ROYAL PHARMACEUTICAL SOCIETY

Putting people first: The real meaning of person-centred care

Jabob Lant
Chief Executive,
National Voices

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Person-centred care: The patient perspective

Katie-Rose Stone
Patient Advocate,
National Voices

LinkedIn: katie-rose-stone-shropshire

WHAT IS PERSON-CENTRED CARE?

UNIQUE WAY OF WORKING

People perceive the world and their medical conditions through different perspectives, shaped by their experiences, needs, and priorities. There is no universal solution that fits everyone but more a .



HOLISTIC

Care should adopt a holistic approach to ensure person-centred care. While an individual may have a medical condition, they are not defined by it. There are many layers to a person, including mental health, which can be significantly impacted by long-term medical conditions..

WORKING IN PARTNERSHIP

The patient and the professional collaborate for better health outcomes, prioritising the individual's knowledge and preferences while utilising the professional's guidance and information.

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THE 4 PRINCIPLES OF PERSON-CENTRED CARE



The Health Foundation

ENABLING

People should be able to recognise and develop their strengths and abilities to manage their conditions with the appropriate level of support.

COORDINATED

Multi-disciplinary with a shared understanding of the requirements of the patient.

PERSONALISED

Every individual has unique needs and desires, which influences their preferences for treatment and medication.

THROUGHOUT...

Everyone should be treated with dignity, compassion and respect

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WHY'S IT SO IMPORTANT?

GIVES OWNERSHIP

The support given to patients improves their ability to choose and control their treatment options. This increased sense of agency leads to better adherence to medication and a higher likelihood of following care plans. As a result, there is a decrease in the use of emergency services, such as hospitals, and it helps prevent a decline in health.



COST SAVINGS

Only medications that the individual is willing to take will be prescribed, which helps reduce the amount of medication that ends up being discarded. In 2024, a Department of Health report indicated that £300 million was spent on unused medication across the NHS. Savings will also be achieved by ensuring that healthcare professionals only refer individuals to the services they will actually engage with.

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TO SUMMARISE

There isn't a one-size-fits-all approach; instead, for example, offer six sizes to accommodate various needs.

Patients should have the freedom to choose and control their care, with guidance and support from professionals.

Building a strong professional relationship with the patient is essential, even if it feels uncomfortable at first.

Ultimately, dignity, compassion, and respect should guide. When care is delivered with these values in mind, you are already incorporating elements of person-centred care.



WHAT IS PERSON-CENTRED CARE?

‘It is more important to know what sort of person has a disease than to know what sort of disease a person has’. Hippocrates’s

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Person-Centred Care in Cancer Services

Joseph Williams *FRPharmS*

BOPA Vice Chair | Past Chair (2022 – 2025)

Co-Chair of the UK SACT Board

Education and Training Lead Pharmacist: The Christie NHS Foundation Trust

Honorary Clinical Lecturer: University of Manchester

Netty Cracknell *fBOPA, FRPharmS*

President, The International Society of Oncology Pharmacy Practitioners (ISOPP)

Co-Chair of the UK SACT Board

Principal Pharmacist – Cancer Services: Lewisham and Greenwich NHS Trust

- Cancer care is often intense — with multiple treatments, side effects, and uncertainties.
- When we support the person as a whole, we help them navigate these challenges with more confidence and trust.
- Person-centred care improves quality of life, adherence to treatment, and overall satisfaction.

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British Oncology Pharmacy Association

bopa

LGCW

- Sitting in the opposite chair
- Wed 26th November @ 3:00 pm - 4:30 pm GMT



Emma Foreman

Consultant Pharmacist

United Kingdom

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BOPA

Cancer Community Partners Advisory Group

15 Patient Champions and Patient Charities



About BOPA

Mission Statement

Maximising the potential of the cancer Pharmacy team to optimise the care of people living with cancer

The vision of the British Oncology Pharmacy Association is to cultivate a dynamic and inclusive community dedicated to advancing the field of cancer pharmacy through workforce and professional development, research, innovation, professional leadership, and advocacy. We are committed to enhancing patient care and safety through evidence based practices and by fostering education and training that prioritise equity, diversity, and inclusion. We aim to empower our members with cutting-edge tools and knowledge, by embracing digital innovation and technology. We will support members to have the capacity and capability to undertake research to improve treatments for cancer patients and the processes by which we work while minimising health inequalities

Our collaborative efforts with patients and the cancer community ensure that patient care remains at the heart of our initiatives. Through sustainable practices, we strive to create a resilient and forward-thinking organisation that champions excellence in cancer pharmacy.

BOPA's Constitution, BOPA's full vision and the UKPPL Boards Vision and Common Purpose can be found below:

BOPA Constitution / BOPA Vision / UK PPL Board Vision and Common Purpose

Values - Excellence, Innovation, Collaboration, Person Centred Care

Pillar 1: Workforce development and Transformation

BOPA will champion cancer pharmacy professionals and staff nationwide, leading and supporting workforce development including considerations for workforce capacity and planning, encouraging advancing person-centred care and promoting transformation of the cancer pharmacy workforce.

THE UK SACT Systemic Anti-Cancer Therapy BOARD

MDT Approach to Cancer Care in the UK!

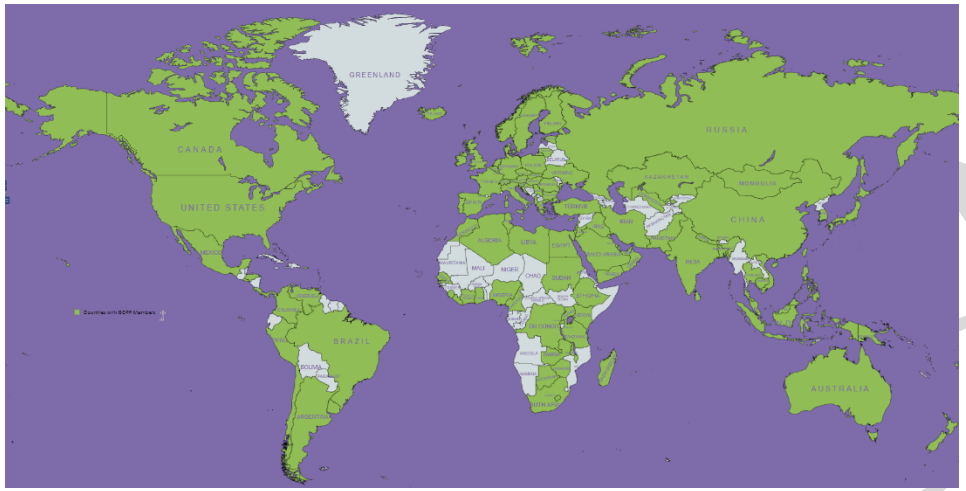
Excellence | Innovation | Collaboration | Person centred Care

