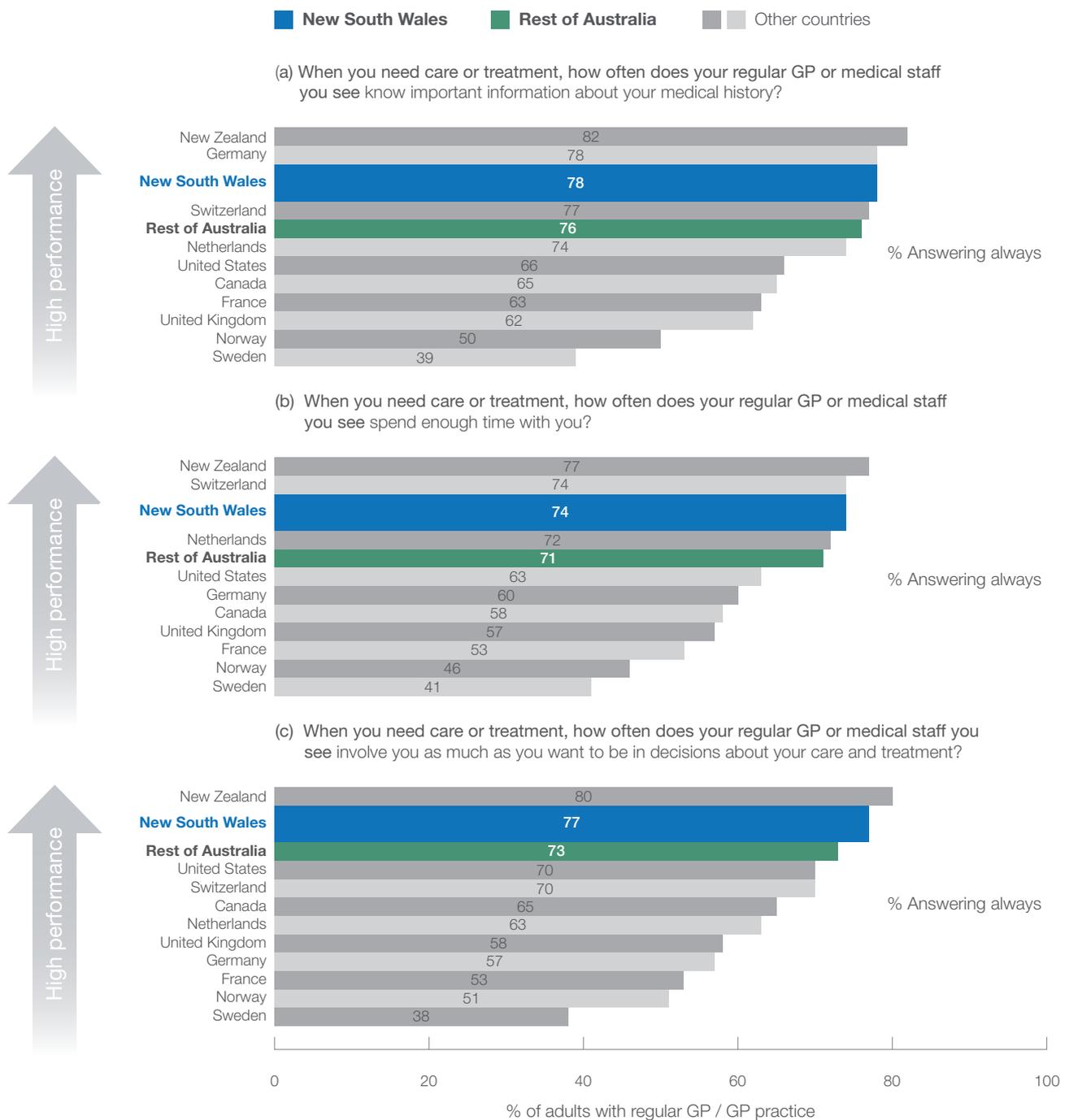


Figure 5.8: Survey 2010: When you need care or treatment, how often does your GP or medical staff you see:

- (a) know important information about your medical history;
- (b) spend enough time with you;
- (c) involve you as much as you want to be in decisions about your care and treatment?*



Person centredness

(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

Patients' perspectives on care co-ordination

Patients have observed some co-ordination problems in getting their information to GPs following hospitalisation or ED visits

Patients want healthcare professionals to work together in a co-ordinated way.⁴ Co-ordination can include helping patients get appointments, following-up to ensure they get recommended care, and making sure important information is given to other professionals involved in their healthcare.

