

FINAL v4.2



Leeds

Clinical Commissioning Group

Patient Experience Framework

2018 – 2019

Leeds Clinical Commissioning Group

Building healthier communities



Patient Experience Framework

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Aim:

To ensure patient experience is firmly embedded in all of our commissioning activities and decisions and is used to drive quality improvements for our patients.

Leeds Clinical Commissioning Group is committed to working in partnership with patients, carers, the wider public and local partners to ensure that the services we commission are responsive to the needs of our population. We are committed to ensuring both the continuous improvement in patient experience and the overall quality of care that is provided locally. Transformational commissioning places local people's experience and involvement at its heart, and approaches decisions from the perspective of patients, service users, carers, families and communities. This means having explicit patient centred outcomes and an ambition for improvement in patient experience. We want to ensure that patient and carer experience of health services is firmly embedded into all our commissioning activity and decision making. Patient experience helps to inform our business planning, service redesign and procurement decisions, and is used to support the monitoring and assurance of the quality of services.

We are committed to delivering healthcare using an integrated approach with our local partners to improve not only the safety and effectiveness of care but the experience of care for patients and service users.

The patient experience framework describes how we commission quality care by listening, capturing and responding to feedback on experiences, views and opinions on a range of health and care services.



Foreword	The quality challenge	Our shared view of quality	Our commitment	Our shared priorities	Seven steps	Find out more
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A single shared view of quality

High-quality, person-centred care for all, now and into the future

The NHS Five Year Forward View confirms a national commitment to high-quality, person-centred care for all and describes the changes that are needed to deliver a sustainable health and care system.

For people who use services

Building on our existing definition of quality, the areas which matter most to people who use services:

- **Safety:** people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- **Effectiveness:** people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.
- **Positive experience:**
 - **Caring:** staff involve and treat you with compassion, dignity and respect.
 - **Responsive and person-centred:** services respond to people's needs and choices and enable them to be equal partners in their care.

For those providing services:

We know that to provide high-quality care, we need high performing providers and commissioners working together and in partnership with, and for, local people and communities, that:

- **Are well-led:** they are open and collaborate internally and externally and are committed to learning and improvement.
- **Use resources sustainably:** they use their resources responsibly and efficiently, providing fair access to all, according to need, and promote an open and fair culture.

Are **equitable for all:** they ensure inequalities in health outcomes are a focus for quality improvement, making sure care quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.



<https://www.england.nhs.uk/wp-content/uploads/2016/12/nqb-shared-commitment-frmwrk.pdf>



What is Patient Experience?



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*Patient experience is feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective views of it.
(Dr Foster, the Intelligence Board 2010)*

When referring to 'patient' experience we are talking about a person or people, recognising that everyone is a unique individual. Experience is subjective, an individual's perception and reflects how the patient feels about their experience of care. Patient experience will be affected by expectations. These will be individual; may change over time; will be influenced by the diversity of the patient; and may be affected by previous experience.

Patient experience includes the whole experience of services (health care, social care and third sector) from beginning to end. It spans the whole patient journey, from knowing what services are available and how to access them, continuing with the first contact (i.e. appointment letter or phone call) it includes interactions with clinical and support staff as well as transfers between services; it includes experiences of care in all settings e.g. home, community, hospital. Although a patient may receive appropriate clinically effective interventions along a care pathway, if these have not been delivered on time, or are in a poor environment or not well communicated, this may result in a disappointing experience.