British Oncology Pharmacy Association

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ISOPP

International Society of Oncology Pharmacy Practitioners



ISOPP Standards

JOURNAL OF ONCOLOGY PHARMACY PRACTICE

ISOPP Standards for the Safe Handling of Cytotoxics

J Oncol Pharm Practice
2022, Vol. 28 3(Supplement) 1–126
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ISOPP Oncology Pharmacy Service Levels

Oncology Pharmacy Service level	Patient Care Needs	Examples of Clinical Practice	Examples of Knowledge required	Examples of type of position	Examples of Staff members
Community pharmacy/ retail pharmacy/ pharmacy outside of hospital setting/ pharmacy outside of cancer specific setting	• Prescription medications supply • Early detection and prevention of cancer education, advice and/or therapies	• Advice to public • Vaccination to prevent cancer (e.g. human papilloma-virus)	• Early detection • Where/ how to find more information and follow up care	• Pharmacy staff based in community settings such as chemists, high street pharmacy etc.	• Pharmacists • Pharmacy Technicians/ Pharmacy Medical Assistants • Pharmacy support workers
Operational (Oral only)/ Dispensing	• Oral SACT medications or supportive therapies to be administered/ supplied in hospital or ambulatory setting	• Dispensing oral SACT and supportive therapies	• Dispensing standards	• Pharmacy staff in hospital or community settings	• Pharmacists • Pharmacy Technicians/ Pharmacy Medical Assistants • Pharmacy support workers
Operational (Parenteral only) / Technical/ Sterile compounding	• IV SACT medications to be administered/ supplied in hospital or ambulatory setting	• Supply of IV (aseptic) SACT	• Background and principles of SACT aseptic preparation • Good Manufacturing Practice, Quality Control, Quality Assurance	• Pharmacy staff involved in aseptic preparation	• Pharmacists • Pharmacy Technicians/Pharmacy Medical Assistants • Pharmacy support workers
Core/ Fundamental	• Review of prescription including medication reconciliation/ order templates for suitability for	• Clinically check/ verify SACT prescriptions	• Basic clinical knowledge	• Pharmacy staff who clinically	• Pharmacists • Pharmacy

COMMONWEALTH PHARMACISTS ASSOCIATION

fip

UICC

www.bopa.org.uk

www.isopp.org

iphos IRISH PHARMACY HAEMATOLOGY & ONCOLOGY SOCIETY

OPSOK Oncology Pharmacists Society of Kenya

SFPO

twHOPA 臺灣血液腫瘤藥學會 Taiwan Hematology & Oncology Pharmacy Association

CAPhO

gedefo Grupo de Farmacia Oncológica de la sefh

ASCOP ALGERIAN SOCIETY OF CLINICAL & ONCOLOGICAL PHARMACY

British Oncology Pharmacy Association bopa Registered Charity No. 1065026

HOPA Hematology/Oncology Pharmacy Association

Clinical Oncology Society of Australia

OPPAN

NPA 1972

Société Tunisienne de Pharmacie Oncologique

The Pakistan Society of Health-System Pharmacists

A.M.R.F.P.O

PERSONAL COPY

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ISOPP International Society of Oncology Pharmacy Practitioners



ISOPP International Society of Oncology Pharmacy Practitioners



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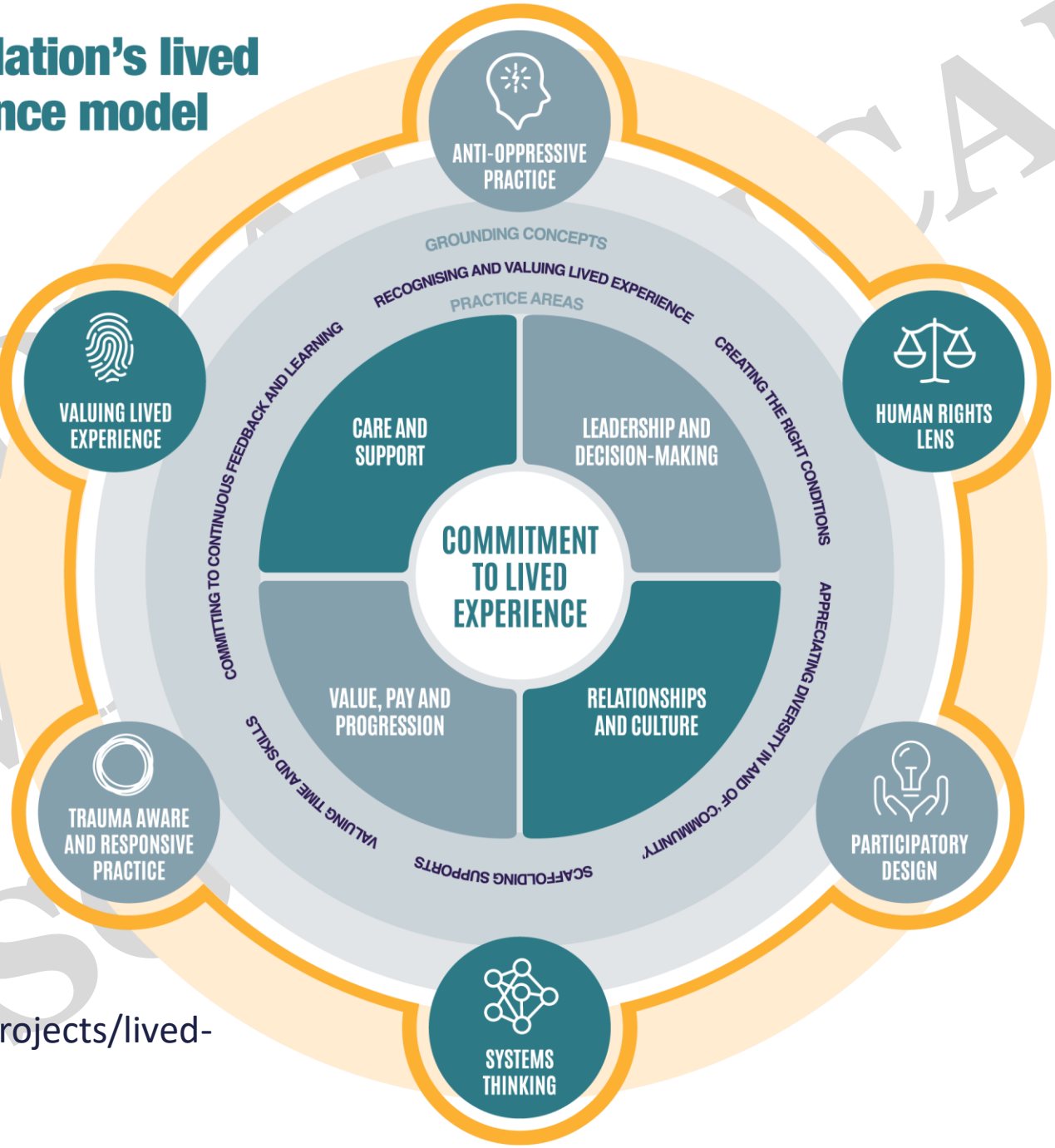
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Putting Patients first in Mental Health: Trauma Informed Collaborative Services

