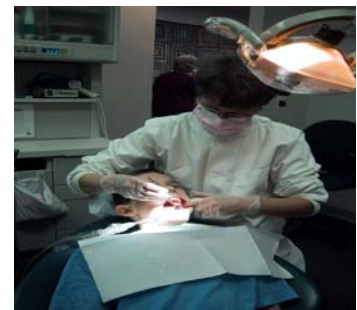




Patient Experience
Strategy
2010/2013

**“From Good
to Great”**



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**Making
healthcare
experiences
right for you**



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What is our starting point?

The Government's commitment to ensuring that everyone has **a real say** about the policies and services that affect them has made both Patient and Public Involvement and Engagement and Patient/Service User Experience key priorities for statutory healthcare organisations.

NHS North Somerset is already involving and engaging with patients, service users, carers, staff, clinicians, partners and stakeholders. This is fast becoming **the norm rather than the exception**, and capturing, measuring and utilising their experiences is seen as integral to how services are developed, delivered and evaluated.

In order to address the health needs of our population, we continue to seek **innovative ways of commissioning** convenient and high quality health services by involving patients, service users, carers, the public, staff, clinicians, partners and other stakeholders in service design and development and **embedding patient and service user feedback in managing the performance of providers**.

An **enhanced understanding of the needs** of our North Somerset community through effective research, involvement and engagement continues to inform the way we commission services and to make them increasingly responsive, safe and appropriate.

We recognise that, to deliver this strategy, we must **build upon the successes** we have already secured. We were scored as 'Good' and in the 2008/2009 Annual Health Check ratings and must now further increase the quality of our commissioned services by **working in partnership with Provider organisations** to ensure that there are clear measures of evidence-based quality of care and experience.

'Real Involvement' will move **North Somerset patients and service users experience of healthcare from 'Good to Great'**.

This is the bedrock of our 2010/2013 Patient Experience Strategy

What does this Patient Experience Strategy aim to do?

- Set out how we will **listen to, capture, and respond to patient, service user, carer and public feedback on their experiences, views and opinions of NHS services** in order to provide a proactive, co-ordinated approach to commissioning high quality, timely and cost effective care for the people of North Somerset
- Describe how we will **integrate Patient/Service User experience within both commissioning intentions**, including practice-based and joint commissioners, **and decisions on healthcare provision**.

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- Facilitate **systematically building** PALS, Complaints and patient, user, carer, public, staff, clinician, partner and stakeholder involvement and engagement **feedback into the development of a patient-led local NHS.**
- Detail how we will **continuously raise awareness**, both internally and externally, of the importance of both patient and public involvement and engagement and the patient/service user experience
- Ensure **compliance with national and legal requirements**
- Establish **effective mechanisms for systematically measuring the quality** of patient/user experiences of services commissioned by NHS North Somerset **against a set of quality indicators.** All Providers will be expected to submit **timely and regular evidence** of this
- Detail how we will **audit and monitor the effectiveness and impact** of both patient and public involvement and engagement and the patient/user experience **on the commissioning of services**
- Clarify how we will provide **timely feedback to patients, users, carers, public, staff, clinicians, partners and stakeholders** in order to build sustainable and trusting relationships
- **Make full use of** community and patient/service user group **data** (using market segmentation tools such as the one known as ‘MOSAIC ® Public Health (Experian)’)

Why is Patient Experience so important?

“People in England will use the NHS an average of 2,153 times during their lifetime, the equivalent of once a fortnight”

“It is estimated that, during our lives, we will take out 1,330 prescriptions, make 31 visits to Accident and Emergency, and take 12 ambulance journeys”

“Research also highlights that more people would like to have a say on how local health or social care services could be improved, if there was a simple way to do so”

“Despite the vast number of times a people use the NHS, only 22% have proactively had a say on how health and care services could better suit their needs”

Source – Department of Health website, 26 January 2010

Capturing and using patients' experiences to improve quality

Patient, service user, carer, public, staff, clinician, partner and stakeholder involvement and engagement is a **well-established process** for us.

We will continue to make best use of our involvement scheme 'Voices for Health', North Somerset Local Involvement Network (LINK), and others to **identify and quantify quality measurements** which underpin a 'Great' patient and service user healthcare experience.

We do, however, aspire to **move towards a more dynamic and ongoing conversation with all sections of our population**. Our involvement and engagement will be driven by greater **insight underpinned by better understanding and segmentation of local communities**, using of social marketing expertise.

We also intend that the experiences of patients, service users, carers and staff will **drive service transformation at every level**.

Traditionally, the main source of patient feedback has been complaints and incidents. This remains important and the new complaints process '**Making Experiences Count**', introduced in April 2009, uses feedback at its heart and will **continue to be a key element of feedback within the commissioning cycle**.

To date, patient and service user experience data requirements have been met by the **National Survey programme**. Surveys systemise the collection of patient and service user experience at a national level, are conducted at a PCT level using standardised instruments and methodologies, and will continue to be published by the **Care Quality Commission**.

