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| **Statutory Guidance on Working with People and Communities 2022**  **Case study template** | |
| **Details** | |
| **Title of the case study** | **Patient and Public Insight**  **Includes: System Insight Group and Patient and Public Insight Library** |
| **Organisation** | Joined Up Care Derbyshire – Derby and Derbyshire’s Integrated Care System (ICS) |
| **Synopsis** | At the start of the Covid-19 pandemic, once we all started to realise that it wasn’t going to be over in a few months and was going to go on for a while, it seemed that every organisation working with the ICS system, i.e., the Local Authority, the VCSE sector, Foundation Trusts and GP practices all wanted to gather insight on how people were experiencing the pandemic, and how it was impacting on their lives. Residents in Derby and Derbyshire began to get inundated with requests to share their experiences, stories, fill in surveys, and respond to all manner of requests. Duplication was rife, as no one was collaborating.  This was particularly apparent when we began to move to remote access to services, i.e., telephone and digital platforms, as there was intense interest in people’s experiences of this, and concerns about digital exclusion, hence people were inundated with surveys.  To try to prevent duplication and co-ordinate our efforts to gather patient and public insight a System Insight Group was set up, bringing together patient and public experience and engagement leads from across the system, in NHS Trusts, the Local Authorities, and the VCSE sector. |
| **Key contact** | Name: Karen Lloyd  Email address: [karen.lloyd24@nhs.net](mailto:karen.lloyd24@nhs.net) |
| **Content** | |
| **Background** | At the start of the Covid-19 pandemic, once we all started to realise that it wasn’t going to be over in a few months and was going to go on for a while, it seemed that every organisation working with the ICS system, i.e., the Local Authority, the VCSE sector, Foundation Trusts and GP practices all wanted to gather insight on how people were experiencing the pandemic, and how it was impacting on their lives. Residents in Derby and Derbyshire began to get inundated with requests to share their experiences, stories, fill in surveys, and respond to all manner of requests. Duplication was rife, as no one was collaborating.  This was particularly apparent when we began to move to remote access to services, i.e., telephone and digital platforms, as there was intense interest in people’s experiences of this, and concerns about digital exclusion, hence people were surveyed to death.  To try to prevent duplication and co-ordinate our efforts to gather patient and public insight I set up the System Insight Group and brought together patient and public experience and engagement leads from across the system, in NHS Trusts, the Local Authorities, and the VCSE sector. The inaugural meeting was June 2020. |
| **The need** | At our first meeting, we agreed that the vision of the Insight Group should be to ‘develop a culture of being insight-led across the system when making decisions’ – insight could be from evidence, research, reflections, conversations, observations, from any number of different sources.  The aim of the System Insight Group was to try and link this insight together.  In the short-term the aim has been to gain an accurate and deep understanding of people’s experiences during the Covid-19 pandemic, but the structures we have put in place will have longer term benefits for the system.  Our general aims were to:   * Collect and organise insight being gathered across the system to make it easily accessible and searchable. Insight could be gathered from:   + - Healthwatch     - Provider- and service-level surveys and patient groups     - Derby and Derbyshire Clinical Commissioning Group (DDCCG) Patient Experience Team     - Council Feedback     - Local Care Opinion Information     - Voluntary and Community Sector, including community response hubs     - Public health information * Promote and achieve buy in from system partners to use this insight in decision making, and before making decisions to engage with the public. Reviewing existing information can save time and money and point towards gaps in insight. * Reduce over-surveying of the residents of Derbyshire, reducing instances of people being asked the same questions. * Support collaboration between organisations around gathering insight by enabling links to be made between individuals /organisations who are working on the same area or are wanting the answers to the same questions. Maximising scarce resource. * Move away from seeing residents as patients, service users, or communities, depending on which organisational perspective you hold, and see them as people who need to be put at the heart of decision making across the system, i.e., despite having multiple public sector partners, we have one Derbyshire population. * Support the use of a variety of methods for gathering insight, moving away from an over reliance on surveys to methods that nurture and use existing relationships. |
| **The solution** | The System Insight Group proceeded to meet every 6-8 weeks with some gaps during waves of the pandemic. It’s two main outcomes to date are as follows:   * **Patient and Public Insight Hub -** One of the main aims of the group has been to develop a solution for collecting, and collating insight gathered across all system partners for Derbyshire that is easily accessible and searchable by a wide variety of professionals to inform decision making. As a result, we now have a ‘Patient and Public Insight Library’ set up on the NHS Futures Platform. New insight is being added to the library on a regular basis, and any member of staff can join. The aim is to assist decision makers to find current insight in the system, with the aim of avoiding duplication and consultation fatigue. To join, click here [Joined Up Care Derbyshire Public and Patient Insight Library - FutureNHS Collaboration Platform](https://future.nhs.uk/ER_DMA_JUCD/grouphome)   If you are not currently a member of the NHS Futures Platform, you will need to register. You do not need to have an NHS email to join the platform.  All reports entered into the library are tagged so that they can be sorted by theme, service type, district, and a number of other categories.   * **Remote access to Health and Care Report -** This report came about as it was evident that there was a large amount of insight being gathered across the system with regard to remote access to health and care services due to social distancing measures being implemented and concern about infection rates.   This report pulls together a large proportion of that insight into one report, summarising the key themes and consideration for decision makers.  The idea behind the report is that decision makers will have a comprehensive starting point with regards to insight when making decisions about the recovery of services going forward and will only need to consider conducting additional engagement if this fills a gap in insight within the report, thus avoiding consultations fatigue and duplication.  