Nicola Greenhalgh
Vice President,
College of Mental Health Pharmacy

DIAGRAM B.

Constellation's lived experience model



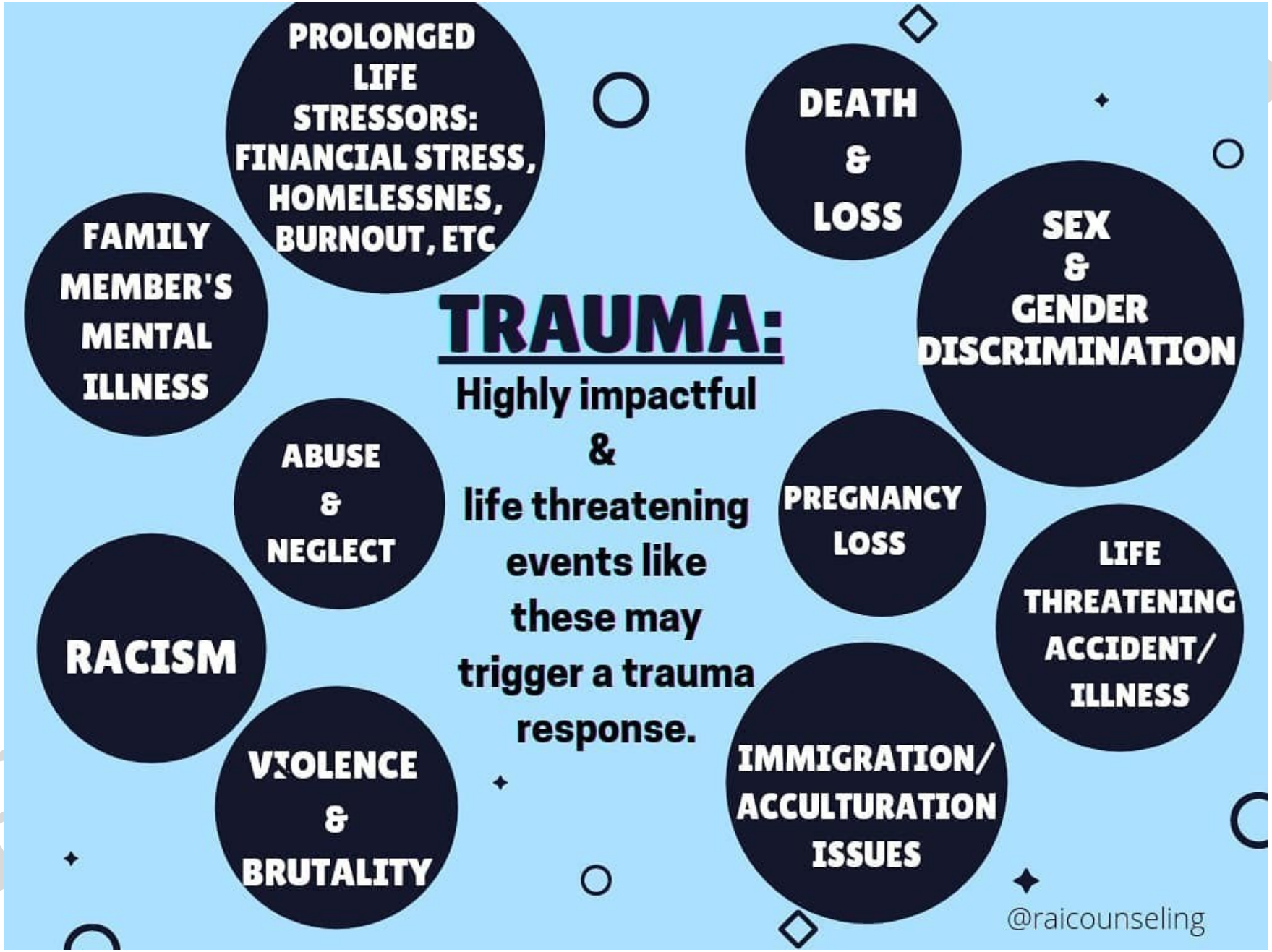
What does putting people first really mean?