In 2010, 61% of adults in NSW said someone in their GP practice co-ordinated their care – more than almost all other countries surveyed (Figure 5.9).

Delayed communication or inaccurate information being transferred from one healthcare professional to another can have substantial implications. For example, care continuity and patient safety can be adversely affected.

The majority of NSW adults perceived no problems in the flow of information to GPs in the following instances: after a specialist or consultant appointment (80% of referred adults); after hospitalisation (72% of hospitalised adults); and after ED visits (59% of adult ED patients) (Figure 5.10). A sizeable minority did notice disruptions to information flow to GPs after a visit to the ED (32%) or after hospitalisation (22%).

Figure 5.9: Survey 2010: How often does your regular GP or someone in your GP's practice help co-ordinate or arrange the care you receive from other doctors and places?*

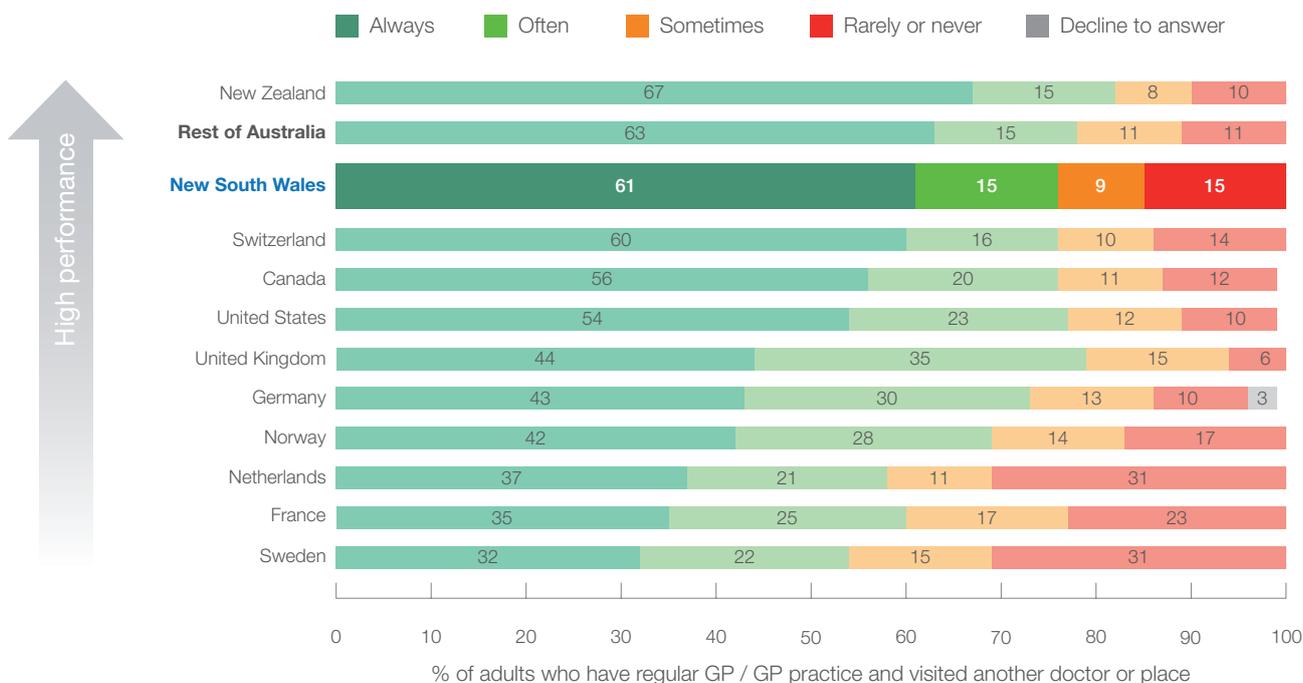
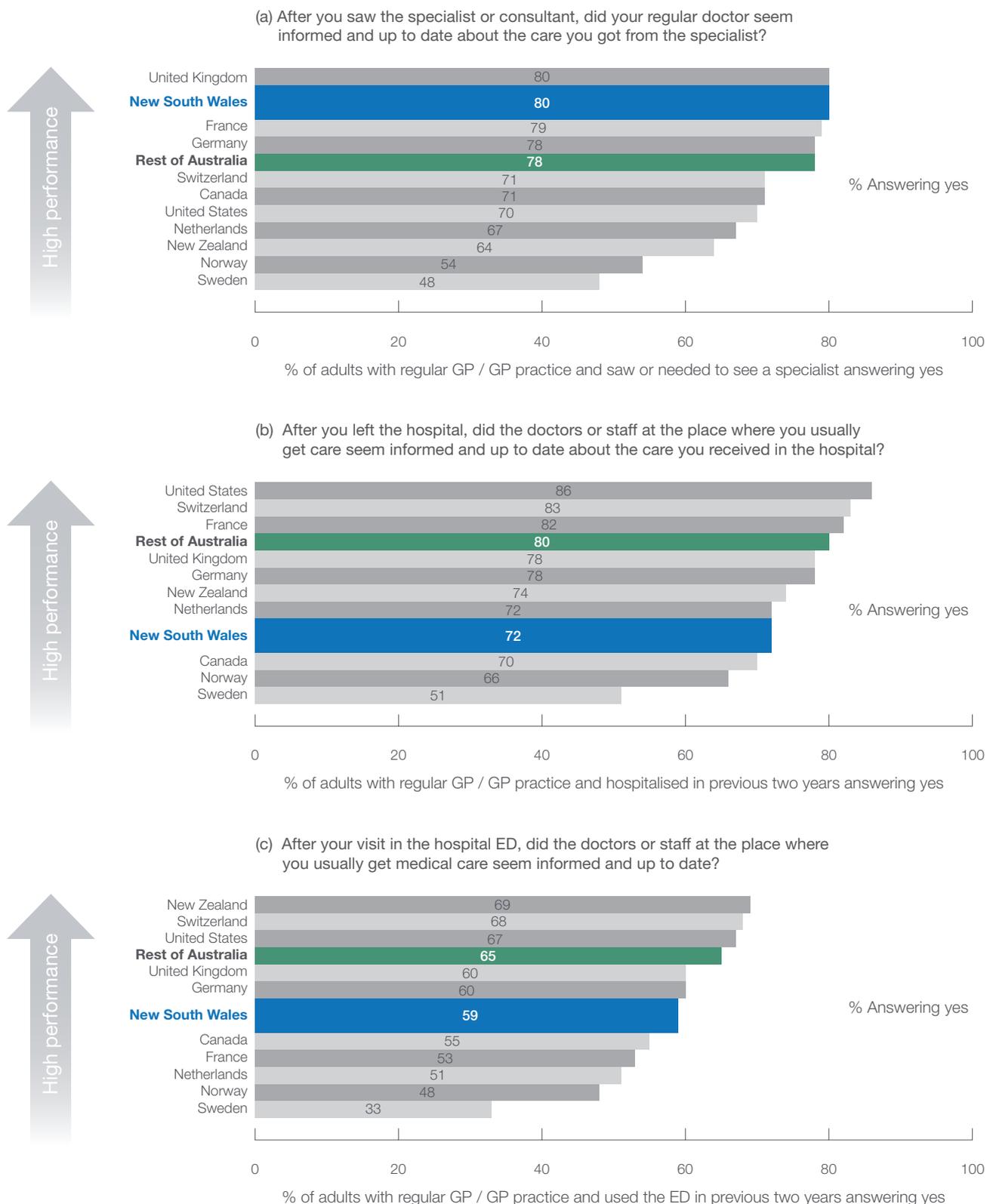


Figure 5.10: Survey 2010: Three questions concerning patient information flow processes between primary care, specialists, hospitals and EDs*



(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

Patients' views on continuity of care

Patients hold positive views on continuity of care provided by GPs

The depth of knowledge and personal relationship that develops between a patient and doctor over time can benefit the patient's healthcare experience.

