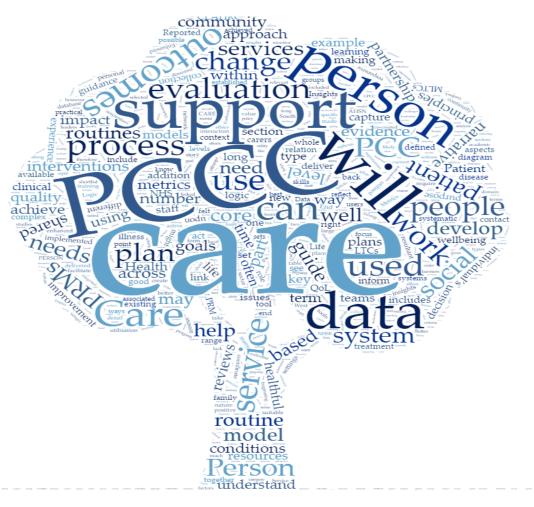




South West Academic Health Science Network

NIHR CLAHRC South West Peninsula NHS National Institute for Health Research

The P3C-OCT is a tool designed to evaluate and assist with the implementation of person centred coordinated care (P3C). This guide should be accompanied a link to your copy of the **P3C-OCT Dashboard**, which contains your full results presented in relation to the aggregate performance of other organisations in your region.



P3C-OCT Feedback: A guide to your results from the Person Centred Care Organisational Change Tool (P3C-OCT)

P3C-OCT: Introduction

Person Centred Coordinated Care ("P3C") is our framework for understanding new models of care, which we define as *'care that is guided by and organised effectively around the needs and preferences of individuals with complex needs*'. We are a collaboration of academics and key stakeholders in the South West of England, consisting of our team at Plymouth University (Primary Care), the Peninsula CLAHRC and the Academic Health Science Network. We have designed several tools, aimed to support organisations implement and measure P3C. These tools include questionnaires for both patients and practitioners, in addition to the P3C-OCT – a survey and implementation tool for organisations wishing to develop P3C.

Your organisation previously responded to this survey, the **P3C-OCT**: the "Person Centred Coordinated Care (**P3C**) - Organisational Change Tool (**OCT**)". The accompanying "*P3C-OCT dashboard*" dashboard provides feedback to your organisation from the P3C-OCT (you should have received a link and password to your dashboard, hosted on our website p3c.org.uk). The goal is to help you understand what you are doing to implement P3C, what others are doing, and how you can continue to improve P3C in your organisation.

The P3C-OCT was developed through the work of our team, where we have identified a need for a clear set of practitioner actions and organisational processes to deliver person centred coordinated care. To identify these actions/processes, we examined current policy, key literature and NHS guidelines (including the <u>National Voices '1' statements</u> and <u>House of Care</u>). The result was the P3C-OCT - an evidence based measure of progress towards delivering P3C from an organisational perspective that aims to improve patient outcomes and organisational performance. It provides a wealth of data which can be used for a variety of reasons. It aims to facilitate a dialogue between the various parties that are implementing P3C:

- Feedback to organisations: to help them understand what they are doing to deliver P3C, and what they can do to improve it. The P3C-OCT dashboard provides this feedback. Not only does it reveal what you are doing to implement P3C, but it also acts a dialogue between your organisation and others. It lets you see what others are doing to implement P3C, and whether they think it is working. In this way, it can help you determine what might be the next steps for you to further implement P3C in your organisation.
- Feedback to patients and front-line staff: to help patients and staff understand the changes that organisations are making to achieve P3C.

- Feedback to researchers: to help us understand how we can improve P3C, by learning what organisations are doing to successfully implement P3C. We can use this information to refine our knowledge of P3C based on real-world evidence.
- Feedback to healthcare managers and commissioners: to help them understand how they can facilitate the movement towards P3C. Often, the barriers to implementing P3C are systemic and beyond the control of front-line services. This tool is essential for us to gather this evidence, understand exactly what the problems are, and enhance the dialogue between services, service providers, and research. Your P3C-OCT data for this study are purely for *feedback, facilitation and evaluation*. They will not be used for auditing and benchmarking purposes, and your individual results will not be shared with anyone else without prior consent.

