

**BOARD PAPER - NHS ENGLAND**

**Title:** Patient and public voice

**Clearance:** Tim Kelsey, National Director for Patients and Information

**Purpose of Paper:**

NHS England 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;
- ensuring that patient and public voice is not just heard, but actively used to inform commissioning decisions taken by the Board and CCGs.

This paper is one of a regular series which provides an overview of activity underway across NHS England which to demonstrate our commitment to a patient-centred approach. It updates on key developments aimed at ensuring that the voice of patients, carers and the public is heard.

**Key Issues:**

This paper provides an update as to how patient and public voice is being put at the heart of NHS England. It highlights the following key work areas and initiatives, with a particular focus on capturing and using patient feedback and experience, being led by the NHS England:

- the Friends and Family Test
- Care Connect
- Patient Centred Outcome Measures
- the Patient Survey programme
- the Patient Insight Dashboard.

Future papers will spotlight exemplary and innovative activity in the field of patient participation from across the different Directorates of NHS England, supported by relevant examples and case studies.

**Actions Required by Board Members:**

- To note and comment on activity that is planned and underway across NHS England in support of the patient-centred approach and which demonstrates that the patient voice is being heard.

## **Patient and public voice**

### **Introduction**

1. This paper updates the Board on progress across NHS England in the field of Patient and Public Voice.

### **Context**

2. This is the second paper in what will be a regular update for the Board highlighting activity across NHS England which showcases a commitment to:
  - transparency of information;
  - enabling the active participation of patients in decisions regarding their own healthcare;
  - enabling active participation of the public in decisions about the nature of the NHS services they use; and
  - ensuring that the voice of patients and the public is heard and responded to.

### **Harnessing the power of patients' experience**

3. Staff working in the NHS want to give their patients the best care they can. That is a safe and effective care and treatment, ensuring that a patient's experience of being in the NHS is a good one. Reflecting on the care they have received from the NHS people give a personal interpretation of that experience and now, for the first time, that information is being used to understand better how services are being delivered and what patients really want from their NHS.
4. In NHS England's business plan, *Putting Patients First*, commitments were made to help people give feedback on their experiences using digital technology to make this easy and available to as many people as possible, and to make sure this information is received by the same NHS staff who gave the care in the first place. NHS England is working to set up systems and develop ways to gather regular and relevant feedback and experiences from NHS patients and the public. The ambition is that giving feedback becomes a natural extension of every episode of NHS care.

### **The Friends and Family Test**

5. People only want the best health care for themselves and their family and friends. Asking patients if they would recommend the care they have just received to those they care about and love is a good way to test people's true feelings about their experience.

6. In July NHS England published for the first time results of the Friends and Family Test, collected in real-time across the country. Focussing initially on inpatient and A&E services the test is already having an impact on the way NHS care is delivered as it gives staff regular information on what patients think. This information is represented as both figures and commentary, and because it is so specific it shows staff where to start making changes immediately.
  
7. These are just some of the actions taken by NHS organisations after receiving feedback from the Friends and Family Test:
  - Norfolk and Norwich University Hospital Trust engaged renowned local chef, Richard Hughes, to work with their catering service provider to change the menu and make improvements to hospital food;
  - Liverpool Heart and Chest Hospital NHS Foundation Trust visited the home of a young patient with cystic fibrosis, who had left negative feedback with his contact details, to talk one to one with him about how they could make improvements;
  - Norfolk and Norwich University Hospital Trust improved the customer service skills of their catering staff by delivering training through People First, the company famed for training the world renowned 'Olympic Game Maker' volunteers.
  
8. David Levy, Regional Medical Director Midlands and East, said "The NHS Friends and Family Test offers a great opportunity to collect patient experience data, so we can understand more about what patients and carers think about our services. It is enabling us to engage with patients and carers and can be the start of a dialogue where more questions can be asked and more valuable information about their experience can be obtained. It is important that data is broken down to ward level to ensure that Boards are aware of the good and less adequate experiences. Similarly, ward teams must receive benchmarked data regularly, as it is an important tool in helping them to understand what is working well and what should be improved".

### **Friends and Family Test – July results**

9. The second set of Friends and Family test results has just been published (covering the month of July), and already it has generated well over half a million responses which, when compared to the 64,500 patients who contribute to the national annual inpatient survey, shows that it is proving to be a worthwhile means of getting high volume, real time and actionable feedback to wards and hospitals about what works well and less well in their services.

10. The results of the Friends and Family Test for July show that NHS trusts achieved an average 16% response rate across A&E and in-patients, with an average FFT score of 63 (on a range of -100 to +100).

