



ISLINGTON

# **PATIENT FEEDBACK SCRUTINY REVIEW**

## **REPORT OF THE HEALTH AND CARE SCRUTINY COMMITTEE**

London Borough of Islington  
June 2015

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## **Chair's Foreword**

One of the recommendations from the Committee's scrutiny into GP appointments was for GPs to establish more robust arrangements for patient feedback. This recommendation arose partly out of the findings of the committee, that different practices varied widely in their efficiency and capability of providing appointments in a timely manner, and to those who most need them. The committee felt that better feedback systems would help reflect these varying standards back to GPs, and we hope that this will lead to service improvements.

Following on from this it seemed to the committee that there was a lack of adequate feedback processes, or at least a lack of clarity about how patients give feedback, and that it would be worth scrutinising this issue separately.

By coincidence, the commencement of the scrutiny coincided with the introduction by the Government of the 'Family and Friends' Test (FFT). This was being rolled out not just to primary care, but all areas of the Health Service. The 'test' is a simple, semi-standardised test which asks "would you recommend the facility you have just been treated at to your family and friends", and also gives the opportunity to ask other questions. The committee felt that if there was to be only one other question, this should be as open-ended as possible to encourage patients to say as much as possible about the experience they had just had. The final element of the test however, is for the service in question to display the results of the test on a monthly basis, and also to display information on the type of feedback received and areas where the service had adapted and made changes as a result of feedback. This final stage is vital in order to give meaning to those patients that complete the feedback.

During the course of the scrutiny we learned that there have been multiple different structures for providing feedback to different parts of the health service, creating confusion, and in some instances, for example, patient user groups that meet during working hours during the week, there were major issues of accessibility for large cohorts of patients.

Having heard about these various different structures, and then contemplated the universality of the FFT, the committee felt that its main recommendation is for all areas of the health service to adopt the FFT in order for there to be a standardised and easily accessible means for patients to provide feedback. This, combined with the use of electronic devices (such as iPads, in the case of the Whittington) make it quick and easy for patients to give feedback, and also to capture the feedback whilst the patient is still on site and the experience fresh in their minds.

Whilst the implementation of the FFT is still ongoing, the committee is confident that as long as individual providers take the lead on implementation, the longer-term outcomes will be much improved. As a result of these findings, the committee's recommendations focus entirely on finessing the parameters of the FFT to ensure maximum benefit is gained from this universal, simple and immediate approach to feedback.

**Councillor Martin Klute – Chair, Health and Care Scrutiny Committee**

16/09/15

## Executive Summary

### Patient Feedback Scrutiny Review

#### Aim

**To understand the range and effectiveness of local arrangements for obtaining and acting on patient feedback to improve primary, community, acute and mental health services**

#### Objectives of the Review

- **To understand current arrangements and mechanisms for obtaining patient feedback in relation to local health services, including both nationally mandated and locally developed arrangements**
- **To review how providers and commissioners are acting on patient feedback to improve the quality and outcomes of local health services and provide feedback on our recommendations to local providers to improve feedback from patients**
- **To assess the effectiveness of different approaches to gathering and using patient feedback, with a particular focus on how feedback is secured from a wide range of patients representative of the Islington population, including harder to reach or more vulnerable groups**

#### Evidence

The review ran from January 2015 until May 2015 and evidence was received from a variety of sources including Islington Clinical Commissioning Group, Islington Health Watch, Patients and NHS England.

Following agreement of the Scrutiny Initiative Document (**set out in APPENDIX A**); officers designed a work programme for the Committee meetings, visits and documentary evidence.

The submissions are detailed in the minutes of the meetings of the Health Scrutiny Committee on the Council Democracy website (<http://democracy.islington.gov.uk/>) or from Democratic Services at the Town Hall (Tel: 020 7527 3252).

## Membership of the Health and Care Scrutiny Committee – 2014/15

### **Councillors:**

Councillor Martin Klute (Chair)  
Councillor Raphael Andrews  
Councillor Jilani Chowdhury  
Councillor Osh Gantly  
Councillor Mouna Hamitouche MBE  
Councillor Gary Heather  
Councillor Jean Roger Kaseki (Vice-Chair)  
Councillor Kaya Makarau Schwartz until February 2015 and then replaced by  
Councillor Nurullah Turan

### **Substitutes:**

Councillor Alice Donovan

Councillor Tim Nicholls

### **Co-opted Member:**

Bob Dowd, Islington Healthwatch

### **Substitutes:**

Olav Ernstzen, Islington Healthwatch  
Phillip Watson, Islington Healthwatch

*Acknowledgements: The Committee would like to thank all the witnesses who gave evidence to the review.*