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Patient Experience Vs Patient Engagement



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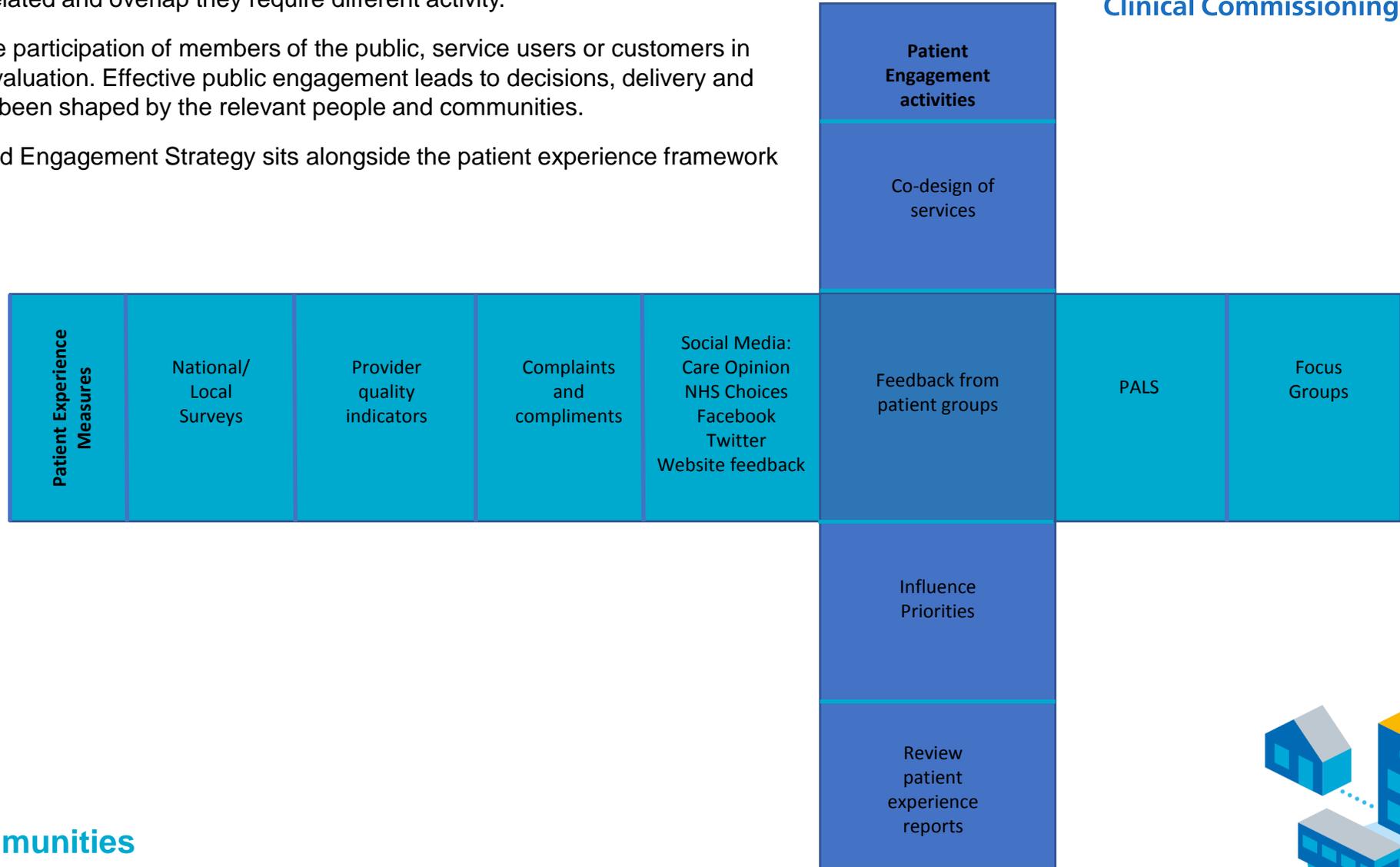
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Patient Engagement

A common misunderstanding is that Patient and Public Engagement is the same as patient experience. Although the two activities are related and overlap they require different activity.

Patient Engagement is the active participation of members of the public, service users or customers in service planning, delivery and evaluation. Effective public engagement leads to decisions, delivery and evaluation of services that have been shaped by the relevant people and communities.

Leeds CCG Communications and Engagement Strategy sits alongside the patient experience framework



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The NHS Constitution

The NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focussed on patient experience.

Respect, dignity and compassion should be at the core of how patients and staff are treated.



