

Using feedback from patients and carers in health services – an overview from Islington CCG

Every part of the NHS, at every level, needs us to be engaged with the people we serve. Islington CCG has a duty to engage with its local population to ensure that services meet their needs, are providing high quality care and that people are supported to look after their own health (where appropriate).

Patient experience is everybody's business, yet evidence suggests the NHS does not consistently deliver patient-centred care. There are particular challenges in coordinating services around the needs of the patient. (Currently, the patient can feel as if they are being passed between services). Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. We also know that good staff experience is fundamental for ensuring good patient experience.

Care and treatment in the NHS should consistently include: compassion and respect for patient's preferences and expressed needs; equal access to services; good communication and information; physical comfort; emotional support; welcoming the involvement of family and friends. The NHS should seek out, listen to and act on patient feedback, ensuring the patient and carer voice is heard and directly influences improvements in NHS services.

This report provides members with an overview of:

- Why collecting feedback is important in healthcare
- The role and experience of the CCG
- Patient and Public feedback to the CCG in 2014
- Healthcare Providers and a summary of the type of feedback they receive

1 Why collecting feedback is important in healthcare

NHS England has identified a set of key areas for action. These are actions which will need to be taken forward in partnership between NHS England, Clinical Commissioning Groups across the whole commissioning system, and other partners such as local community, and HealthWatch and voluntary sector.

- Improving the experience of the most vulnerable and reducing inequality
- Commissioning for good patient experience
- Measuring patient experience for improvement
- Systematic approaches to seeking out, listening to and acting on patient feedback.

Measuring patient experience for improvement

A raft of national surveys, the Friends & Family Test and local approaches to evaluating the patient experience are currently employed to measure the patient experience. The information this provides gives in-depth insight into some areas of patient experience. However, overall there is an incomplete picture of the patient experience across the range of services and breadth of patient groups.

There is also a challenge in moving the measurement of patient experience from a policy recommendation to a driver for change, with accountability for improvement of patient experience. Failure to act on feedback will jeopardise the confidence of patients. To improve patient experience, the NHS must build capacity and capability in both providers and commissioners to act on patient feedback. It must also build the skills and tools to enable

local NHS organisations to analyse different sources of feedback, identify key issues that need to be addressed and then put in place improvement plans that deliver an improved experience.

Systematic approaches to seeking out, listening to and acting on patient feedback

Following the publication of the Francis report there is heightened awareness and concern about the patient experience. This opportunity must be maximised to embed accountability for the patient experience systematically throughout organisations' commissioning and provision of NHS services. Provider organisations' executive boards should be held to account for the patient experience e.g. through existing Quality Surveillance Groups, Monitor and CQC reporting processes. Information about patient experience should also be made publically available.

2 The role and experience of the CCG

There are a number of ways that Islington CCG gathers feedback.

To engage with the local population Islington CCG's approach has been to create multiple layers of engagement and a network by which people can feedback. We have developed an approach that does not rely on those people who have the time and inclination to participate. We have created routes to reach out to as many people within the community as possible and engage with people who may not usually find a voice, delivering a targeted approach and working with our local third sector. As well as developing links for engagement we are also keen to support our local third sector in sharing best practice and learning to develop, and support, local communities to identify their needs and skills to be able to self manage. This work supports all of our major strategies and work programmes within the CCG i.e. Children's Strategy, Urgent Care, Primary Care, the Integrated Care programme and our five year plan

We use community feedback throughout the organisation and within all steps of the commissioning process. We work in a creative and innovative way.

Over the last year we have spoken to approximately 1000 people. Please note this will include some repeat people (e.g. at PPGs) and community group representatives.

Our engagement and community wellbeing work can fit into one of the below categories:

- Insight which feeds directly into our commissioning of services, evaluation of services and service improvement
- Enabling all of local community to provide insight with us (Equalities research and work)
- Role of local community as external observer and advisor – PPGs and Community members
- Community wellbeing and sustainable self-management support.

As well as the conversations that we have with local people its also important that we are aware of the experience patients have when using local health services. Positive patient experience is common in NHS. However, care is inconsistent as seen in recent examples documented in the Francis and Winterbourne View reports of wholly unacceptable care. The poorest care is often received by those least likely to make complaints, exercise choice or have family to speak up for them, and there is evidence of unequal access to care.

