

The rough guide to experience and engagement for GP Consortia



For more information please visit:
www.institute.nhs.uk/engagementandexperience
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"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."

The NHS Constitution

Introduction

“First, patients must be at the heart of everything that we do, not just as beneficiaries of care, but as participants in its design. We must see the NHS through their eyes - their experience, their outcomes - and make delivering what they want a shared experience and responsibility.”

Andrew Lansley



Patient and Public Experience and Engagement will be a key priority for GP Consortia.

GP Consortia will need to be proactive in seeking out the **views and experience** of the public, patients, their carers and other stakeholders, especially those least able to advocate for themselves.

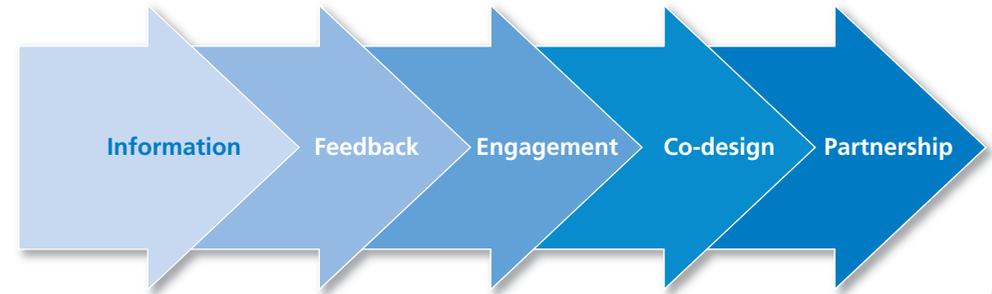
GP Consortia who engage with their **local community** and build this knowledge into **commissioning decisions** will be better placed to offer services that are **responsive and accountable**.

GP Consortia that work to really understand **Patient Experience** will be investing public funds in services that reflect the needs, priorities and aspirations of their local population and deliver an **excellent service** to patients.

GP Consortia who listen to people and **communicate** this process will increase understanding and **confidence** in using local services.

Experience and Engagement

Experience and Engagement exist on a continuum and the degree of influence and style of engagement varies depending on desired outcome. Patients and the public can be engaged on a collective or individual basis.



eg: Patients knowing what services are available and where to access them.

eg: Experience measures collected and analysed and improvements made as a result. Patient and public insight used as a key source of intelligence in designing and assessing services.

eg: Engagement in commissioning decisions and procurement activities, consultation. Shared decision making: patients and carers are supported to engage in their own health care.

eg: Effectively involving patients/family in redesigning care processes as equal and active partners as occurs in Experience Based Design.

eg: People actually contributing alongside professionals such as citizen led services, 'The Big Society'.



Engagement

"I am pleased to give my feedback. I know that the doctors are going to use the information and it makes me feel reassured"

Patient Kent and Sussex Hospital

"The key benefits of involving service users was that it gave a different perspective and helped us to re-prioritise our findings"

Clinical Lead, Diabetes Project Team

Patient and public engagement is the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated. It is broader and deeper than traditional consultation. It involves the ongoing process of developing and sustaining constructive relationships, building strong, active partnerships and holding a meaningful dialogue with stakeholders. Effective engagement leads to improvements in health services and is part of everyone's role in the NHS.

GP Consortia will be required by law to actively involve people in their planning and commissioning decisions, but there are so many better business reasons why it makes sense for consortia to engage people. Good engagement is worth the investment - it can help deliver

- savings many times over the initial cost and help to:
- identify areas of waste and inefficiency
 - redesign care pathways so that they are more efficient and effective
 - reduce demand for services such as inappropriate use of emergency care services
 - increase your ability to deliver difficult change successfully and in a reasonable timescale.

Shared Decision Making

International evidence shows that involving people in their care and treatment improves their health outcomes, boosts their satisfaction with services received, and increases not just their knowledge and understanding of their health status but also their adherence to a chosen treatment. It can also bring significant reductions in cost, as highlighted in the Wanless Report and various Long Term Condition programmes.

Engagement in Commissioning

GP Consortia will need to consider how to engage at each stage of the commissioning cycle and how:

- the public voice can help secure improved health outcomes
- they can embed and reinforce good engagement at the heart of commissioning
- to work with their local communities including patient groups, voluntary sector, LINKs and local HealthWatch
- to access existing and emerging sources of intelligence and insight about people's needs and wants
- to engage the public in decision making about services during times of tough financial challenges
- to ensure that people who may receive a service are involved in its planning and development
- to work with local authorities and Health and Wellbeing Boards.

