

Prioritising person-centred care

# Enhancing experience



Summarising evidence from systematic reviews



**National Voices**

People shaping health and social care

# Key themes

We compiled information from 110 systematic reviews and found that the top things that managers and clinicians can do to enhance patient experience are:

## 1. Improve consultations

- use patient-centred consultation styles
- provide communication skills training for professionals
- have longer consultations
- encourage people to be involved in decisions about their care
- provide patient information, education and regular communication

## 2. Use feedback

- act on direct feedback from patients via surveys, focus groups and complaints
- use patient-reported outcome measures (PROMs) to target improvements
- publicly report performance indicators

## 3. Redesign services with patients at the centre

- redesign services to support patients and carers, for example using patient portals
- improve continuity of care

The table signposts to evidence about what works best to enhance patient experience. Initiatives in bold have the most evidence to support them.

Focus	Improves knowledge	Improves experience	Improves service use and costs	Improves health outcomes
Targets patients	<ul style="list-style-type: none"> <li>Information to help choose providers<sup>1</sup></li> <li>Patient decision-aids<sup>2,3,4</sup></li> <li>Clinician rating websites<sup>5</sup></li> <li>Educational materials for carers<sup>6</sup></li> <li>Family conferences<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>Clear communication</b><sup>8,9</sup></li> <li><b>Clinicians focusing on psychosocial issues</b><sup>10,11,12,13,14</sup></li> <li>Electronic medical records<sup>15,16</sup></li> <li>Patient portals<sup>17</sup></li> <li>Support workers and breaks in mental health<sup>18,19,20</sup></li> </ul>	<ul style="list-style-type: none"> <li>Clear communication<sup>21</sup></li> <li>Family conferences<sup>22</sup></li> <li>Telehealth<sup>23</sup></li> </ul>	<ul style="list-style-type: none"> <li>Clear communication<sup>24</sup></li> <li>Person-centred consultations<sup>25,26,27</sup></li> <li>Group education<sup>28</sup></li> <li>Self-monitoring<sup>29</sup></li> <li>Carer support services<sup>30</sup></li> </ul>
Targets professionals	<ul style="list-style-type: none"> <li>Communication skills training for clinicians<sup>31</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>Communication skills training for clinicians</b><sup>32,33,34,35,36,37,38,39,40,41,42,43</sup></li> <li>Email between patients and professionals<sup>44</sup></li> <li>Female doctors<sup>45,46,47</sup></li> </ul>		<ul style="list-style-type: none"> <li><b>Communication skills training for clinicians</b><sup>48,49,50,51, 52,53,54,55</sup></li> <li>Empathy from doctors<sup>56</sup></li> </ul>
Targets systems / organisations	<ul style="list-style-type: none"> <li>Longer consultations in primary care<sup>57</sup></li> </ul>	<ul style="list-style-type: none"> <li>Longer consultations<sup>58,59</sup></li> <li><b>Continuity of care</b><sup>60,61,62</sup></li> <li><b>Using patient surveys</b><sup>63</sup></li> </ul>	<ul style="list-style-type: none"> <li>Using patient reported outcome measures<sup>64,65</sup></li> <li><b>Public reporting of performance data</b><sup>66,67,68,69</sup></li> <li>Continuity of care<sup>70,71</sup></li> <li>Hospital at home<sup>72</sup></li> </ul>	<ul style="list-style-type: none"> <li>Reducing waiting time<sup>73</sup></li> </ul>

# Enhancing experience

Person-centred care involves placing people at the forefront of their health and care. This ensures people retain control, helps them make informed decisions and supports a partnership between people, families and health and social services.

Some of the core facets of person-centred care involve:

- supporting self-management
- supporting shared decision-making
- enhancing experience
- improving information and understanding
- and promoting prevention

We have a series of booklets for healthcare commissioners and professionals summarising the best research evidence about what works in each of these areas. This booklet focuses on enhancing patient experience.

## What is patient experience?

How healthcare is experienced can be just as important as what treatment people receive. People in the UK expect high quality clinical care and they also want this to be delivered in a way which works *with* them. Patient experience refers to how people think and feel about what happens when they use health services.