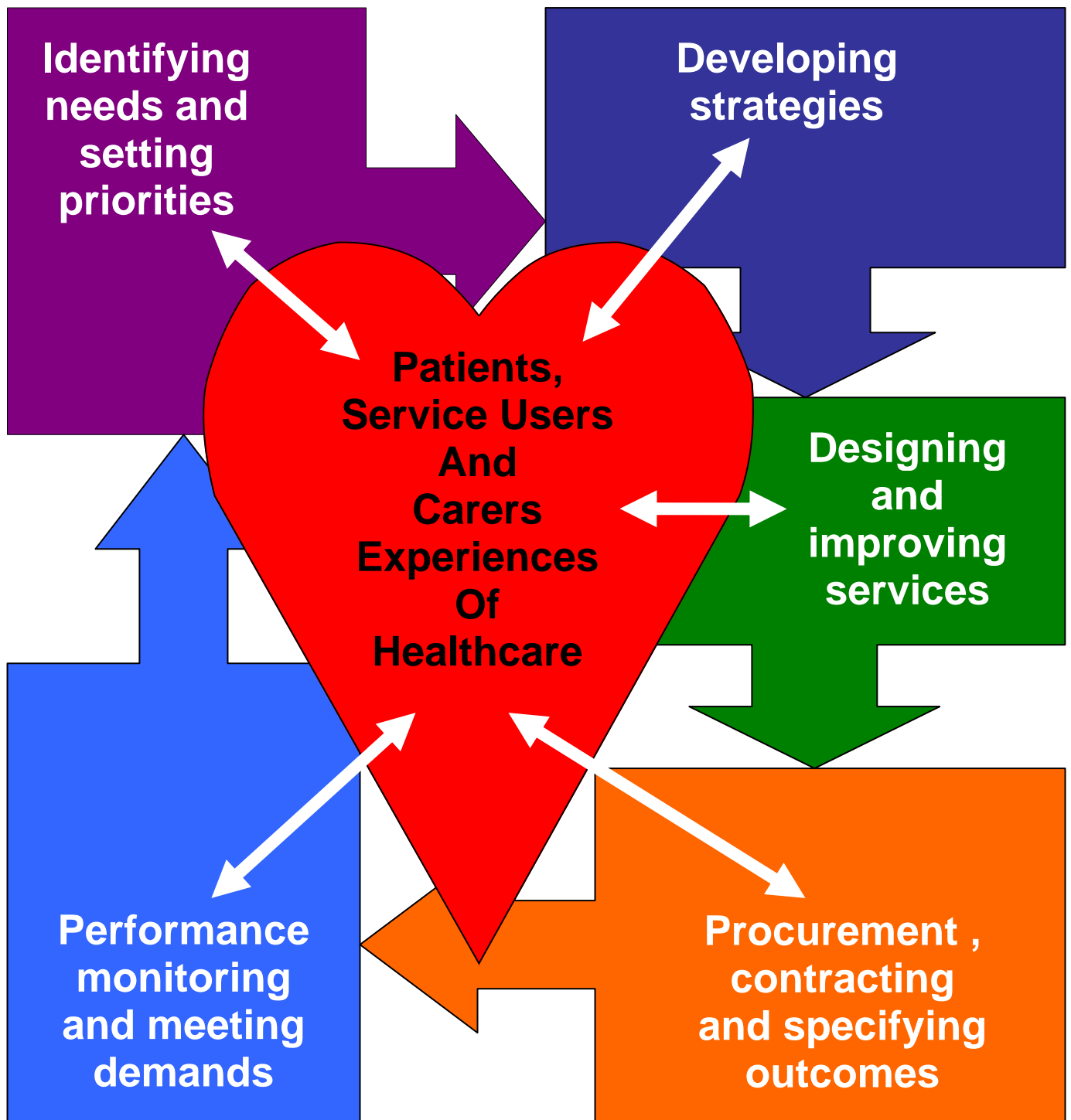
The National Patient Survey Programme is based around **five domains** that social research has confirmed that patients and service users identify as **representing a good experience. These are:**

- Improving access and waiting
- Safe, high quality co-ordinated care
- Better information, more choice
- Building closer relationships
- A clean, comfortable, friendly environment

The surveys will **continue to pay an important role during the performance management stage within the commissioning cycle**.



Integrating patient experience into the commissioning cycle



Integrating patient experience into the commissioning cycle

Patient feedback on their experience of treatment and care is a **critical dimension of quality** and requires that both commissioners and providers of NHS services **develop a culture that places quality of the patient experience at the heart of everything**.

There are **three dimensions** to this:

- Successful quality improvement programmes require a **sound understanding of patients' experiences** of care
- Getting **feedback directly from patients** enables NHS organisations to identify what needs to change to make their services more responsive to the people who use them
- Providers and commissioners need to have **strong links between patient experience and the wider range of information** that can be collected to improve services

This can be translated into the **activities required** during the cycle:

- Understand **benefits** of patient experience feedback
- **Clarify purpose and business context** for using patient feedback
- **Co-design methodology and measures** with patients and staff
- **Collect data** on patient experience
- **Analyse feedback** to provide meaningful information on patient experience
- **Use feedback** to design and implement service improvements
- **Evaluate outcomes and impact** of improvement
- **Report and demonstrate** how feedback has transformed services

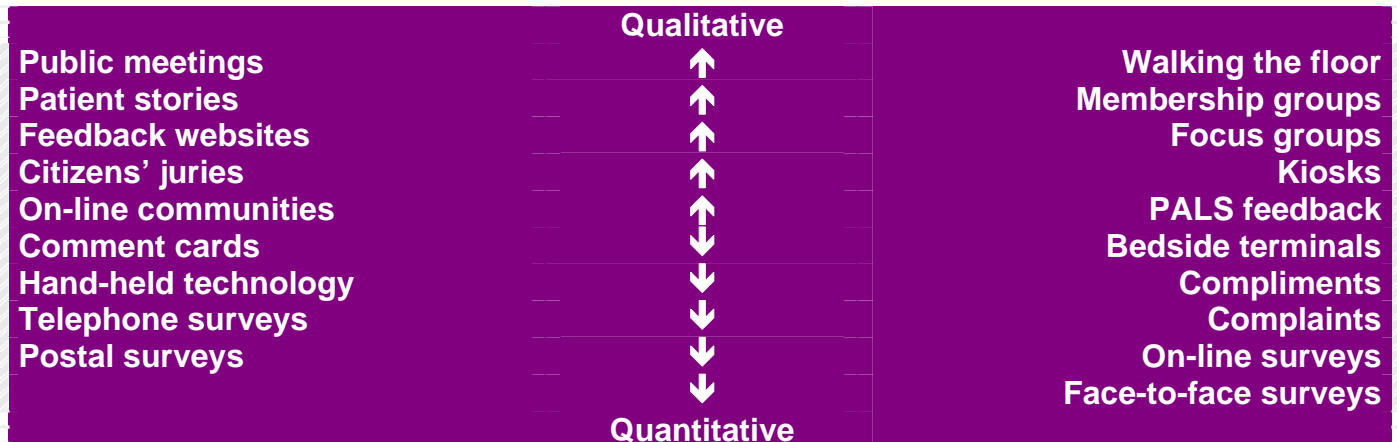
This feedback can be collected in a variety of ways and at different times, and can be used to inform many different types of local decision.

We can monitor and utilise feedback through, for example, contract management, regulation, performance monitoring, service improvement, pay and incentives, commissioning, service improvement, local accountability, performance benchmarking, and new service development

We can also collect and measure feedback in a variety of ways in order to generate insight into the needs and expectations of North Somerset patients, as shown in the chart below:

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The findings will help us to develop a **detailed understanding** of how our patients view both the quality of current experience and priorities for future improvement. This will then help us to **get the basics right**, fit services in with their lives, work with them as partners, and treat them as individuals.

National research has shown that we need to **measure and monitor those things that really matter to patients** and the following areas are seen to be key:

- Access and waiting
- Better information, more choice
- Safe, high quality, coordinated care
- Better, closer relationships
- Clean, friendly, comfortable healthcare settings
- Dignity and respect
- Focus on them as individuals
- Learning organisation.

These areas will be considered within this strategy.