Patient and Public feedback to the CCG in 2014

Considering our duties, the challenges we face in and how we aim to meet these listed below are the ways in which we have involved and engaged the local community in the last year. For the year ahead we hope to build upon and strengthen this work, with more emphasis on partnership working particularly with the Council – through Public Health and the Health and Wellbeing Board. We also wish to further strengthen the way we commission patient experience and involvement within our providers.

Insight and engagement:

Patient Participation Groups (PPGs)

Islington Clinical Commissioning Group holds Locality and Islington-wide PPGs. This is where patients from across either the South, Central or North of Islington meet with other patients in their immediate local area to discuss the wider health issues important to Islington patients. The Locality PPGs then also meet altogether twice a year for an Islington wide PPGs meeting.

The CCG has developed a strong PPG structure. There are now approximately 30 people attending each Locality meeting (three across Islington: North, Central and South and 100 attending each Islington-wide meeting).

We have commissioned Voluntary Action Islington (VAI) to support the groups to promote independence and there are patient chairs for each of the Locality who are being supported by the VAI officer.

There is a yearly review of the PPGs (with all attendees) once a year in June to help them develop in line with the attendees wishes. Patients are asked to highlight topics they would like discussed (at this meeting and throughout the year.)

The meetings tend to be a mixture of information sharing and space to give feedback on key points.

Community Members (patient volunteers)

We have a community member on each of our working groups, committees or boards. We hold regular networking meetings to link the members up and share learning. Some volunteers participate in the monthly contract review meetings with our major providers.

Third sector open discussion forum

We hold quarterly meetings with the Third Sector in Islington. The Third Sector Open Discussion Forum helps to link up local third sector organisations and begin to map the ways they can support the local community, as well as building relationships with our Third Sector, this helps us reach out to those who experience barriers in accessing services.

We are also working with public health to help identify the skills which are within the voluntary sector – providing opportunities for this group to work more effectively together, bid for work and non-traditional services.

Insight projects

We carry out research and insight projects throughout the CCG's work to understand what patients' needs are, what their experiences of using the current services and system are, and service and support ideas.

We have undertaken numerous projects within the last year (and will continue to do so).

- Integrated Care and 'I statements.' As part of developing the Integrated Care Pioneer Programme we spoke with approximately 240 people with Long Term Conditions and from the local community about what they wanted from their services. This directly shaped the pioneer proposal and programme. Out of this research several key themes were identified. These were vocalised through the creation of Islington 'I Statements.' These were:
 - 'I want to be treated as a whole person and for you to recognise how disempowering being ill is'
 - 'I want my care to be coordinated and to have the same appointment systems across services'
 - 'Better access to health care through social services and vice versa'
 - 'No clear systems and processes through all healthcare services'
 - 'I want to have longer appointments with someone who is well prepared so that I do not have to tell my story again'
 - 'I want to feel supported by my community and get the most out of services available locally'
 - 'I want to be listened to and be heard'
 - 'Helping people to help themselves.'
- Last Years of Life (LYoL) and Voice for Change: Voice for change is a community group that feeds directly into LYoL steering group – identifying issues that need to be looked at and discussing in depth some of the challenges which face the LYoL work programme. Two groups are held each month with a Dying Matters event held over Dying Matters week (Last year's attendance was 100).
- Urgent Care patient review: a review of urgent care services was carried out. This included 24 face to face, 132 surveyed and 180 surveyed face to face within Urgent Care Centres. Patient's feedback has directly influenced the recommendations and proposed model.
- Women's annual mental health event: for two years in a row we have held a mental health event for women who use mental health services in Islington. Through these events we have developed a strong relationship with Camden and Islington Foundation Trust's service user Women's Strategy Group.
- Self care patient review with Long Term Condition patients. 30 Long Term Condition patients were spoken with around how they would like to be supported in managing their Long Term Conditions. This feedback has helped to shape our commissioning plans for 15/16.
- Value Based Commissioning for Diabetes: As part of Value Based Commissioning, patients were engaged with to find out what patient outcomes mattered to them when using services. These are now being used to design the new commissioning pathways.
- IBUG: the mental health service user group:

Among other things they have:

 - Challenged the clinical effectiveness and poor patient experience
 - Successfully advocated for the development of a Recovery College and the Phoenix Peer-to-Peer support model
- We also have a series of patient stories at Governing Body learning seminars.

