

Improving Patient Experience & Engagement in Quality

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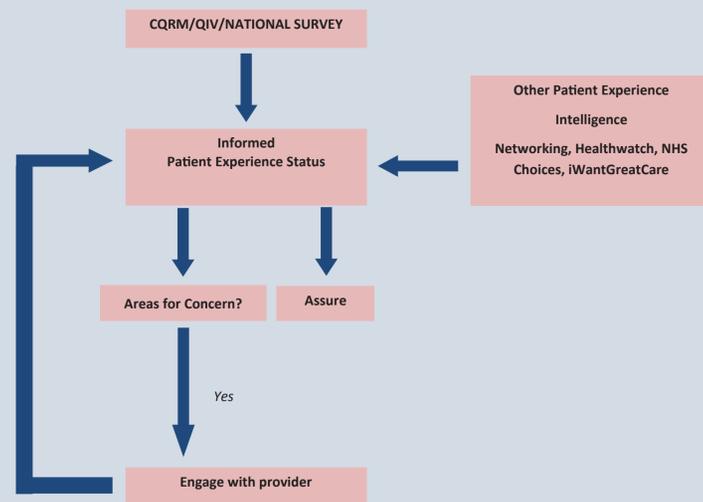


North East Hampshire and Farnham
Clinical Commissioning Group

Introduction

It is critical now more than ever that services are commissioned to be delivered in a way that is most effective for the patient. In order to do this it is vital that patients are part of the 'team' throughout the full cycle of commissioning activities. There is no resource to commission services that patients do not engage with. The recognised definition of quality in healthcare involves three strands; patient experience, patient safety and clinical outcomes. Currently, the CCG's quality team gathers information on patient experience through formal mechanisms such as Clinical Quality Review Meetings, Quality Insight Visits and National Surveys. There are also other 'softer' more ad hoc mechanisms for gathering patient experience via networking, monitoring the CCG's comments and complaints log and also use of open data sources such as NHS Choices and iWantGreatCare.

Current Use of Patient Experience Information



As shown above, the routine use of patient experience information tends to exist within quality work streams only and there is no direct engagement with service users in a planned or as required manner.

Arnstein's Ladder of Citizen Participation¹ describes the types of participation and 'nonparticipation' of citizens around their extent of power in determining the end product. The initial rungs on the ladder are grouped as nonparticipation; manipulation and therapy, with the next grouping classed as tokenism; informing, consultation and placation. It could be argued that by listening to patient experience feedback such as the results of a survey and encouraging the provider to act upon the results such as 'you said, we did...' the CCG acts in a tokenistic way that placates citizens at best. The next step would be to climb the ladder into the 'citizen power' group of partnership, delegated power and citizen control.