Integrating patient experience into the commissioning cycle Knowledge Management

We will collect data from direct and indirect sources, both for services where we are Lead Commissioner and services where others are the Lead. Examples of sources are:

- National and local patient and service user **surveys**
- **PALS, Compliments, Complaints and Incidents** for:
 - NHS North Somerset: Commissioning Arm and Community Services Arm

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- Weston Area Health Trust
- North Bristol Trust
- United Hospitals Bristol Foundation Trust
- Avon and Wiltshire Mental health Partnership
- Great Western Ambulance Trust
- GP Practices
- Other Independent Contractors, e.g. Dentists, Optometrists and Pharmacists
- NHS Treatment Centres—Emersons Green and Shepton Mallett
- Nursing/Care Homes with whom we have contract
- 3rd Sector, Hospices, and others
- **Voices for Health**
- Stakeholder **focus groups, deliberative events and feedback**
- North Somerset **LINK**
- **Staff and Clinicians** :‘soft intelligence’, both qualitative and quantitative
- **Partners:** ‘soft intelligence’, both qualitative and quantitative

Continuous improvement and measurement of quality

- We will continue to work with all Providers to **agree levels of quality and expectation.** These will include both regional and local metrics and, where applicable, they will be integrated into the Commissioning Quality and Innovation (**CQUIN**) schemes that are agreed each year
- As a minimum, **Providers will be expected to meet a range of agreed core requirements** which could include, for example:
 - Consistently demonstrate high levels of patient satisfaction
 - Services ensure that clinical communication is timely and contains all relevant information required
 - Quality Accounts



Catalysts for change

The Systems and Processes	The Enablers	The Outcome
<ul style="list-style-type: none"> • Equality and diversity • Spiritual and pastoral care • Patient information • Ongoing patient and public involvement and engagement • Regular feedback • Essence of care • Infection control • Safe practices • Cleanliness and environment • Communications and first impressions • End of life care • Bereavement care • Single Equality Scheme 2009 • Involvement and Engagement Strategy 2009 • Communications Strategy 2010 • Social Marketing Plan 2010 (under development) • Organisational Development Strategy 2009 	<ul style="list-style-type: none"> • Quality culture, standards and assurance • LINK • Capturing, measuring and utilising patient, service user and carer feedback and experiences of healthcare • Experience – based design • Learning from PALS, Compliments, Complaints and Incidents • Being a learning organisation • Patient, service user and carer- focused clinicians and staff • Skilled and empowered staff and clinicians 	<ul style="list-style-type: none"> • Patient, Service User and Carer experiences of healthcare shift from 'Good' to 'Great'

Benefits in terms of Quality, Innovation, Prevention and Productivity

By commissioning and providing a 'Great' healthcare experience for Patients, Service Users and Carers by using and systemising experience-based service design, we have the potential to:

Improve thousands of patients/service users' experiences by more personalised, appropriate, timely and streamlined healthcare delivery

Save many thousands of clinician hours, hospital beds days and appointments in primary and secondary care whilst still providing timely, safe and effective care

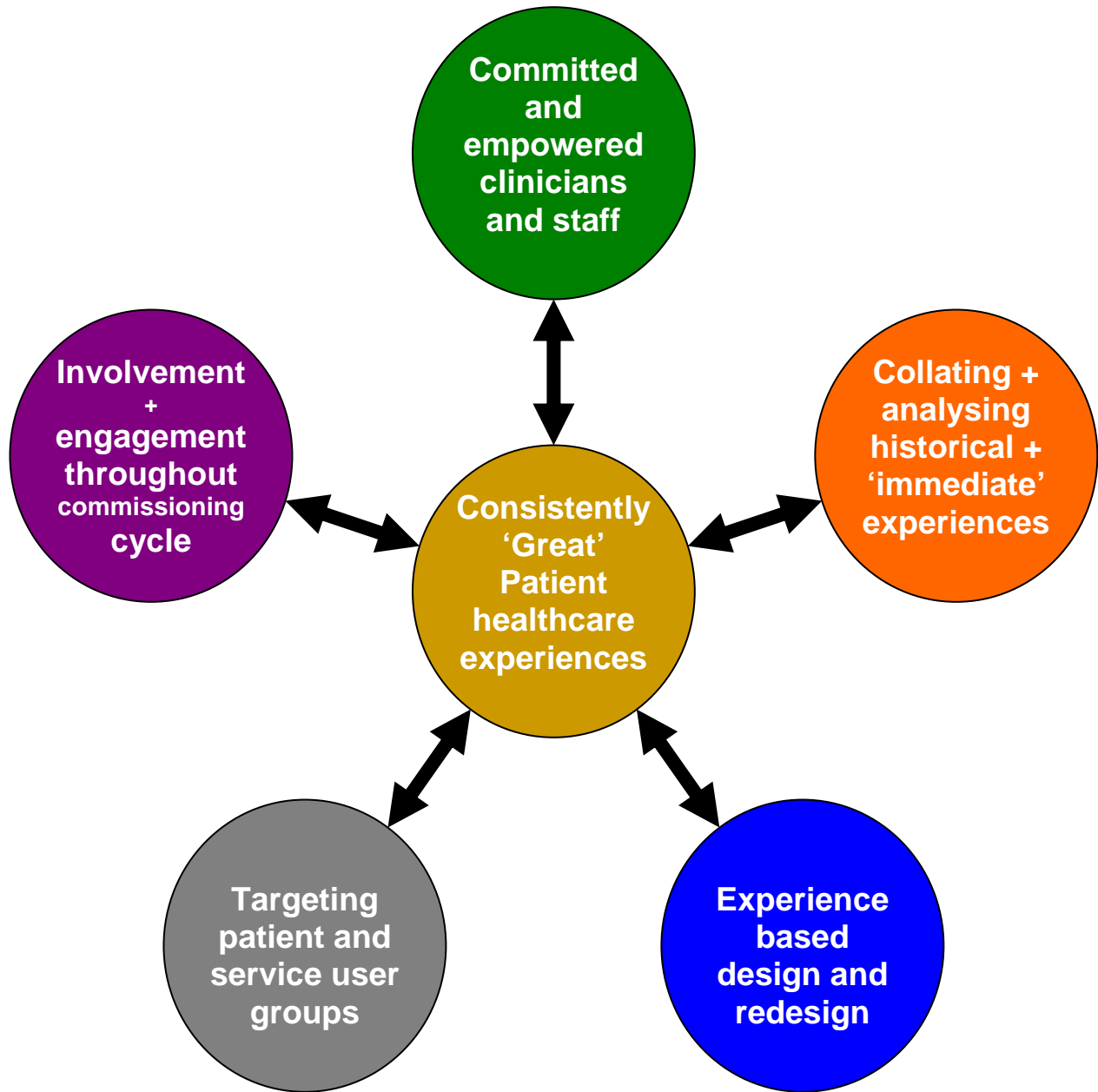
Virtually eliminate waiting lists

Tangibly improve clinical quality and outcomes

More easily attract and retain staff, with more enjoyment and pride at work

Create more reliable, flexible processes of care, helping us to offer an efficient and responsive service which meets local and national goals

Fitting all the pieces together



Ongoing and Immediate Feedback from Patients and Service Users

It remains a **challenge** for healthcare organisations to develop and embed reliable and sustainable systems that demonstrate that **patient/service user feedback is influencing and driving service improvements**.