### *Officer Support:*

*Peter Moore, – Democratic Services*

*Lead officers – Julie Billet, Director of Public Health*

## **Recommendations**

### **The Executive be recommended-**

- 1. That all providers of medical services, including Mental Health Trusts, should implement the Family and Friends Test (FFT) as required by the Government**
- 2. That all FFT tests should include an ‘ open’ supplementary question which invites comment**
- 3. That all providers should actively promote and encourage patients to complete the test, both with posters and face to face**
- 4. That all providers should display monthly statistical results of the FFT and a brief description of how any other comments or suggestions have been addressed**
- 5. That Islington CCG should actively encourage and support providers in promoting and publicising results, and also in monitoring results and reporting them back to the Health and Care Scrutiny Committee**
- 6. That providers should offer a number of methods of collecting results of the test, including a verbal response, written forms, hand held devices and internet. Web sites should display a link to the feedback form prominently on the homepage and providers should ensure a fully inclusive response to the tests from all sectors of the community**
- 7. That the CCG work with the Council to develop a similar feedback model for public health services**

## **Scrutiny Initiation Document**

The Scrutiny Initiation Document (SID) for the review was first considered by the meeting of the Health Scrutiny Committee on 13 January 2015 and the SID is attached at Appendix A to the report

### **Introduction**

#### **Why collecting feedback is important in Healthcare**

NHS England has identified a set of key areas for action. These are actions which need to be taken forward in partnership between NHS England, CCG's across the whole commissioning system, and other partners such as local community and Healthwatch and the Voluntary sector. These are as follows –

- Improving the experience of the most vulnerable patients 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**

There are a raft of national surveys, such as the Friends and Families Test, and local approaches to evaluating the patient experience and this information provides an 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 and 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. The 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 through existing Quality surveillance groups, Monitor and the CCG reporting processes, information about patient experience should also be made publically available.

## **Evidence from Islington Healthwatch/Patients**

As part of the scrutiny the Committee interviewed a patient who had experienced problems with dental work and had been unhappy with the treatment received and that the issues had only been resolved with the assistance of Healthwatch.

The Committee noted that in this case there had been a general lack of co-ordination within different aspects of the NHS, which had led to difficulties in getting appropriate treatment for the patient.

## **Evidence from Islington CCG**

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

Islington CCG approach has been to create multiple layers of engagement and a network by which people can feedback. An approach has been developed which does not only rely on those patients that have the time or inclination to participate and has adopted a more targeted approach developing links with the third sector and support local communities to identify their needs and skills to be able to self-manage. This work supports all the CCG's major strategies and work programmes.

Over the last year the CCG has spoken to over 1000 people. There is also a need to be aware of patient experience when using local health services. Positive patient experience is common in the NHS, however care can be inconsistent and the poorest care is often received by those least likely to make complaints, exercise choice or have family to speak up for them. There is also evidence of unequal access to care.

## **Patient and Public Feedback to the CCG in 2014**

Patient experience is everybody's business, yet evidence suggests the NHS does not consistently deliver patient centred care. There are particular challenges in co-ordinating services around the needs of the patient. Good patient experience is associated with improved clinical outcomes and contributes to patients having control over their own health. Good staff experience is also fundamental for ensuring good patient experience.

Islington CCG engage the local community in a number of ways and hope to strengthen this with more emphasis on partnership working, particularly with the Council, through Public Health and the Health and Wellbeing Board.

The CCG holds Locality and Islington wide Patient Participation Groups (PPG's). 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 wider health issues important to Islington patients. The Locality PPG's then also meet together and Islington now has a strong PPG structure.

Voluntary Action in Islington has been commissioned to support the groups to promote independence and there are patient Chairs for each of the Locality who are being supported by a Voluntary Action in Islington officer.

There is a yearly review of the PPG's, with all attendees, to assist them to develop.

There are also Community Members on each of the CCG working groups, committees or Boards. There are regular networking meetings held to link members up and share learning. Some volunteers participate in the monthly contract review meetings with our major providers.

There are quarterly meetings with the third sector in Islington. The third sector open forum discussion 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, which helps the CCG reach out to those who experience barriers in accessing services. Work is also being carried out with public health to help and identify the skills which are within the voluntary sector also providing opportunities for this group to work more effectively together, and bid for work and non-traditional services.

