

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Patient and Public Voice

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Purpose of Paper:

- To inform the board of key data sets and messages available currently to understand the experience of/insight provided by patients regarding services provided by the NHS.
- To provide an overview of evolving new streams of patient experience and feedback data which will enable the NHS Commissioning Board to obtain a more real time perspective from patients and the public.
- To provide an example of the Insight Dashboard currently in development which will be available to the NHS Commissioning Board (NHS CB) (via the integrated intelligence tool) from April 2013.
- To provide an assessment of the readiness of clinical commissioning groups (CCGs) to effectively incorporate patient insight and feedback into their decision making and planning.

Key Issues and Recommendations:

- The importance of constantly reviewing data and information which provide insight on the experiences, satisfaction and views of patients and the public.
- The regular review by the NHS CB of the Insight Dashboard which will be available from April 2013

Actions Required by Board Members:

That Board members note:

- the information which is currently available to provide an understanding

of patient insight;

- key messages currently reflected by this data;
- emerging data flows which will provide a more real-time view of the experience, satisfaction and views of patients and the public;
- the development of an Insight Dashboard for delivery in April 2013; and
- key messages with regards to the readiness of CCGs (who have been through the authorisation process) to effectively incorporate patient insight and feedback into the decision making and planning process.

Board members are asked to comment on whether it feels the proposals outlined in the paper will provide them with sufficient assurance that the patient and public voice will make a positive difference to our activities.

Patient and Public Voice

Introduction

1. Central to the ambition of the NHS Commissioning Board (NHSCB) is to place the patients and the public at the heart of everything that we do. In order to fulfil this ambition, it will be critical to constantly review and consider data and information which provide insight on the experiences, satisfaction and views of patients and the public.
2. A number of national data sets are available which provide useful insight into the views and experiences of patients and public, however in the main these are annual collections of data which limit their utility due to time delays associated with publishing the data and the infrequency of publication.
3. With the introduction of the Friends and Family Test from April 2013, a valuable source of data will be made available publically on a monthly basis from July 2013 which provides much more granular information about the experience of patients. Free text comments provided by patients will provide a rich source of actionable data which providers can use to improve services.
4. With recent technological developments, new insight data is becoming available via on-line media which provide a much more real time view of the experience of patients.
5. This paper provides:
 - an overview of the key national data sets currently available related to patient insight along with key messages;
 - an overview of online media data which provide a more real-time view of the experience, satisfaction and views of patients and the public;
 - an indication of data items for inclusion in the Insight Dashboard and the format of this dashboard; and
 - an assessment of the readiness of CCGs to effectively incorporate patient insight and feedback into the decision making and planning.

The current position

6. A number of national data sets are currently available which, accepting the limitations described above, nonetheless provide insight into the experience of patients and how this changes over time. These include the following:
 - Annual patient surveys (covering various settings of care).
 - Annual staff survey.
 - Friends and Family Test data (Midlands and East).
 - Complaints data.
7. This paper describes these data sets in more detail along with key messages.

8. A huge number of online conversations concerning the NHS, both on the web (websites, blogs, forums) and on social media (Twitter, Facebook), are taking place but not being measured currently by the NHS CB. Each month approximately 500k unique online comments are made about the NHS, we are engaging in very few of these conversations.
9. Using online social listening tools we can monitor the conversations in detail. Both conversations "about us, without us" that are taking place online without our input and conversations "with us" such as comments on NHS online infrastructure (organisational websites, NHS Choices). The NHS engaging in these conversations will be hugely beneficial for patient experience and more broadly the reputation of the NHS.
10. It is possible to monitor, real-time and historically back to 2008, a wide-range of complementary metrics including: volume; force (the aggregate influence of conversations); sentiment (whether conversations are positive or negative); demographics (who is having the conversations); influencers (individuals or organisations influencing the conversations); and trends (identify trending topics and themes). All of these can be viewed at the aggregate and drilled down to the most granular of levels. It is possible to setup reports (based on keywords) on any and all topics, from the NHS in general to individual events (Francis Report) or specific issues (Whooping cough). From April 2013, this type of information will be available to the NHS CB to review as part of a new Insight Dashboard.

Patient insight and CCG authorisation

11. It is crucial that insight data from patients and the public shapes the commissioning and planning of services. A component within the authorisation process for CCGs has focussed on this area and this report provides an indication of the readiness of CCGs to be effective in this domain.
12. The CCG authorisation process has considered several criteria relating to patient insight. These are grouped around a set of issues considered under domain two of the six domains assessed for each CCG. Relevant criteria are:

Criterion	Authorisation evidence required
2.2.A	Appropriate patient and public involvement in decision making
2.2.B	Systems and processes for monitoring and acting on patient feedback
2.3.B	CCG engaging different groups and communities in decision making
2.4.1.A	CCG understands statutory duties in this area
2.4.1.B	Systems in place to convert insights into plans and decisions
2.4.2.A	Compliance with statutory complaints handling framework
2.4.2.B	Arrangements clearly communicated to the public
2.4.2.C	Clear accountability for patient safety

13. The authorisation programme is still underway and CCGs are still producing new evidence to show that they are ready for authorisation on 1 April, but a number of themes can be drawn out at this stage:
- CCG performance around domain two is generally good. This was the case in all four of the regions. Assessors have concluded that most CCGs have solid arrangements in respect of patient insight in place before they assume their full powers on 1 April 2013.
 - Areas where further development is required have tended to focus on the establishment of systems and processes for feeding patient insight data into management decision making and planning.
 - CCGs are improving their performance at each stage of the authorisation process. Many CCGs provided strong evidence at their site visit where they could articulate their proposals in the area of patient insight more clearly than they could in their earlier document submissions. We can be confident that most CCGs will be able to provide evidence that have taken the necessary steps to meet the required thresholds before the end of March 2013.
 - A small number of CCGs (c10) are likely to be authorised with conditions relating to patient insight. These CCGs will be offered support to improve by their regional team.

