

BOARD PAPER - NHS ENGLAND

Title: Prioritising patients in every decision we make

Clearance: Tim Kelsey, National Director for Patients and Information

Purpose of Paper:

- The purpose of this paper is to update the Board on work in hand to ensure maximum responsiveness to public and patient voice. This includes updating the Board on progress in relation to:
 - promoting inclusion to online support and information;
 - the development of the Insight Dashboard;
 - roll-out of the Friends and Family Test;
 - developing the Civil Society Assembly;
 - putting patient and public voice at the heart of our commissioning of specialised services;
 - issuing guidance to CCGs on their statutory duties to involve patients more actively in decisions about their own care and to encourage greater public participation in the commissioning of health services; and
 - the launch of the Building Health Partnerships programme.

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 CCGs.

Actions Required by Board Members:

- To update on activities underway and consider whether it provides the Board with assurance that there is a robust work programme in place to ensure patients are prioritised in every decision we make.

Prioritising patients in every decision we make

Context

1. NHS England has a clear commitment to putting patients and the public at the heart of everything it does. The Patients and Information Directorate will therefore provide regular written updates to the Board of work in hand to progress this commitment. This update covers:
 - promoting inclusion to online support and information;
 - the development of the Insight Dashboard;
 - roll-out of the Friends and Family Test;
 - developing the Civil Society Assembly;
 - putting patient and public voice at the heart of our commissioning of specialised services;
 - issuing guidance to CCGs on their statutory duties to involve patients more actively in decisions about their own care and to encourage greater public participation in the commissioning of health services; and
 - the launch of the Building Health Partnerships programme.

Widening Digital Participation for all

2. Currently, those who experience the greatest health inequalities are least likely to be online. To support the vision for an NHS for everyone, the Board is working with Online Centres Foundation to ensure everyone can access services, actively participate in their own care and provide feedback on their experiences using the internet.
3. A number of UK online centres in local settings such as libraries, community centres, cafes and pubs will receive additional funding to become “digital health hubs”, where people will be able to use technology to improve their health and wellbeing. In addition to the hubs, the programme will also establish a new network of larger NHS digital flagships working in health locations (including hospitals and GP surgeries) to pilot innovative approaches to digital participation.

The Insight Dashboard

4. The Board received a paper at its February meeting which introduced the concept of an insight dashboard. This described the variety of data sources currently available which provide useful insight into the views and experiences of patients and the public in relation to the NHS. The Insight Dashboard now being developed will triangulate these various data sources into two views: the first view will summarise data provided to the NHS about patients’ experience of services (including comments from NHS Choices, complaints

data, inpatient survey data and NHS 111); the second view will provide data on conversations being had about the NHS (e.g. via social media) which are not currently measured.

5. Good progress has been made recently in the development of the Insight Dashboard. The dashboard will be web based (also available on mobile tablets such as the iPad) and public facing. It will provide easy to understand explanations of the various data sources displayed and provide the option for comments to be left with regards to its usefulness. This feedback will be utilised to adapt and further develop the Insight Dashboard.
6. The dashboard will contain a variety of data feeds which have never been seen before. These include:
 - weekly survey data (sample size approx. 2,000 people per month) on which NHS services have been used, how satisfied people were with those services and reasons for satisfaction/dissatisfaction;
 - daily perception data covering 7 key measures including satisfaction, recommendation, general impression and corporate reputation; and
 - regular staff satisfaction data - this data will cover both satisfaction in their place of work and views on the NHS.
7. The Insight Dashboard is already populated with a range of data sets and is currently in test mode. The dashboard will be fully functional and publically available by the May Board meeting.

The Friends and Family Test

8. From April 1 the Friends and Family Test (FFT) for inpatient and A&E settings will be implemented by all providers of NHS care (including independent sector providers) across England. This means that every patient being discharged from a ward or A&E should be given the opportunity to provide feedback on the care that they have received. 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?" In addition, patients will be able to provide a free text explanation of why they have scored as they have. The Friends and Family Test promises to provide a rich, regular, actionable set of data which can be used to both compare and improve services.
9. A readiness review has been undertaken of every trust in England. The results of this review suggest that trusts are well placed to introduce the Friends and Family test (for inpatients and A&E) from April. The first data will

be published nationally, for Q1 of 2013/14, in July 2013. However trusts are being encouraged to publish local data prior to this.

10. Over recent months, a number of trusts have been trialling the Friends and Family Test for maternity services. A commitment has already been made to introduce FFT for maternity from October for the whole of England. Much learning has been gained from the pilot sites, including on when the question should be asked during pregnancy and after birth. The implementation guidance is in final draft and currently being shared with relevant stakeholders. The intention is for the guidance to be published by the third week of April.
11. Currently an FFT type question is incorporated into the annual staff survey. Work has been undertaken to consider the options associated with an equivalent FFT question being asked to staff more regularly. This work is still underway and is considering the practicalities of asking the question quarterly or monthly and the best mechanism to achieve this. The board will be updated on this work as it progresses.
12. Finally, a proposed roll out programme to introduce FFT to the whole of the NHS in England is currently in development. This will cover all NHS services and FFT for staff. The proposed FFT roll out programme will be presented to the Board in due course.