Children's Commissioning:

Children's services have an engagement officer who undertakes all engagement related to children and young people in health. In the last year they have undertaken:

- Involving young people in HealthWatch
- Young carers insight and photography project
- Autism review

- Self management pilot programme for young people and families with epilepsy and asthma (continuing)
- Working with young parents to find out their experiences of care and support them.
- Young mothers and fathers have been involved in providing feedback around their experiences of Family Nurse Partnership (a service for first-time young mothers) and other services available for young parents in the borough – this feedback will be used to inform service development
- You're Welcome: You're Welcome is a 'mystery shopping' programme to ensure that health services are 'young people friendly'. Six services were engaged this year including a GP practice, 3 children's centres, sexual health provision and the Tavistock and Portman
- Youth Health Forum: the forum brings together practitioners and young people to develop health and wellbeing support for young people.
- Involvement in Children's and Adolescent Mental Health Services (CAMHS): young people have been involved in all recruitment panels for new CAMHS clinicians this year. Community CAMHS have used You're Welcome recommendations to inform service development
- Tenders and Contract reviews: young service-users contributed to the development of the service specification for the Family Drug and Alcohol service

Mental Health Commissioning

Peer Support Workers - Service users are 'experts by experience' and the creation of paid peer support worker roles, in services, ensures this is recognised and utilised. They undertake the same duties and receive the same training as support workers employed through other routes, with additional support. Camden and Islington Foundation Trust (CIFT) has appointed peer support workers in local Crisis Teams.

Mental Health commissioners have procured a peer support model of 'Reablement'. This provides intensive short term support to service users with the aim of increasing their independence and reducing the need for on-going or high level services.

Recovery Colleges - Islington CCG has commissioned a Recovery College and is working with Camden & Islington Foundation Trust and the Centre for Mental Health to develop this transformational service. A recovery college will deliver comprehensive peer-led education and training programmes within Mental Health services, with strong links to psycho education for staff, patients and their carers.

The aim is for people who use MH services to become experts in their own self-care and develop the skills they need for living and working, managing their symptoms, finding a job, remaining stable, find somewhere safe to live and help them maintain supportive relationships with family and friend. It will enable large NHS organisations to take a big step on the road toward peer support and in the content and process of delivery, and breakdown stigma.

Equalities and Diversity engagement

A key part of our insight work is to engage with and listen to people within the community who can often go unheard and yet can be some of the most vulnerable group and have the highest needs. Often the experiences of using services and the system is that they are difficult to access, understand and do not meet their needs nor are supportive.

We, therefore, have a special strand to our engagement work which looks specifically at those groups who fall under the nine protected characteristics and inclusion health groups. This includes:

- An annual meeting which identifies equality issues in Islington (run in conjunction with HealthWatch)
- An Equalities rolling programme which has started in June 14. This includes workshops and focus groups with the above mentioned groups to understand in more depth their specific needs and challenges / obstacles.
- We have attended the Refugee and Migrant forum, and have made a commitment to continue attending as and when they need us to.

Through this work we have created customer care training for reception and administrative staff in GP practices, which we commissioned through the local voluntary sector organisation Body & Soul. This work is currently being evaluated and will feed into the workforce development programme. We have also worked with HealthWatch Islington to look at the quality of interpreting services within GP practice. The full report and recommendations we will be taking forward.

Meeting the Individual Participation Duty:

Through working with Islington's strong third sector we want to ensure there is a way of working which supports local people to maintain the best wellbeing, self-care and provides another route to gather very local level insight, engaging the local community to act upon this insight.