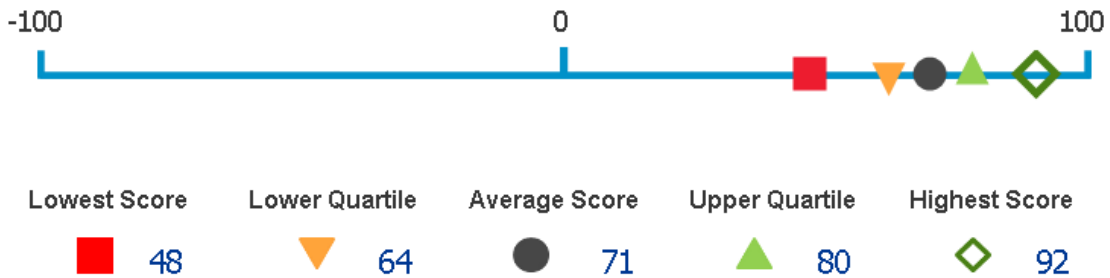
Key Insight Data Sets Currently Available

The Friends and Family Test

14. With the introduction of the Friends and Family Test nationally in April 2013, a rich source of data will be available to describe the experience of patients on a regular basis. The test asks the following standardised question: “How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?”. This question will be asked to all patients attending A&E or being discharged from inpatient care (in acute trusts) from April 2013, with further roll out over the coming months and years. Over the past 11 months, Midlands and East region have been trialling the Friends and Family Test.
15. Patients will use a descriptive six-point response scale to answer the question and be given the opportunity to provide additional comments in support of their score, thereby providing a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations. A Friends and Family Test score will be calculated in line with Net promoter score methodology with the first set of national data being published from July 2013 and monthly thereafter. This data will be published at trust, hospital site and ward/department level.
16. In Midlands and East, data returns for the Friends and Family Test for December 2012 were received from 100% of the 46 acute trusts. Trusts reported that from a total of 199,073 inpatients in the period, 34,406 were surveyed, this equates to 17.3% of acute inpatients. A total of 268,729 inpatient’s responses have been received since April 2012.

17. The combined net promoter score for the cluster region for December 2012 was 70, a one point increase since the previous month. The average trust score stands at 71, and the lower quartile for the month is 63, while the upper quartile is 82.

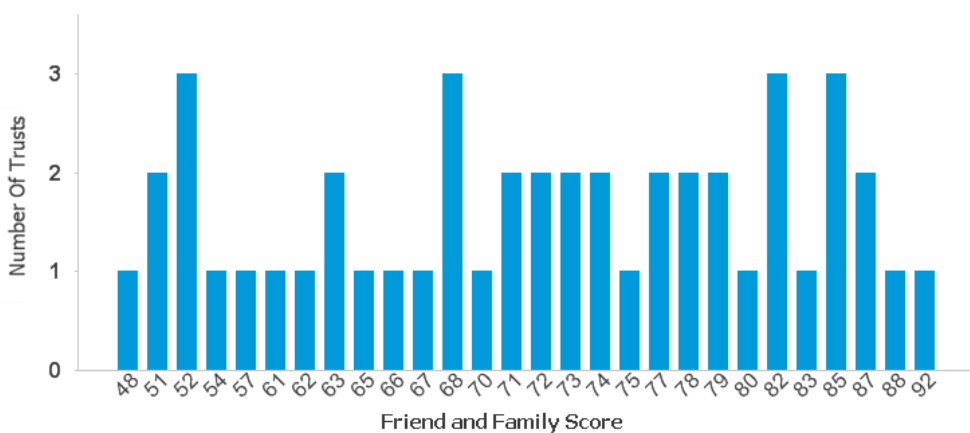
Summary Range for All Providers



18. A future paper to the NHS CB will provide detail on the methodology underpinning the Friends and Family Test and the findings as the test is implemented.