Through working with Islington's third sector a number of projects have been set up such as the offer of a yearly care planning consultation for long term condition patients, training for health professionals in effective patient consultation coaching techniques and a pilot scheme on personal health budgets. In addition Locality Health Navigators have been created to assist GP's and patients navigate wellbeing services in Islington and a community wellbeing project on the New River Green estate.

The CCG also carry out research and insight projects throughout the CCG's work to understand what patients' needs are, what their experiences of using the current system are and service and support needs. There have been numerous projects undertaken in the last year and these will continue. In addition, as part of developing the Integrated and Care Pioneer Programme approximately 240 people with long term conditions were spoken to about what they wanted from their services. These are vocalised through the creation of Islington i statements.

There are also groups such as Voice for Change and Last years of life group that discuss some of the challenges which are faced. In terms of urgent care, a review of urgent care services was carried out and this included a number of face to face interviews and this has directly influenced the recommendations and proposed model.

A Women's annual mental health event is held and through these events a strong relationship has been formed with the Camden and Islington Mental Health Trust women's strategy group.

A self-care patient review with Long Term conditions has been carried out with 30 patients and the feedback has helped shape commissioning plans for 2015/16.

In addition, as part of Valued Based Commissioning for diabetes, patients were engaged to find out what patient outcomes mattered to them when using services. These are now being used to design the new commissioning pathways.

There is also a mental health user group that challenge the clinical effectiveness and poor patient experience, successfully advocated for the development of a Recovery College and a peer to peer support model and there have also been a series of patient stories at Governing Body learning seminars.

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 high level services. The Recovery College is working with the Camden and Islington Foundation Trust and the Centre for Mental Health to develop this transformational college. This will deliver comprehensive peer-led education and training services within Mental Health services, with strong links to psycho education for staff, patients and their carers.

Islington CCG also engages and listens to people within the community who are often those least likely to be heard and are often some of the most vulnerable in the community. The CCG has a special strand to its engagement that looks specifically at these groups who fall under the protected characteristics and these include an annual meeting which addresses equality issues, run in conjunction with Healthwatch, and equalities rolling programme and the CCG has attended the Refugee and Migrant Forum, and have made a commitment to continue attending as and when they desired. Through this work the CCG has developed customer care training for reception staff and administrative staff in GP practices and this is being evaluated and will be incorporated into the workforce development programme.

The CCG has also worked with Healthwatch to look at the quality of interpreting services within GP practices.

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, and a variety of other things including young service users contributing to the development of the service specification for the Family and Drug Alcohol service.

The Committee received evidence as to how GP practices in Islington have been introducing the Friends and Families Test (FFT) and the scores from the patient FFT for the main providers of secondary healthcare for Islington residents.

The main secondary healthcare providers for Islington residents have continued to improve their FFT scores and now have above London and average scores, which indicates improved patient satisfaction.

The Friends and Families Test is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. When combined with supplementary follow up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

FFT 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.

In 2013/14 FFT was introduced for providers of NHS funded acute services for inpatients and patients discharged from A&E via a national, Commissioning for Quality and Innovation (CQUIN), which is an additional payment made to NHS providers to enable commissioners to reward quality innovation. FFT has been extended to include all women who use NHS funded maternity services, and a staff FFT process to allow feedback on NHS services and GP services.

## **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 its Quality and Performance Committee and this provides an early warning mechanism to organisations of problems, recognises good practice and gives potential patients insight that helps make choices of care.

All NHS organisations are expected to encourage feedback. These are through the PALS (Patient Advice and Liaison) and the Complaints service where patients can comment on the service they have received and raise any complaints or make comments.

Commissioners review the themes and trends that emerge from these 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. The Trusts publish their performance on their websites.

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.

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 not have an active membership.

As well as the Friends and Families Test, providers use surveys to gain information from their service users. Many of these are locally designed and may be specific to a service issue and there are also 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. These include an accident and emergency survey, a community mental health survey, ambulance survey, and inpatient survey, a maternity services survey and an outpatient survey.

Other national patient feedback and experience collections include Patient Recorded Outcome Measures (PROM's), which measure the health gain in patients undergoing hip replacement, knee replacement, varicose veins etc.

There are also Patient led assessments of the care environment (PLACE) – this system assesses the quality of the hospital environment, and PLACE assessments apply to all hospitals delivering NHS funded care, including day treatment centres, and these put patient

views at the centre of the assessment process and use information gathered 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.

NHS Choices is an excellent resource for patients who want to compare local services or leave feedback for others to see. 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, including GP and Dental practices.