Some of the self-care projects this year are:

- Long Term Condition Locally Enhanced Services. Offer of a yearly care planning consultation for Long Term Condition patients.
- Training for health professionals in effective patient consultation coaching techniques
- Personal Health Budgets: Currently in pilot phase with:
 - Continuing Healthcare patients
 - Mental health patients, the focus is on young adults transitioning into adult services
 - Within GP practice for patients with Long Term Conditions.
- Locality Health Navigators have been created to help GPs and patients navigate wellbeing services within Islington. There will be four across Islington
- Community Wellbeing Project: through working with Help on you Doorstep, we have created a local community wellbeing project on the New River Green Estate. Help on your Doorstep (through their Good Neighbour Scheme) have worked with local residents to assess both their needs and skills. Through this insight a range of community wellbeing support has been and will be provided which the residents are involved in both participating in and providing. This includes, providing additional support to Essex Giants – a football team set up by residents to support the boys and girls who live on New River Green Estate.

Relationship Building:

Relationship building is key to all of the work we carry out: developing good relationships with the individual people we speak to and the community organisations and peer groups who help us in our work whether this be supporting research or wellbeing.

Some of the notable groups we have developed a good relationship with are:

- Women's strategy group (mental health)
- IBUG
- HealthWatch
- Body & Soul
- Voluntary Action Islington

- Diabetes UK
- Cripplegate
- Help On Your Doorstep

We continue to develop and create new relationships through our work.

Healthcare Providers and the feedback they receive

As well as the work which Islington CCG undertakes, every NHS organisation and those commissioned to deliver NHS services are expected to collect and publish patient feedback. Islington CCG monitors this data through the Quality and Performance Committee. It provides an early warning mechanism to organisations of problems, recognises good practice and gives potential patients insight that help make choices of care.

There are many quantitative and qualitative ways in which they do this including:

- Friends and Family Test for service users and staff
- Complaints, comments and compliments, PALs
- Publishing information such as safer staffing levels, falls and mixed sex wards breaches
- Public Board meetings
- Qualitative research
- Local and national surveys

Below is given a brief description of some of these tools but a more comprehensive study of how patient experience can be gathered is provided by the Health Foundation in their report of 2013. This can be found at:

<http://www.health.org.uk/public/cms/75/76/313/4300/Measuring%20patient%20experience.pdf?realName=7qM8Wm.pdf>

Friends and Family Test (FFT):

The Friends and Family Test (FFT) for patients is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. It was initially for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from A&E (type 1 & 2) from April 2013. As of 1st October 2013 the survey was extended to include women of any age who use NHS funded maternity services.

From April 2014 the Staff FFT was introduced to allow staff feedback on NHS Services based on recent experience. Staff are asked to respond to two questions. The 'Care' question asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The 'Work' question asks how likely staff would be to recommend the NHS service they work in to friends and family as a place to work. Staff FFT is conducted on a quarterly basis

Complaints, comments and compliments, PALs

All NHS organisations are expected to encourage feedback, be that of significant concerns or suggestions for minor changes. The Whittington's website is typical of how Trusts might promote this:

*Comments, Compliments, Concerns and Complaints
The PALS (Patient Advice and Liaison) and Complaints Service are here to support you.*

- If you have a question - ask us
- When we do something right - compliment us
- If you have a comment - tell us
- When things do not go well - raise your concern or complaint with us

We will listen and learn from the feedback we receive.

To tell us about your experience you can:

- Speak directly to the people providing services to you. This is often the best way of resolving any problems or
- Contact our PALS and Complaints Service - We will pass on compliments and comments, investigate concerns and sort out any problems as quickly as possible.

Contact us

Please feel free to call, write or come and talk to us:

Chief Executive, Executive Offices, Whittington Health, Magdala Avenue, London, N19 5NF.

t: 020 7288 5551

e: whh-tr.whitthealthPALS@nhs.net

Commissioners review the themes and trends that emerge from this through the contract review process. The CCG also reviews the responsiveness of the Trust in terms of speed of their response and whether complaints are upheld. Trust's publish their performance on their websites (see below).

An example of the type of information received by Trust Boards regarding feedback is drawn from the December Board of UCLH in figure 1 below.