19. The graph below shows the distribution of trust scores for December.

Friends and Family Score Distribution for all Trusts

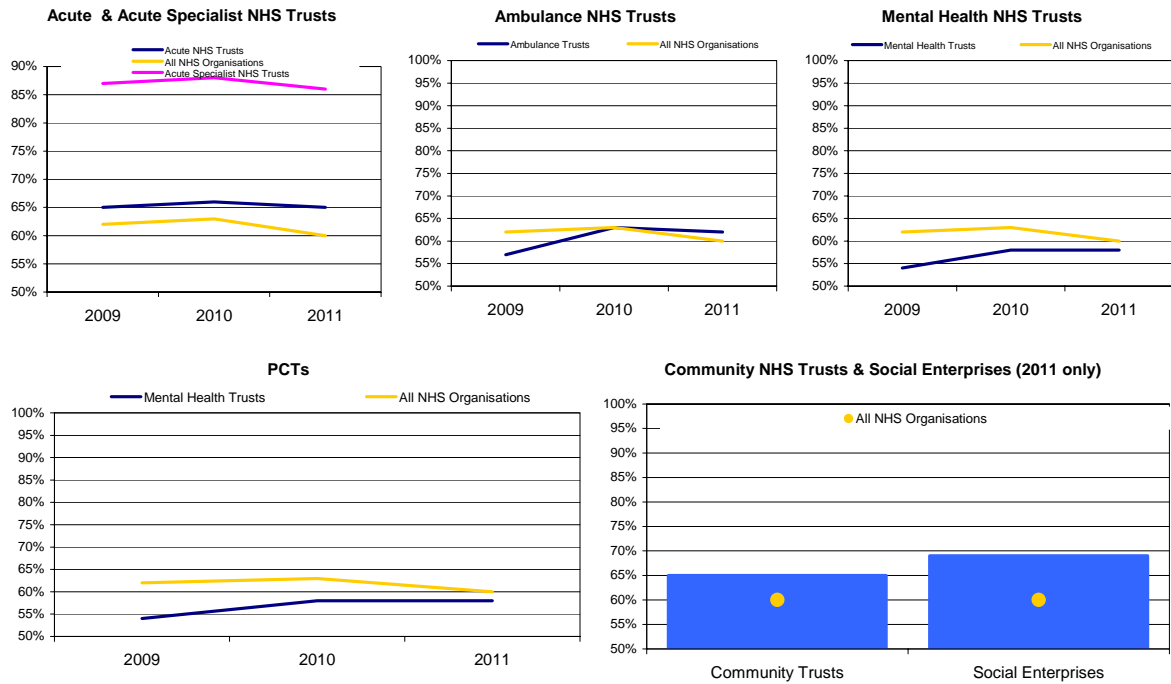


20. An equivalent question has been included in the annual staff survey since 2009. The question asks staff: 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this trust'. Research suggests that

there is often a strong correlation between staff and patient experience so this question provides an additional valuable source of insight information.

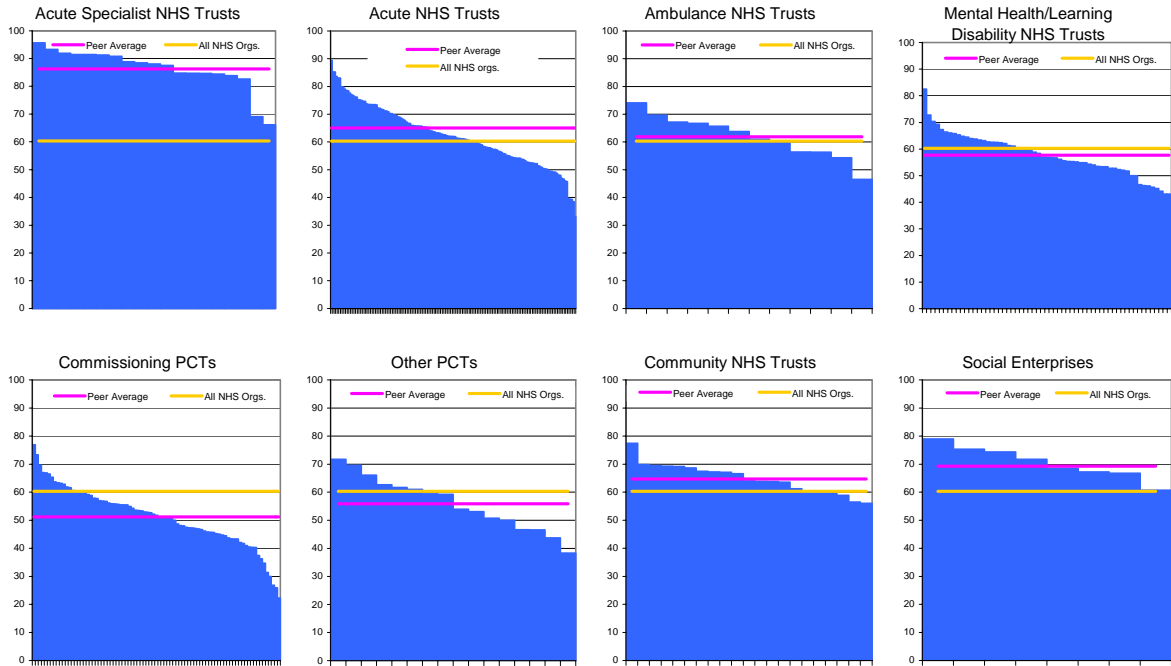
21. The following graphs show the results for this question, both in terms of the trend over time and the distribution of responses by type of organisation.

Staff Satisfaction Survey: If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust. (All England 2009-2011)
 Source: Annual NHS Staff Survey, Picker Institute



Staff Satisfaction Survey: If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust.(All England 2011)