Equality Act 2010

Equality Act 2010

Section 149 – all public authorities must give due regard in the course of their duties to the need to; Eliminate discrimination, harassment and victimisation; Advance 'equality of opportunity'; and Foster good relations with the public



Health and Social Care Act 2012

Health and Social Care Act 2012

Places statutory duties on CCGs to demonstrate continuous improvements in the quality of services, with regard to patient experience.



National Institute for Health and Care Excellence

Published evidenced based guidance and quality standards building on the NHS Patient Experience Framework



NHS 5 Year Forward View

- Ambition to introduce a transformational approach to healthcare including strengthening primary care, joint commissioning with local authorities and introducing new models of care. Plans must include:
 - Reduce poor experience of inpatient care and general practice
 - Assess the quality of care experienced by vulnerable groups of patients and how and where experience will be improved for those patients.
 - Demonstrate improvements from FFT, complaints and other feedback
 - Improve transparency of patient outcomes data to support patient choice



NHS Outcomes Framework

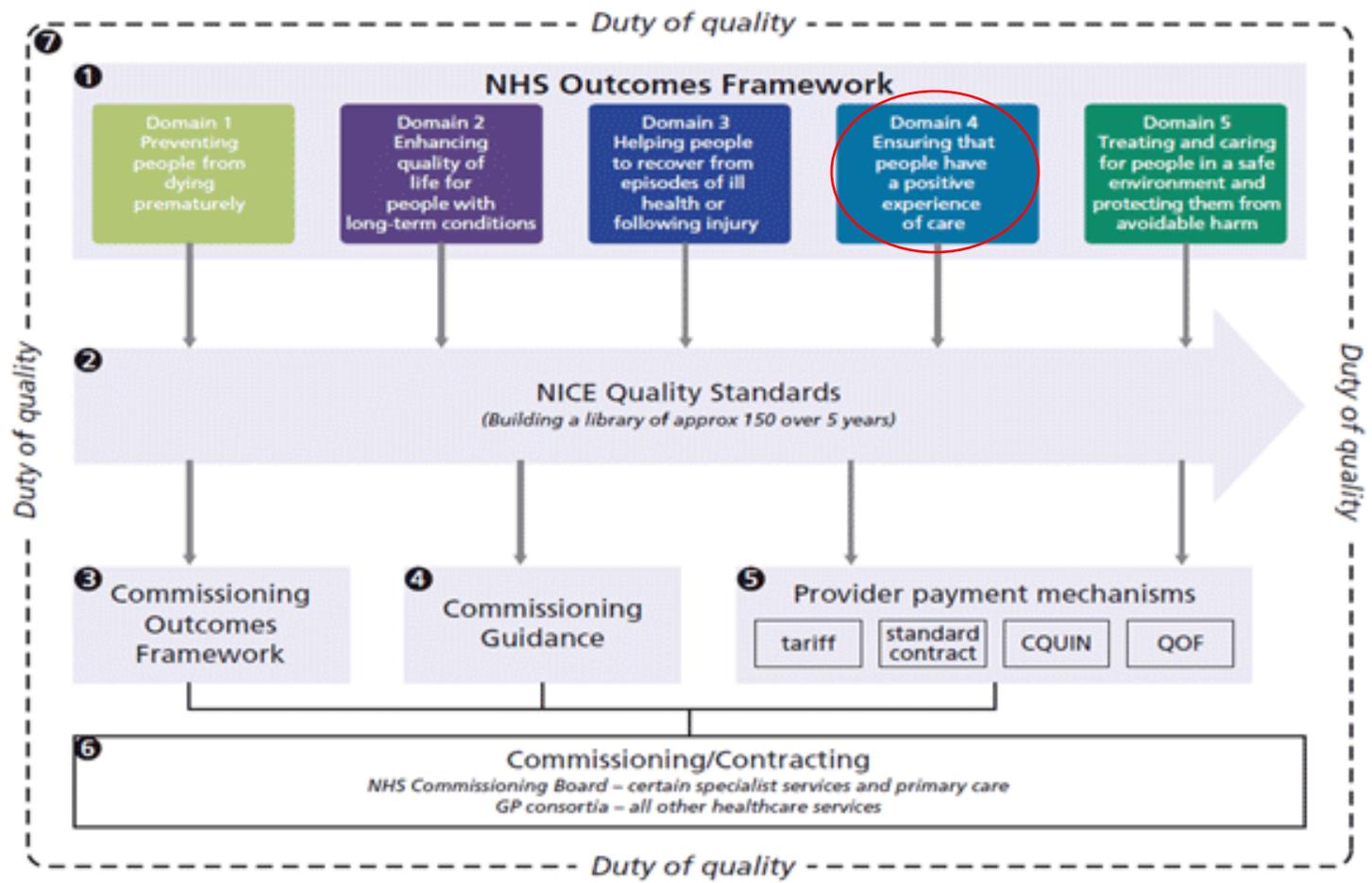
The NHS Outcomes Framework sets out key requirements for CCGs to:

- Commission high quality services
- Identify improvements they wish to secure in the quality of services they commission
- Use the commissioning process to drive continuous quality improvement



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Department of Health , 2010



In October 2011 the **NHS National Quality Board (NQB)** agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS Services.

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;
- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;
- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.



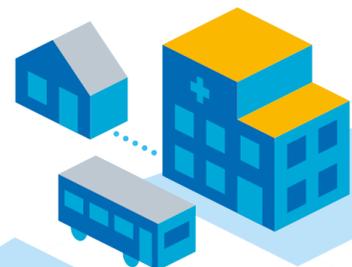
The CCG has adopted the national NHS Patient Experience Framework as the underlying principles on which to base commissioning activity. These principles reflect the core values that matter most to patient.

The CCG patient experience framework is built around this model and ensures that the patient is at the heart of everything we do.

We will assess experience of care by considering elements that matter most to patients such as access, consistency and coordination of care , getting the right information at the right time, being treated with respect and dignity, being listened to, participating in decisions and involvement of family and friends.

Patient Experience illustrates:

- A clear link between experience and health outcomes i.e. patients who have a better experience of care generally have better health outcomes
- That experience is improved when people have more control over their care and the ability to make informed choices about their treatment
- The relationship between staff and patients i.e. when staff are well cared for patients receive a better experience
- The link between experience and cost of care i.e. poor experience generally leads to increase in cost as patients may have poorer outcomes, require longer stays or need further treatment
- Impact of experience on organisational reputation



Patient Experience Intelligence: What do we capture?

Wide range of feedback tools available to measure people's experience, none of which alone offer a complete picture of the experience. Each one tends to be applicable in different situations, depending on the audience and information you are trying to obtain. A wide variety of information needs to be gathered to ensure a rich picture of patient experience and this needs to be triangulated with information on safety and clinical effectiveness to identify trends, benchmark and identify early warning signs.



Stakeholder		Information	
CCG Staff Member practices Non-executive and lay members Practice staff		PPG minutes and reports Social media – Facebook, Twitter, website feedback Media Quality and patient safety reports Risk register	Safeguarding reviews Equality Impact Assessments Quality Impact Assessments Engagement and involvement initiatives Contract monitoring
Healthwatch Patient Groups including PPGs Third sector organisations and groups Local Councillors PHSO	Patients/service users/Carers Local residents CCG PALS service MPs Leeds Independent Advocacy Service	Healthwatch reports and feedback Direct feedback from patients, carers and the public Patient consultation events	Direct service feedback Word of mouth Complaints and compliments
Leeds City Council Health and Wellbeing Board West Yorkshire and Humber CCGs	Public Health NHS England/NHS Improvement CQC	Public Health Annual report Joint Strategic Health Needs Assessment Feedback from other CCGs Inspection reports Themed reviews	Meeting minutes Joint Health and Wellbeing Strategies Leeds Plan West Yorkshire and Harrogate Health and Care Partnership Plan (STP)
NHS Leeds and York Partnership Foundation Trust Leeds Community Healthcare NHS Trust Leeds Teaching Hospital NHS Trust Yorkshire Ambulance Service NHS Trust Neighbouring Trusts Private/independent sector Primary care providers inc. GPs, dentists, pharmacists and opticians AQPs		CQUINs Serious Incidents and Never Events Complaint reports KPIs Improvement plans Patient experience reports Incidents Annual quality account Performance indicators	Surveys: part of the NHS National Patient Survey Programme: Adult inpatients A&E departments Community Mental Health Outpatient department Paediatric Inpatient Staff surveys Patient surveys NICE compliance Infection control information