Over the following pages, we provide a guide to some of the features of the P3C-OCT dashboard.

P3C-OCT: Organisation of the Dashboard

The P3C-OCT is a complex and detailed instrument that covers a very broad range of activities. This information is made more accessible by structuring the information over four sections of the *OCT dashboard*. These links are present on the left hand side of every page of the dashboard.

• Organisation of the P3C-OCT Dashboard:

• [1] OCT Summary This first section provides your overall score and a quickstart guide.



[2] Question-by-Question Dashboard

The second section gives a question-by-question dashboard of the 29 questions. This contains a brief description of the questions, with graphs to help orientate you to the results. Each question is hyperlinked to the full result for the question, allowing you to quickly navigate backward-and-forward to the detailed responses for each question.

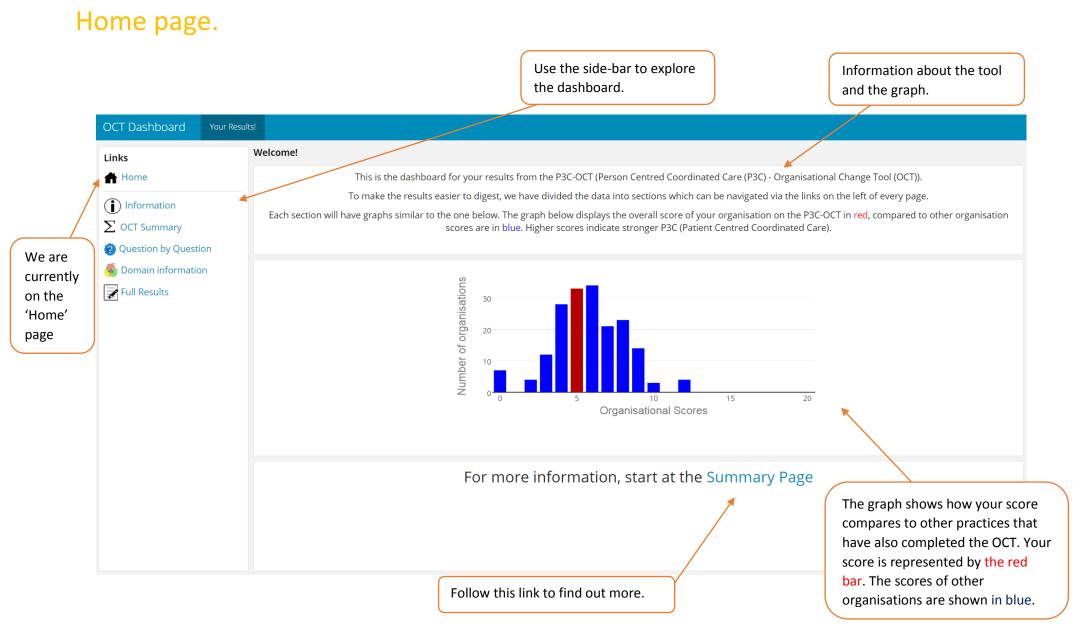


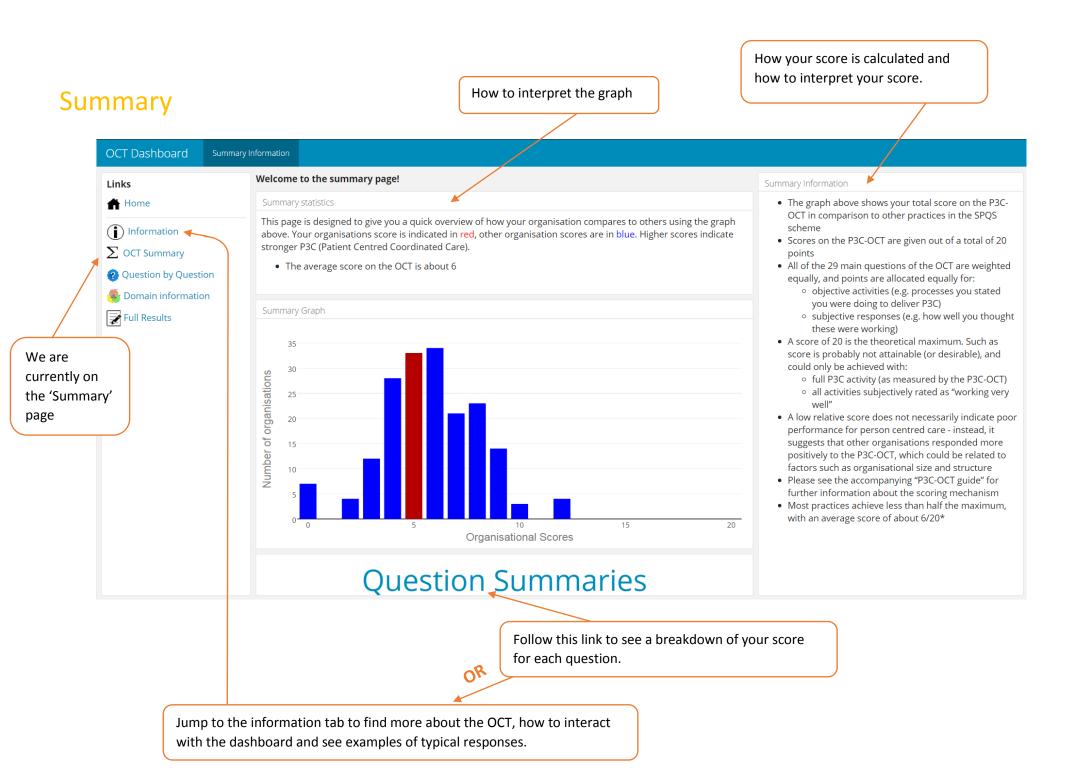
[3] P3C Domains Dashboard

Next, the third section investigates the same data, but instead organises the results according to "domains" of P3C (see the later section of this guide). In this way, the P3C-OCT is divided and aggregated according to aspects of P3C which are informed by the current policy and research landscape, enabling you to interrogate your organisation across these dimensions.

• [4] The Full Results

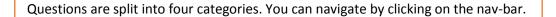
The final section contains your full results and complete responses, in addition to the aggregate results of the other nearby organisations.

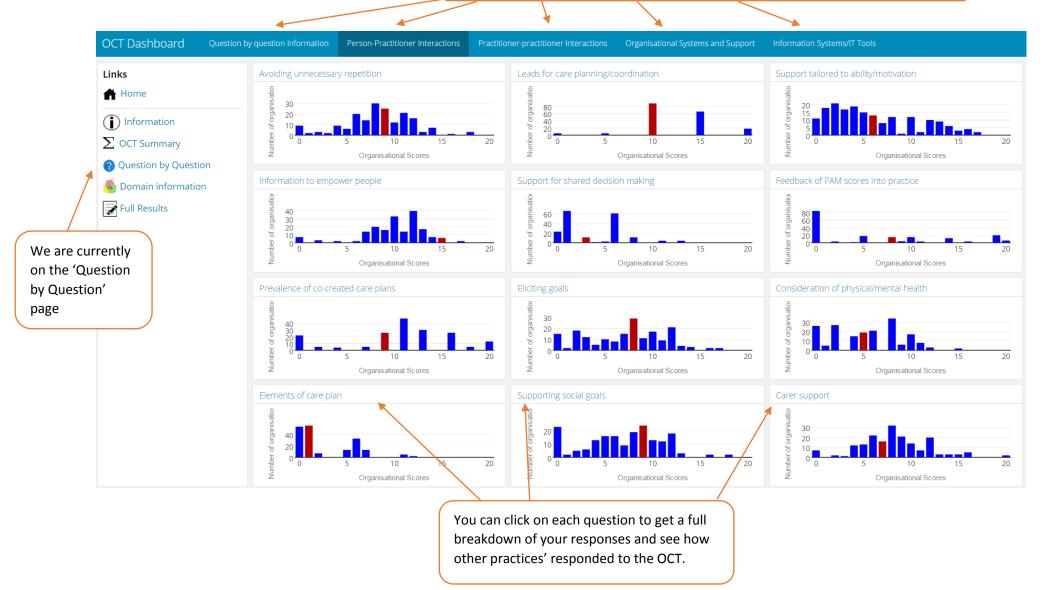




Question-by-question dashboard.