As patient/service user experience is increasingly seen as a **valuable source of intelligence** which can be used to inform local decision-making, there is now a growth in demand for more in-depth local feedback.

Most NHS organisations, including NHS North Somerset, are conducting their own research and consultation (both **qualitative and quantitative**) to capture the views, experiences, preferences and priorities of their own patients/service users and local populations in relation to key issues of concern, providing a level of detail which **directly supports service improvement and complements the National Patient Survey Programme**.

From April 2009, local hospitals have begun to **collect 'immediate' ('real time') data** directly from patients/service users about their experience of care and use this information to **inform service delivery**. This data is fast becoming a key element of the performance framework and is an area for further development.

It is linked to the patient/service user and public involvement and engagement priorities in both our **Strategic Plan and Operational Plan** and its scope will be extended across primary and community care settings in the future.

Using a range of quality management processes and measures, we will look carefully for any variation from the quality standards set for the patient and service user's healthcare experience. We will be working with Providers to ensure that any variation is minimised, thereby ensuring greater consistency in the quality of the patient and service user experience.

Establishing our local framework

We will:

- ☑ **Continue to involve and engage regularly** with our 'Voices for Health', North Somerset LINK, patients, service users, carers, public, staff, clinicians, partners and stakeholders
- ☑ **Implement** those key actions/deliverables relating to patient, service user and experience contained within both our Strategic Framework and Operating Plan
- ☑ **Further extend** the programme of distribution and analysis of 'Comment Cards' piloted during 2009/2010
- ☑ **Continue to support** our Readers' Panel in order to further enhance the accessibility of our leaflets, publications, documents and website

- ☑ **Fully integrate** patient and service user involvement at every stage of the commissioning cycle, including, where possible, LINK representatives
- ☑ **Continue to work closely** with Clinical/Service Redesign Teams and Public Health colleagues in order to deliver timely and appropriate Expert Patient and Self Care programmes
- ☑ **Collaborate with all Providers** to establish/extend real-time feedback activity and to encourage them to invest in effective technology
- ☑ **Work alongside all Primary Care providers** in assessing the comments they receive from patients and services users and how they can become more responsive
- ☑ **Target Patient and Service User Groups**, ensuring we listen to those 'easy to overlook' in line with our Involvement and Engagement Strategy 2009, Single Equalities Scheme 2009, Communications Policy 2010 and Social Marketing Plan 2010
- ☑ **Identify and focus** upon areas that show least satisfaction, feed this back to quality and service leads, and work with Providers to help them improve patient/service user experience year on year
- ☑ **Use** PALS, Compliments, Complaints, Incidents, LINK and HOSP reports, and soft intelligence, such as media reports, to better understand what makes a 'Great' experience locally
- ☑ **Require all Providers**, through contracts, to provide monthly reports on their PALS, Compliments, Complaints and Incidents, the responses given, actions taken, and how learning has been cascaded. This should include Primary Care.
- ☑ **Provide** monthly reports back to Providers of PALS, Compliments and Complaints we have received in their areas
- ☑ **Receive** an Annual Report from Providers on wider patient/service user experience initiatives, innovations and improvements
- ☑ **Utilise** the Department of Health and NHS South West guidelines for improving patient experience
- ☑ **Design and deliver** 'Customer Care' and 'Capturing and Utilising Patient/ Service User Healthcare Experiences' seminars as part of our World Class Commissioning workshop programme
- ☑ **Establish a North Somerset Patient Experience Forum** which will meet quarterly and report quarterly to the Governance and Risk Committee and the PEC, and provide an Annual Report to the PEC and PCT Board
- ☑ **Develop an Action Plan** to deliver the Framework



Conclusions

At the end of the **period of stakeholder engagement** on this draft Patient Experience Strategy, an **Action Plan** based upon the key deliverables outlined in this draft **will be developed**.

The Action Plan will also include how we will deliver on the significant improvements, particularly **within World Class Commissioning Competencies 3 and 8**.

Specific examples are:

- Identification of improvement opportunities
- Identification of valid relevant and stretching quality yardsticks
- Greater involvement of commissioners, staff, clinicians, and patients, service users and carers in quality improvement programmes
- Collection of ongoing and immediate (real-time) feedback
- Demonstrable evidence of improved quality of patient/service user experience

As World Class Commissioners, we believe that ***“It has never been more important to get it right”***. The connection between first impressions and quality measurements and assurances will be shown in the Action Plan.

This Action Plan will be developed after the period of stakeholder engagement on this strategy and will build a picture of how we will work with patients, service users, carers, staff and clinicians to visualise, quantify, test out, measure, systemise and sustain ‘Great’ healthcare experiences.

In order to move the patient and user experience of healthcare from ‘Good’ to ‘Great’, our Action Plan will detail how we will work alongside patients, service users, carers, staff and clinicians to:

- **Identify ‘contact points’** between staff/clinicians and patients/service users that will deliver a ‘Great’ healthcare experience throughout the whole patient journey
- **Identify opportunities for ‘Great’ service** to patients, service users and carers at key interactions
- **Define target healthcare experience** for all ‘touch points’ where patients/users/carers make contact with staff/clinicians

- **Determine capabilities** for improvements by drawing up Action Plans with provider
- **Implement changes** across the whole North Somerset healthcare system
- **Track improvements** using both patient/service user and staff feedback
- **Continuous quality improvement**, ensuring feedback to patients, service users, staff and clinicians

Introducing a system for ensuring 'Great' healthcare experiences for patients, service users, and carers requires careful planning. The model we plan to use (shown on the next page) will take us further forward on **our journey towards becoming a 'World Class Commissioner'** by ensuring that we nurture a culture and climate where 'Great' patient and service user experiences are the norm.



The Journey from 'Good' to 'Great' – Our Vision

Visualise



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Think differently about the Patient and Service User's healthcare experience ...