Using Patient Experience in Commissioning



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In context of the commissioning process, the ultimate purpose of capturing the patient experience is to achieve excellence in care by using these experiences to create services that put our patients at the heart of decision making and improve quality and outcomes for physical and mental health through improving services so that they are compassionate, safe, effective and responsive to meet clinical, social and personal needs of patients, carers and the wider public.

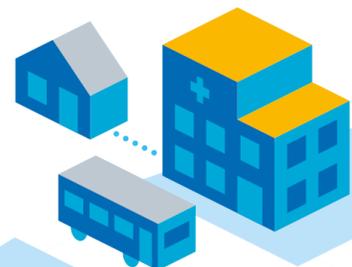
This can be achieved by:

- Patient experience being valued by all which is achieved by a commitment at all levels such that the capture and use of patient experience to achieve excellence in care is seen as a priority and resourced appropriately
- Intelligence and effective commissioning informed by the patient voice to ensure that it: reflects need of the population; clear focus on quality, equality and value for money; and inspires providers to achieve excellence
- Commissioners and providers commit to using a wide range of flexible and appropriate approaches to capture patient experience
- Commissioners, providers, clinicians and patients are fully engaged and involved as equal decision makers in service commissioning, design, training and selecting
- Service providers enable the development of workforce culture that are committed to capturing, understanding and improving patient experience.

Where there is cause for concern about a particular pathway or service as highlighted, this will be presented to the CCG Patient Insight Group and any subsequent recommendation will be reported to the Quality and Performance committee for action. Patient Experience will help inform the schemes that are developed as part of the Commissioning for Value process in line with the CCG strategy.

Where bespoke service redesign has been initiated a deep dive analysis of patient information specific to that project will be requested. This may where necessary, include engagement and/or formal consultation. This will be used to inform service change, the development of specifications and ensuring procurement.

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Delivering Patient Experience

To deliver a high quality patient experience function and to ensure that patient experience drives quality improvement there are three core aspects required.

Use information intelligently

The key challenge is not obtaining patient experience data but how we use it intelligently. Collecting, measuring, analysing and reporting patient experience is very complex activity requiring particular technical skills and resource. The information must not just be a review of data and metrics but:

✓ Quantitative: statistically validated measures which are less descriptive but useful for comparative measures and tells us how big the problem is and where performance is better or worse.

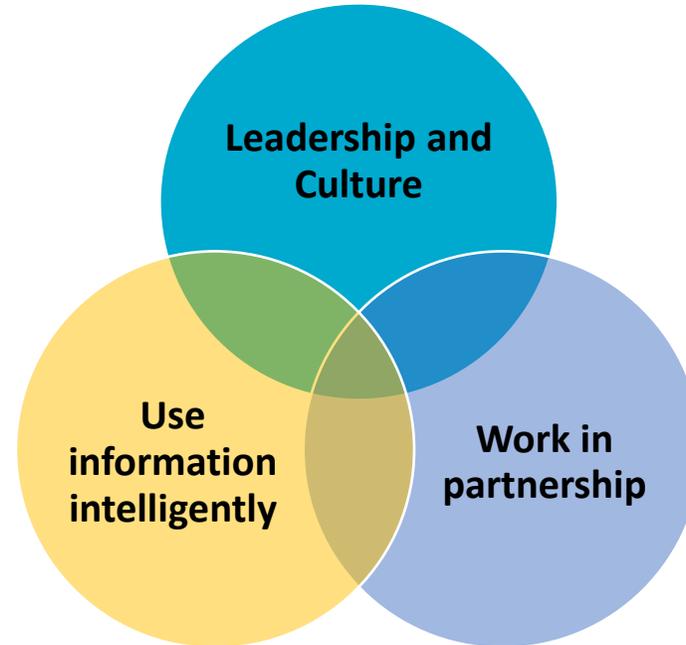
✓ Qualitative: more descriptive measures which are useful for gaining an in depth understanding of care, such as complaints and patient stories. This tells us more about why the problem exists and what to do about it