Many aspects of care and treatment contribute to patient experience. For example, research has identified eight aspects of healthcare that people consider most important:<sup>74</sup>

- fast **access** to reliable health advice
- **effective treatment** delivered by trusted professionals
- involvement in **decisions** and respect for preferences
- clear, comprehensible **information** and support for self-care
- attention to physical and environmental **needs**
- **emotional support**, empathy and respect
- involvement of, and support for, **family** and carers
- **continuity of care** and smooth transitions.

National patient surveys suggest that the following things have the strongest impact on people's overall satisfaction whilst in hospital:<sup>75</sup>

- a clean physical environment
- communication with doctors and nurses
- involvement in decisions
- pain control

# Why is this important?

## **1. Enhancing experience can lead to better outcomes**

Enhancing patient experience can help commissioners and health professionals provide higher quality, more efficient care which:

- empowers people with greater knowledge and control
- makes the best use of healthcare resources
- and contributes to improved health behaviours and better health.

Evidence about outcomes is presented overleaf.

## **2. Enhancing experience is a key priority for policy and practice**

Patient experience is a key marker of the quality of healthcare and is prioritised in policy documents. The [NHS Next Stage Review](#) and the [NHS Constitution](#) in England make commitments to improve people's experience.

The [Health and Social Care Act 2012](#) legally defines quality as consisting of:

- patient safety
- clinical effectiveness
- patient experience

The Act gave commissioners and other health-related bodies a responsibility to continuously improve quality, including patient experience.

In England the NHS Commissioning Board is responsible for monitoring and improving quality in the NHS, including patient experience. It is required by parliament to demonstrate progress against the [NHS Outcomes Framework](#), domain 4 of which is 'ensuring that people have a positive experience of care.'

The National Institute for Health and Clinical Excellence (NICE) develops and publishes [Quality Standards](#) that underpin the outcomes frameworks. [Quality Standard 15](#) covers patient experience in NHS services and [Quality Standard 14](#) focuses on service user experience in adult mental health.

Providers of NHS care are also all required by law to regularly to assess and monitor the quality of the services provided. They must have regard to the comments and complaints made by service users and those acting on their behalf. Care providers must therefore establish mechanisms to seek those views and experiences.

Improving experience is also a core facet of the guidance for health professionals. For instance, the [General Medical Council](#)'s guidance for doctors on professional standards, *Good Medical Practice*, states that their relationships with patients should be based on openness, trust and good communication. Doctors are expected to:

- be polite, considerate and honest
- treat patients with dignity
- treat each patient as an individual
- respect patients' privacy and right to confidentiality
- support patients in caring for themselves encourage patients who have knowledge about their condition to use this when they are making decisions about their care.

The [Nursing and Midwifery Council](#) (NMC)'s code reminds nurses and midwives that they must:

- make the care of people the first concern, treating them as individuals and respecting their dignity
- work with others to protect and promote health and wellbeing
- provide a high standard of practice and care at all times
- be open and honest, act with integrity and uphold the reputation of the profession
- treat people as individuals and respect their dignity
- not discriminate in any way against those receiving care
- treat people kindly and considerately
- act as an advocate for those receiving care, helping them to access relevant health and social care, information and support.

The [Health Professions Council](#)'s standards of conduct, performance and ethics require allied health professional registrants to:

- treat service users with respect and dignity, and act in their best interests
- respect service users' confidentiality
- communicate properly and effectively with service users
- behave with honesty and integrity, and in a way that does not damage public confidence.

### **3. *There remains room to improve patient experience***

Most people are highly appreciative of the healthcare they receive, but there remains room for improvement. A review of five years of patients' reports of the care they received revealed the following problems:<sup>76</sup>

- information needs are not always met
- staff aren't always available when patients need them
- many patients want more involvement in decisions about their treatment and care
- professionals often fail to provide sufficient information about risks and side-effects
- many patients don't receive enough help with self-care
- patients aren't actively encouraged to give their views
- information about patients isn't always shared with them
- care isn't always as well coordinated as it should be.

## What works?

110 systematic reviews published between 1998-2013 have summarised the best research evidence about enhancing patient experience. This section outlines key findings about what works to enhance experience so commissioners and health professionals know the most useful and cost-effective interventions to invest in.

The appendix describes how we identified and analysed the research evidence.