#### **Friends and Family Test – where next**

11. The response rate to FFT and the way in which the patient feedback has already led to significant and lasting change proves that this approach is worth extending to all NHS services. In October 2013 the NHS will start collecting FFT for maternity services. For GP practices, community health services and mental health services FFT, NHS England will expect all service providers to be collecting FFT from January 2015 at the latest. For other areas of acute care, such as outpatient and day case services, and other areas of primary care, such as pharmacists, dentists and opticians the latest start date will be April 2015. This will mean that whatever path a patient takes through the NHS to support them with their condition or illness, they will be able to provide feedback to help improve local services.

#### **Friends and Family test for NHS staff**

12. NHS staff will also have the opportunity to give feedback on the services they provide and the organisation they work within. There is a growing body of evidence that links good staff engagement with good patient experience, and as such the staff FFT will be implemented from April 2014. Although it might operate slightly differently from the patient FFT, the principles behind it remain the same – that of having the opportunity to speak up, be listened to, and to contribute to improving the NHS.

#### **Care Connect**

13. A key part of gathering feedback from patients is the way in which it is done – it needs to be easy and convenient for people to use. The collection of feedback should use a range of different approaches, including social media. The Health Service Ombudsman, Julie Mellor, in raising this issue, said “Our experience and our research shows that patients can find the system for raising concerns and complaints confusing. One patient told us ‘The system was not set up with the public in mind,’ another said ‘I feel like the little man against the system.’ Any step to make it easier for patients and carers to find a clear way through the NHS is to be welcomed.”
14. Social media has revolutionised the way in which people can feedback on many areas of their lives and health is no different. It has the potential to revolutionise the way this kind of information is collected and used. NHS Choices and Patient Opinion are just two examples of online platforms where people can leave comments on their experiences. Now Care Connect,

launched in London and the North East, is linking user-generated comments with the clinicians who delivered that care.

15. Users of Care Connect can share experiences of their care or raise and problem or a concern. This allows action to be taken before the issue becomes serious or has the potential to affect more patients. Open 24 hours, seven days a week people are accessing Care Connect through the web, text message, free telephone line, Twitter and Facebook. Visitors to Care Connect can submit photos to support comments via the web, text, Twitter and Facebook. At the pilot stage, Language Line is available for phone users only. MMS messaging will also be available early September 2013.
16. Care Connect demonstrates NHS England in action. Strong governance has been built around the way incoming questions and feedback are moderated to ensure that any underlying problems are identified and acted on. Serious issues are flagged to the provider in real time and details of reported problems are made available promptly to the relevant provider's lead commissioner, whether a local Clinical Commissioning Group or NHS England.
17. Care Connect supports the NHS England principles of openness and transparency. Summaries of problems are instantly visible to the public, with the details published or withheld according to service user preference. Other feedback, both positive and negative, is also displayed against the appropriate participating provider, to offer a rounded view of the patient experience.
18. Care Connect is not a clinical service, however it is supported by case handlers who are trained to identify clinical risk, such as safeguarding vulnerable patients. Robust procedures are also in place that if a problem is perceived to be a real-time urgent care issue, the case handler phones the on-call contact at the Trust – day or night.
19. Each issue raised on Care Connect receives an acknowledgement by the trust within hours of notification. To date, all except one have been dealt with and closed within 24 hours. Where an email address is given by the service user, a satisfaction survey is emailed to them three weeks later. The first satisfaction surveys have only just been sent out, and results should be available in the next few weeks.
20. Care Connect is not just about reporting problems that need to be addressed. Patients and members of the public can also share less urgent feedback on

their NHS experiences over the last two years, ask questions on a wide range of health-related topics and find out how they can get involved with the NHS, for example through volunteering and organ donation. This 'one-stop shop' approach acknowledges that people do not always know how to categorise their needs for information and help, and guides them to the most appropriate NHS access point.

### **Early Feedback on Care Connect**

21. Care Connect is a way for people to flag good and also disappointing care:  
*'Although members of staff saw us, they ignored us ... No one has [spoken to] us, apart from the initial unkind nurse.'*
22. This problem was reported by a lady accompanying her partially sighted father to eye casualty at 7am on a weekday morning. Although she is usually impressed by the care at this provider, she found this particular experience disappointing. After arriving in an apparently empty department and waiting over an hour, during which the only intervention by staff was 'borderline rude', she reported the problem online under the 'Staff Attitude' category. She requested that the details were published, along with her name.
23. An acknowledgement was emailed to her and by 1pm a further email was sent stating that 'We are informed that our A&E matron has spoken to you and apologised for the staff attitude as in your email. Our understanding is that the apology has been accepted and that they will be discussing the issues raised with the staff involved at their next meeting.'
24. A review by phone to Care Connect on 27 August: entitled "Appreciation all the way from Canada!" said, *My wife's mother and my mother-in-law has been a patient at Queen Mary's. I have given Queen Mary's "five stars" in the polling preceding this communication block because we value the service and can only believe what the surroundings are like based on feedback from family and friends. First, let me say - all the way from Canada - that we believe Queen Mary's staff, particularly in the Mary Seacole Ward are dedicated, top-notch professionals.....and that's across the board for staff...from nurses to doctors, from cleaners to clerks. My mother-in-law has been recovering thanks to the kind and attentive care she has been receiving. I talked to her today, long-distance by telephone and she sounded better than in months.*

