Neil Churchill, Director for Patient Experience

Dan Wellings, Head of Insight and Feedback

Patient Experience Insight

4th February 2015
Elements of the Forward View

- Prevention
- Empowering Patients
- Engaging Communities
- New Models of Care
- Local Leadership

- Aligned National Leadership
- Modern Workforce
- Exploit Info. Revolution
- Use of Innovation
- Drive Efficiency

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Why Change? - Challenges

1. Change in patients health needs and personal preferences
   “Long term conditions represent 70% of the health service budget”

2. Change in Treatments, Technologies and care delivery
   “Technology is transforming our ability to predict, diagnose and treat disease”

3. Changes in health service funding growth
   “Implausible to think that NHS spending growth could return to the 6%-7% real annual increases”

“England is too diverse for a ‘one size fits all’ care model to apply everywhere. But nor is the answer simply to let ‘a thousand flowers bloom.’”

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Five Year Forward View, NHS England – October 2014
What makes a good experience?

- I am involved as an **active partner in my care**.
- I am treated as an **individual** – my needs, values and preferences are respected.
- There is a recognition that I am the **expert on me**.
- I am able to access services when I need them, and my care is **coordinated**.
- I am asked about my **communication** preferences so that communication is tailored to me.
- I have access to the **information** I need, which is presented in a way that is right for me.
- I have access to the **support** I need and is right for me, including emotional and practical support, and I am able to involve my loved ones in decisions about me.
- The **environment** in which I receive my care is clean and comfortable and makes me feel dignified.

- Abridged from:  
  [http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/publications/warwick.pdf](http://www2.warwick.ac.uk/fac/med/research/hscience/sssh/publications/warwick.pdf)
Insight: quantitative, qualitative, sense-making

Patient focus
- Kinship
- Emotional experience
- Partners

Staff focus
- Listening
- Co-creation
- Mindfulness

Organisational focus
- Staff experience
- Learning culture
- Values into behaviours

Commissioning focus
- Ambition
- Alignment
- New models of care

Evidence-based improvement methodologies

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Forward View into Action

• Carers – including young carers & over 85s;
• Poor inpatient experience – adult and child;
• Mental health, especially CAMHS;
• Learning disability;
• Maternity care;
• Cancer.

• and staff experience
Delivering Hard Truths Agenda

• Complaints – new quality standards:
  • Considering a complaint;
  • Making a complaint;
  • Staying informed;
  • Receiving outcomes;
  • Reflecting on the experience.

• Whistleblowing – Freedom to Speak Up.
Support available

We will support CCGs through the publication of a series of Toolkits:

* Adult inpatient experience;
* CYP inpatient experience;
* Vulnerable patients;

New buddy programme on cancer experience;

New independent network for heads of patient experience - @PointofCareFdn

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<table>
<thead>
<tr>
<th>Questions</th>
<th>England</th>
<th>CCG Results</th>
<th>NHS South Tees CCG</th>
<th>Trust Results</th>
<th>South Tees Hospitals NHS Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q51 On the day you left hospital, was your discharge delayed for any reason?</td>
<td>7.8%</td>
<td>10.0%</td>
<td>8.5%</td>
<td>9.7%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Q6 How do you feel about the length of time you were on the waiting list before your admission to hospital?</td>
<td>8.6%</td>
<td>11.2%</td>
<td>10.9%</td>
<td>10.9%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Q7 Were your admission date changed by the hospital?</td>
<td>3.4%</td>
<td>4.7%</td>
<td>5.6%</td>
<td>4.7%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Q31 Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you?</td>
<td>7.3%</td>
<td>8.4%</td>
<td>6.0%</td>
<td>8.3%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Q32 Were you involved as much as you wanted to be in decisions about your care and treatment?</td>
<td>10.5%</td>
<td>12.6%</td>
<td>9.9%</td>
<td>12.5%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Q24 When you had important questions to ask a doctor, did you get answers that you could understand?</td>
<td>5.5%</td>
<td>6.8%</td>
<td>6.1%</td>
<td>6.6%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Q26 Did doctors talk in front of you as if you weren't there?</td>
<td>5.5%</td>
<td>6.8%</td>
<td>5.0%</td>
<td>6.7%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Q27 When you had important questions to ask a nurse, did you get answers that you could understand?</td>
<td>4.2%</td>
<td>5.3%</td>
<td>3.6%</td>
<td>5.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Q29 Did nurses talk in front of you as if you weren't there?</td>
<td>4.2%</td>
<td>5.3%</td>
<td>4.2%</td>
<td>5.2%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Q16 Were you ever bothered by noise at night from hospital staff?</td>
<td>20.3%</td>
<td>22.5%</td>
<td>20.7%</td>
<td>22.5%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Q17 In your opinion, how clean was the hospital room or ward that you were in?</td>
<td>3.0%</td>
<td>4.2%</td>
<td>3.7%</td>
<td>4.0%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Q21 How would you rate the hospital food?</td>
<td>14.7%</td>
<td>17.3%</td>
<td>9.6%</td>
<td>17.1%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Q37 Were you given enough privacy when being examined or treated?</td>
<td>10.0%</td>
<td>11.8%</td>
<td>8.7%</td>
<td>11.5%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Q39 Do you think the hospital staff did everything they could to help control your pain?</td>
<td>6.6%</td>
<td>8.1%</td>
<td>8.1%</td>
<td>8.0%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Q67 Overall, did you feel you were treated with respect and dignity while you were in the hospital?</td>
<td>20.2%</td>
<td>23.4%</td>
<td>15.2%</td>
<td>22.9%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>
Support available