## *What has been tested?*

Systematic reviews have examined the following initiatives for improving patient experience:

### **Using direct feedback from patients to make improvements**

- surveys about patient experience and satisfaction
- patient-reported outcome measures (PROMs)
- service user involvement in evaluations

### **Providing information to support patient choice**

- publishing performance indicators
- giving patients a choice of provider
- decision aids that detail the pros and cons of different options
- technology such as access to electronic medical records and patient portals

### **Patient-centred consultation styles**

- improving continuity of care
- increasing the length of consultations
- interactive consultation styles
- demographic characteristics of clinicians
- support with non-clinical issues and concerns

### **Improving communication skills amongst clinicians**

- training courses
- prompts and guidelines
- feedback on performance
- role modelling and demonstrations
- role play
- coaching

### **Service redesign to support patients and carers**

- self-monitoring
- family interventions
- carer support packages including respite breaks from caring
- mutual support groups
- improving the physical environment
- and interventions targeting people with specific conditions such as memory clinics and day care

Some of these initiatives were designed to achieve a wide range of outcomes but have also found beneficial for improving patient experience.

## What are the impacts?

The interventions tested to improve patient experience may affect satisfaction, but can also have additional impacts on people's knowledge, service use and health outcomes. This section summarises high-level findings from systematic reviews about specific interventions.

### Improving knowledge

#### *Providing information*

Providing information can improve patient experience through enhanced knowledge. For example, one review found that **educational materials** can be helpful for the carers of people with mental health issues.<sup>77</sup> 'Family conferences' or meetings between families, patients and healthcare teams have also been found to improve knowledge.<sup>78</sup>

#### *Improving interactions*

Interactions between patients and professionals impact on knowledge. A review found that **longer consultations** in primary care can increase patients' knowledge and confidence to take action in relation to their health.<sup>79</sup>

Another review found an improvement in patients' knowledge and understanding once clinicians had received **training** about communicating information about medicines.<sup>80</sup>

#### *Providing choice*

A review of the effects of giving patients a **choice of provider** concluded that patients want to make informed choices but they are not given sufficient information currently.<sup>81</sup>

A review of **websites** rating doctors or health services found that these are increasingly used and may increase knowledge about specific providers, but the information contained is not always accurate.<sup>82</sup>

**Patient decision aids** and support interventions which list different choices and detail the pros and cons of various options have been found to improve knowledge and satisfaction.<sup>83,84,85</sup>



## Improving experience

### *Improving interactions*

The way professionals interact with people and the level of empathy expressed can impact on satisfaction.<sup>86,87,88,89,90</sup> People want to feel respected, contribute to their care, be listened to and experience reciprocity, warmth and empathy.<sup>91,92,93,94</sup>

Many reviews have explored the value of regular and clear communication and information. For example, reviews suggest that providing clear information and **ongoing communication** can reduce anxiety and improve patient experience.<sup>95,96</sup> Email has been found to be useful for enhancing communication between patients and professionals.<sup>97</sup>

A review of the efficacy of person-centred care interventions for people with long-term conditions found that most interventions were based on providing empowering care and included attempts to **educate** people or prompt them about how to manage a health consultation. Benefits included increased patient satisfaction and perceived quality of care.<sup>98</sup>

There is evidence that patient-centred communication and **longer consultations** increase patient satisfaction.<sup>99,100</sup> **Female doctors** have been associated with increased patient satisfaction and a more person-centred manner.<sup>101,102,103</sup> In medicine, patients are generally as satisfied with care provided with registrars as with that provided by more senior doctors.<sup>104</sup> In nursing, relational or transformational leadership styles have been associated with improved patient satisfaction.<sup>105</sup>

A large number of reviews suggest that **communication skills training** for clinicians can lead to improved communication, reduced anxiety and greater patient satisfaction, though not all findings are universally positive.<sup>106,107,108,109,110,111,112,113,114,115,116,117</sup>

Reviews have also highlighted the importance of helping with **non-clinical concerns** such as relationship issues, loss and psychosocial support.<sup>118,119,120,121,122</sup> This can help to reduce isolation and encourage better communication.<sup>123</sup>

### *Using feedback*

Reviews have found that **patient surveys and patient reported outcome measures** can be used to stimulate quality improvements and improve experience,<sup>124</sup> but organisations may require additional help to implement changes.<sup>125</sup>

There are a wide range of tools available for collecting feedback about patient experience, expectations and satisfaction, including those focused on specific clinical conditions or clinical contexts.<sup>126,127,128,129,130,131,132,133,134,135,136,137,138,139,140</sup> Whichever tool is used, evidence suggests that patient feedback surveys need to be well-planned and carefully implemented.<sup>141,142</sup> A number of techniques have been found to maximise response rates.<sup>143,144,145</sup>

