

## **Values-based Practice and impact on service delivery and research**

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# VBP Collaborating centre management team



Children & Young People's  
Mental Health Coalition

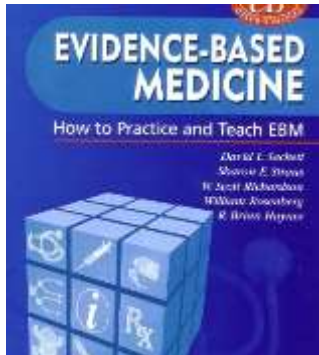
Collaborating Centre for Values-based  
Practice. St Catherine's College, Oxford





**Children & Young People's  
Mental Health Coalition**

- A coalition of leading organisations from across England, with a growing base of supporters who are passionate about the mental health and wellbeing of children and young people.
- Ensure that the coalition's voice is heard – the first unified voice speaking on children and young people's mental health.
- Change policy at the highest levels to improve the mental health and wellbeing of children and young people across the UK.
- Campaign with children and young people on their mental health and wellbeing.



Sackett ‘By *patient values* we mean the **unique** preferences, concerns and expectations each patient brings to a clinical encounter and which must be **integrated** into clinical decisions if they are to **serve** the patient.’

**NICE guideline introduction.** The recommendations in this guideline represent the view of NICE, after careful consideration of the evidence available. When exercising their judgment, professionals are expected to take this guideline fully into account, **alongside** the individual needs, **preferences** and **values** of their patients or service users. The application of the recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

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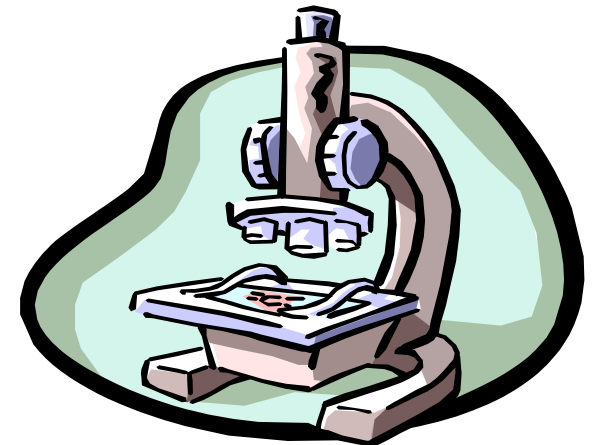
# Values-based Practice links science with people

Values  
Practice

## Two feet principle

Values and Evidence are the two feet that are required for decision making.

Evidence  
Practice



## Ten Key Process Elements

- 4 Clinical Skills
- 2 Aspects of the model of service delivery
- 3 Strong links between VBP and EBP
- Partnership in decision-making

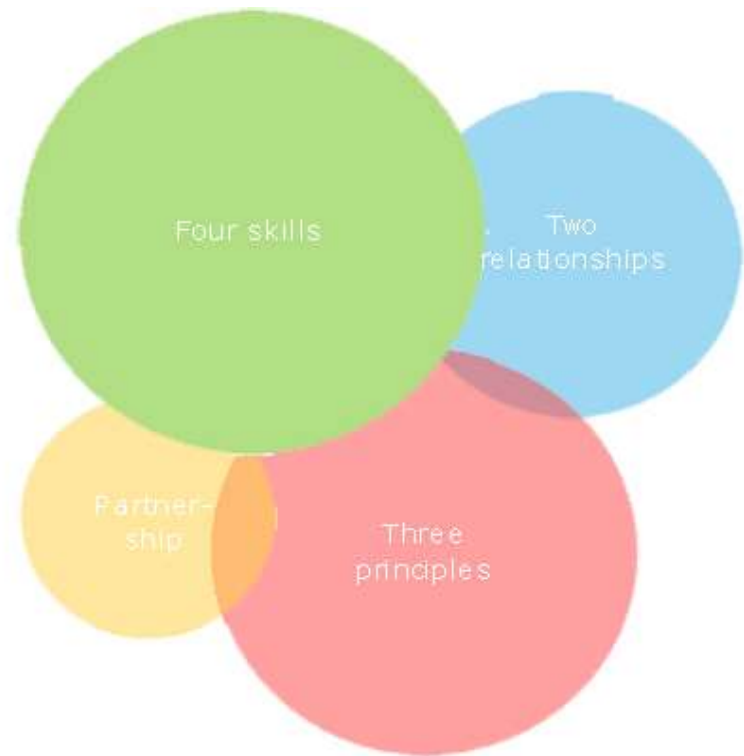


Together these support  
**balanced dissensual  
decision making** within  
frameworks of shared  
**values**