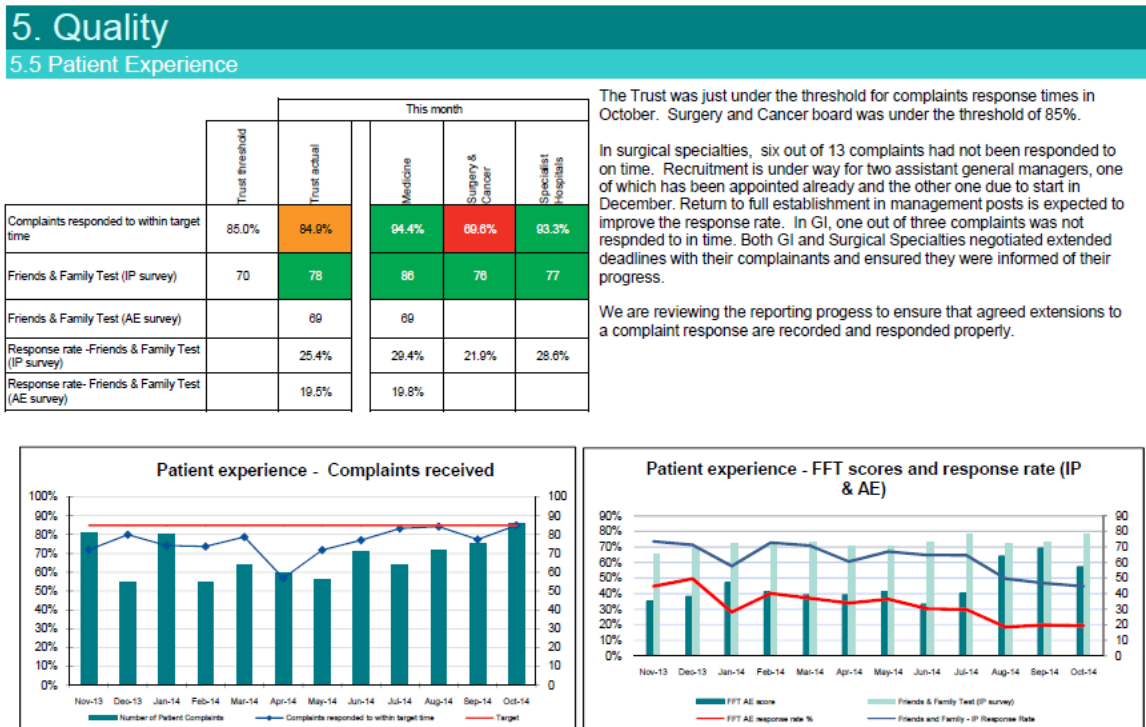


Figure 1

Publishing Information at Ward Level

Trusts are now encouraged to tell people about the key measures of quality by displaying performance figures in prominent places in the clinical area. This has proved successful in encouraging patients and visitors to raise issues that they might not previously. All inpatient areas are now encouraged to share information about:

Nurse staffing levels - The Safer Staffing information supports the implementation of the requirements set out in the National Quality Board (NQB) report 'How to ensure the right people, with the right skills, are in the right place at the right time'. From April 2014 all hospitals publish information about the number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