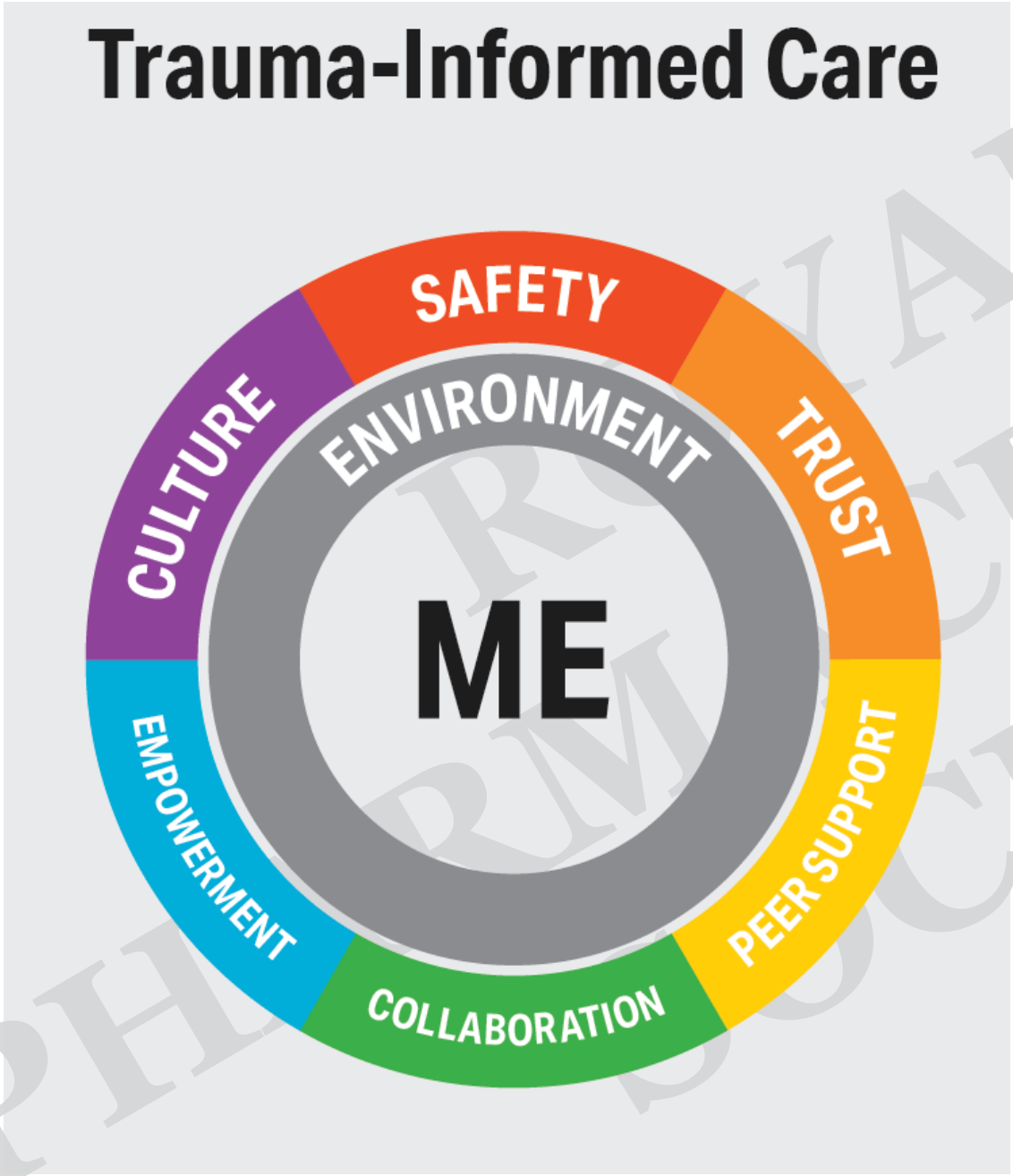
https://theconstellationproject.com.au/projects/lived-experience-practice-framework/

PHARMACY

Do we miss the mark?




PROLONGED LIFE STRESSORS: FINANCIAL STRESS, HOMELESSNES, BURNOUT, ETC
DEATH & LOSS
FAMILY MEMBER'S MENTAL ILLNESS
SEX & GENDER DISCRIMINATION
TRAUMA:
Highly impactful & life threatening events like these may trigger a trauma response.
ABUSE & NEGLECT
PREGNANCY LOSS
RACISM
LIFE THREATENING ACCIDENT/ ILLNESS
VIOLENCE & BRUTALITY
IMMIGRATION/ ACCULTURATION ISSUES
@raicounseling



Shifting from "what's wrong with you?" to "what happened to you?"

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TRAUMA-INFORMED CARE:

What does it look like?

@therecoverycenterusa



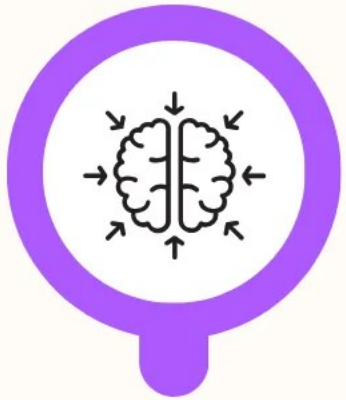
Language and Communication

Helpers use non-judgmental and empathetic language. They avoid making assumptions about an individual's past experiences. For instance, instead of asking, "What's wrong with you?" they might ask, "What happened to you?"



Providing Choices

In healthcare settings, offering choices to patients can be empowering. For example, allowing a patient to choose their meal preferences or the time of their therapy sessions gives them a sense of control.



Sensory-Friendly Environments

Recognizing that sensory sensitivities can be triggered by trauma, trauma-informed care might involve providing calming sensory rooms or ensuring that lighting and noise levels are adjustable to individual preferences.



Active Listening

Helpers actively listen to individuals without interrupting or rushing through appointments. They validate their feelings and experiences.



Training and Self-Care

Healthcare staff are trained in trauma-informed care principles and are encouraged to practice self-care to prevent burnout. This ensures that they can provide the best possible care to their patients.



De-escalation Techniques

In situations where patients may become agitated or distressed, trauma-informed care involves de-escalation techniques that prioritize safety and minimize re-traumatization.

What are we doing in practice?

- Rapid Tranquilisation
  - Reducing Restrictive practice
  - Embedding lived experience in training, policy writing and review

- Medication refusals and reducing missed doses
  - Lived experience member in the project group
  - Patient and peer support worker involvement on the ward

- Training Peer Support Workers to access medicines resources



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Resources

- https://www.e-lfh.org.uk/programmes/trauma-informed-care/
- https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice
- https://www.traumatransformation.scot/
- https://traumaframeworkcymru.com/
- https://www.chemistanddruggist.co.uk/CD137281/Adopting-a-trauma-informed-approach-to-care-in-pharmacy/
- https://www.rpharms.com/scotland/trauma-informed-care-resources



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Patient-Centred, Pharmacy-Led: Reclaiming the Human in Healthcare

Patricia Tigenoah-Ojo
Clinical Pharmacist
and RPS CPAEG Member

"The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives."

–*NHS Constitution for England* (2021)



What Does ‘Patient-Centred’ Really Mean?

