Neil Churchill: Patients at the heart of the agenda

One of the things I think we’re getting a really clear message to do from patients and public alike is to tackle very poor care and where that leaves us. We’ve got a huge spectrum in quality. We’ve got outstanding care, we’ve got very good care, we’ve got some ordinary care, but we do have pockets of very poor care and we need to address those, and hugely importantly we need to create that improvement, we need to work with patients as partners in delivering change.

Now I’m going to just talk through what this means from four perspectives – from the patient perspective, from the provider perspective, from the commissioner’s perspective and as a profession that people working in the NHS, and particularly in patient experience.

From the patient perspective, I’m not going to talk about the voice and engagement. I think that has been covered at other events. I’m really going to look at what we do with that voice and that opinion, and I think the crucial thing to do here is to break the glass ceiling that confronts patient leaders in their involvement as partners in change that I think goes more widely, that patients more generally experience. The default position is still to see patients as representatives rather than partners. It’s still to consult with people, with things you’ve already developed, rather than develop solutions alongside people, and I think there’s a clammer... an increasing clammer for partnership and it’s vital in delivering improvements, not only to the experience of care but also to better clinical outcomes, and I think better productivity too. I’d like to see more examples of patients coming back with the experienced services working alongside patients... other patients and staff in looking what was good at those services, looking at what could be improved about those services, and helping to deliver those kinds of change.

Now from a provider perspective the challenge for providers is to build healthy cultures which are quality cultures, to really build learning organisations which deliver continual improvement, and the things that I always look for when I visit a provider are do patients feel they can raise concerns? Do staff feel that they can act on those concerns? And do the patients feel that they’ve been listened to? The second thing that providers I think face a challenge of doing is to really understand the variation that goes on within care, the variation across sites, the variation in services or individual wards, and I think, crucially, also the variation in population group and if we look at some of the big challenges we face as a service they do relate to some particularly vulnerable population groups, particularly older people with multiple comorbidities, with dementia, who are often getting some of the poorest quality. There’s a challenge for us in patient leadership, there’s a challenge for us in NHS management in listening to voices which are less often heard, talking to the people who are more vulnerable, making sure that they are given the opportunity to be partners in improvement to and really listening to carers.

One of the most challenging areas for patient experience is in relation to commissioning because providers have been thinking about patient experience for some time, working on improving patient experience for some time. It’s a much newer area for commissioning, and I think we need to learn fast what works in commissioning at delivering better patient experience. I think there is a fundamental question about how
do you commission for learning and improvement as opposed to how do you commission for particular metrics? I’ve been to talk to providers and CCGs where they have said a particular approach to commissioning has really helped to stretch a provider where it wanted to be stretched in terms of improving the quality of its care that was encouraging. I’ve also met providers who’ve told me that the approach to commissioning has killed off innovation, has monetised something that actually, for staff, it was about the value of the behaviour and the care that they were giving, or has actually... well hasn’t resulted in actual change the patients would actually see... so I think we need to learn fast about what works and, in particular, we need to know better how to commission sort of long-term, how to commission in those healthy organisations, healthy cultures which learn and which demonstrate continuous improvement.

And the final focus really is on... in the profession... those of us working in the NHS, whether we’re managers or clinicians or other staff, and indeed particularly people working in the field of patient experience. And here I think we really need to strengthen the workforce as a whole in some of the values that underpin positive patient care, but we also need to strengthen the patient experience profession. Those of us who are working in patient experience which might be full-time, it might be part-time, it might one of a number of roles that we do. I was interested to see from the workforce survey that only 40% of the people working in patient experience have had any training in the disciplines or methodologies of patient experience and I think that’s a real need to look at. We’re also really conscious that patient experience hasn’t benefitted from the professional focus of another area like patient safety, and I think we really need to look hard at that and try and support the networks which are there, provide easier access to some of the tools which work through NHS IQ, and investigate other ways in which we might get greater access and more speedy access to what works. I’m conscious that a lot of the things that I often say are focusing on things that could be better, things that aren’t working well enough. We certainly see that in the media, but I think it’s also really important that we note what to write, what’s good about what we do. There’s certainly some fantastic practice going on. We do talk a lot about complaints but we don’t talk as much about compliments. The number of compliments far exceeds the number of complaints, I think that’s genuinely true, and that one of the best things we can do for patients is do more of what works, do more of what they value. It’s not just about addressing what’s going wrong.