✓ Must be improvement focussed

✓ Not just individual organisations or services but care pathways

✓ Not just general population but insight on specific groups

✓ Connect patient experience to better clinical outcomes which is an essential element in improving quality



Leadership and Culture

Information will be collated and used to inform and drive improvement. However, achieving improvements can not solely be achieved through systems and processes. A leadership and culture needs to be developed that places patient experience at the heart of commissioning activity and to ensure that our commitment to improve patient experience is embedded within all aspects of the commissioning function We expect governing body members, member practices and employees to adopt the behaviours, attitudes and principles needed to achieve this.

Effective leadership will include:

- Raising the profile of patient experience to ensure it contributes to decision making
- Bringing patients, patient representatives and decision makers together
- Commitment to continuous improvement

Work in partnership

To deliver improvements we must work with our patients, providers, voluntary, and community sectors, stakeholders and local partners to form good relationships. We need to empower our patients and staff to ensure delivery of this.

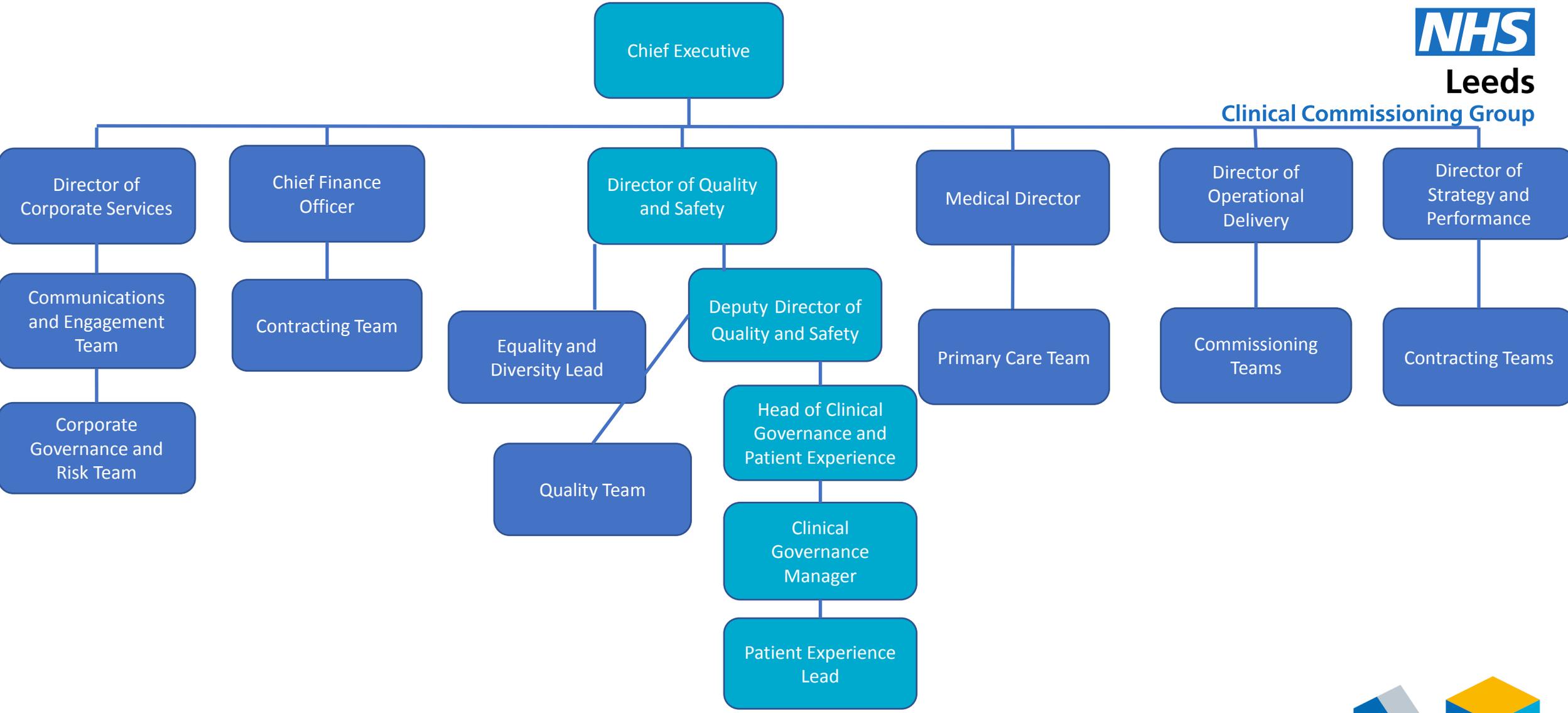


Accountability and Responsibility for Patient Experience



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All staff

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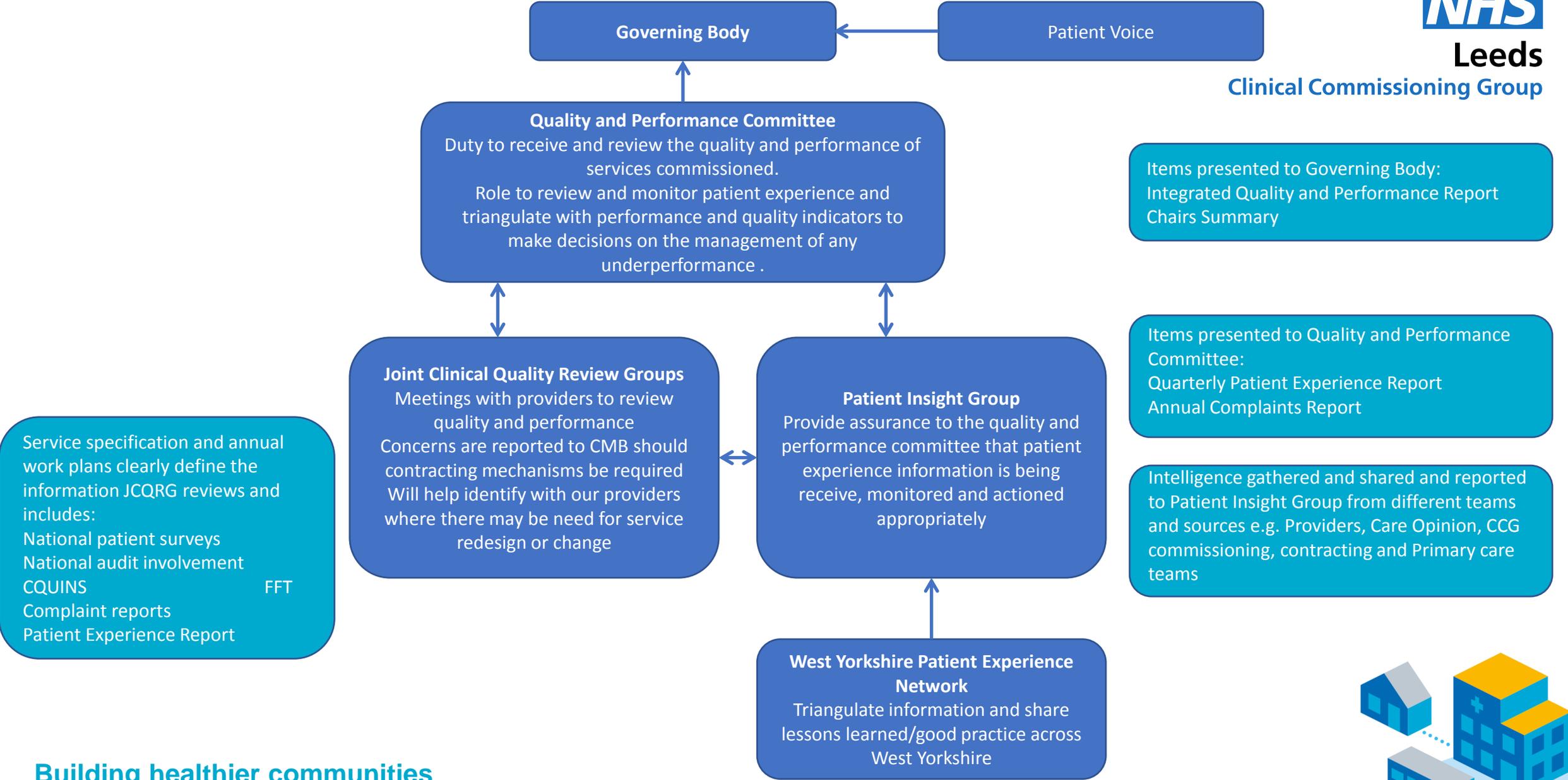


