From measurement to improvement

Neil Churchill
11 May 2016
Less generalisable

Less descriptive

More generalisable

More descriptive

Insight & Feedback

Surveys
GP Patient Survey
Bereaved Voices
Cancer Patient Experience Survey
NHS Staff Survey
PROMs

Friends & Family Test

In depth interviews
Experience Based Co-Design

Focus groups & patient forums
NHS Trusts
CCGs
Healthwatch
Patient organisations

Feedback tools
(kiosks, SMS, apps)
Examples include:
Hospedia
Synapta
Feedback apps

Online reviews & ratings
NHS Choices
Patient Opinion
IWantGreatCare
Care Connect

Complaints

Social media listening
Salesforce
Polecat
Healthberry

Patient stories
HealthTalkOnline
Patient Voices

Public Meetings
NHS Trusts
CCGs

Matrix of insight methods from Measuring patient experience: evidence scan Health Foundation, June 2013
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.

‘Adherence to medical treatment was 1.62 times higher where physicians had communications training.’

New York Caregiver Model

• We estimated the potential savings to Minnesota from offering the programme of enhanced support services for spouse and adult child caregivers of community-dwelling people with dementia, to all eligible people in the state from 2010 to 2025.

• Results indicate that approximately 5% more people with dementia would remain in the community from year 3 on and that 19.3% fewer people with dementia would die in institutions over fifteen years. During those years Minnesota could save $996 million in direct care costs (with a range of nearly $100 million to $2.64 billion under worst- and best-case scenarios, respectively).

• [http://content.healthaffairs.org/content/33/4/596.abstract](http://content.healthaffairs.org/content/33/4/596.abstract)
Cancer - Improvement 2013 – 2014
Areas of care

Improving

Declining
Involvement – little change over time 2004 - 2014

NHS Inpatient Survey
PX in commissioning frameworks

Cancer
• Four measures of PX to be included in Cancer Dashboard, launched 12 May.

Carers
• Quality of life


www.england.nhs.uk
PX in commissioning frameworks

Learning Disability

- Emergency department services;
- Community services;
- Acute hospitals;
- General practice;
- Dentistry services;
- Mental health services;
- Learning disability services.


www.england.nhs.uk
Technical

Behavioural
7-DAY FORECAST
CENTRAL ILLINOIS

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WARM

COLUMBUS DAY
Data into action – noise to signal
PX and QI

‘The key is not what we measure but how we link data to quality improvement.’

Don Berwick
Use of patient experience feedback

- PX measures are collected in my department: 70%
- I get regular updates about PX feedback: 50%
- Feedback is used to make improvements in my department: 40%
A patient’s story means more when set in context

My story…

This happened to one in five people
Linking insight to clinical data

Patient-reported outcomes

Medical records

Clinical outcomes

Patient Experiences
Moving from paper to digital

Hip Surgery Questionnaire
Before your operation

The purpose of this questionnaire is to help measure and improve the quality of healthcare services.

Completing the questionnaire
For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don’t worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

IMPORTANT INFORMATION
The purpose of this questionnaire is to collect information about the quality of healthcare services. The information collected will be used to produce statistics about the quality of healthcare services offered by different healthcare providers (hospitals) across the NHS. These statistics will be used to measure and improve the quality of healthcare services.

With your permission, the personal details that you provide and other information held about you in other NHS databases will be used to analyse and interpret the information collected.

By completing this questionnaire you are giving your consent for the information provided to be used for the purposes set out above. You are agreeing that:

- Your personal details and other relevant health information related to this operation will be held and used by the Health and Social Care Information Centre, including relevant information held about you by the National Joint Registry, the Personal Demographics Service, the Demographics Batch Service, the Secondary Uses Service and other NHS databases.
- Your personal details can be used to send you related follow-up questionnaires in the future.
- Your personal details and health information can be held and used by contractors, working on behalf of the Health and Social Care Information Centre and Department of Health for this project.
- Your personal information will be handled securely and it will be anonymised after analysis and before any publication. The Health and Social Care Information Centre, the Department of Health and contractor(s) working on their behalf will not release your personal information unless required by law or where there is a clear overriding public interest. They will hold your personal information for no longer than 24 months for checking the accuracy of the information.
- Your personal information may be shared with healthcare professionals involved in your care. If you do not wish for your information to be shared with healthcare professionals involved in your care please tick the box below.

☐ I do not want the information I give here to be shared with healthcare professionals involved in my care.

Your participation is voluntary. If you do not want to take part, do not fill in the questionnaire. You may withdraw the information you give the NHS in this questionnaire upon request, up to the point at which data are analysed and personal details removed.

If you have any queries about this questionnaire please call the FREEPHONE helpline on 0800 917 1163 or go to www.nhs.uk/prom.
PX and QI

• Health Experience Research Group, University of Oxford: Making better use of patient experience data for health service improvement (US-PEx).

• We will produce a practical toolkit for NHS on strategies for making patient experience data more convincing, credible and useful for front line teams as well as how to involve patients & families in the process.

• [http://www.phc.ox.ac.uk/research/health-experiences/research-projects/making-better-use-of-patient-experience-data-for-health-service-improvement](http://www.phc.ox.ac.uk/research/health-experiences/research-projects/making-better-use-of-patient-experience-data-for-health-service-improvement)
Co-creation

- Always Events: https://www.england.nhs.uk/ourwork/pe/always-events/

- Experience Based Co-Design http://www.kingsfund.org.uk/projects/ebcd

- Values-Based Standard http://learnzone.org.uk/courses/course.php?id=223
PX and SX
Integration
Published evidence

UNKNOW
Experimental Agenda

• PX as a leading indicator;

• Linking PX to payments.
Understanding how payment can be attached to patient experience

- How do we ensure that patient experience data is seen in the same way as other system data?
- Have to use all the incentives and levers
- PROMs are already used to support Payment by Results for hip and knee replacements
- Recent introduction of Quality Premium on overall experience of making a GP appointment
- Using the right data
Developing an Insight Network
@neilgchurchill

Compliments Word Cloud

Thank you

Better together