- What would a 'great' experience look like
- Patients and Service Users as 'Experts by Experience'
- Experience-Based Design to influence service delivery

Build teams



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Service design and redesign teams made up of patients, service users, carers, public, staff, clinicians, partners and stakeholders ...

- Capturing healthcare experience through the eyes of Patient, Service Users and Carers
- Building visionary and innovative service design / redesign teams
- Using experience-based design tools

Nurture

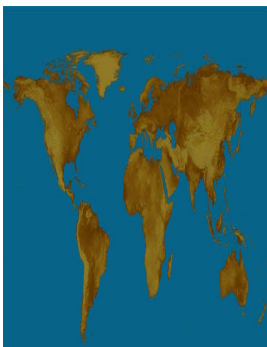


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Develop whole care processes, sustain focus and deliver measurable outcomes ...

- Teams quantify critical success factors behind 'Good' and 'Great' healthcare
- Develop simple 'How to Provide Great Healthcare' guides for staff and clinicians
- Focus on Quality, Innovation, Prevention and Productivity (QIPP) as underpinning principles

Commission



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'Great' personalised healthcare experiences...

- Routinely building patient/public involvement and engagement into Commissioning Cycle
- Keep Patient, Service User and Carer experience of healthcare at the heart of all we do
- Ensure all providers measure and consistently provide high quality Patient, Service User and Carer personalised healthcare experiences



Schedule for the development of this strategy and its action plan

In February 2010, Chair's Action was authorised by the Governance and Risk Committee and the following actions were approved:

- An 8 week period of stakeholder engagement on this draft Patient Experience Strategy, commencing 15 February 2010
- The preparation of the next version of this Patient Experience Strategy, which will take into account the feedback received from stakeholders
- The preparation of an Action Plan to deliver this Patient Experience strategy (to be submitted to the first meeting of the Patient Experience Forum and submitted for ratification at the 3 August 2010 meeting of the Governance and Risk Committee
- The drafting of the Terms of Reference for the Patient Experience Forum (which will report to the Governance and Risk Committee and the PEC) which will be submitted for ratification at the 1 June 2010 meeting of the Governance and Risk Committee
- The submission of the Strategy to the 1 June 2010 meeting of the Governance and Risk Committee and the 30 June 2010 meeting of the PCT Board for ratification
- The submission of the Action Plan to the 3 August 2010 meeting of the Governance and Risk Committee for ratification and the 29 September 2010 meeting of the PCT Board for information



Appendix One NHS North Somerset's relevant Frameworks, Plans and Strategies

- Carers Strategy (Joint with North Somerset Council) 2009
- Commissioning Strategy 2009
- Communications Strategy 2010
- Involvement and Engagement Strategy 2009
- Operating Framework for NHS South West 2010/2011
- Operational Plans for North Somerset 2009/2010 and 2010/2011
- Organisational Development Strategy 2009
- Organisational Development Strategy 2009/2010
- Single Equalities Scheme 2009
- Strategic Framework for North Somerset 2008/2013



Appendix Two Key National and Regional Drivers

NHS 2010-2015 'From Good to Great: preventative, people-centred, productive' (published 10 December 2009)

- Five year plan to reshape the NHS to meet the challenges of delivering high quality health care in a tough financial environment
- Improving quality will continue to be at the heart of everything the NHS does

Strategic Framework for Improving Health in the South West 2008/2009 – 2010/2011

- Quality as the organising principle
- Developed with engagement with clinicians, patients, and a wide range of partners to set out specific, measurable ambitions for delivering:
 - Improved population health
 - The highest possible standards of quality and safety
 - The efficient use of resources
 - Reduced harm, variation and waste
 - Eliminating variation to ensure that all members of South West population receive access to high quality, personalised care irrespective of where they live

Operating Framework for NHS South West 2010/2011 (draft January 2010)

- Challenge facing NHS South West is to continue to improve health and healthcare within the revised financial scenario and will be achieved by:
 - **Improving quality of care**
 - **Encouraging innovation**
 - Improving productivity
 - Renewing focus on prevention



- Delivering cost reduction
 - Ensuring taxpayer value
- Assumes that all organisations are **fully compliant with NHS Constitution** requirements for patients and staff
 - Ensuring that **transition from health to social care is seamless**
 - National priorities and performance measures:
 - **Patient/user experience, staff satisfaction and engagement**
 - **Improve measurement of patient satisfaction**
 - **Improve staff satisfaction and engagement**
 - Agree a target for reducing staff sickness
 - Improve information quality on Electronic Staff Record
 - PCTs need to review patient pathways to ensure health and social care **services that are more tailored and personalised** across both NHS and Local Government partners
 - PCTs should commission services that improve:
 - **Delivery of NHS Constitution commitments**
 - Choice and control
 - Health and wellbeing outcomes that are as good as possible for individuals and their carers
 - Joined up services
 - Access and convenience - including care closer to home
 - **User experience**
 - **Support for Carers**
 - PCTs should regularly tell their population **what they have done to personalise services** and how they plan to go further and **receive feedback on how successful they have been**, and **develop productive relationships with LINKs**
 - PCT plans should cover:
 - Cleanliness and healthcare acquired infections
 - Access to personalised and effective care
 - Improving health and reducing health inequalities
 - **Reputation, satisfaction and confidence in the NHS**

NHS Operating Framework 2009/2010

- Confirms Patient/Service User experience as one of the five national priorities for 2009/2010
- Vital Signs developed and those relating to patient/service user experience became national

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'Must Dos'. Ones with local focus include:

- Self reported experience of patients/service users (National priority for local delivery)
- Patient /service user reported of respect and dignity in their treatment

'High Quality Care for All' (Darzi Report) 2008

- Places **quality as the organising principle** behind everything we do
- **Patient experience is one of the three identified domains of quality**, alongside patient safety and clinical effectiveness
- **Improving the quality and personalised nature** of the services and care patients/ service users receive
- **Responding to things that matter to most people** and ensuring that care is fair, personalised, effective, safe and locally accountable

NHS Constitution 2009

- Contains Patient and Staff **Rights and Pledges** in relation to the quality and experience of healthcare

World Class Commissioning Assurance Framework 2009

- Binds together experience and engagement
- Competency 3 and several other competencies require us to **improve engagement** with patients/service users, carers, and the public and **use data on experience to inform decision-making**

Local Involvement Networks (LINKs)

- Links, together the new duty of NHS bodies to involve and engage patients and the public and to report on consultations, **play a vital role in encouraging and enabling a greater range of people to influence the commissioning and provision of health and social care** .. bringing real accountability to the whole system, from commissioning to front-line care