The Civil Society Assembly

13. The Board received a paper at its February meeting entitled “Building Citizen and Community Engagement in the NHS Commissioning Board.” This set out thinking on the concept of a Civil Society Assembly, which is the working title for how NHS England can directly engage with citizen voice in a publicly transparent and accountable form. It was agreed that this would need to be independent of the Board and co-designed with interested parties. Although it would be for a design group to establish the remit of the Civil Society Assembly, it is envisaged it could focus on:
 - **public accountability** - be an independent and critical mirror for NHS England to hear, understand, respond and take action on people’s experiences of the NHS;
 - **co-design, advice and reflection** – a forum that stimulates ideas, tests thinking and draws experience and evidence together;
 - **challenge** – as a critical and challenging ‘friend’ it would have the expertise, insight and evidence to provide citizen challenge; and
 - **voice** – of the hardest to hear, the most vulnerable and the most marginalised people in society, bringing together their diverse experiences to amplify their voice throughout the NHS.

14. Recent work has focused on testing the concept with interested parties at events, the most prominent of which was the NHS Expo where there were dedicated seminar workshops, which were well attended, and an open space for people to discuss their thoughts and comments and have them recorded by graphic artists. Key themes to emerge from these early discussions are:
- support for the concept and a welcome for the Board's enthusiasm to fully engage with and listen to patient and public voice;
 - the opportunity to connect with already existing local citizen networks and enable them to amplify their voice and impact;
 - the need to understand how the Civil Society Assembly would work alongside other parts of the system with a focus on patient and public voice, such as Healthwatch England and local Healthwatch; and
 - recognition that the Civil Society Assembly will need to harness technology, by facilitating online communities of interest for instance, but must not marginalise those parts of society that are not online whose voice is often less well heard.
15. Victor Adebawale is leading this work (supported by Ciaran Devane) and they have agreed to provide a link back to the Board by working with officials from Patients and Information Directorate to establish the design group and take forward the scoping of the Civil Society Assembly. A workshop is being planned to bring together a design group.

Patient and Public Voice in Specialised Services

16. There is a lot of public interest in how NHS England, as the direct commissioner of specialised services, will undertake this function in a way that fully engages patient and public voice. The Board has come under some criticism from patient groups and other interested parties for running a truncated public consultation process, over Christmas and New Year, on its proposals for commissioning specialised services in 2013/14. Although time pressures to have this new commissioning function up and running for April 2013 meant that fuller initial engagement would have been difficult, this criticism has been recognised and, in response, commitments have been made to ensure that processes going forward do fully listen to patient and public voice.
17. Key elements of the work to fully embed patient and public voice in specialised commissioning going forward include:
- ensuring appropriate patient and public voice on the 74 Clinical Reference Groups (CRGs) that will be responsible for developing commissioning plans and policies for each of the specialised

services. An open and transparent process is currently underway to recruit over 300 patient and public members of these CRGs. This will include both individual patients and carers with experience of specialised services, as well as people from voluntary sector organisations that advocate on behalf of people who use specialised services;

- ensuring parity of esteem for patient and public voices on CRGs by building into the governance processes the ability for them to escalate (“red flag”) concerns if they have significant issues that are not being appropriately heard or addressed within the CRG;
- the senior committee (Clinical Priorities Advisory Group) for prioritising commissioning decisions in directly commissioned services will make recommendations to the Board and will have a lay chair to be appointed by the Medical Director;
- setting out a clear model of public and patient engagement for specialised services so that there is an expectation of ongoing dialogue with a range of interested parties, not just a reliance on the CRG patient and public members to provide that voice. This would crucially include CRGs commissioning and taking forward bespoke insight work to generate clear, evidenced data on what patients and carers want from specific services. We expect this model to be published by the end of June;
- a clear commitment that future public consultations will ordinarily run for the full recommended twelve week period.

CCGs’ statutory duties on patient participation and public involvement

18. Historically NHS bodies have been under a duty to involve their local population in decisions about the design and delivery of NHS services. This duty transfers to CCGs in the 2012 Act. For the first time it is supplemented by a duty on CCGs to support individual patients to be more active participants in their own healthcare. Patients and Information Directorate is therefore developing guidance to CCGs (and NHS England as a direct commissioner) on both of these statutory duties. It is expected that the guidance will be published by the end of June and will also be a resource to be used by NHS England’s own directly commissioned services colleagues.
19. We are working with CCGs and other interested parties, particularly voluntary sector groups, to ensure that the guidance is clear about our collective commitment to hearing and acting on patient and public voice and how we can best support this in practice. We expect the guidance to be concise and to set out NHS England’s commitments in this area. It will be underpinned by a series of best practice case studies, tools and resources that will be made

available to CCGs and direct commissioning colleagues in an online library. We are also supplementing this with a public and patient involvement network as one of the Clinical Commissioning Assembly working groups.

Building Health Partnerships

20. An early initiative aimed at enhancing patient and public voice that the Board has already launched is the Building Health Partnerships programme. This has used one off grant funding of £1m made available by the Department of Health to enable local voluntary, community and social enterprise (VCSE) sector organisations to partner with CCGs to develop shared approaches to public and patient focused work. Applications for the grant were only considered where VCSE organisations had the active involvement and support of their local CCGs. A maximum of twelve grants were available and have recently been awarded to sites spread geographically across the four NHS England regions. There were over 120 applications and the high level of interest from CCGs in getting involved in such partnerships at a crucially busy time for them demonstrates the degree of commitment to joint working across sectors in the patient and public interest. The learning and benefits of the work will be spread to all CCGs and VCSE organisations across England who will be able to adapt and build on the best practice they develop.

Tim Kelsey

National Director for Patients and Information

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