Source: Annual NHS Staff Survey, Picker Institute



Complaints Data

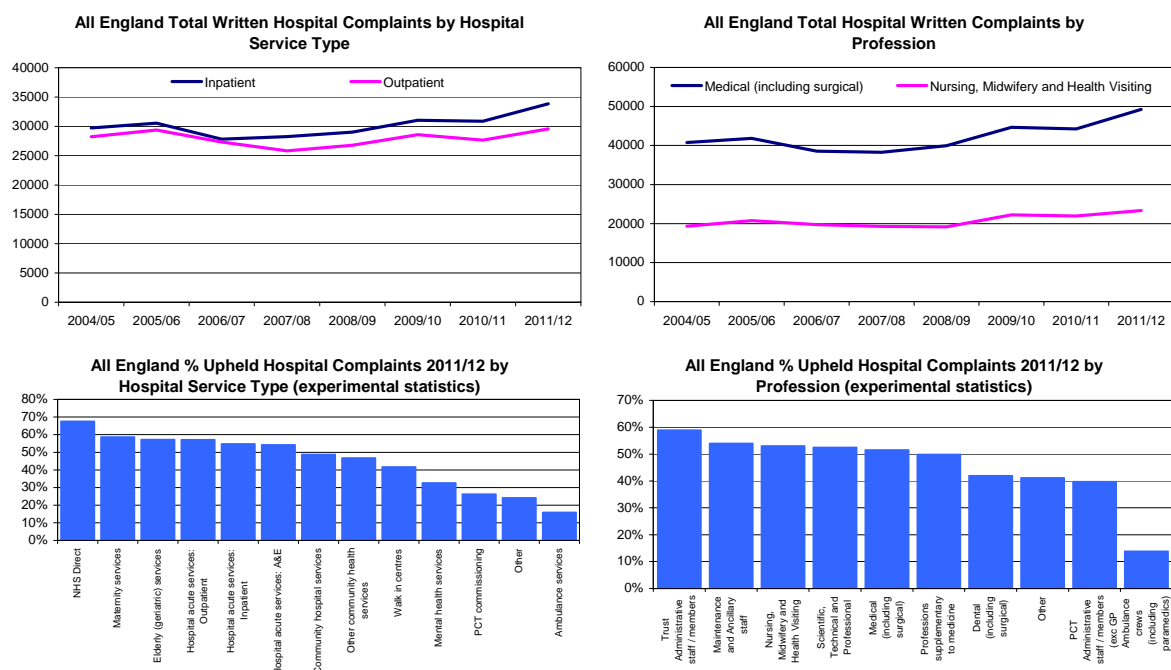
- 22. Two annual collections of data take place on the number of written complaints made by (or on behalf of) patients. One collection relates to NHS Hospital and Community Health Services (HCHS) and the other relates to Family Health Services (including GP and Dental).
- 23. From 2011-12, an additional data item was added to these returns, “number of complaints upheld”. This means that it is now possible to see how many complaints were upheld (i.e. considered legitimate complaints by the organisation) compared to the number of complaints made to an organisation. Whilst this may not necessarily be an accurate measure of performance, it could provide a useful indicator with regards to the culture of an organisation, particularly when triangulated with other related data sets (such as the Friends and Family Test data, staff survey data and responses to the annual surveys undertaken in a variety of settings). As the data related to upheld complaints is new, this data is being published as experimental information and is available at a national, regional and organisation level. This is in keeping with the UK Statistics Authority’s Code of Practice. Experimental statistics are new official statistics that are undergoing evaluation.
- 24. A report is published annually by the Health and Social Care Information Centre. This is available to download along with the complaints data from the following link:
<http://www.ic.nhs.uk/searchcatalogue?productid=8179&q=complaints&sort=Relevance&size=10&page=1#top>

Complaints to NHS Hospital and Community Health Services

25. Complaints made to NHS Hospital and Community Health Services are categorised by service area, profession, and subject. The following dashboard provides an overview of key data items relevant to complaints made to NHS Hospital and Community Health Services. There has been a gradual increase in the number of complaints which may be due to a variety of reasons including simplification of the complaints procedure and patients being more willing to complain about poor services they have experienced. Caution is therefore required when interpreting this data, and in particular when comparing data between organisations e.g. whilst a high number of complaints being reported may indicate a problem, it may also be indicative of an open culture which actively encourages patients to complain. This data does, however, provide the opportunity to raise questions, prompt discussions and debate and is a key data set which can usefully be viewed alongside other information sources described in this document.

Written Complaints: Hospital and Community Health Services (HCHS)

Source: Health and Social Care Information Centre, Workforce and Community datasets KO41a and KO41b.



26. Key points to note are as follows:

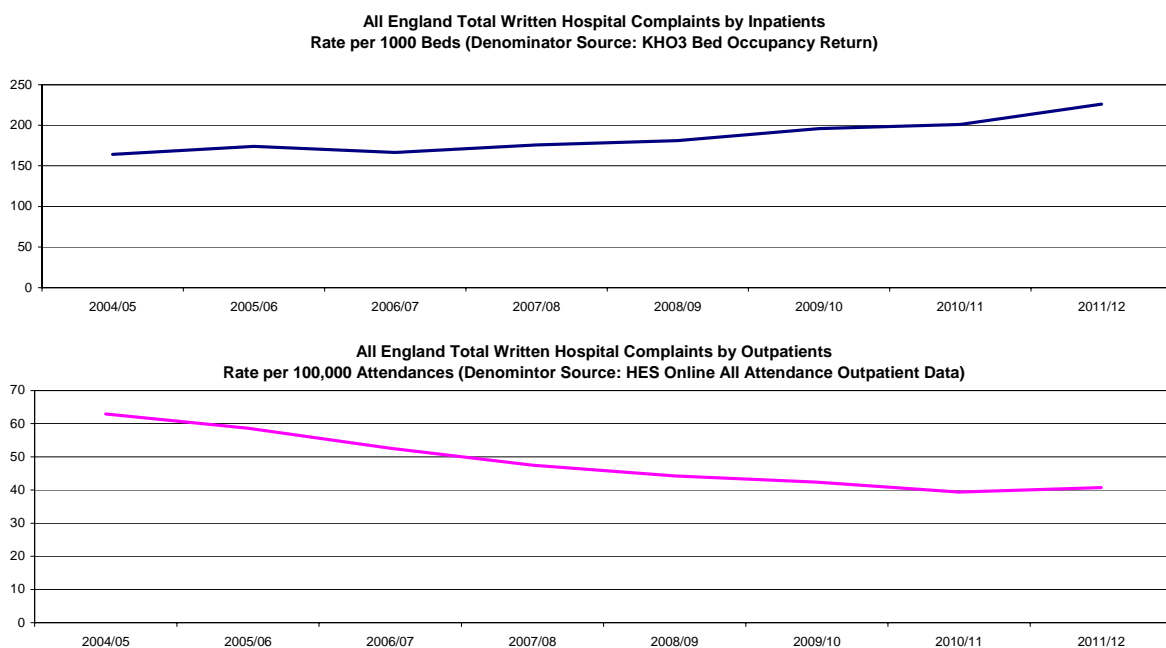
- 45.9% of all complaints were for the medical profession (including hospital doctors and surgeons) and 21.7% of complaints related to nursing, midwifery and health visiting. These percentages were similar to those reported in 2010-11;
- 45.8% of all complaints reported were for the area *all aspects of clinical treatment*. This was an increase of 13.2% from the previous year;