Commissioning a Patient-Led NHS - Delivering the NHS Improvement Plan (March 2005)

- Role of PCTs is to include **improving the quality of services and improving the**

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patient/user experience

- Ambition to change the whole system so there is **more choice, more personalised care, real empowerment of people to improve their health** where the service works with patients to support them with their health needs

Developing a culture that places quality of patient experience at the heart of everything

(Department of Health 29 April 2009)

- Sets out the work the Department of Health is doing to help create an NHS culture that effectively engages patients and uses feedback to help assess care quality and to design better services

Engagement Cycle

(Department of Health 29 April 2009)

- A way of approaching engagement when commissioning services
- It highlights who needs to do what to engage people at each stage of the commissioning cycle
- It can be used to facilitate improvements in World Class Commissioning, particularly concerning Competency Three – engaging with patients and the public

Understanding what matters – a guide to using patient feedback to transform services

(Department of Health 21 May 2009)

- Guidance developed to help commissioners and providers across the NHS to use feedback based on patient and service user experience to transform the quality of services
- It builds on ‘*Measuring for Quality Improvement*’ which set out the approach necessary to make quality improvement and measurement integral to all we do
- It highlights the importance of feedback for commissioners, and the need for them to collaborate with providers from all sectors to gather relevant patient feedback, and demonstrate that they are using this to improve care
- It focuses on measures of experience which ask patients about their own experiences in receiving care and treatment, reported immediately or shortly after the episode of care

Helping the NHS put patients at the heart of care – the patient and public engagement support programme 2009-2010

(Department of Health 16 September 2009)

- Vision and objectives:
 - *“Our vision is for patients and the public to drive the design and delivery of high-quality services. To achieve this, every day, everyone working in the NHS needs to engage patients and the public in making decisions”*
 - Objectives:
 - To offer world-class, patient-centred health and social care for everyone
 - To use patient experience to improve service quality
 - To positively engage and empower everyone through shared knowledge, activities, outcomes and best practice

- Listening to what people are telling us:
 - There is a need for further work as the following have shown:
 - World Class Commissioning Competency 3 assessments – average = 1.6
 - Healthcare Commission reports
 - Department of Health report on Mid Staffordshire NHS Foundation Trust – highlighted a poor appreciation of patient experience and views
 - Picker survey findings that public have yet to have a strong influence on content of most PPE strategies

- Acting on what people are telling us:
 - Empowering people
 - Putting patient experience centre stage
 - Helping services to become more accountable
 - Supporting PPE through innovation

- Relevance of PPE to the four DoH change principles:
 - Co-production
 - Subsidiarity
 - Clinical leadership
 - System alignment



Appendix Three Outline Action Plan

Outline Action Plan for Improving the Experience of Services Commissioned for Patients/Users by NHS North Somerset 2010/2011

(This will be developed following the period of stakeholder engagement and will be presented to the July 2010 meeting of the PEC and the August 2010 meeting of the Governance and Risk Committee)

Outline of Aims and Objectives	Outline of Outputs	Metrics and Evaluation
<ul style="list-style-type: none"> • Deliver 'Making Experiences Count' • Share and act upon Providers' patient/user experience data • Maximise capture of patient/user experience feedback via 'Voices for Health', website, Facebook, staff feedback, etc. • 'Voices for Health' grows in influence • Increase Expert Patient and Self Care Groups • Work with primary care to establish Patient Practice Partnerships in each • Develop patient/user experience metrics with and for whole North Somerset health economy 	<ul style="list-style-type: none"> • 'One Stop Shop' for PALS, Complaints, Compliments and Comments • PALS, Complaints, Compliments and Comments trends action plans for providers • Patient/user experience capture and interaction on 'Voices for Health', website, Facebook • Up to date Stakeholder Database • PALS Roadshow • Increased feedback on services • Evidence-based service redesign • Enhanced patient/user experience measurement • PALS Roadshow • Social Marketing campaigns • Readers Panel 	<ul style="list-style-type: none"> • WCC assurance systems • Media monitoring analytics • Website analytics • Staff survey • Patient/user feedback • PALS data • Complaints data • Compliments data • Incidents data • Claims data • GP Survey • Annual Patient Survey



Appendix Four Meanings of terms used

Term or word used	Meaning
Annual Health Check	<p>The Care Quality Commission's (formerly Healthcare Commission) method for assessing the performance of NHS organisations. The process is designed to assess, on behalf of patients and the public, whether NHS organisations are meeting the Government's standards such as those on safety and the quality of clinical care.</p> <p>There are two key performance measures:</p> <ul style="list-style-type: none"> • Quality of Services • Quality of Financial Management <p>and each of these measures is awarded one of the following ratings:</p> <ul style="list-style-type: none"> • Excellent • Good • Fair • Weak
Audit (Clinical)	Involves improving the quality of patient care by looking at current practice and modifying it where necessary
Care Quality Commission	The Care Quality Commission is the new health and social care regulator for England. They look at the joined up picture of health and social care. Their aim is to ensure better care for everyone in hospital, in a care home and at home
Carer	<p>A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.</p> <p>The term carer should not be confused with a care worker, or care assistant, who receives payment for looking after someone.</p>
Commissioning Cycle	<p>The commissioning cycle includes the development, review and approval of three plans:</p> <ul style="list-style-type: none"> • The strategic commissioning plan establishes the direction and priorities for at least the next 5 years for the PCT. It is developed every 3 years and updated annually.



	<ul style="list-style-type: none"> • The operating plan sets out how the PCT plans to achieve the health outcomes and financial goals set out in the strategic commissioning plan. It includes targets, financial and activity schedules and action plans. It is developed annually. • The organisational development plan describes the organisational capabilities needed to deliver the strategic commissioning plan, the capability gaps and how they will be filled. It is developed every three years and updated annually. <p>The PCT Board works with local stakeholders in ensuring these plans are comprehensive and integrated into local delivery.</p>
<p>Contact points (or 'Touch points')</p>	<p>All of the communication, human and physical interactions our patients experience during their relationship lifecycle with the PCT and its healthcare providers.</p> <p>Whether an advertisement, website, healthcare interaction or office, touch points are important because patients form perceptions of the PCT and the NHS based on their cumulative experiences</p> <p>They are those parts of the patient healthcare pathway where their experience is most powerfully shaped</p>
<p>CQUIN</p>	<p>The CQUIN payment framework makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in <i>High Quality Care for All</i> of an NHS where quality is the organising principle. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere.</p> <p>The Department of Health produced guidance on the payment framework in December 2008, and an addendum to this guidance for 2010/11 was published in December 2009.</p>
<p>Experience based design</p>	<p>The ebd approach is an exciting new way of bringing patients and staff together to share the role of improving care and re-designing services. It has been developed by the NHS Institute for Innovation and Improvement as a way of helping frontline NHS teams make the improvements their patients really want.</p> <p>Where it has been used in the health service, it is having amazing results - delivering the sort of care that leave patients feeling safer, happier and more valued, and making staff feel more positive, rewarded and empowered.</p>
<p>HOSP</p>	<p>The aim of health overview and scrutiny is to improve public services and promote health improvement. Scrutiny can also facilitate the dynamic between the public and elected representatives. Ideally scrutiny should:</p> <ul style="list-style-type: none"> • monitor the performance of public authorities and public sector organisations • ensure public services react appropriately to the needs of the public