A ’digital inclusion checklist’ was developed using the content of the report, which has been written into the System’s Digital Strategy’ and will be promoted to all service providers to ensure good practice in remote access implementation programmes.  Next Steps:   * We would like to do more work similar to the Remote Access to Health and Care Services report, collecting together insight from all partners in the system around topics that we all have an interest in. However, this would require additional resource in our team. As the reports on the Insight Library grow, it would also be useful if we could collate and theme insight around certain categories and themes to support its use in decision making. Unfortunately, this isn’t possible currently, so someone searching the library would need to do that work themselves. * We would like to take this one step further and look at how we collate, analyse, and interpret more informal data that is present in communities. We are currently setting up a learning network with the support of some VCSE colleagues, with the aim of identifying good practice in communities around gathering insight, so that we can achieve our aim of putting the voice and lived experience of people and communities at the heart of what we do in the ICS. This approach is about finding out where people are already mobilised to engage in meaningful conversations about ‘what matters to them’ and for us to make sense of that and to take action as a system. It’s looking at how we ensure the ‘interfaces’ are there from the bottom up to ensure we listen with purpose, learn from those conversations, and take action at all levels of the Integrated Care System. Promoting a culture of listening, learning, and taking action together through a long-term continuous process, not one-off conversations. |
| **Costs** | The costs associated have been minimal so far.  We paid £400 for someone to set up the Insight Library on NHS Futures. This was more to save time, as there is support from the platform if someone wanted to try and do this themselves.  The rest has mainly been staff time and we’ve used our current team resource, but as I’ve suggested above, there are things we would like to do that require more time than we have currently.  Hence, to progress this work further we have identified the need for a post that can collate, analyse and interpret data around themes evident in the system. This would be both for the formal and informal insight. |
| **Challenges** | Raising awareness of the System Insight Group, and the Patient and Public Insight Library. It’s one thing to create something, but another getting people to use it. This work is ongoing.  Even people who know about the Insight Library don’t always tell me about insights they have that could be uploaded, which can be frustrating at times, but we are getting there slowly.  We are hoping to build the System Insight Group into the architecture of the ICS at some point.  Time … there is never enough time to make something as good as what you want it to be.  The pandemic stalled things regularly, which has impacted on the momentum of the initiative. |
| **Impact** | It’s definitely making patient and public insight more accessible – for example, we had Adam from the Derby West Indian Community Association along to one system Insight Group meeting, and he told us about some research he had done into their experiences of accessing social care. The discussion this created, and the interest he got from the group, was immense. He got so many offers of support, without it, his research might not have had the same reach. This is exactly the type of insight we want to find and use in our ICS. We are only at the beginning of that journey, but Adam’s input into the System Insight Group, and Insight Library, made me realise that the journey we are on is extremely worthwhile.  Trusting relationships – meeting together as experience and engagement leads in the system helped us to build relationships and I feel that we would be more likely to call on each other, and help each other now, than before. We all have different skills, knowledge and experience and if we were to see ourselves as being part of a system team, rather than working for individual organisations, we could have far more impact than we can as small teams working within organisations. I’ve recently invested time in having a 1:1 meeting with the majority of experience and engagement leads in the system, to find out more about the insight that each organisation is collecting, and how we could work together better, to listen and learn from insight as a system. The pandemic has had a huge impact on experience and engagement teams, but I feel that there is definitely scope for more joint working going forward. |
| **Lessons** | * Give it time – not everyone engaged with the group at first, but after time, and with greater recognition of the group, attendance grew. * I started this during a pandemic which was both the right time and the wrong time. The right time as it presented opportunities e.g., the remote access work, but also barriers in that every time we had another wave of the pandemic, everything paused which halted the momentum of the group. It’s important to identify some early wins, to kick start the momentum of the groups, but also look to the long term and have a game plan. * Enlist the support of the VCSE sector, they have been amazing, and I couldn’t have done this without them. There are some incredibly knowledgeable and skilled people in the sector that have helped us to define our purpose. The learning network I mentioned earlier is being set up by [Active Derbyshire](https://www.activederbyshire.org.uk/), who understand far better than me how to enlist the support of the sector through a bottom-up approach. * Don’t try to go for gold straight away, as you’ll never get there, build it up gradually, it’s much more manageable that way. Well that’s my approach anyway, if I’m making steps in the right direction, even small steps, I’m happy. Perfection only leads you to tie yourself in knots! |
| **Next steps, sustainability and scaling** | I have already mentioned this in the [solution above](#next_steps). |
| **Find out more** | I’m told that NHS E/I is looking into creating a template of the Patient and Public Insight Library on the NHS Futures Platform for other systems to use. We have agreed to share ours for this purpose. If you are interested in our library take a look at it using the link included above (you will need to ask for us to invite you), and then have a chat with Lee Mellor our comms and engagement specialist [lee.mellor1@nhs.net](mailto:lee.mellor1@nhs.net). Who would be happen to discuss things that you need to consider before setting this up.  For more information about the System Insight Group I’m always happy to have a chat [karen.lloyd24@nhs.net](mailto:karen.lloyd24@nhs.net) Head of Engagement |
| **Resources** | |
| Add files |  |
| Add hyperlinks | To join, click here [Joined Up Care Derbyshire Public and Patient Insight Library - FutureNHS Collaboration Platform](https://future.nhs.uk/ER_DMA_JUCD/grouphome) |
| **Media**  How do you think this case study could be presented? | |
| Text |  |
| Video |  |
| Audio file / podcast |  |