- 31.6% of complaints related to hospital acute inpatient services and 27.6% related to hospital acute outpatient services. 9.7% related to mental health services;
- Significant variation exists between organisations with regards to the percentage of complaints which are upheld. This ranges from 0% in some organisations to 100% in others

27. Looking at the number of complaints for inpatient and outpatient services as rates, a reduction in outpatient complaint rates can be seen and an increase in inpatient rates. This is demonstrated in the graphs below:

Written Complaints: Hospital and Community Health Services (HCHS)

Source: Health and Social Care Information Centre, Workforce and Community datasets KO41a

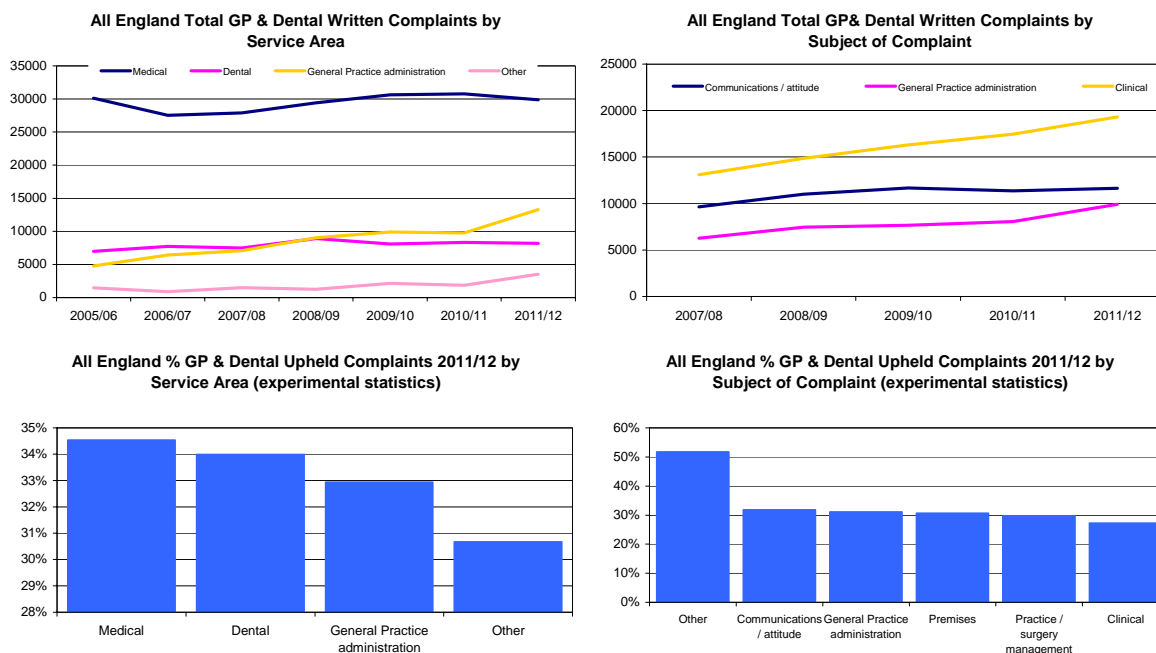


Complaints to Family Health Services

28. Complaints made to family health services are categorised by service area (medical, GP administration, dental and other), and subject. The following dashboard provides an overview of key data items relevant to complaints made to family health services. The general trend over the last 5 years has been an increase in overall complaints to these services. Care is required when comparing this data over time as a number of PCTs have been unable to provide data for all GP practices within their area.

Written Complaints: General Practice (including Dental) Health Services

Source: Health and Social Care Information Centre, Workforce and Community datasets KO41a and KO41b.



29. Key points to note are as follows:

- 54.5% reported were for the *medical* service area and 24.2% related to GP administration;
- 36.1% reported were for the subject area *clinical* (an increase of 10.7% from the previous year) and 18.5% related to communications and attitude;
- Significant variation exists between organisations with regards to the percentage of complaints which are upheld. This ranges from 0% in some organisations to 100% in others. Taking England as a whole, the lowest percentage of complaints upheld related to *clinical* which the bulk of complaints relate to.

30. It is currently not possible to present the complaints data for family health services as a rate.

Responsiveness to inpatient needs

31. To help support continuous improvement in patient experience, from 2009/10 an indicator measuring the responsiveness to inpatient needs was included as a national goal as part of the CQUIN scheme for acute organisations. The indicator is derived from the inpatient survey coordinated by the Care Quality Commission (CQC).