	<ul style="list-style-type: none"> • engage with the public as citizens • promote community wellbeing at a local level
Learning Organisation	"A Learning Organisation is one in which people at all levels, individuals and collectively, is continually increasing their capacity to produce results they really care about."
LINK	Local Involvement Networks (LINKs) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services.
Metrics	<p>The primary objective of developing metrics, or sets of information (numeric or text), is to develop a first set of clinical quality and outcome indicators covering major NHS acute services. The indicators' primary use will be to guide quality improvement through comparison and benchmarking, to facilitate local improvement efforts.</p> <p>The indicators will cover the outcomes and quality of clinical care in the following key domains:</p> <ul style="list-style-type: none"> <input type="checkbox"/> safety <input type="checkbox"/> outcome and process quality <input type="checkbox"/> patient experience
MOSAIC ® Public Health (Experian)	<p>Patients sit at the heart of our PCT, and understanding them is vital. We need a clear picture of who they are, what they do and how they interact with NHS services.</p> <p>'MOSAIC' has the data and the tools to help us to develop a rich picture of our patients</p> <p>The information and analysis of patients' lifestyles and behaviours, combined with our own transactional data from patients and carers, is starting to help us to:</p> <ul style="list-style-type: none"> • generate in-depth insight into our patients • identify the characteristics that make our patients unique • help us manage our patient relationships efficiently
Operational Plan	The operating plan sets out how the PCT plans to achieve the health outcomes and financial goals set out in the strategic commissioning plan. It includes targets, financial and activity schedules and action plans. It is developed annually.
PALS	<p>The Patient Advice and Liaison Service, known as PALS, was introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible</p> <p>PALS also helps the NHS to improve services by listening to what matters to patients and their loved ones and making changes, when appropriate.</p> <p>What does PALS do?</p>

	<ul style="list-style-type: none"> • Provides people with information about the NHS and help them with any other health-related enquiry • Helps resolve concerns or problems when people are using the NHS • Provides information about the NHS complaints procedure and how to get independent help if you decide you may want to make a complaint • Provides people with information and help introduce them to agencies and support groups outside the NHS • Informs people about how they can get more involved in their own healthcare and the NHS locally • Improves the NHS by listening to people's concerns, suggestions and experiences and ensuring that people who design and manage services are aware of the issues they raise • Provides an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.
Procurement	<p>Procurement is the full range of activities related to purchasing goods, services and works. All PCT services involve procurement. Procurement can range from contracting for an entire service to purchasing small assets such as office equipment. The procurement process does not end at the commissioning or contract award stage, but spans the entire life cycle of the product or service from inception and design through to contract management and disposal of any redundant assets.</p> <p>Effective procurement supports the PCT's aims and objectives, helping us to deliver high quality services which meet the current and future needs of local people and are based on value for money.</p>
QIPP	<p>The delivery of Quality, Innovation, Productivity and Prevention is the day job of the PCT in World Class Commissioning</p>
Quality	<p>Quality management ensures the effective design of processes that verify patient needs, and design, produce and deliver the service. This also incorporates measuring all process elements, the analysis of performance and the continual improvement of the services and processes that deliver them to the patient.</p> <p>In health, it incorporates patient experience, patient safety and clinical effectiveness</p>
Real Involvement	<p>Defined within the guidance for NHS organisations on section 242(1B) of the NHS Act 2006, the duty to involve and good involvement practice; includes guidance on sections 17A, 24A and 242B of the NHS Act 2006 and information about section 242A of the Act.</p> <p>The document provides statutory guidance for NHS organisations on the</p>



	updated duty of involvement and advice about the new duty of reporting on consultation and best practice on embedding involvement in organisations. It replaces 'Strengthening Accountability - Involving Patients and the Public'.
Segmentation	Segmentation is simply the process of dividing a particular population or market into sections, which display similar characteristics or behaviour.
Strategic Plan	The strategic commissioning plan establishes the direction and priorities for at least the next 5 years for the PCT. It is developed every 3 years and updated annually.
Variation	Describes the extent by which data values differ from the Average (arithmetic mean)
Voices for Health	Our Involvement Scheme – please see our website: www.northsomerset.nhs.uk
World Class Commissioning	World Class Commissioning encourages commissioners to engage communities and use the feedback they get to shape their decisions. Each year commissioners are assessed on how well care is commissioned and given scores ranging from 1 (just starting) to 4 (world class).



Appendix Five Draft Terms of Reference for the Patient Experience Forum

1 Constitution

The Patient Experience Forum is established as a Task Group (“the Forum”) which has no executive powers other than those specifically delegated to it in these Terms of Reference. It will report to the Governance and Risk Committee and to the Professional Executive Committee (PEC).

2 Purpose

To proactively build continuous and meaningful engagement with patients, service users, carers, independent contractors and providers to capture and learn from patient and service user experiences of healthcare.

To build patient, service user and carers experiences of healthcare within all aspects of World Class Commissioning, particularly Competencies 3 and 8.

To ensure that data capture is planned throughout the year on an ongoing basis as part of the annual commissioning cycle with specific input to the annual operating plan development.

To promote capturing and learning from both real-time and historical patient and service user experiences of healthcare in both providers and independent contractors.

To monitor North Somerset patient and service user’s experiences of healthcare

3 Authority

The Forum is authorised by the Governance & Risk Committee to undertake the activities described in these terms of reference.

4 Membership and Meeting Arrangements

4.1 Members

The Group shall consist of:

PEC Chair

Non-Executive Director lead for Patient Experience

Nurse Director



Director of Strategic Development
Representative from each of the PBC Boards
LMC representative
LPC representative
LDC representative
LOC representative
Associate Director Patient & Public Relations

WAHT – Patient Experience Lead
AWP - Patient Experience Lead
UHBT - Patient Experience Lead
NBT - Patient Experience Lead
Involving People Co-ordinator
Community Engagement Co-ordinator
Local Involvement Network (LINK) representative
Care Home sector representative
3rd sector/Hospice representative
NHS Treatment Centre - Patient Experience Lead
North Somerset Lay Volunteers – representative on rotation
Strategic Development representative
Acute, Finance and Performance representative
Communications representative

The group may co-opt other NHS professionals/others for specialist input to specific pieces of work as required.