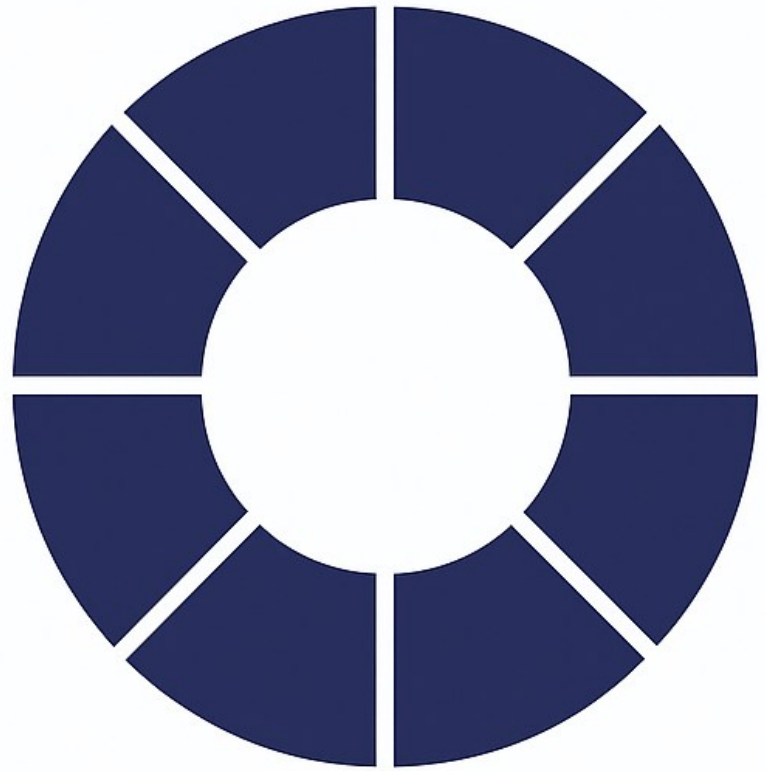
Respect • Choice • Dignity



‘*What matters to you*’—not ‘What’s the matter with you’

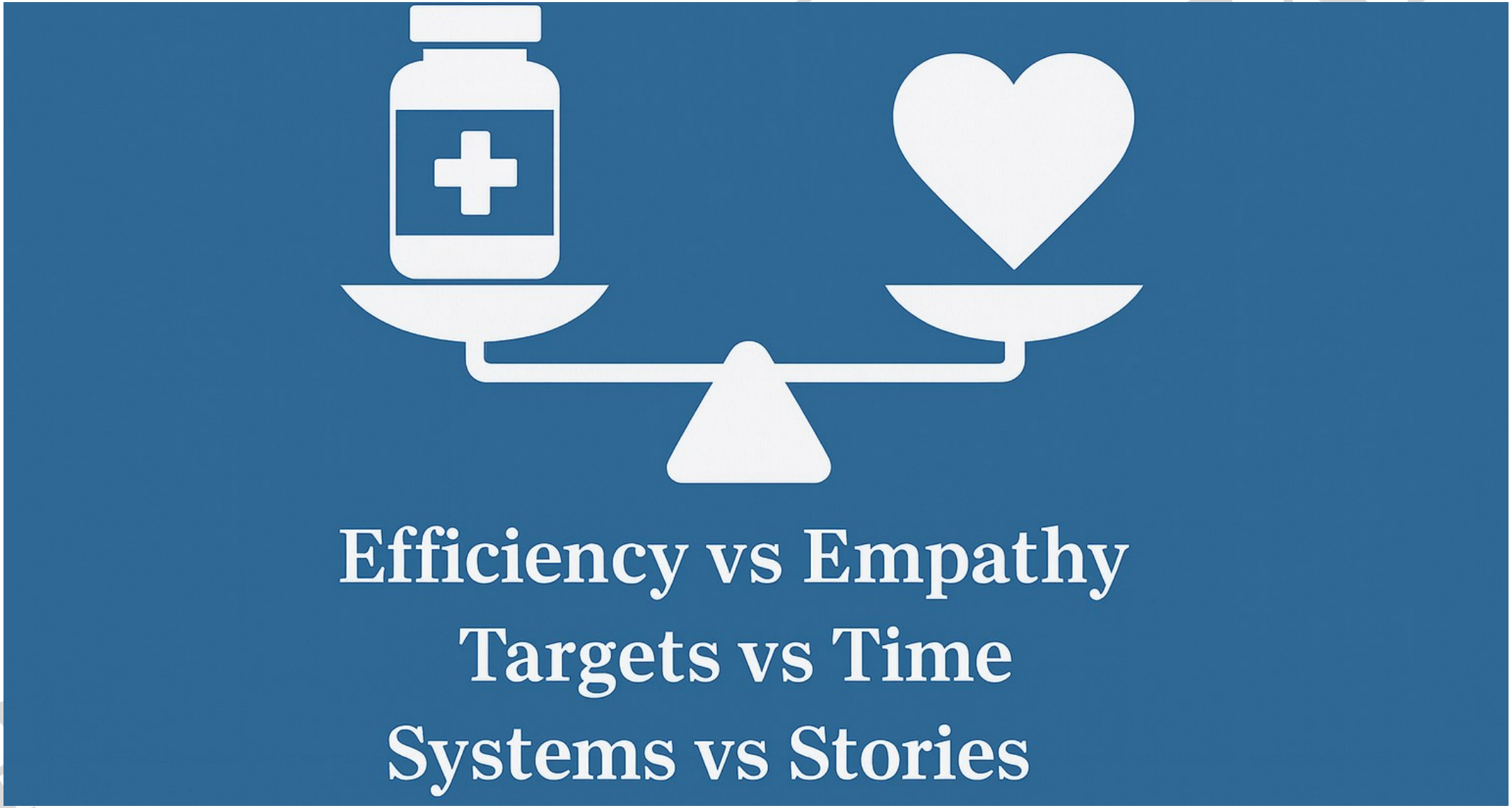
The Eight Picker Principles

1. Respect for values, preferences and expressed needs
2. Coordination and integration of care
3. Information, communication and education
4. Physical comfort
5. Emotional support and aleviation of fear
6. Involvement of family and friends
7. Continuity and transitions
8. Access to care




Why Pharmacy?
Why Now?
• Accessible · Trusted · Expert in medicines and people
At the intersection of science, safety, and story.

