Putting Patient Experience at the heart of the agenda

Richard Gleave

Date November 2012
Setting a clear and unambiguous ambition

- That the “quality of care” is as important as the “quality of treatment” and that the NHS is recognised as an international leader in both arenas
- That staff have the right skills, values and training to deliver excellent skills
- The Mandate is published next week and it will set out specific ambitions that the NHSCB will be required to deliver
The role of the NHS Commissioning Board

1. **As a direct commissioner** – to ensure that the patients and carers receive positive and improving experience of the services commissioned by the NHSCB

2. As having **oversight of the commissioning system** – to enable CCGs (and support joint commissioning with LAs) have the capability and capacity to ensure that the patients and carers that they are commissioning for have positive and improving experiences

3. As a **key player across the health care system** and “holder” of the NHS brand – to work with the NHS to deliver positive and improving experience

4. As an **“advocate” for patients and the public** – to empower people by providing them with information and supporting them to use “voice” and “choice” to improve their own and the experience of others.

---

3  Putting patient experience at the heart of the agenda
The new Quality Framework

The Mandate

The NHS Constitution

1. **Domain 1**
   - Preventing people from dying prematurely

2. **Domain 2**
   - Enhancing the quality of life for people with LTCs

3. **Domain 3**
   - Recovery from episodes of ill health / injury

4. **Domain 4**
   - Ensuring a positive patient experience

5. **Domain 5**
   - Safe environment free from avoidable harm

**NHS OUTCOMES FRAMEWORK**

**NICE Quality Standards**

(Building a library of approx. 150 over 5 years)

**Commissioning Outcomes Framework**

**Commissioning Guidance**

**Provider payment mechanisms**

- tariff
- standard contract
- CQUIN
- QOF

**Commissioning / Contracting**

NHS Commissioning Board - Specialist services and primary care

GP Consortia – all other services

**Duty of quality**

**Putting patient experience at the heart of the agenda**
Applying the Quality Framework

<table>
<thead>
<tr>
<th>Element</th>
<th>Application to Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Mandate and the NHS Constitution</strong></td>
<td>Both are explicit about the central role of improving the patient experience</td>
</tr>
<tr>
<td><strong>NICE Quality Standards</strong></td>
<td>Published in February 2012 for adults in acute and community settings and in December 2011 for service user experience in adult mental health</td>
</tr>
<tr>
<td><strong>Commissioning Outcomes Framework</strong></td>
<td>Being decided by the NHSCB advised by NICE and will include patient experience metrics</td>
</tr>
<tr>
<td><strong>Commissioning Guidance</strong></td>
<td>Not yet produced</td>
</tr>
<tr>
<td><strong>Payment mechanisms</strong></td>
<td>Key element of the commissioning levers in both primary and secondary care</td>
</tr>
</tbody>
</table>
Key actions to put experience at the heart of the agenda

1. Rapid feedback from all patients on their experience – only 13% inpatients report being asked for their views

2. A clear “added value” role for commissioners in improving patient experience

3. Experience along the patient journey – 1/3rd are not given information on discharge from hospital and 1/3rd of cancer patients feel that different groups of staff do not work well together
Key actions (1) - rapid extensive feedback

On 25 May 2012, the Prime Minister announced that the Friends and Family Test would be used across the NHS:

“To really make sure that patients get the right care, we’re moving ahead quickly on one of their [the Nursing Quality & Care Forum] main recommendations: the friends and family test. In every hospital, patients are going to be able to answer a simple question: whether they’d want a friend or relative to be treated there in their hour of need. By making those answers public we’re going to give everyone a really clear idea of where to get the best care – and drive other hospitals to raise their game.”
Friends and Family Test

- From 1 April 2013, all acute inpatient wards and A&E Departments will publish the results of the Friends and Family Test each month
- Initial guidance was published on 4 October 2012
- Further guidance on reporting and publishing will be published in 2012
- The Mandate will set out plans for rolling out the use to Friends and Family Test to all parts of the NHS – hospital and community based settings – in a series of stages
We have a problem Houston – but what is it?

The Friends and Family Test is a starting point – a “tin opener”

It needs to be supported by the “rich data” from a range of sources of feedback.

We need

- a common framework to describe the domains of patient experience building on the NICE Quality Standards
- An “improvement methodology” that builds on the NHS Change model
- Staff with the capacity and capability of to interpret and act on feedback
Key needs (2) - commissioning

Most of the work on patient experience focuses on the provider – from “Board to ward”.

So what is the “added value” that clinical commissioners can bring to improving patient and carer experience?

The role is likely to be as a critical friend

- More than just “funding” and “contract management”

- Becoming closer to patients and carers in negotiations with providers – reflecting their priorities for a positive experience

- A wider perspective – looking beyond the provider’s boundaries

- The helicopter view - linking experience with other domains of quality as part of the overall “value” equation of the NHS service offer
Our approach has been based on silos of organisation based feedback.

The King’s Fund and Nuffield Trust in their report to the Future Forum said that the Government should set “a clear, ambitious and measurable goal to improve the experience of patients and service users” in relation to delivery of integrated care.

But there are a range of methodological issues including:

a) Feedback about care over an extended period of time
b) Feedback about a number of different provider
c) Being clear about what “great integrated care” looks like

My care is planned and co-ordinated with teams of people who understand me and my carer, help me decide, and provide services that make best use of everyone’s resources.