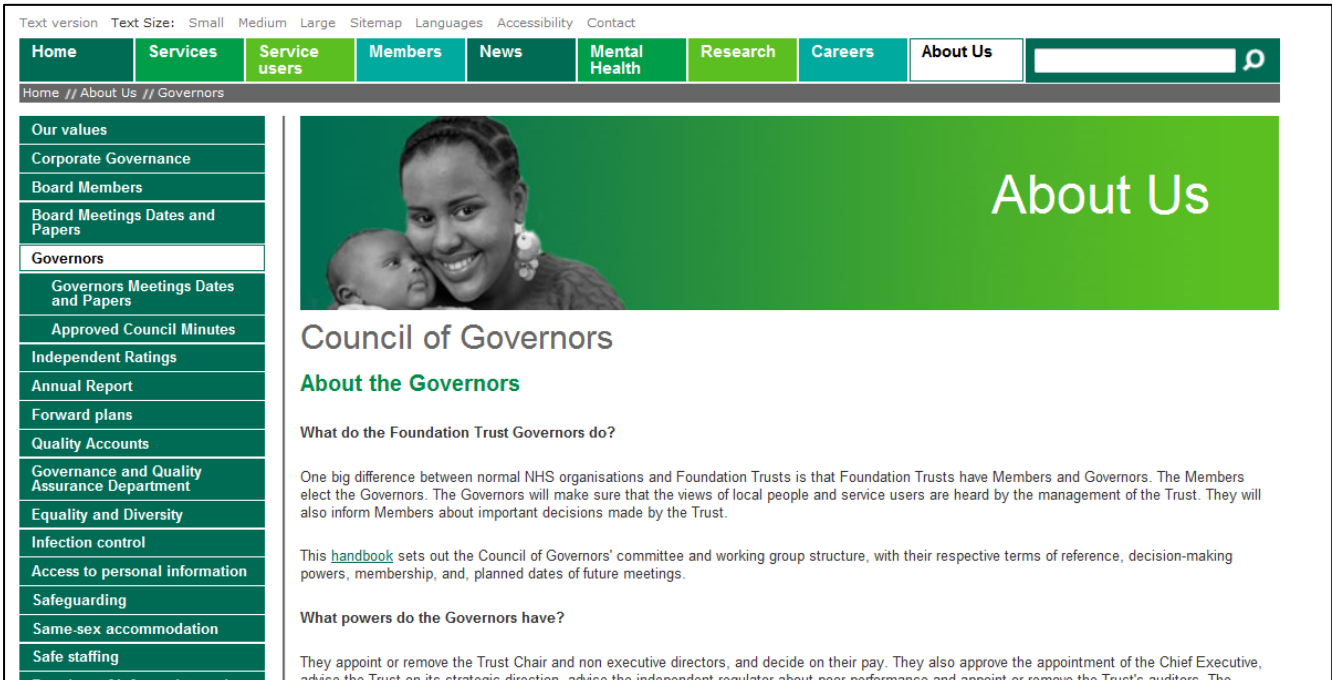
Mixed sex accommodation – this is another marker of patient experience. The aim is that everyone is able to stay on a same sex ward and should feel empowered to expect this.

Falls – one of the most common incidents reported in an inpatient setting has been falls and much work has been done in recent years to avoid these. Wards often declare how many days since the last reported fall to build confidence in patients' expectations.

Trust Boards

All NHS Bodies should meet in public and actively encourage participation and questions from the general public. Trusts have to appoint non-executive directors, primarily from their catchment area, to take a majority position on their Boards. Many have an agenda item dedicated to hearing directly from patients. This is the case locally. Foundation trusts are also expected to have governor and membership structures in place through which interested members of the public can "join" the trust and give their feedback directly to the senior management of the organisation. Whilst Whittington Health is not a Foundation Trust it does have an active membership.

An example of how trusts work with Governors is drawn from Camden & Islington Foundation Trust's website in figure 2.



The screenshot shows the website's navigation menu with links for Home, Services, Service users, Members, News, Mental Health, Research, Careers, and About Us. The breadcrumb trail reads 'Home // About Us // Governors'. The main content area features a large green banner with a photo of a woman and a child, and the text 'About Us'. Below this is the heading 'Council of Governors' and a sub-heading 'About the Governors'. The text explains the role of the Council of Governors, stating that they elect the Governors and that the Governors will make sure that the views of local people and service users are heard by the management of the Trust. It also mentions that a handbook sets out the Council of Governors' committee and working group structure, with their respective terms of reference, decision-making powers, membership, and planned dates of future meetings. The text concludes by stating that the Council of Governors appoint or remove the Trust Chair and non executive directors, and decide on their pay. They also approve the appointment of the Chief Executive, advise the Trust on its strategic direction, advise the independent regulator about poor performance and appoint or remove the Trust's auditors. The text is partially cut off at the bottom.

Figure 2

National and local surveys

As well as the Friends and Family Test, providers use surveys to gain information from their service users. Many of these are locally designed and maybe very specific to a service issue or problem. However there are national surveys undertaken the results of which are published and comparisons between providers can be drawn. The Care Quality Commission co-ordinate surveys to collect feedback on the experiences of people using a range of health care services provided by the NHS. The results are used in a range of ways, including the assessment of NHS performance as well as in regulatory activities such as registration, monitoring ongoing compliance and reviews. They include:

Accident and emergency survey 2014 - This survey collected information on the experiences of almost 40,000 patients who had received care from an accident and emergency department at the beginning of 2014.