Forum members will be responsible for representing their Organisations or Directorates, consulting with, and feeding back to their colleagues. If the named person is unable to attend a meeting, they are invited to send a representative.

4.2 Chair

The Chair will be the PEC Chair

4.3 Vice Chair

The Vice Chair will be the Non-Executive Director lead for Patient Experience

4.4 Period of Membership

There will be no specified period of membership. Membership will be reviewed annually.



4.5 Quorum

The quorum will be a minimum of four members identified in 4.1 above, including either the Chair or Vice-Chair, and a Lay Group representative.

4.6 Deputies

Members should, wherever possible, arrange for deputies to attend in their absence.

4.7 Secretariat

The Forum will be supported by the Patient and Public Relations Team within the Quality and Redesign Directorate. The notes will go to the Governance and Risk Committee.

4.9 Frequency

The Forum will meet quarterly

5 Duties

- 5.1 To develop and review guidance, systems and procedures for capturing and learning from patient and service user experience of healthcare.
- 5.2 To review the Patient Experience Strategy on an annual basis to ensure compliance with best practice and current legislation
- 5.3 To steer the monitoring and evaluation of the capturing and learning from patient and service user experience of healthcare.
- 5.4 To monitor the success and impact of learning events and training programmes on patient experience and customer care
- 5.5 To monitor feedback on capturing and learning from patient and service user experience of healthcare and quantifying the impact upon service design/redesign and strategic and policy development
- 5.6 To promote and ensure capturing and learning from patient and service user experience of healthcare within all projects, service design/redesign and strategic/policy development within NHS North Somerset



- 5.7 To explore opportunities and protocols for joint capturing and learning from patient and service user experience of healthcare with North Somerset Council
- 5.8 To receive feedback from North Somerset LINK and ensure that their requests and requirements are acted upon
- 5.9 To provide input to the planning of stakeholder events and other relevant external activities for capturing and learning from patient and service user experience of healthcare.

6 Approval and Review

- 6.1 These terms of reference were approved by the Governance & Risk Committee on
- 6.2 These terms of reference have been prepared in accordance with the PCT's standard format for Committees.
- 6.3 These terms of reference shall be reviewed in March 2011.



Appendix Six
Report on Stakeholder Engagement on Version 4 of the Patient Experience
Strategy

Feedback received from:

- NHS North Somerset Professional Executive Committee (PEC) – 8 April 2010
- North Somerset Council Health Overview and Scrutiny Panel (HOSP) – 15 April 2010
- Principal, Weston College
- Chair, Vision North Somerset
- Head of PPI, NHS South Gloucestershire
- Head of PPI, NHS Bristol
- Head of Engagement and Responsiveness, Avon and Wiltshire Mental Health Partnership
- Member of the Public
- ‘Voices for Health’ Lay Volunteer – PG
- ‘Voices for Health’ Lay Volunteer – ET
- ‘Voices for Health’ Lay Volunteer – AR
- ‘Voices for Health’ Lay Volunteer – LE
- ‘Voices for Health’ Lay Volunteer – NG
- ‘Voices for Health’ Lay Volunteer – ED
- NHS North Somerset Staff:
 - Associate Director of Quality and Redesign
 - Associate Director of Governance
 - Associate Director of Governance, Quality and Performance – Community Services Arm
 - Head of Infection Control
 - Programme Manager – Older People
 - Project Manager, World Class Commissioning
 - Service Improvement Manager, Long Term Conditions
 - Primary Care Team
 - Service Improvement Manager, Diabetes


Actions taken as a result of feedback received from Stakeholders:

- All points raised in connection with the Version 4 of the Strategy were considered
- The majority have been incorporated within this final version of the Strategy
- Feedback will be published on the PCT website and will be included within our ‘Duty to Report on Consultations’ report to the PCT Board in Summer 2010



Appendix Seven
Sample Feedback Form

Draft Patient Experience Strategy



North Somerset

Feedback Form – Please read the attached Draft Strategy before you complete this form. Thank you.

**The information in this first section is required for written submissions and to enable NHS North Somerset (the PCT) to contact you, if needed, to clarify points made in your submission.
Please refer to the ‘Privacy Statement’ below.**

Your Name	Feedback from all Respondents on Version 4 of the Patient Experience Strategy
Your Address (Home or Organisation)	
Your Daytime Telephone Number	
Your E-mail Address	

Privacy Statement

NHS North Somerset (the PCT) is committed to the privacy principles as prescribed in its Information Governance Policies and all current NHS and national legal frameworks.

The personal information requested on this form is being collected by NHS North Somerset (the PCT) for feedback on its draft Involvement and Engagement Strategy. It will be used solely for these purposes or directly related purpose.

NHS North Somerset (the PCT) may disclose this information to other NHS North Somerset (the PCT) staff solely for the purpose of contacting named individuals in relation to their feedback on this draft Patient Experience Strategy.

1. What is your overall impression of the draft Patient Experience Strategy?
Please provide comments

2. What do you think might be the barriers we will face in trying to collect, analyse and make use of the healthcare experiences of patients, service users, carers, the public, staff, clinicians and partners?

Comments

Please continue on a separate sheet if necessary

3 Do you think that this draft Strategy is designed to do the right things?

What would you add in or take out?

Comments

Please continue on a separate sheet if necessary

4. NHS North Somerset (the PCT) has launched 'Voices for Health' (its Involvement Scheme) through which we are able to have regular, ongoing two-way contact with those registered.

Would you be interested in registering as a Member?

Comments

Please continue on a separate sheet if necessary

5. Do you have any additional feedback for NHS North Somerset about the draft Patient Experience Strategy?

For example:



Is it user-friendly, readable, and easily understandable?

Does it address the right things?

Are there any gaps?

Comments

Please continue on a separate sheet if necessary

Thank you very much for your feedback. We will get back to you with the Final Strategy once all views and feedback have been taken into account

Please return this form by 10 April 2010



By post to: Lynne Liptrot, Associate Director Patient & Public Relations, NHS North Somerset, Waverley House, Old Church Road, Clevedon BS21 6NN



By fax. to: 01275 546769



By e-mail to: engagement@nsomerset-pct.nhs.uk



Enquiries to:

Lynne Liptrot - 01275 546883

Hannah Cornock - 01275 546676