Commissioning Principles

- Think Carer, Think Family; Make Every Contact Count
- Support what works for carers, share and learn from others
- Right care, right time, right place for carers
- Measure what matters to carers
- Support for carers depends on partnership working
- Leadership for carers at all levels
- Train staff to identify and support carers
- Prioritise carers health and wellbeing
- Invest in carers to sustain and save
- Support carers to access local resources

http://www.england.nhs.uk/commissioning/comm-carers/principles/

RCGP Caring for Carers Hub

http://caringforcarers.info/

www.england.nhs.uk
Support available

New commissioning toolkit for complaints, covering:
- Signage & publicity;
- Accessibility;
- Reporting;
- Improvement;
- Training;
- Satisfaction.

Support for staff raising concerns.
Driving better outcomes through commissioning

- Defining outcomes;
- Pioneering new commissioning mechanisms;
- Ensuring that outcomes are linked to desired behaviours across system;
- Incentivising behaviours through payment systems linked to what patients say about quality;
- Developing and sharing practical help for commissioners developing new ways of commissioning and contracting.
For example

• Current process (length of stay, diagnosis, procedures) generated £1,500:

• New process links £1,500 for example to:
  • Culture – Staff Survey;
  • Planning – Staff mix/ handling of complaints;
  • Delivery – PREMs/ Survey;
  • Outcomes – PROMs/ PCOMs.
What does insight mean?

- Using qualitative and quantitative data to inform what we do
- Using whatever data sources we have - not just surveys but a whole range of market and social research techniques and the patient voice
- Answering the question so what?

“The most important single change in the NHS in response to this report would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care, top to bottom and end to end”

A promise to learn – a commitment to act
The Berwick Report
FFT review

- FFT is a real-time local feedback tool
- It has different characteristics from national surveys

<table>
<thead>
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<th>FFT</th>
<th>National surveys</th>
</tr>
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<tbody>
<tr>
<td>Real-time</td>
<td>Robust, comparable data at Trust level</td>
</tr>
<tr>
<td>Ward-level</td>
<td>Data on a range of issues</td>
</tr>
<tr>
<td>Effective for service improvement</td>
<td>Suitable for performance management</td>
</tr>
<tr>
<td>Can be used as early-warning system</td>
<td>Not meaningful to front-line staff</td>
</tr>
<tr>
<td>Not representative, not comparable</td>
<td>Has not historically changed behaviours</td>
</tr>
</tbody>
</table>

- FFT and National surveys are complementary sources of Insight
- FFT is a *formative measure*: it provides data to improve services
- National surveys are *summative measures*: they provide an accurate picture of relative performance

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Methodology – pros and cons

- Usability
- Robustness
A measure and an intervention
Matrix of insight methods from *Measuring patient experience: evidence scan* Health Foundation, June 2013
Objective of Insight Strategy

• To establish a clear strategic vision for how the different elements of insight & feedback can complement each other most effectively, to be greater than the sum of their individual parts in giving us a clear picture about what patients and the public think of their NHS services
Means nothing if nothing is done