
CONFERENCE ABSTRACT**Back to basics: Building a health service grounded on what people want**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Amanda Phelan¹, Daniela Rohde¹, Mary Casey¹, Gerard Fealy¹, Patrick Felle¹, Gabrielle O Kelly¹, Helen Lloyd²

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Globally, health systems focus on the delivery of care that can comprehensively meet the needs of a population and offer sustainability of care provision. As populations grow, the challenge is to deliver care that is person centred and underpinned by the principles of dignity, compassion and respect. Despite the advantage of improving outcomes and patient satisfaction of care, the experience of person centredness can be fragmented and system and staff focused. The World Health Organisation (2016) framework for integrated, people centred health services identifies five strategies, namely facilitating an enabling environment, strengthening governance and accountability, reorienting the model of care, co-ordinating services within and across sectors and empowering and engaging people.

The aim of this study was to inductively co-create and develop generic descriptors and a definition of what constitutes person centred co-ordinated care in Ireland. Following full ethics approval from University College Dublin. To enable person-centredness to become a real experience for patients, it is important that person centred co-ordinated care is comprehensively built around the needs and preferences of the individual'. Participatory action research (PAR) was chosen as the methodological approach as it generally egalitarian participation outside the immediate organisation in a more community-based context, which aims to transform some aspect of its situation. Co-researchers comprised of people who were health service users, their carers and patient representative groups were recruited through the Irish Platform for Patient Organisations, Science & Industry and the Health Service Executive to participate in eleven focus groups (n=78) and an online qualitative survey (n=46). Co-researchers also completed a demographic questionnaire. Qualitative findings were generated through the application of Braun and Clarke's (2006) thematic analysis and data were managed through both NVIVO 10 (qualitative) and SPSS 20 (quantitative).

Findings revealed three main themes from which a definition and nineteen descriptors were developed. These were: 'My healthcare experience', 'Healthcare I am confident in' and 'My journey through healthcare'.

These findings are being disseminated to staff within the Healthcare Service Executive and underpin a new online patient evaluation which will serve as a quality improvement mechanism with the healthcare system. Limitations of the study will also be discussed in the presentation.

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Keywords: person centred co-ordinated care; integrated care; participatory action research