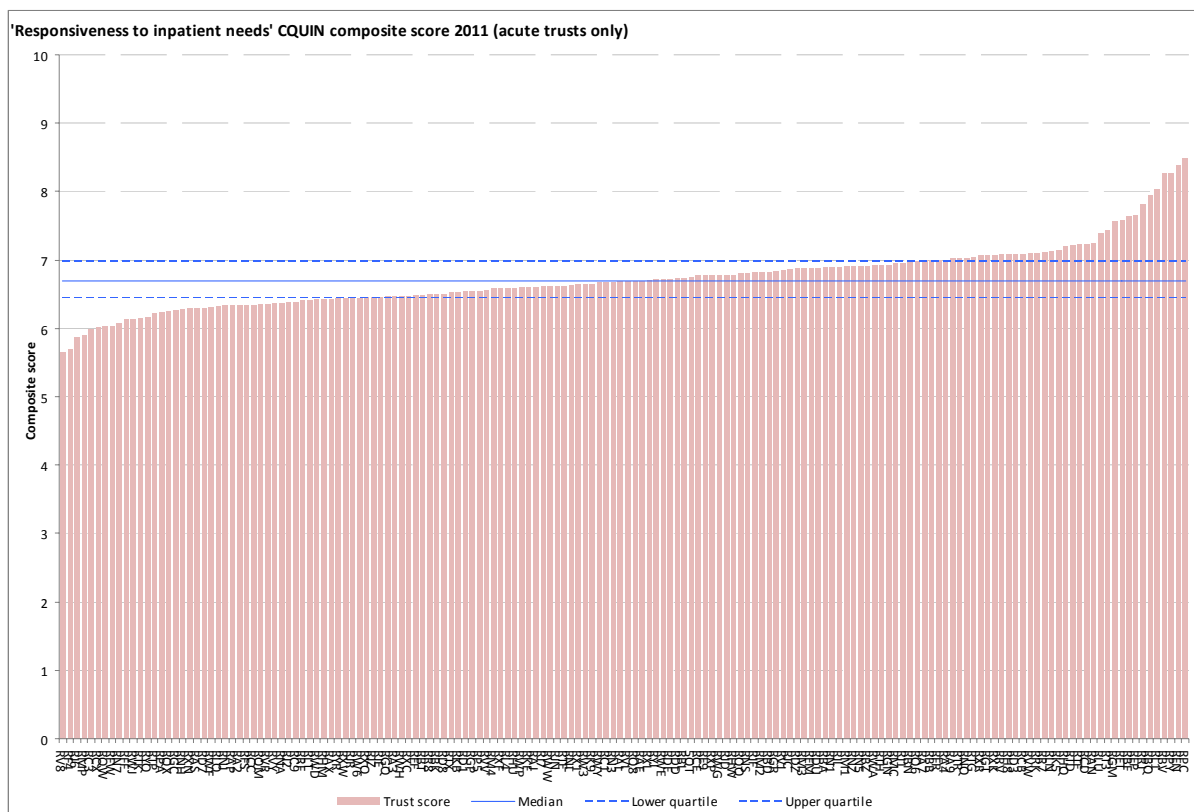
32. The composite indicator is based on five survey questions, which collectively describe different elements of this overarching service theme: "Improving responsiveness to personal needs of patients". The five questions included are:

- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Were you given enough privacy when discussing your condition or treatment?
- Did a member of staff tell you about medication side effects to watch for when you went home?
- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

33. Each of these questions is scored out of 10 in the 2011 survey (100 in earlier years) and the composite indicator is the equally weighted average of these five scores.

34. Over the past 4 years there has been marginal improvement from a national perspective on this measure, although some individuals have made good progress. 2011 was the first year that, overall, performance went down. The degree of variation across the country has been fairly static over the whole time period. The top ten performers in the country are all specialist trusts (Royal Marsden, The Christie, Liverpool Women's etc.), a trend that is evident in much of the rest of the inpatient survey.

35. The graph below demonstrates the variation across England for the composite indicator.



The Insight Dashboard

36. An Insight Dashboard is currently in development which will be available to the NHS CB from April 2013 and monthly thereafter. The dashboard will:
- provide a triangulated set of measures reflecting both feedback to the NHS from patients using NHS services and conversations being had about the NHS;
 - provide a national overview with the ability to view individual organisations;
 - incorporate as much near real-time data as possible; and
 - will be incorporated into the Integrated Intelligence Tool.
37. The dashboard will provide two views – one based on data provided to the NHS about the experience of patients. This view will incorporate the following data sources:
- Information from NHS Choices on number of comments, responses and key issues.
 - Data from the NHS 111 (once available).
 - Friends and family test data.
 - Complaints data.
 - Staff survey friends and family test question.
 - Patient survey data.
38. A mocked up dashboard for acute trusts appears below. Equivalent dashboards will be developed for other settings and services (e.g. primary care).



39. An additional view will be provided showing information about ‘conversations’ being had ‘about’ the NHS. This will include data from NHS Choices, NHS 111, YouGov, Ipsos Mori and others. This view will incorporate data from a range of online media sources covering the following areas:

- Volume of ‘conversations’.
- Sentiment.
- Trending topics.
- Key words.
- Overall volume of comments by media type e.g. twitter, mainstream news.

