NHS
Commissioning Board

NHSCB 14/12/12/1

BOARD PAPER - NHS COMMISSIONING BOARD

Title: Putting patient and public insight at the heart of the NHS Commissioning Board

Clearance: Tim Kelsey, National Director for Patients and Information

Purpose of Paper:

- To inform the Board on early thinking around relevant emerging work programmes;
- To update the Board on early progress in relation to its critical success factor 12 on public and patient engagement (see annex A).

Key Issues and Recommendations:

The Board is committed to:

- promoting and upholding the values, rights and pledges enshrined within the NHS Constitution;
- putting patients and the public at the heart of everything it does;
- promoting and embedding a truly customer focused culture within the NHS; and
- ensuring that patient and public voice is not just heard, but actively used to inform commissioning decisions taken by the Board and clinical commissioning groups (CCGs).

The patient and information directorate will be leading a range of work programmes, with colleagues across the organisation and with external partners and stakeholders, to turn this vision into a reality. The Board will have ample opportunity to shape this work programme over coming months as it is further developed.

Actions Required by Board Members:

- To note the commitments outlined in the key issues and recommendations and to prepare for the forthcoming opportunities to shape the patient and public insight work programmes.

Putting patient and public insight at the heart of the NHS Commissioning Board

Patient and Public Insight as a source of intelligence for the Board

1. To enable the Board and clinical commissioning groups (CCGs) to be truly responsive to the needs of patients and local communities, a much richer database of patient, public and staff insight is required. In April, the Board will inherit responsibility from DH for the current programme of patient and staff surveys. These surveys provide a rich source of information every year at organisational and national level, but the data they contain is not frequent or granular enough to be a real tool for local service improvement and responsiveness. Therefore the Government has included in the mandate a requirement for the Board to roll-out the friends and family test question across the NHS as soon as possible. Our current aim is to have achieved this by 2015. The Friends and Family Test will provide NHS organisations with granular (service or ward level) and real-time information about levels of patient satisfaction. It will be most effective when combined with a wider package of real-time feedback, comment and insight from patients and carers across the full range of NHS and Social Care services.

2. The roll-out of the friends and family test and wider real-time patient feedback and comment will be a rich source of information for the Board at a national level, as well as for commissioners and providers locally. The Board intends to supplement this with a comprehensive programme of customer insight tools and techniques, which make the best use of modern technology to capture the public mood in relation to the NHS. These will include:
    - national opinion tracker surveys that pick up on changing staff and public attitudes to the NHS;
    - monitoring twitter and other social media to understand the main trends in current comment on the NHS from both the general public and patients using services;
    - monitoring trending topics in social media to support early intervention in specific areas – an example might be lack of conversations about flu vaccination ahead of any noticeable failure of uptake;
    - similar analysis of mainstream national, regional and local media comment; and
    - targeted and focused insight work with particular communities, patient groups or constituencies. For instance, Board members have been invited to meet a group of people, and carers of people, with learning disabilities to hear about their experiences and views.

3. Summaries of key themes and other information garnered through such insight techniques will regularly be presented to the Board and the broader

NHS in support of planning as part of the intelligence dashboard being developed as an executive management tool.

Using Insight to empower Patient and Public Voice

4. This richer range of insight, both historical and current information which the Board intends to gather will be crucial in enabling the Board to understand the greatest areas of public needs and concerns. This will enable the Board to target those voices it most needs to hear and thus help it to address inequalities in service provision and health outcomes. Alongside the insight programme, the Patient and Information Directorate will also be leading programmes of work to support CCGs and direct commissioners in effective public involvement in health service planning and commissioning decisions, working closely with the voluntary sector and other agencies such as Healthwatch and Health and Wellbeing Boards.

5. We are co-creating a civil society assembly where diverse citizen, patient and public voice will come together to share knowledge, ideas and experiences providing a space where collective insight will emerge giving the Board a unique forum through which to understand and build a relationship with the citizens of England.

Tim Kelsey

National Director for Patients and Information

December 2012

Annex A

Critical Success Factor # 12:

The NHS CB can demonstrate that patients, the public and their representatives have participated in, and the NHS CB has responded to their views on, the establishment of the NHS CB.