### **Patient Centred Outcomes Measures**

25. In April 2013, NHS England took on the responsibility for commissioning specialised services and using this to improve the quality of these often complex care pathways in a challenging financial climate. NHS England is the

sole commissioner of all such services, with a budget of £12 billion, or 10% of the NHS's total spend. Historically, these areas have lacked patient reported outcome and experience information. NHS England is therefore initiating a range of innovative projects to design and develop new approaches to understand better the outcomes for patients in specialised and highly specialised services. The work planned over coming months will provide a robust evidence base for the effective commissioning of specialised services for some of the most vulnerable and marginalised patients.

26. Twenty pilots across the five programmes of care in specialised services will set out measurement systems to understand what outcomes people want and create a way these can be shared, compared and understood. This will help build the evidence base for the effectiveness of treatments, therapies and interventions. It will also provide a network of online communities that enable patients with rare conditions, or requiring specialised treatment, to establish contact with fellow patients providing mutually beneficial help, advice and support.

#### **The Patient Survey programme**

27. NHS England is now responsible for a number of surveys as well as other insight functions that were originally commissioned by the Department of Health. Specifically the survey programme includes:
- The GP Patient Survey
  - Bereaved Voices
  - The Cancer Patient Experience Survey
  - The Staff Survey
  - Patient Reported Outcome Measures
28. This programme of work is being evaluated to ensure that the data meets the needs of NHS England and its partners as effectively as possible. This work is in its early stages and is starting to set criteria for judging what is needed, as well as setting out the process for how this review will take place. There are a number of new streams of work already underway including the Friends and Family Test for patients and staff. We will look to understand how these new programmes of work fit in with what is already taking place, as well as looking at what further work might be needed.
29. This review does not mean that NHS England will stop carrying out valuable, evidence-based, surveys and pieces of work that enable service improvement and benefit the lives of patients and lead to improved outcomes. It is best practice to look at what is working well and what we could do to improve the programme. Provisionally the criteria we have set for the review are:



- *Coverage*: does the programme cover the patient and users groups that it needs to?
  - *Inequalities*: related to the above point, how does the programme fit with the inequalities agenda?
  - *Duplication*: are there programmes of work that overlap?
  - *Cost*: is programme providing value for money?
  - *Usage*: is the insight gathered being used by relevant audiences to best effect?
  - *Making a difference*: is the data being used to improve services?
  - *Suitability of methods*: is the data being gathered in the most appropriate fashion?
30. NHS England will want to involve a wide range of stakeholders from different sectors in this review. This will need to be a comprehensive piece of work as the data that comes from these surveys is used by a wide range of groups in a variety of ways.

### **The Patient Insight Dashboard**

31. The Insight Dashboard uses data from a variety of sources to provide a view of the experiences people have of NHS services and care (viewable for England and by NHS Trust), as well as views or conversations people hold or are having about the NHS (at England level only).
32. A web-based prototype dashboard has developed over the past few months and has been initially shared with a range of NHS England colleagues and voluntary sector organisations to start to test the usefulness of measures included, how the data is presented and what additional work will be needed to make this a meaningful tool for the public. The dashboard will shortly be published on NHS England's website as a work in progress on which we will invite comment and feedback so that it can be further improved. More engagement activities with a range of organisations will take place over the coming months (including patient groups, voluntary organisations, CSUs, regions, LATs and CCGs).
33. A summary of data sets currently included in the dashboard, appears below. Many of the data sets used have been available for some years as national data sets. Other data flows are new and in some cases have been put in place to support the dashboard:

### **Experiences of NHS services and care (viewable for England or NHS Trust)**

- Friends and family test monthly scores;
- Comments that patients are making about the NHS (from NHS Choices, which includes comments patients make through other routes, such as Patient Opinion);
- What patients are complaining about (from the annual complaints return);
- How satisfied patients are with NHS services (from the inpatient survey); and
- Whether staff would recommend services to friends and family (from the annual staff survey and monthly from monthly data collected by YouGov);

### **Views/conversations about the NHS (viewable for England only)**

- Trending topics in healthcare;
- Top healthcare tweets;
- Key themes the public engaged with about the NHS on social media;
- How satisfied citizens are with NHS services; and
- Public perceptions of the NHS brand (covering a range of themes including recommendation, corporate reputation, quality and value for money).

### **Conclusion**

34. The Board is asked to note and provide comments on the work NHS England is taking forward to ensure patient feedback is captured routinely and used to help create a customer focused NHS, that is constantly striving to improve the experience of its patients and service users.

**Tim Kelsey**  
**National Director for Patients and Information**  
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