40. A mock up of this view appears below.



41. The Insight Dashboard will be available to the NHS CB from April 2013.

Tim Kelsey

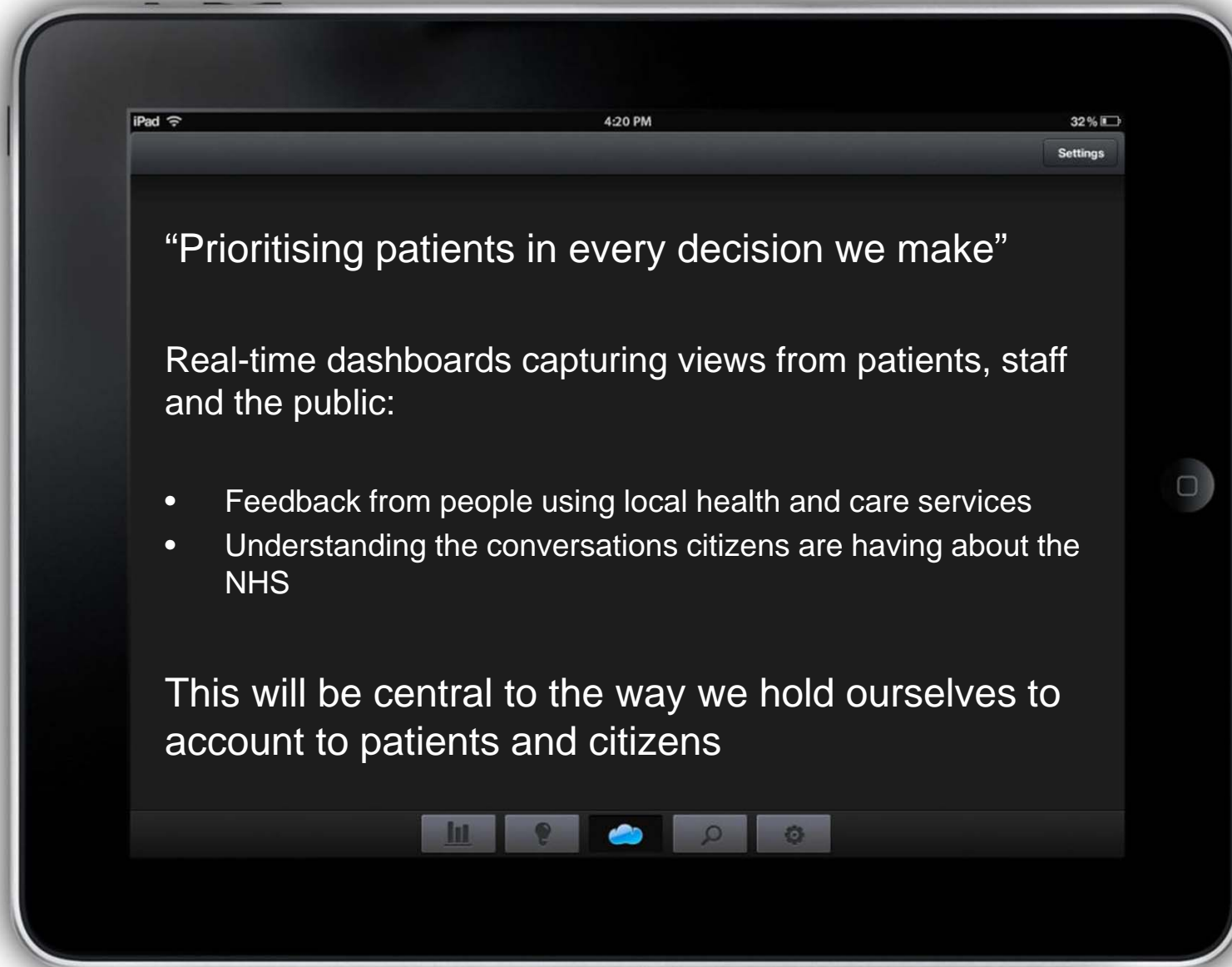
National Director for Patients and Information

February 2013

The NHS Belongs to Us All - Patient and Public Voice



■ Overview



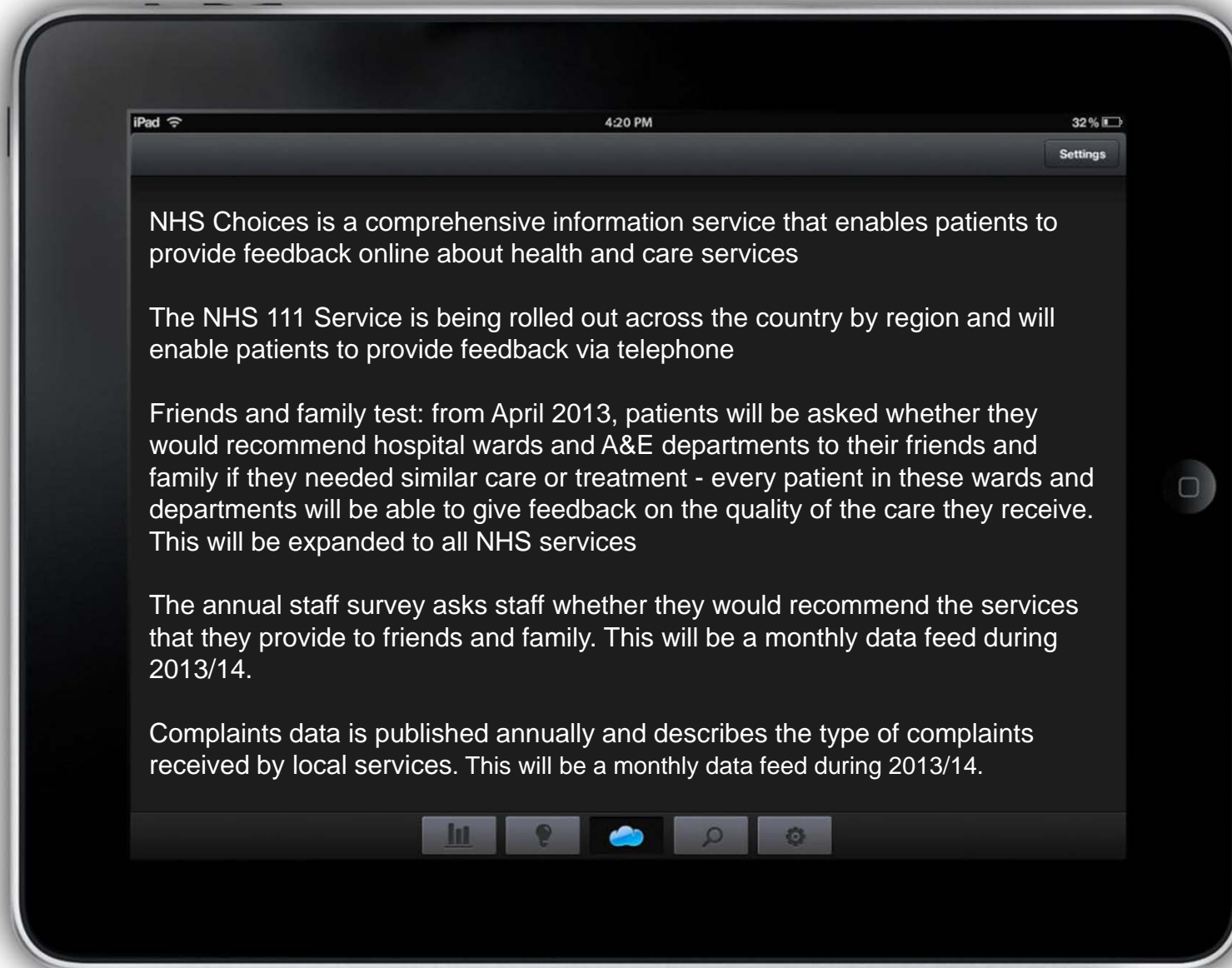
■ What patients and the public are telling us about their experiences of health and care services