Engagement cycle

The engagement cycle allows GP Consortia and partners to clarify what engagement means at each stage of commissioning - from engaging the public in dialog about health needs and planning through to managing the service contract.

The engagement cycle has been developed by David Gilbert of InHealth Associates, on behalf of the Department of Health. For more details on the cycle www.inhealthassociates.co.uk



Experience

An expected level of experience might be: *'getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal; and being treated with honesty, respect and dignity'*. ('Now I Feel Tall - What a Patient-Centred NHS Looks like' DH,2005)



Commissioning for a positive experience

GP Consortia will need to commission services that consistently set out to understand then improve their patient experience.

There are a whole host of ways to understand the experiences of patients across their care journeys - from questionnaires or analysing complaints, through to experience based design approaches. (www.institute.nhs.uk/ebd)

Using experience to design better healthcare is unique in the way that it focuses so strongly on capturing and understanding patients', carers' and staff experiences of services; not just their views of the process.

GP Consortia will need to consider how providers are currently collecting patient experience feedback, how they can understand and interpret that data and how it is being used to improve the quality of services.

Engagement and Experience - the system

National Drivers

- Department of Health
- NHS Commissioning Board
- National Institute for Clinical Excellence (NICE)
- HealthWatch England (via CQC) from April 2012
- Monitor
- Care Quality Commission (CQC)

Policy and Context

- Liberating the NHS - The White Paper and legislative framework
- NHS Outcomes Framework
- NHS Constitution
- Section 242 - The Statutory Duty to Involve
- NHS Commissioning Framework
- Information strategy and choice consultation
- Healthy Lives, Healthy People

Support and Advice

- The RCGP Centre for Commissioning
- National Voluntary Groups and Organisations
- SHA Engagement and Experience Leads (until April 2013)
- PCT Engagement and Experience Leads (until April 2013)
- Provider Trusts - Engagement and Experience Leads
- Local Involvement Networks and Local Health Watch
- The National Association for Patient Participation

Tools and Approaches

- National and Local Surveys
- Local Insight
- Focus Groups and public meetings
- Patient Groups including Patient Participation Groups
- Online technology including NHS Choices and Patient Opinion
- Real-time patient feedback
- PALS and Complaints
- Shared Decision Making
- Information prescriptions

This is a snapshot of the emerging framework for engagement and experience and does not include everything or everyone.

Improving Access - a story from South Street Surgery, Bishop Stortford

After achieving a low score on Access in the last GP Survey, the Practice embarked on an exercise of asking patients about their experience. One to one interviews were carried out with patients while they were attending the surgery. During the interviews the Practice realised that this was also an opportunity for the Practice to share the work that they were doing to improve access. Over a three month period 153 face to face interviews were carried out by practice staff and the information is now being used to inform improvement access plans.

One quick win resulting from this was the review of all notice boards. The Practice used the boards to communicate, but patients reported that they were too cluttered. The Practice has now greatly reduced the number of notices, utilising a small number of clear and colourful posters to convey important information.

This exercise also had an impact on the staff involved and some of the outcomes included:

- enjoyment of being involved
- addressing many preconceptions about patient's views
- development for staff (learning new skills).

"It was the best thing we ever did. Just sitting down and talking to them was really good. The process of doing it was useful as well as the outcome."

Member of staff

When asked what advice would you give to other Practices looking to improve patient experience Dr Dawda from the Practice advised *"Just do it!"*

NHS Westminster - Engagement throughout the commissioning process

NHS Westminster set out to ensure that patient experience information would inform and influence commissioning at every stage of the commissioning cycle. The experience data is collected in a variety of ways, including; surveys, interviews by community researchers and in-depth interviews. Feedback through consultation is used to inform and influence service design and delivery.

Patient Experience is now part of the standard service requirement and included in all contracts.

This work has resulted in the development of a **checklist for Involving People in Commissioning Healthcare Services** which is a practical, step-by-step approach to involving people – whether it is the commissioning of a new service or the ongoing monitoring of an existing health service. The checklist identifies specific activities that should be undertaken during each of the seven stages of the commissioning process. Details of the checklist and other commissioning case studies are available at www.institute.nhs.uk/pen



A range of support programmes are available at:

www.institute.nhs.uk/engagementandexperience