The Tension




Reclaiming the human
in healthcare

Reclaiming the Human

“Medicine is about people — their stories, hopes and fears —
not just their diseases.
When we forget that, we lose the art of healing.”
— *Atul Gawande*

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What Good Looks Like

- Relational
- Collaborative
- Adaptive
- Co-produced

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Challenges We Must Face

- Time & capacity pressures
- Data silos & fragmented systems
- Misaligned incentives
- Professional boundaries
- Equity & voice

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Small Shifts, Big Impact

- ✓ Ask *“What matters to you today?”*
- ✓ Reserve 2 extra minutes to listen
- ✓ Set one shared goal
- ✓ Document the *why* behind the plan
- ✓ Reflect after each consultation

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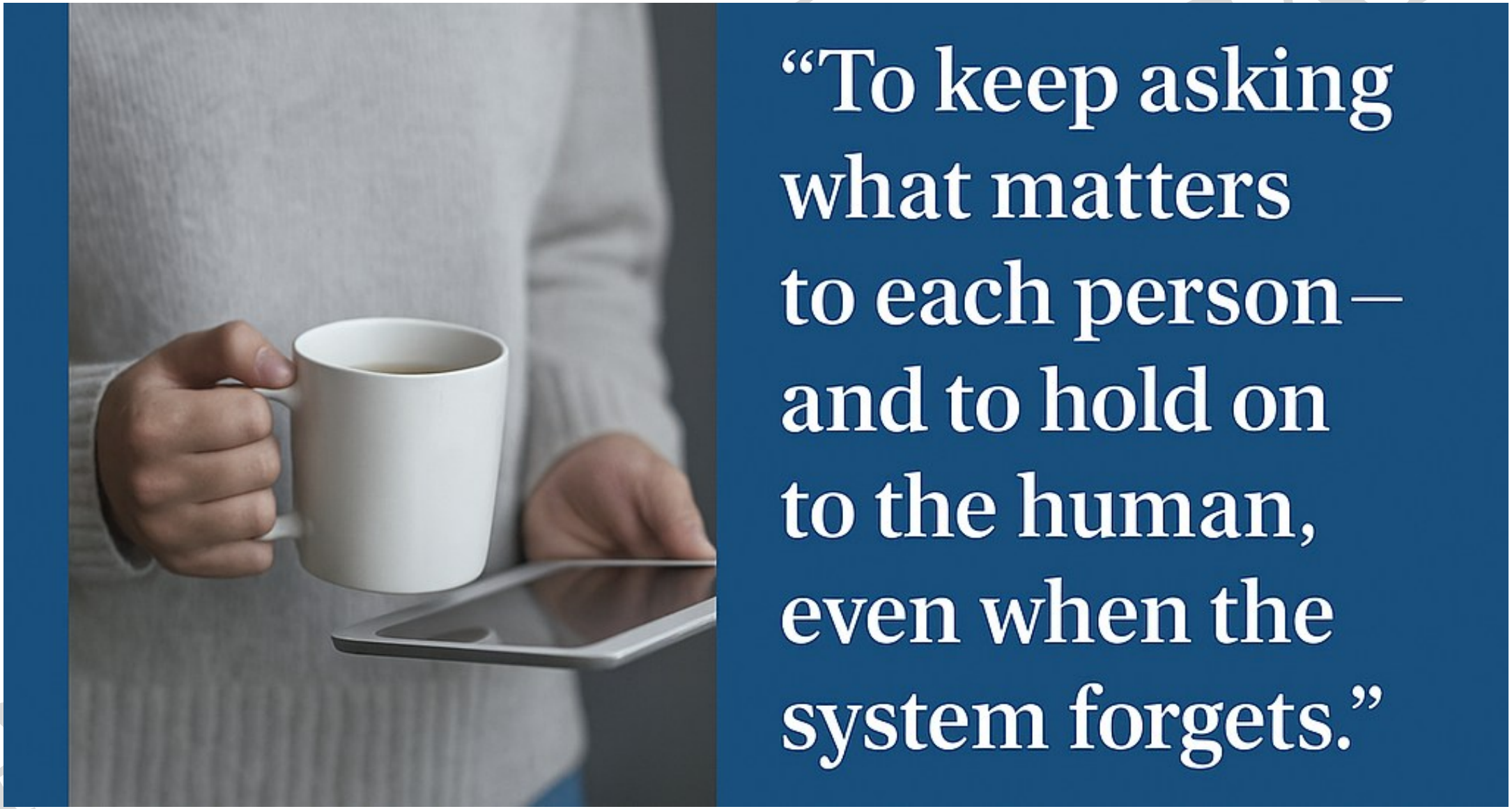
Pharmacy-Led Person-Centred Care = NHS Vision

- Can you tell what the 4 Ps are?
- Personalised
- Preventative
- Proactive
- Partnership based

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Personalised
Preventive
Proactive
Partnership-based

My Personal Pledge



Further Reading

- The NHS Constitution - https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
- Patient-Centred Care - https://www.bing.com/videos/riverview/relatedvideo?q=patient+centred+care+nhs+2025&&mid=00F506F48E99C7BE6DEF00F506F48E99C7BE6DEF&FORM=VRDGAR
- Daffodil Standards - https://www.rpharms.com/recognition/setting-professional-standards/daffodil-standards
- Greener Pharmacy - https://www.rpharms.com/greenerpharmacy

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Person-Centred Care: Why 'what matters' Matters

Jennifer Rodgers MBE
Director of Nursing and Family Support,
Children's Hospices Across Scotland

Flipping the Balance in Healthcare

‘What’s the matter’ to ‘what matters to you’

Flip the balance

Changing expectations

Truly collaborating

Working together to fulfill dreams

QI Approach



BMJ open

A systematic review of evidence on the links between patient experience and clinical safety and effectiveness