Will incorporate the following data sources:



- Currently mocked up for acute Trusts
- Equivalent dashboards to be developed for other settings and services (e.g. primary care)

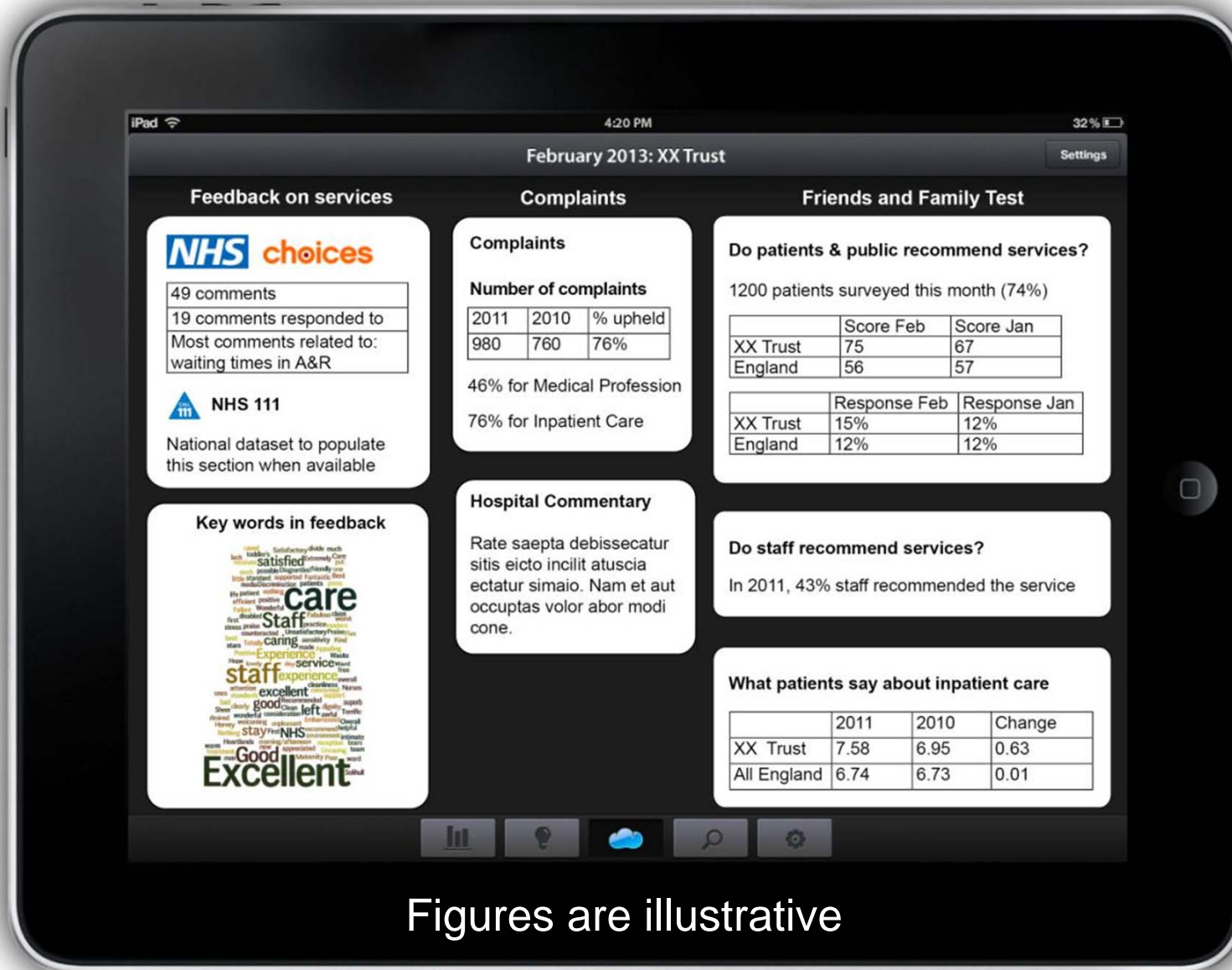
■ Sources of feedback data



What patients are telling us about health and care



What patients are telling us about health and care



Figures are illustrative

Using social media insight to obtain real-time insights into public attitudes in to health and care services

Will incorporate data from a range of online media sources covering the following areas:



Plus data from sources including YouGov and Ipsos Mori

Understanding what citizens are saying about health and care



■ Next steps