Service users can be involved in data collection but some suggest that this increases the risk that the results will be biased<sup>146</sup> or that only certain types of people might provide feedback, especially about sensitive issues such as safety incidents.<sup>147</sup>

### *Providing choice*

Some reviews suggest that providing **choice** does not improve patient satisfaction. Choosing between hospitals or primary care providers may not be a high priority for the public except where local services are poor.<sup>148,149,150,151</sup>

### *Providing information*

A review of providing health information via **technology** found mixed evidence of impact on patient satisfaction.<sup>152</sup> But other reviews about providing access to electronic medical records found improved patient satisfaction<sup>153,154</sup> as did reviews about online patient portals.<sup>155</sup>

### *Redesigning services*

Reviews have explored a wide range of initiatives aiming to improve patient satisfaction. A small number of examples are provided here. For example, there is evidence that streamlining care processes, such as through offering point of care testing or more **continuity of care**, can improve patient and carer experience.<sup>156,157,158</sup>

A review found that self-monitoring of blood sugar in people with diabetes was not consistently associated with improved satisfaction.<sup>159</sup>

Support workers for people with mental health issues have been found to increase satisfaction<sup>160</sup> and breaks from caring for people with mental health problems have been found to improve carers' quality of life.<sup>161,162</sup>

## **Improving service use and costs**

### *Using feedback*

Feedback from **patient-reported outcome measures** (PROMs) can improve diagnosis and management of people's conditions.<sup>163,164</sup>

**Public reporting** of hospital performance data can stimulate providers to implement quality improvements. If well-disseminated and published in a form and format that patients can understand, this type of information influences public perceptions of a hospital's reputation making it more likely that patients may want to go there.<sup>165,166,167,168</sup>

### *Improving interactions*

Communication initiatives found to improve healthcare use include enhanced doctor-patient communication, family meetings with the care team, and specialist care support teams.<sup>169</sup>

### *Providing choice*

But not all initiatives have positive findings. For instance, some reviews suggest that **provider choice** may lead to inequalities in access to care because affluent patients are more informed and more able to travel to obtain better care. Specific measures could be introduced to help disadvantaged groups.<sup>170</sup>

## *Redesigning services*

Reviews have found that improved **continuity of care** has the potential to reduce service use and costs.<sup>171,172</sup>

**Telehealth** has been found to improve satisfaction and is associated with reduced emergency department use and hospital admissions in some contexts.<sup>173</sup>

**Hospital at home** initiatives have been found to reduce mortality, readmission rates and cost and increase patient and carer satisfaction.<sup>174</sup>

One review found that **assertive outreach** for mental health patients is as effective as standard inpatient care and may be cost-effective.<sup>175</sup>

Reviews produced mixed results about the cost-effectiveness of respite care.<sup>176</sup>

## *Improving health behaviour and outcomes*

### *Using feedback*

Although reviews have examined various ways to measure patient outcomes, there is little evidence of a direct impact on health behaviours or health status.<sup>177,178</sup> There is slight evidence of a beneficial effect on health status when **PROMs** are used.<sup>179,180</sup> But patient expectations have not been consistently linked to health outcomes.<sup>181</sup>

A small number of reviews found limited evidence that the publication of performance data coupled with competition and choice is associated with an improvement in health outcomes. However others concluded that there is little evidence that giving patients greater choice will, in itself, improve the quality of their care.<sup>182,183,184,185</sup>

### *Improving interactions*

There is evidence that people's experience of healthcare can influence their health behaviours, such as whether or not they take their medication appropriately.<sup>186</sup> Reviews have found positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs.<sup>187</sup> This includes positive associations between patient experience and self-rated and objectively measured health outcomes; adherence to recommended clinical practice and medication; preventive care and resource use (such as hospitalisations, length of stay and primary care visits).<sup>188</sup> There is a particularly strong link between improved patient experience and self-management behaviour.<sup>189</sup>

One review found a direct correlation between **doctor empathy** and patient satisfaction. There was also a direct positive relationship with strengthening patient enablement. Empathy by doctors was found to lower patient anxiety and distress and improve clinical outcomes.<sup>190</sup>