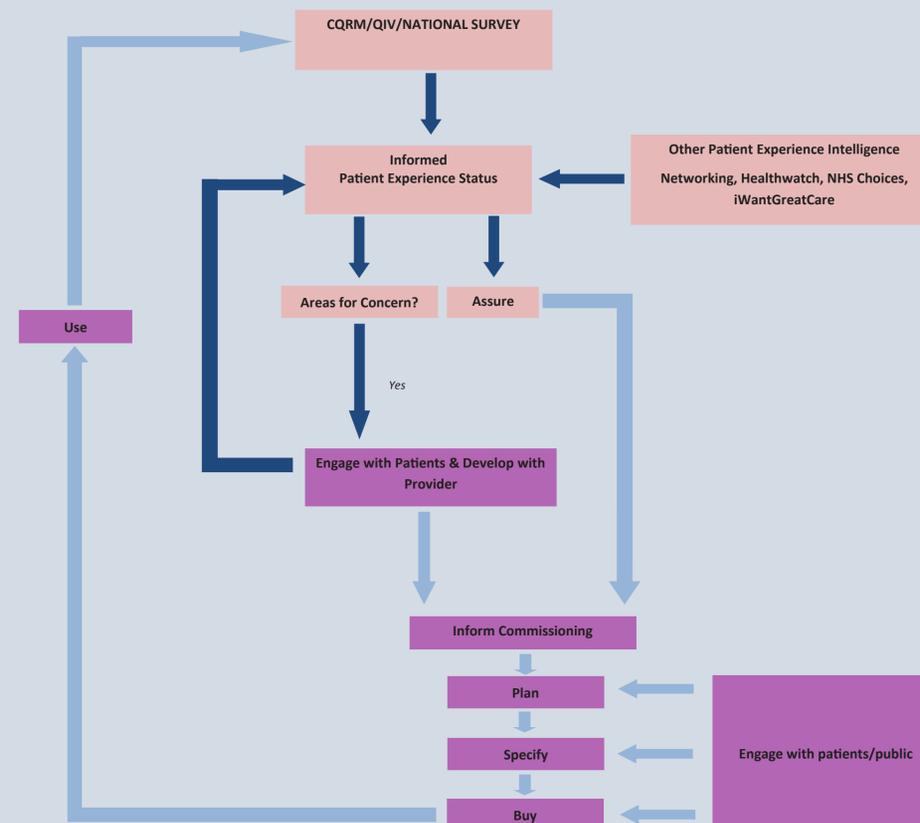
There are excellent examples in pockets throughout the CCG of patient engagement but it is not yet a core part of commissioning and quality functions of the organisation. This is also mirrored in the way in which the commissioning and quality teams work together; moments or periods of alignment and excellence scattered amongst the more routine siloed approach.

Project Goals

- Enable CCG colleagues to conduct engagement activities around patient experience
- Quality Team to use engagement activities around patient experience to inform quality schedules
- Commissioning & Quality Teams working together throughout the commissioning cycle around patient experience

Project Description

Proposed Use of Patient Experience Information



The schematic above sets out the proposed update for utilising engagement throughout the commissioning cycle alongside enhanced assurance mechanisms using engagement methodologies. In order to enable the project goals a practical guide to 'Patient Experience Through Engagement' will be produced and explored by work shop sessions held jointly between commissioning & quality teams, underpinned by engagement lead support.

Patient Experience Through Engagement

Currently in development, it is proposed that the guide will feature the following elements

1. Introduction to Public & Patient Engagement
2. Engagement Theories (Ladder of Citizen Participation, Stakeholder Mapping, Power & Personal Style, Leading Change)
3. Engagement Techniques & Methods
4. The CCG & Engagement
5. Resources & Key Contacts

Workshops

1. Introduce Public & Patient Engagement
2. Explore & Discuss: Why, How & When
3. Introduce 'Patient Experience Through Engagement'

Evaluation Strategy

- Questionnaire at 3 & 6 months following publication of 'Patient Experience Through Engagement' & active dialogue
- Questionnaire following workshops

Key Findings

- Engagement with patients and public can take many forms
- Engagement does not mean asking everyone but instead the right questions to the right people at the right time
- Manage expectations; patients and public opinion is vital but may not always be fully achievable
- Understand the balance of power and always strive for parity
- Meaningful engagement will be new for many and will take time; it is vital that teams are afforded this time, it will be repaid in the long run
- Engagement should be routine throughout the commissioning cycle and bring commissioning & quality together
- Truly understanding patient experience through engagement will enable CCGs to make better commissioning decisions

Conclusions

It is anticipated that this project in combination with projects across the CCG will support a change in culture and approach towards public and patient engagement. It is vital that engagement leads play a proactive role in making engagement accessible and constantly inspiring others with its value.

Patients and the public are the experts on experiencing care and the information they hold is a critical piece in the puzzle of high quality commissioning. All CCGs must be truly with the experts on experience at each step of the way.

References

1. Arnstein, Sherry R. "A Ladder of Citizen Participation," JAIP, Vol. 35, No.4, July 1969, pp.216-224

Credits

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We've got this!

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