## Clinical skills

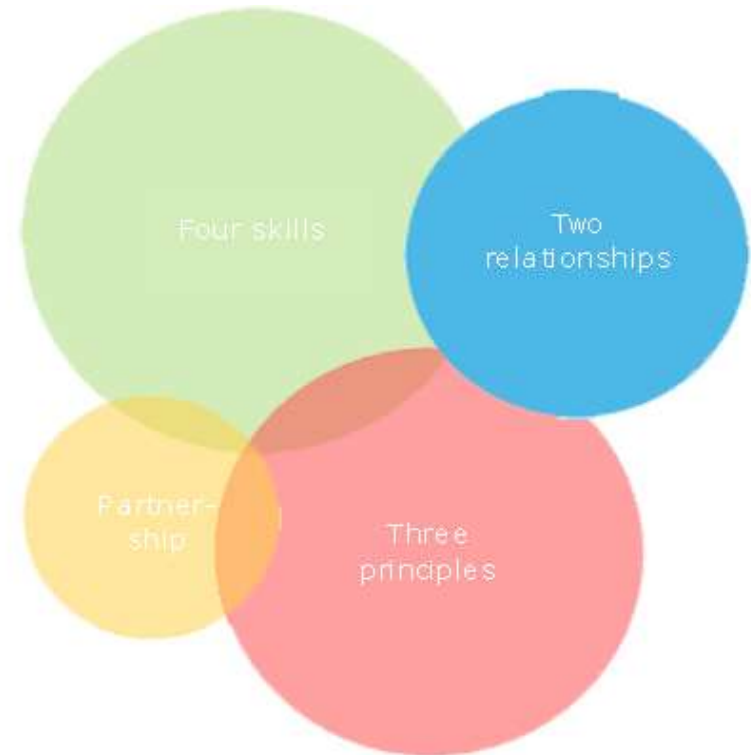
The four key clinical skills:

- **Awareness:** Awareness of values and of differences of values
- **Knowledge:** Knowledge retrieval and its limitations
- **Reasoning:** Used to explore the values in play rather than to 'solve' dilemmas
- **Communication:** Especially for eliciting values of conflict resolution



## Clinical relationships and Professional relationships

- **Person-values-centered care:** Care centred on the actual, rather than the assumed, values of the patient (while at the same time being aware of the values of other people involved)
- **Extended MDT:** MDT role extended to include a range of value perspectives as well as of knowledge and skills