The question-by-question dashboard provides a comparison of your results for each question against the performance of other practices.





Domain Dashboard

In the third section of the *Dashboard*, the P3C-OCT has been rearranged according to "domains" of P3C, whereby each of the 29 core questions in the OCT can be assigned into domains of person centred coordinated care. These elements have been identified as important to P3C through national and international academic collaboration, literature review and leading policy documents including 'I statements':

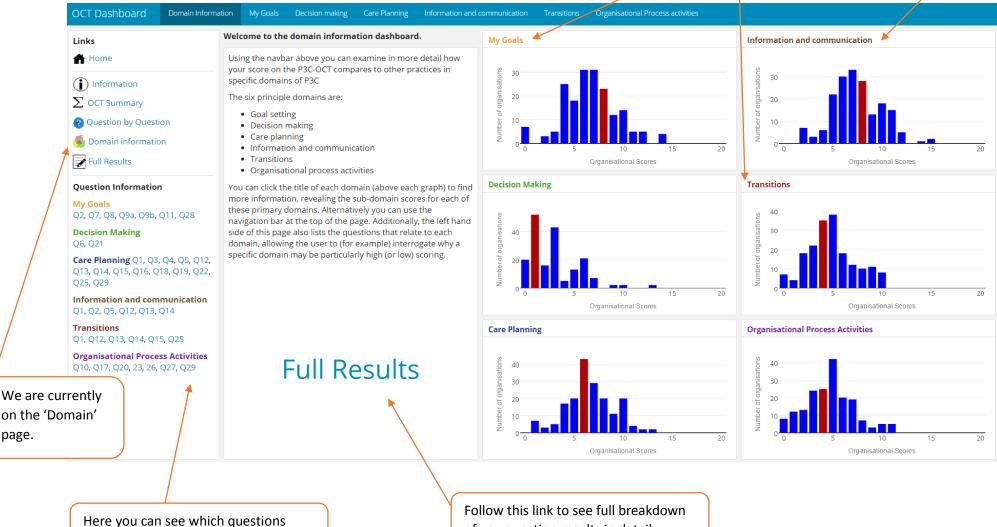


Below each domain, a chart for this domain is provided. This score is obtained by aggregating the results for every question that corresponds to this domain of P3C. On the left, there are hyperlinks to each of the questions that relate to this domain. By giving you feedback in this way, we aim to facilitate your organisation in continuing to improve person centred coordinated care. The P3C-OCT provides a vast wealth of information about what you – and other organisations – are currently striving to do to implement P3C. We encourage taking the time to interrogate the data, paying particular attention to the responses of other organisations in those domains or questions that you wish to improve.

Domain dashboard. The domain dashboard aggregates

results from questions into a score for each of the six key "domains" of P3C. Clicking on each domain takes you to the "sub domains" of these primary domains.

Patient centred care can be broken down into six key 'domains'. See how you score on each of these domains by clicking on the headers or use the nav-bar



relate to which domain.

page.

of you question results in detail.

Full results. The full results gives the full aggregated results for

every response from all practices (in the middle panel), allowing you to see how other practices responded to each question. On the right, for your reference, are the exact responses you gave to the P<u>3C-OCT</u>. Use the nav-bar to see the breakdown for each question.

OCT Dashboard How do practitioners specifically elicit goals related to people's health and social aims? Links Your results **Options Objective Subjective** 👚 Home **Objective data** Personalised care plans structured around the Working Yes identification of goals well (i) Information 100 Not relevant Goals prompted in a separate section of the written No \sum OCT Summary No personalised care plan Aggregate percentages Yes 80 Some practitioners trained to provide guided Working Yes Question by Question conversations well 60 Domain information Working Longer appointment times Yes well 40 Full Results Using best interest (e.g. Power of Attorney or formal No advocate) 20 Other (please specify) Subjective data We are currently on the 'Full 100 Not at all Your objective and subjective Requires significant improvement results' page. Aggregate percentages 80 Requires some improvement responses for each question are Working well displayed here. Working very well 60 40 20

Graphs show a breakdown of how practices responded to the measure. The graphs are fully interactive, to find out more information hover over them