Key measures:

An agreement is in place with partners (including HealthWatch, voluntary & community sector and representative groups etc) on principles for patient and public voice by October 2012.

Why is this critical to establishing the NHS CB?

Our intention is to bring about a fundamental shift in the role of patient/public engagement whereby embedding the views, experiences and wishes of patients/public becomes the norm and patient insight is routinely used in the planning and delivery of services. The NHS CB, as an exemplar in customer focus, needs to demonstrate how it has created the conditions for an equal, balanced and reciprocal relationship between itself and citizens.

What have we done so far?

- Key NHS CB appointments made to support patient experience and patient and public voice function with additional recruitment underway. Patients (nominated via networks such as Strategic Partners) have been on selection panels for VSM appointments.
- Had direct engagement with patients, public and their representative groups in the development of an overall approach to patient/public involvement. This has included:-
    - workshop with NHS Alliance network to inform NHS CB's overall strategy and approach and dialogue with LINks representatives and Strategic Partners [1,2,3]
    - conferences for the public and voluntary sector and workshops on specific topics eg the Outcomes Framework
    - group discussions via LINks, National Association of Patient Participation and strategic partners on primary care policies, procedures and strategic vision [4,5,6]
    - public/patient engagement in the transition of specialised services to the NHS CB, in developing new national specifications and a PPE steering group [7]
    - partnership work with other NHS bodies eg CQC, NICE to establish areas for collaborative work in public/patient engagement
    - co-production with National Voices on a narrative for integration from a patient perspective

  - Developed support and guidance for CCGs on public and patient engagement via Smart Guides, online resources, videos, guidance on legal duties
  - Recruited, trained and currently supporting 80 lay assessors from a cross section of society to participate in the CCG authorisation panel visits.
  - Developed a pool of interested citizens (working from 650 individuals who applied to become lay assessors) to become a skilled resource for future involvement activities
  - Begun work with Operations Directorate on a NHS CB development session with people with learning disabilities in order to develop a new relationship with people with learning disabilities, their families carers and organisations representing them, to respond to the Winterbourne View report.
  - Developed ideas around a national event “CCG Citizen Hack Day” to be held in the New Year to bring together the voice of CCGs, GP Practices and citizens. A design day has taken place with relevant stakeholders, including patients, public and their representatives

What more needs to be done to ensure readiness?

- NHS CB needs an overarching strategy and operating model on how it will work with patient/public voice and experience, including vision and values, objectives, key policies and procedures, engagement approaches and mechanisms eg social media
- Partnership agreements with HWE and other strategic partners
- Develop mechanisms by which social media will enable sharing of information, as well as learning opportunities for NHS CB.
- Embed patient/public participation throughout the organisation, especially into the direct commissioning function at central, regional and local area team level
- Provide evidence that the NHS CB has acted on patient/public views (how this has influenced decisions) as well as listened.

Key risks

- Engagement is labelled as tokenism if the NHS CB is not able to demonstrate the ways that it has responded and acted on people’s views and experiences. Therefore, the Board needs to ensure that it reports on participation with patients and the public and explains how their contribution has influenced decision making “You said, we did”.
- Engagement is not yet sufficiently embedded in the Operations Teams at national, regional and local level (due to lack of capacity and expertise) resulting in key operating models and policies with no reference to

public/patient voice and local stakeholders lacking confidence in the responsiveness of the NHS CB in relation to its direct commissioning functions
- Engagement is not undertaken using sound co-production principles (due to tight deadlines/lack of resources) which would jeopardise the NHS CB's reputation and future relationship with patients and the public.

Key messages

- We have made good progress with patient/public engagement with limited resources during transition. There is still more to be done, in particular gathering evidence to demonstrate how people's contributions have influenced the design and operation of the NHS CB.
- By transforming patient/public participation in the NHS, we will develop the insight to help us improve outcomes and guarantee no community is left behind or disadvantaged.

Gaps we need to follow up

- More systematic and transparent approach to show how the NHS CB has acted on patient/public voice.