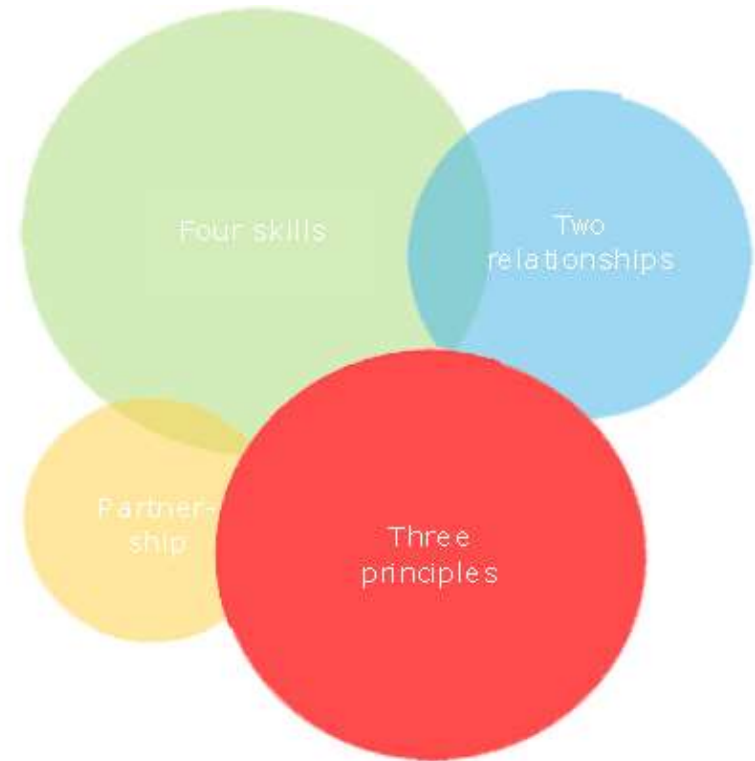




## Principles

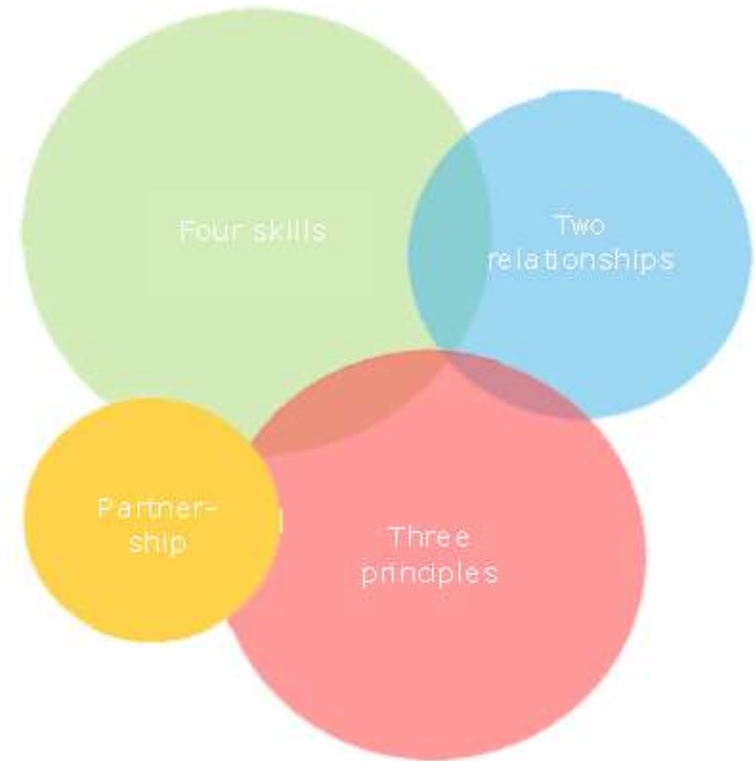
The links with evidence-based practice:

- **Two feet principle:** All decisions are based on the two feet of values and evidence
- **Squeaky wheel principle:** We notice values when they cause difficulties (like the squeaky wheel) but (like the wheel that doesn't squeak) they are always there and operative
- **Science-driven principle:** Advances in medical science drive the need for VBP because they open up choices and with choices go values



## Partnership

- Decisions in VBP (although informed by clinical guidelines and other sources) are made by those directly concerned,
- working together in partnership.
- Using shared decision making.



# Service delivery implications

- Services designed around
  - Evidence
  - Resources
  - ? Patients values
- Co-production of service design desired at all levels, commissioning and provider
- Integration of services key
- ? Language of Values-based practice facilitative?

# Research design

- Top down research was common, little use of process measures or implementation science
- Good research has Values-based practice implicit
- Integration at all levels needed for a well run research project
  - Patient, provider, research team, funder
  - Co-production and shared decision making process needed
  - Respecting values, and dealing with non-aligned values essential
  - When “squeaks” show up, is Values-based practice useful?

# Professional practice

- Professions organised around culture and training
- Quite often a tribal mindset, “us and them”
  - Driven by competitive mindset in research, and resource management in services?
  - Justified by EBM sometimes, “they don’t use EBM”
  - Qualitative evidence becoming more acceptable, and more values based?
- Respect in research process and between cultures becoming more topical
- Values-based practice useful to frame discussions?