People report fewer symptoms and health anxiety when their symptoms are properly explained. Positive interaction and feedback from professionals can reduce the use of healthcare and improve coping.<sup>191</sup>

**Communication skills development** for clinicians may lead to improvements in health outcomes but some reviews have reported conflicting findings.<sup>192,193,194,195,196,197,198,199</sup>

Reviews of **person-centred consultations** found mixed results in relation to impact on health status. There is some limited evidence that they can improve health outcomes.<sup>200,201,202</sup>

### *Providing information*

Structured **group education** about self-management has been found to improve satisfaction and clinical outcomes in some people with long-term conditions.<sup>203</sup> Providing education in various formats has also been associated with improved experience of pain.<sup>204</sup>

### *Redesigning services*

Redesigning services to improve patient experience may also impact on clinical and safety outcomes. For example, a review of **waiting time** and crowding in emergency departments found that this could influence patient safety as well as experience.<sup>205</sup>

**Substituting nurses** or other professionals in place of doctors has been associated with improved patient experience and satisfaction, with no downturn in clinical outcomes.<sup>206</sup>

A review of **carer support services** found some limited evidence of improvements in carers' physical health, stress and psychological well-being.<sup>207</sup>

Various technological initiatives have also been tested. A review found that electronic **patient portals** were not associated with significant improvements in health outcomes,<sup>208</sup> but another review found improved health status in people who self-monitored their condition, including blood pressure and blood sugar monitoring.<sup>209</sup>

## What should we invest in?

Taking all of the evidence together, commissioners and providers wanting to enhance patient experience could consider investing in the initiatives listed below.

Improvement initiatives	Expected return on investment
Communications training for health professionals	<ul style="list-style-type: none"> <li>• Better interactions between clinicians and patients</li> <li>• Greater patient satisfaction</li> <li>• <i>May</i> improve patients' knowledge and understanding of their condition</li> <li>• <i>May</i> lead to improvements in treatment adherence and health outcomes</li> </ul>
Person-centred consulting styles and communication, and longer consultations	<ul style="list-style-type: none"> <li>• Patients value this approach</li> <li>• <i>May</i> encourage better self-care</li> </ul>
Patient feedback (surveys, focus groups, complaints) and patient-reported outcome measures (PROMs)	<ul style="list-style-type: none"> <li>• Better understanding of priorities for quality improvement</li> <li>• Improvement in diagnosis and condition management</li> <li>• <i>May</i> help to stimulate change</li> <li>• <i>May</i> help patients choose providers</li> <li>• <i>May</i> lead to improved knowledge and understanding of conditions</li> <li>• <i>May</i> help to inform treatment choices</li> <li>• <i>May</i> lead to improvements in health outcomes</li> </ul>
Public reporting of performance data	<ul style="list-style-type: none"> <li>• Stimulates change at the hospital level</li> <li>• <i>May</i> help patients choose providers</li> </ul>
Initiatives to improve continuity of care	<ul style="list-style-type: none"> <li>• Improves patient experience</li> <li>• <i>May</i> reduce service use and costs</li> </ul>

The evidence suggests that a continued focus on patient experience is required to ensure that best practice is developed and maintained. The top three most useful types of initiatives may be:

### 1. Communication skills training for clinicians

Communication is important to patients, and there is good evidence that communication skills training for clinicians can lead to better quality interactions with patients.

### 2. Person-centred communication

Improved consulting styles and longer consultations are appreciated by many people, and there is some evidence that they may help to build patients' confidence to look after themselves better.

### 3. Using feedback to guide improvements

Patient feedback and public reporting on performance can stimulate providers to implement quality improvements. There is little evidence that patients have used this information to 'shop around' for the best providers.

## Learn more

You can access the abstracts of all the systematic reviews of evidence by clicking on the hyperlinks in the references section of this document.