Each Trust practice or other provider is expected to provide simple and understandable information about how to leave feedback on their websites.

## **General Practice**

### **Friends and Family Test**

FFT was introduced into GP practices on 1 December 2014. In order to assess how the implementation process is progressing Islington CCG contacted 8 GP practices across the different Islington CCG localities. All practices had a system in place and had received some FFT responses, with the highest number recorded as of beginning March 2015 being 95. Most practices plan to increase FFT uptake with more publicity and patient awareness.

The Committee were informed that of all practices contacted reported mainly positive results, the surgery which received 95 responses had a recommendation rate of 83% (patients extremely likely and likely to recommend the practice). No practice at the time of being contacted had displayed their results. However all practices had plans to display the results in the practice. Results from January and February 2015 will be available in late March and the data will be placed on the NHS England website and it is anticipated that the March data will be on the NHS Choices website in May 2015 and each month thereon.

### **GP National Survey**

The national GP survey is a questionnaire sent to households across England asking about resident's experience of GP services. The questions cover accessibility, waiting times, opening hours and overall patient experience.

In terms of response rates we noted that for the Islington CCG area, 15390 surveys were distributed. 26% of these were responded to, which is in line with the inner London average but below the England average response rate of 33%.

37% of Islington residents felt that their overall experience of GP practice was very good, This is in line with the London average (36%), but slightly less than the national average (43%). A slightly higher than London average proportion of Islington residents feel that their GP practice is fairly poor, (6%) when compared with the London and national average (5%).

Seven Islington GP practices had combined scores for very good and fairly good above or equal to 90%. Only four Islington practices had scores below 70% for the same indicators, the lowest Islington GP practice being 62%. 45% of residents in the Islington CCG area would

definitely recommend their GP practice to someone who has just moved into the area, this is slightly higher than the London average (43%), but below the national average (47%). Most other results are in line national figures. Two Islington GP's practices had recommendation levels (definitely and probably recommend) above or equal to 90% and only one Islington practice had recommendation levels below 50%, at 46%.

## **Secondary Healthcare Providers**

The initial requirement in 2013 was for the provider to achieve a combined response rate of 15% across A&E and in-patient care. The 2014/15 CQUIN requires Trusts to average a response rate for Quarter 4 2014/15 of 20% in A&E and 30% in in-patient services. There is no target with relation to the score, which may differ depending upon the type of services provided. The full results of the FFT for each provider is published on the NHS Choices website but a synopsis is set out below.

### **THE WHITTINGTON**

The proportion of people attending A&E completing the FFT survey has averaged around 16%, which equates to approximately 2,500 patients completing the survey each month. Since December 2013 the number recommending the Trust has been 82% to 91%, with the latest figure in January 2015 being 91% of people attending A&E recommending the Trust. When compared to other London Trusts the satisfaction levels are slightly higher than the London average.

The 2014 A&E survey was conducted across Quarter 4 2013/14. As with all participating hospitals, surveys were sent to 850 patients. 198 responses were received from Whittington patients (a response rate of 23%). The score the Whittington received for overall experience was 7.8/10 which was similar to other Trusts and in line with FFT scores.

The inpatient FFT response rate and scores since December 2013 and throughout 2014/15, 35%-45% of inpatients, which equates to around 350-450 patients per month, have completed the survey. Between April 2013 and January 2015, the proportion of inpatients recommending the Whittington (those who are likely and extremely likely to recommend the Trust as a place to be treated or cared for), has varied from 87% to 94%. The most recent results, January 2015, were 94% of patients recommending the Trust. When compared with other London hospitals in-patient satisfaction levels over the year have been slightly lower than the average London hospital.

The most recent inpatient national survey conducted showed 294 responses received (a response rate of 35%). The score the Whittington received for overall views and experience was 5.6/10, this was similar to other Trusts and in line with FFT scores received.

### **UCLH**

The Committee were informed that in relation to UCLH the response rates at UCLH A&E have varied significantly over the months since FFT was introduced from a 50% response rate in December 2013, surveying 2529 patients) to a 16% response rate in November 2014. The most recent rate has been 26% in January 2015. The A&E score has generally improved over recent months from 85% in December 2013 and June 2014) to 95% in January 2015. This is slightly higher than the London average.

In relation to the A&E national survey from the 2014 survey the UCLH score for overall experience at A&E was 8.4/10 which was similar to other Trusts in line with FFT scores.