Community mental health survey 2014 - This survey collected information from over 13,500 people who received community mental health services.

Ambulance survey of 'Hear and Treat' callers 2013/14 - This survey looked at the experiences of over 2,900 people who called an ambulance service in December 2013 and January 2014.

Inpatient survey 2013 - This survey gathered the experiences of over 62,00 people who were admitted to hospital with at least one overnight stay.

Maternity services survey 2013 - This survey collected the experiences of over 23,000 women who had a live birth between January - March 2013.

Outpatient survey 2011 - This survey collected patients' experiences of their most recent visit to an outpatient department

Other national patient feedback and experience collections include:

Patient Recorded Outcome Measures (PROMs) - PROMs measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery. Information on results is available from the Health and Social Care Information Centre at <http://www.hscic.gov.uk/proms>

Patient-led assessments of the care environment (PLACE) - This is the system for assessing the quality of the hospital environment, which replaced Patient Environment Action Team (PEAT) inspections from April 2013. PLACE assessments apply to all hospitals delivering NHS-funded care, including day treatment centres and hospices. PLACE assessments put patient views at the centre of the assessment process, and use information gleaned directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviour.

Websites:

NHS Choices (www.nhs.uk) is an excellent resource for patients who want to compare local services or leave feedback for others to see. An example is shown below using Whittington Health to demonstrate in figure 3 below.

The screenshot displays the NHS Choices website for The Whittington Hospital. At the top, there is a search bar and navigation tabs for 'Health A-Z', 'Live Well', 'Care and support', 'Health news', and 'Services near you'. The hospital's name, 'The Whittington Hospital', is prominently displayed, along with its contact information: Telephone: 020 7272 3070, Address: Magdala Avenue, London, N19 5NF, and Website: <http://www.whittington.nhs.uk>. A 'Leave review' button is visible, indicating that the hospital is based on 151 ratings. Below this, a 'Ratings' section shows an overall 4-star rating from NHS Choices users, based on 151 ratings. This is broken down into five categories: Cleanliness (4 stars, 153 ratings), Staff co-operation (4 stars, 157 ratings), Dignity and respect (4 stars, 155 ratings), Involvement in decisions (4 stars, 153 ratings), and Same-sex accommodation (4 stars, 114 ratings). A 'Reviews' section shows 247 total reviews, with a filter for 'Visited date' and 'Department: All departments'. A sample review is shown, where an anonymous user gave a 5-star rating for the Urgent care centre at The Whittington Hospital, titled 'Fantastic service'. The review text begins with 'We attended the Urgent care centre on the afternoon of Friday 2nd January 2015.'

Figure 3

As members will note towards the bottom of the picture there is an opportunity for people to leave their reviews, giving comments and awarding up to five stars. This facility is also provided by NHS Choices for other services including GP and Dental practices. An example of this is given for a few of Islington's practices in figure 4 below.