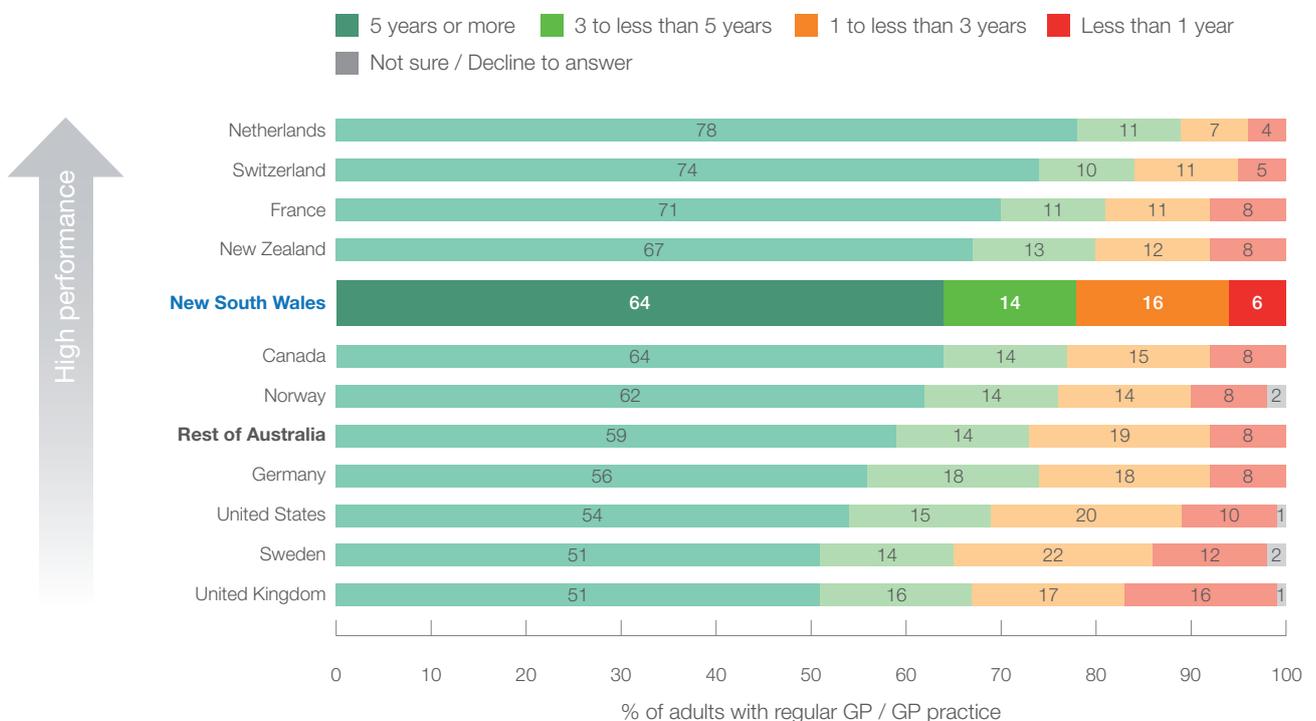
Continuity of care – seeing the same health care professional over an extended period of time – is an established feature of good primary care. It is often ranked by patients as a high priority.

Continuity of care has been linked with improved adherence to prescribed medications, uptake of preventive care and immunisations, reduced rates of hospital admissions and emergency department visits, and lower costs.⁷

Patients who have continuity are more satisfied with their care, are more likely to keep follow-up appointments, and communicate better with their doctor.⁷

In 2010, 92% of NSW adults reported they had a regular place providing most of their medical care. Most of these adults had maintained this relationship with their GP or general practice for five or more years (64%) or three to five years (14%) (Figure 5.10).

Figure 5.11: Survey 2010: How long have you been seeing this GP / going to this GP practice for your medical care?*



(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