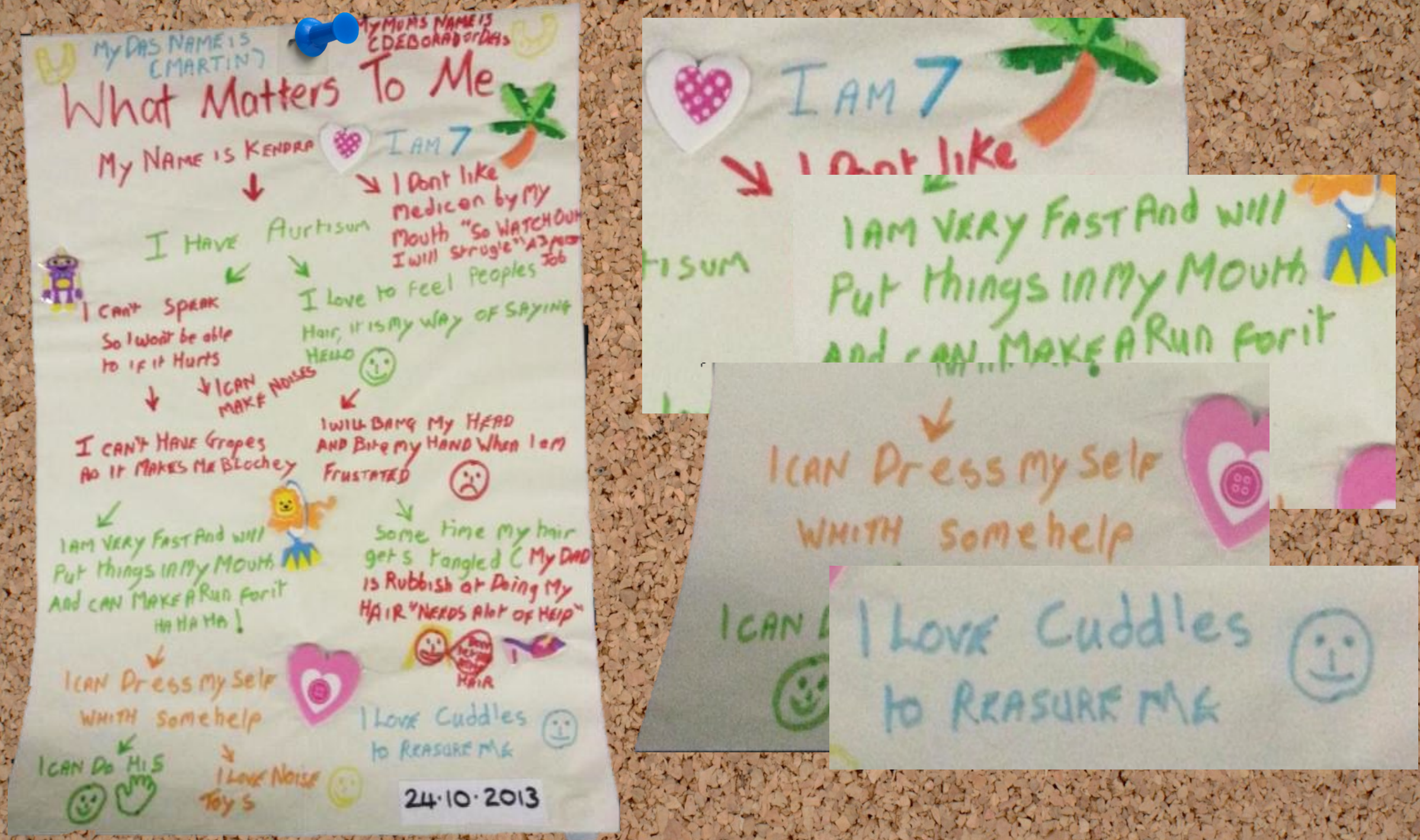
Cathal Doyle,[1] Laura Lennox,[1,2] Derek Bell[1,2] *BMJ Open* 2013 3:

“It is more important to know what sort of person has a disease than to know what sort of disease a person has,” Hippocrates approximately 2,400 years ago.

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Start where you are, with what you have…




My DAS NAME IS CMARTIN)
My MUMS NAME IS CDEBORAH or DEBS
What Matters To Me
My NAME IS KENDRA
I AM 7
I Dont like Medicon by My Mouth "So WATCH OUT I will struggle" A3 Job
I HAVE Auttisum
I CANT SPEAK So I wont be able to if it Hurts
I Love to feel Peoples Hair, it is My WAY OF SAYING HELLO
I CAN MAKE NOISES
I CAN'T HAVE Grapes AS IT MAKES ME BLOCHEY
I WILL BANG MY HEAD AND BITE MY HAND When I am FRUSTATED
I AM VERY FAST And will Put things IN My MOUTH AND CAN MAKE A Run for it HA HA HA !
Some time my hair gets tangled (My DAD is Rubbish at Doing My HAIR "NEEDS ALOT OF HELP"
HAIR
I CAN Dress my Self WHITH Some help
I CAN Do HIS
I Love Noise Toy's
I Love Cuddles to REASURE ME
24·10·2013
I AM 7
I Dont like
I AM VERY FAST And will Put things IN My MOUTH
I CAN Dress my Self WHITH Some help
I Love Cuddles to REASURE ME


What matters to me
What matters to my family
My name is
I am days old
My current weight is
My feeds are
We'd like to talk about
Expressing
Bottlefeeding
Breastfeeding


NEWS
Home UK World Business Politics Tech Science Health Education Entertain
Scotland Scotland Politics Scotland Business Edinburgh, Fife & East Glasgow & West
Medics use video to help parents of neo-natal babies
Medics use a tablet to record short video clips of their infant patients




NHS
Welcome to Yorkhill Hospital
Unauthorised Parking Notices in Operation
Please see signs for details