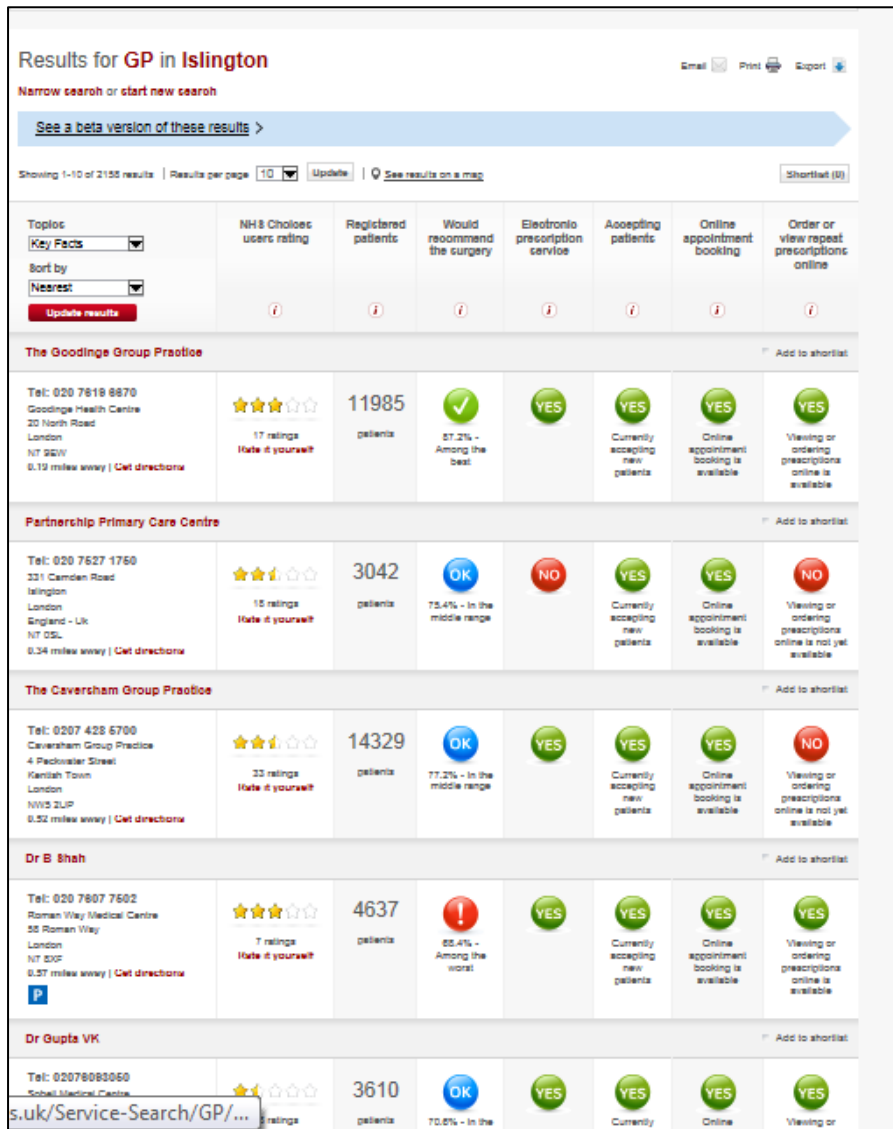


Figure 4

Each trust, practice or other provider is expected to provide simple and understandable information about how to leave feedback on their own websites. The following provide links to Islington's Trusts:

Whittington Health: <http://www.whittington.nhs.uk/default.asp?c=1341>

UCLH: <http://www.uclh.nhs.uk/PandV/Patientstories/Pages/Home.aspx>

Camden & Islington FT: <http://www.candi.nhs.uk/service-users/patient-advice-and-liaison-service-pals/>

Moorfields Eye Hospital: <https://www.moorfields.nhs.uk/content/tell-us-what-you-think>

Conclusion:

In Islington we have a strong foundation on which we can maintain and develop good levels of engagement. We would like to sustain and increase the number of people we are speaking to in the local community, making it as easy as possible to comment on their individual experiences of care.

Our aim is to create a yearly forward plan of our engagement topics – ensuring the community are given as much chance as possible to feedback, but also ensuring we are not asking very similar questions on similar topics throughout the year. To support this process we would like to create community researchers. Thus, building up skills within the community – and allowing us to build further relationships with Islington – hearing from those who do not always have a voice.

We will continue to develop and deliver on our Patient Participation Groups, Community Members and Third Sector Open Discussion Forum.

We will strengthen the way in which we feedback to the local community. We have developed our engagement and communications team – so we now have three extra members of staff. They will help support this piece of work. There will be dedicated space on the website highlighting how feedback has been incorporated into commissioning and letting people know about both the CCG's work and upcoming projects.

We are also strengthening our links and partnerships with Council – Public Health and other engagement teams, HealthWatch and the voluntary sector. Through work on early intervention and prevention, forward planning and the commissioning of community support we hope to build on the foundations already in place.

We also wish to build on the patient experience and involvement of our providers – ensuring that this is a key part of any service we commission. It is important that as leaders of local healthcare services – we drive forward change and improvement in this area enabling our providers to listen to the views and experiences of the local Islington population.