Patient Experience Governance – Lines of reporting



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Service specification and annual work plans clearly define the information JCQRG reviews and includes:
 National patient surveys
 National audit involvement
 CQUINS
 Complaint reports
 Patient Experience Report

FFT

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The challenges:

- Improvements need to be made in how data on experience of patients and staff is collected and turned into useable intelligence, and how changes made as a result of this data are fed back to patients and staff
- It is unclear whether the data that is currently collected truly reflects what is important to people and it does not properly reflect the experience of seldom heard communities
- The national requirements for piecemeal data collection does not support collaboration at local levels
- Patient experience is not always seen as an equal element of high quality care
- Focus tends to be on assurance and monitoring rather than on collaboration with providers to drive improvement
- Requirement for expert data analysis for qualitative intelligence as well as quantitative



CCG Commitments

Commitment	Organisation/Team Level	Committee/Group
1 We will establish a core dataset of patient experience information and report through our governance structure	Clinical Governance and Patient Experience	Quality and Performance Committee
2 We will use established mechanisms to routinely receive, collect and collate patient experience information which reflects the diversity of our local population	Clinical Governance and Patient Experience	Patient Insight Group Quality and Performance Committee
3 We will use the intelligence and work with our patients and partners to inform our business planning, service redesign and commissioning decisions, ensuring patients and the public are engaged at all stages of the commissioning process	All Staff	Commissioning for Value Delivery Board
4 We will use patient experience to monitor and assure the quality of services we commission	Clinical Governance and Patient Experience Quality	Quality and Performance Committee
5 We will analyse themes and trends to help inform our decisions and appropriate actions	Clinical Governance and Patient Experience Commissioning Contracting Quality	Patient Insight Group Quality and Performance Committee Commissioning for Value Delivery Board
6 We will promote the concept of experience as everyone's business	Clinical Governance and Patient Experience All staff	Patient Insight Group
7 We will identify and share good practice	Clinical Governance and Patient Experience	Patient Insight Group Leeds Complaint Forum Yorkshire and Humber PEN
8 We will both support our providers and hold them to account to make real improvements in patient experience and quality of services	Clinical Governance and Patient Experience Quality	Clinical Quality Review Groups
9 We will use patient experience information to triangulate with other intelligence across the wider quality agenda enabling themes and trends to be identified which indicate where a service may not be delivering to the expected standard or quality.	Clinical Governance and Patient Experience Commissioning Contracting Quality	Quality and Performance Committee