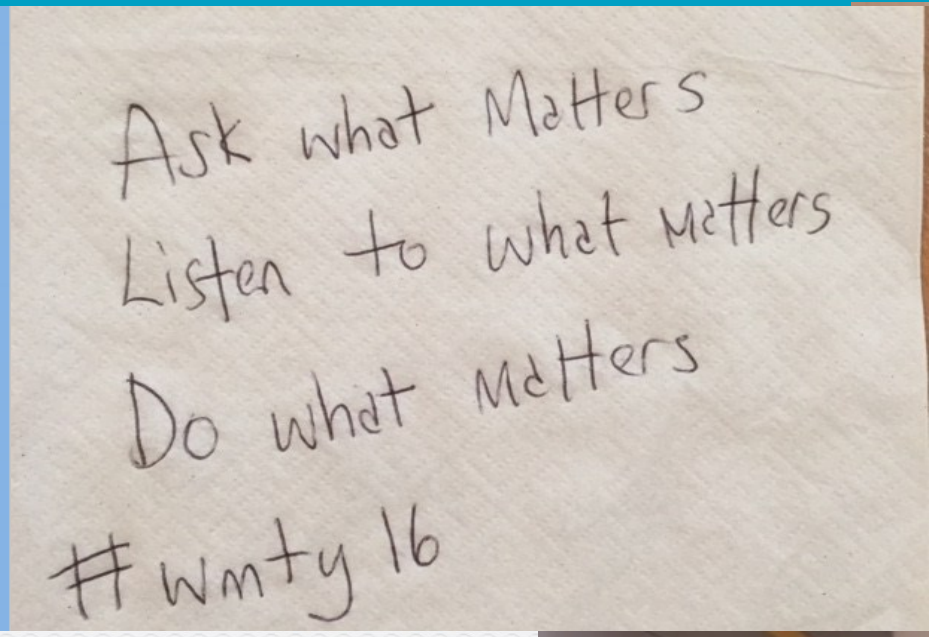






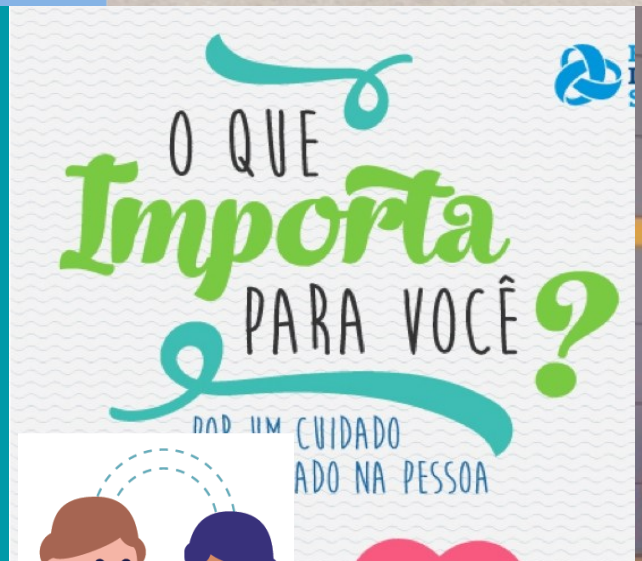
A Growing Movement











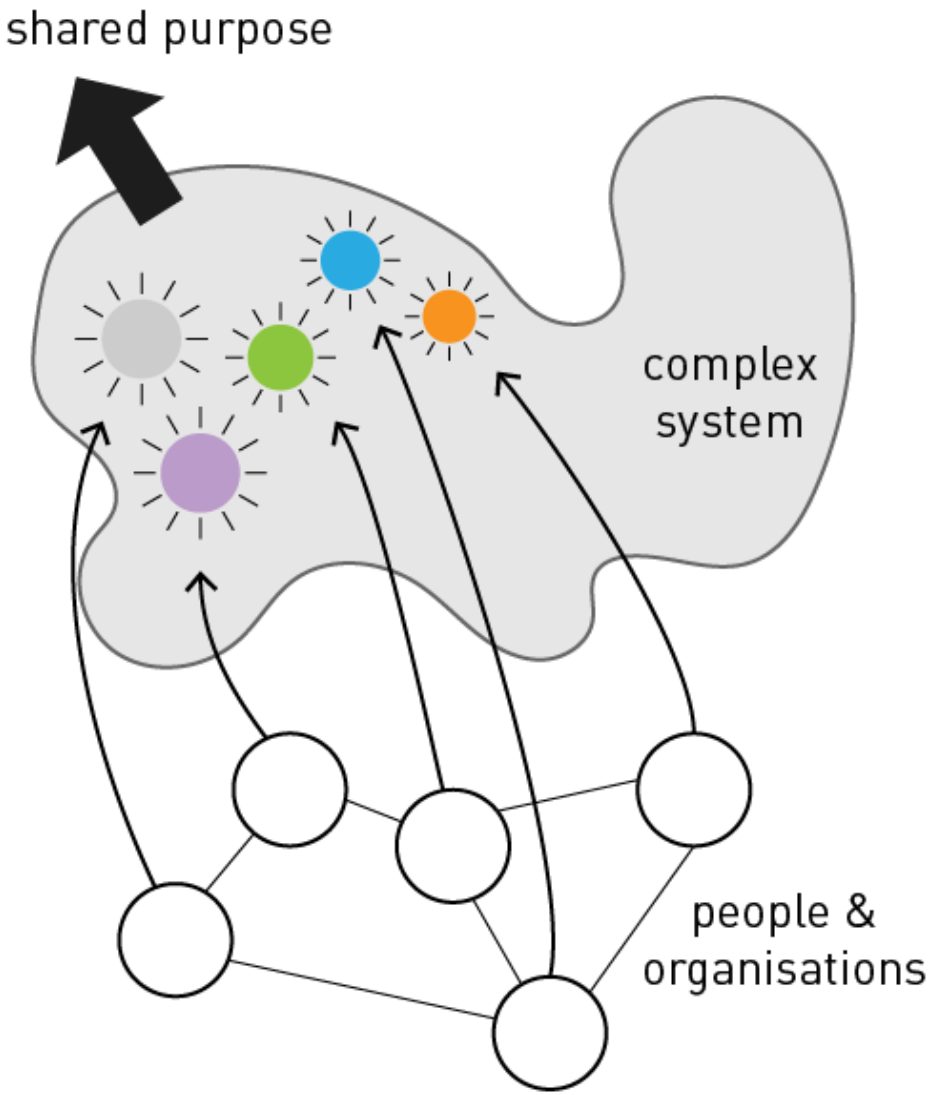


Generating The Shared Purpose

[Shared] purpose goes way deeper than vision and mission; it goes right into your gut and taps some part of your primal self. I believe that if you can bring people with similar primal-purposes together and get them all marching in the same direction, amazing things can be achieved.

Seth Carguilo

@Sch4Change #S4CA



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Building a ‘What Matters’ Culture

Shared purpose for person centred care

Co-production & Co-design

Person centred ‘visiting’

Person centred care planning

Setting strategic ambition for Quality

Connection to purpose – Embedding lived experience stories at all levels

Continuous improvement together

Asking, Listening, Doing what matters



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“CHAS allowed our beautiful little girl to spend her last hours at home surrounded by everyone who loved and cared for her rather than in a hospital ward.

That meant everything to me and my wife. We got to spend time with her at home beside us for one more night.”



PAEDIATRIC SOCIETY


Dream big. Start small.
But most of all, start.
Simon Sinek

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Together,
we are pharmacy.