There are a number of other resources available, such as:

- The Department of Health's National Quality Board published a [Patient Experience Framework](#) designed to guide the measurement of patient experience across the NHS and is producing updated versions of the [NHS Outcomes Framework](#), including the indicators for patient experience. The Department has also published a [guide to using patient feedback](#).
- Patient-reported outcome measures (PROMs) are standardised validated questionnaires to measure patient's perceptions of their health status (impairment), functional status (disability) and health-related quality of life (well-being). Some PROMs are designed for use with specific groups while others are generic measures for use by anyone. The Department of Public Health at the University of Oxford has produced a [database](#) of PROMs, plus a series of reports outlining how they can be used. Since April 2009 the NHS in England has been routinely collecting PROM data on four elective procedures, with [results](#) published through the NHS Information Centre.
- The [Patient Opinion](#) website helps patients and carers find out what other people think of local hospitals, hospices and mental health services. People can submit their stories to the website about what happened when they were ill and their comments on the services. Providers can arrange for these to be fed directly to the email of a responsible staff member and can provide public responses online.
- The [Patient Voices](#) programme produces digital stories to illustrate the stories of ordinary people. The aim is to influence those who devise and implement strategy in health and social care, as well as professionals, to carry out their duties in a more informed and compassionate manner.
- Inspiration North West and the DH have together published a Patient Experience Excellence [website](#) with collections of articles.
- The King's Fund's Point of Care research programme aims to enable hospital staff to deliver the quality of care they would want for themselves and their own families. There is a [guide](#) to the purpose and uses of patient feedback.
- The former NHS Institute for Innovation and Improvement developed an '[essential guide](#)' to transforming patient experience.
- A number of large patient surveys are available. For example, the Department of Health's [General Practice Patient Survey](#) includes a number of questions on primary care patients' experience, which look at both accessing services and the consultation itself. Surveys carried out as part of the Care Quality Commission's national NHS patient survey programme include questions on most aspects of patients' experience, including: access and waiting times; choice of provider; confidence and trust in health professionals; hygiene; cleanliness and hand-washing; food and physical environment; being treated with dignity and respect; information and communication; availability of staff when needed; involvement in treatment decisions; access to records and medical communications and overall satisfaction. Findings from the surveys can be found on the Commission's [website](#).

# Appendix: identifying evidence

Commissioners and professionals need accessible and accurate information upon which to make decisions. High quality research is one of the things that might be used to help guide decisions. This appendix describes how we compiled the highest quality research to support decision-making.

## What type of evidence is included?

To find out what works best to prioritise person-centred care, we drew on systematic reviews. 'Systematic reviews' have traditionally been regarded as the best standard of evidence because they bring together the results of all relevant studies that meet specific quality criteria. A systematic review starts with a specific question or set of clearly defined questions and then identifies, appraises, selects and synthesises all high quality research evidence relevant to that question. Tried and tested methods are used to perform a thorough search of the literature and critical appraisal of individual studies to identify valid and applicable evidence.

Some groups, such as the Cochrane Collaboration have agreed a set of [standards](#) for gathering, analysing and reporting evidence, though not all reviews conform to these standards.

By drawing together the findings of systematic reviews, we compiled the highest quality evidence to support healthcare planners and practitioners. We focused on the extent to which interventions impacted on people's knowledge, people's experience, service use and costs and health outcomes and behaviours.

## Identifying research

Two reviewers independently searched bibliographic databases to identify relevant systematic reviews and other high level narrative reviews. The databases were Medline / Pubmed, Embase, CINAHL, the Cochrane Library and Google Scholar. Specialist websites and the reference lists of identified articles were also searched. The databases were searched for systematic reviews published in English language journals between January 1998 and December 2013. Reviews were eligible for inclusion if they focused on interventions designed to enhance the active role of patients and lay people. Reviews where patients were solely the 'objects' of an intervention that targeted professionals were excluded.

Two reviewers independently assessed the relevance and quality of each review, first based on the abstracts and titles of identified studies and then based on full-text. Any review which focused on a relevant topic and outcome was included.

More than 40,000 studies were screened and a total of 779 systematic reviews were identified for inclusion, broken down into the following categories:

- supporting self-management (228 reviews)
- supporting shared decision-making (48 reviews)
- enhancing experience (110 reviews)
- improving information and understanding (85 reviews)
- and promoting prevention (308 reviews)

## Things to remember when interpreting the findings

The evidence base is substantial and significant, but it is not perfect. It will not help to answer all questions about how best to prioritise person-centred care. Some interventions, such as education for self-management, have been very well studied. Others initiatives have been less well investigated, and few studies have examined the longer-term effects of interventions.

Much of the research is from North America, so commissioners and health professionals need to think about whether the findings translate easily to the local context.

Although there is good evidence that some things make a difference to how people feel and what people do, analysis of cost-effectiveness is sometimes lacking.

## Acknowledgements

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# Exploring the evidence

You can click on the hyperlinks to explore the evidence further.

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