The Committee were informed that with regard to inpatient FFT response rates and scores since May 2013 the FFT response rate has been between 25% and 35% of inpatients providing a completed FFT survey. The percentage of people recommending UCLH for inpatient care since April 2013 to January 2015 has been usually above 95%. This is above the London average.

UCLH had a response rate of 42% for the 2014 in patient survey. The score UCLH received for overall views and experience was 5.6%/10 and this was similar to other Trusts and the same as Whittington, in line with the FFT scores received.

### **MOORFIELDS FOUNDATION TRUST**

In relation to Moorfields Eye Hospital the A&E response rates and scores since November 2013 have been around 27% for each month, which is approximately 2,000 patients responding each month. The percentage of people recommending it since April 2013 and January 2015 has consistently been around or above 95% making Moorfields one of the most recommended Trusts in London.

With regard to the A&E national survey 312 responses were received for Moorfields Eye Hospital, a 32% response rate. The overall score for experience at Moorfields Eye Hospital A&E was an 8.7/10. The slightly higher score than the Whittington or UCLH is in line with the FFT score Moorfields Eye Hospital receives.

In terms of inpatient FFT response rates and scores Moorfields has a low volume on inpatient activity. The Trust regularly receive over a 70% return for inpatient services, which is approximately 60-70 patients per month. Moorfields has consistently achieved between 96% and 100% of patients recommending in patient care at Moorfields. The inpatient survey, due to the low level of activity, is not conducted for Moorfields.

### **CAMDEN AND ISLINGTON FOUNDATION TRUST**

The implementation of FFT is part of the CQUIN for Mental Health Trusts this year (2014/15). The Trust have highlighted that the FFT questions that have been incorporated into the current inpatient and community patient experience survey. There are no results to date.

The Community Mental Health survey was conducted at the start of 2014, and Camden and Islington Foundation Trust had 200 responses and the score was 7.5/10, which is line with other providers.

The FFT scores and national survey scores for Islington providers are in line with the national and London scores. Islington CCG will continue to monitor and engage with healthcare providers for Islington residents to ensure that they continue to improve patient satisfaction.

The CCG will regularly review FFT and national survey findings in relation to Islington GP practices. When required the CCG will liaise with NHS England and Islington GP practices to

ensure practices are supported both in the implementation of FFT and to identify improvements which can be made in service delivery.

## **Conclusion**

The Committee examined the patient feedback systems currently in operation and how these were working in practice, together with the information on current performance of GP practices and Trusts.

The Committee whilst noting that there were a number of mechanisms in place for patient feedback were of the view that consideration should be given to ensuring that patients were fully aware of these and that results are displayed both on websites and in GP surgeries and Acute Trusts.

Our recommendations contain a number of measures that we consider will enable patients to have more opportunity and confidence to submit feedback, which will ultimately lead to improvements in service for patients.

## APPENDIX A

### SCRUTINY REVIEW INTITATION DOCUMENT

Review: Patient Feedback

Scrutiny Committee: Health Scrutiny Committee

Overall aim: To understand the range and effectiveness of local arrangements for obtaining and acting on patient feedback to improve primary, community, acute and mental health services.

Objectives of the review:-

- To understand current arrangements and mechanisms for obtaining patient feedback in relation to local health services, including both nationally mandated and locally developed arrangements.
- To review how providers and commissioners are acting on patient feedback to improve the quality and outcomes of local health services and provide feedback on the Committee's findings to local providers
- To assess the effectiveness of different approaches to gathering and using patient feedback, with a particular focus on how feedback is secured from a wide range of patients representative of the Islington population including harder to reach or more vulnerable groups.

Duration: Approx. 3 months

How the review will be conducted

Scope: The services in scope of this time limited scrutiny review are NHS primary care, community services, mental health services and acute services. Independent sector health providers or adult social care providers are not in scope. Patient complaints procedures and arrangements are also out of scope.

Types of evidence to be assessed:

- Documentary evidence
- Witness evidence from a range of relevant individuals and organisations
  - a. Patient representatives and consumer organisations
    - i. Islington HealthWatch
    - ii. Patient representatives and groups eg Islington Patient Participation Group and practice- or service-specific groups
  - b. Commissioners
    - i. Islington CCG
    - ii. NHS England
  - c. Providers
    - i. Whittington Health
    - ii. Camden and Islington Foundation Trust
    - iii. University College London Hospitals NHS Trust
    - iv. Primary care – practice managers, GPs, LMC
- Visits?

Additional information:

May want to also consider hearing from national organisations regarding innovative practice in relation to gathering and acting on patient feedback eg NHS Institute for Innovation and

