

Patient experience priorities and action plan

Ensuring a positive patient experience is a strategic, commissioning and financial imperative for all Trusts. This briefing paper outlines the Northumbria approach for measuring and continually improving patient experience, the current level of performance for North Cumbria and recommendations for a short, medium and longer term action plan.

Background

Patient experience is a fundamental part of how we now think about the quality of healthcare within the NHS and beyond. The Department of Health defines an expectation of experience that meets both physical and emotional needs:-

- 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 to feel in control
- being talked to and listened to as an equal; being treated with honesty, respect and dignity.

This expectation applies across the entire care-continuum, irrespective of the type of service or the person or professional group providing this care.

There is good evidence for the positive impact of delivering patient centred services which meet these expectations in terms of clinical outcomes; staff satisfaction and retention; appropriateness of service use and length of hospital stay. Our commissioning and performance management processes within the NHS have also emphasized the importance of patient experience. Performance related funding is now dependent upon an improvement plan which delivers a year on year improvement in ratings of positive experience by our patients.

Although the quality of patient experience is therefore becoming increasingly important to measure, improve and assure, there also remains a need to establish local priorities and identify effective ways to spread good practice and accelerate the changes we need to make to help us become more patient centred within our clinical teams and services.

Strategic priorities

4 organising principles have driven our strategy development for patient experience over the last 2years:

1. Realising the potential we have, to make the way we deliver services more patient centred, will result in the improvements in both clinical outcomes and cost effectiveness mandated by the NHS and its commissioners.
2. Providing national leadership in the development and execution of patient experience strategy will also position our organization well to realize the financial and other benefits that are associated with high performing healthcare providers.

3. Engaging patients and families at every level of service delivery, planning and improvement and promoting is the most effective way to engage, develop and retain the kind of workforce we need in the next decade.
4. Allowing individual teams and services to identify local, frontline led solutions to specific and targeted challenges, which are then spread across the organisation, will balance the flexibility and consistency required to effect rapid improvements in positive patient experience.

The Northumbria approach.

Northumbria has a dedicated Patient Experience and Quality Improvement team led by the Director of Patient Experience. The following outlines the different survey methods we use, and our current level of performance.

Patient Perspective survey (responses from around 20,000 patients per year.) These comprehensive surveys mirror the national survey questions and are sent to outpatients and inpatients once they have returned home.

They are independently evaluated by an approved contractor Patient Perspective – a company based in Oxford. Trust wide results are tracked monthly against our own key performance questions and targets set by our commissioners.

Our approach deliberately targets the 2 week after discharge period, when we know patients are statistically at their most dissatisfied, allowing a more rounded picture of our care. To ensure ownership, results are reported at an individual consultant level, ward level, site and specialty level.

Real Time Surveys: ‘Real-time’ surveys were initially piloted on 8 wards and 2 sites. We are now interviewing over 600 patients per month – on 32 wards and 7 sites. Results are feedback to clinical teams within 24 – 48 hrs of capture, allowing the Trust to act rapidly on patient feedback while they are still in our care.

2 Minutes of Your Time: A short quick exit survey that is used Trust wide. Our patients answer 6 key questions about the quality of our care just before they leave hospital. All data including all free text comments are fed back to clinical teams within a week. This method will be used to answer the Friends and Family question from April 2013.

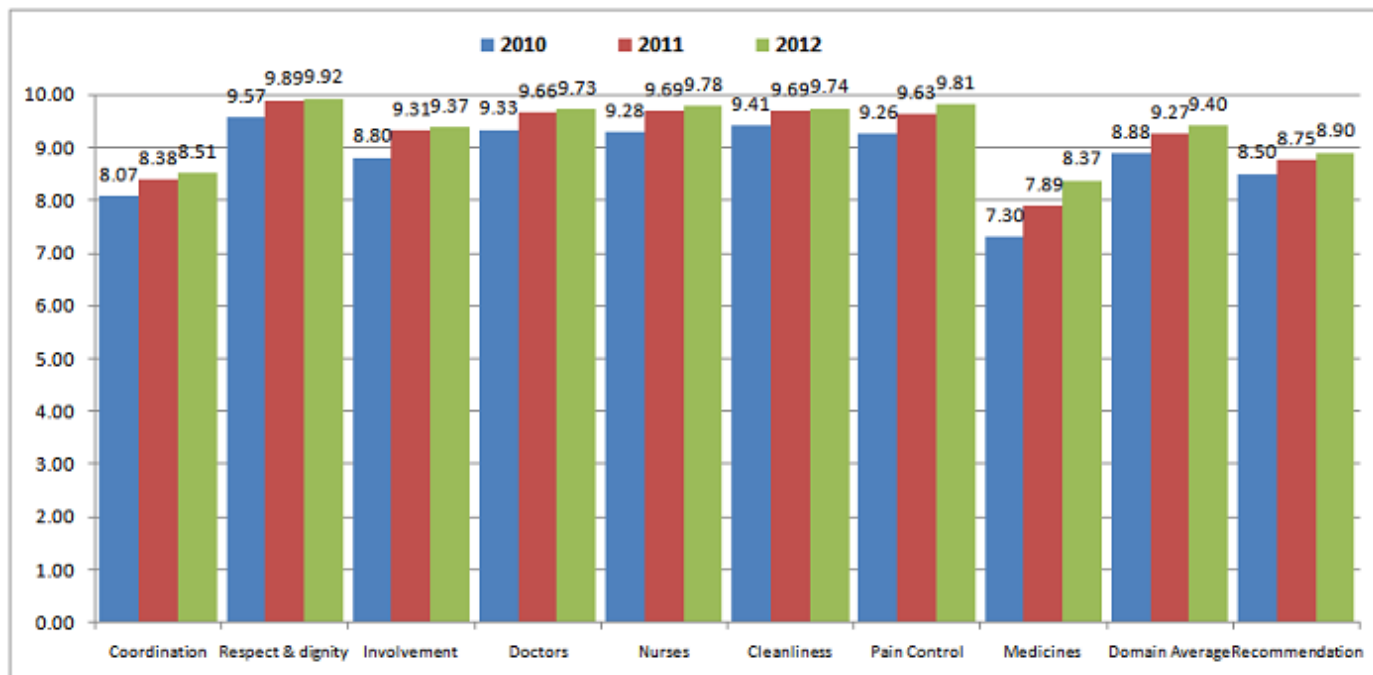
Results.

We believe our approach to listening and responding quickly to what patients have to tell us is beginning to pay real dividends.

- Publication of the national outpatient survey in 2011 – Northumbria rated 5th best in the country and beaten only by 4 specialist hospitals.
- National Cancer patient experience results 2012 – 4th best in the country out of 163 participating trusts.
- National inpatient experience results – best in North East region and within the top 20% nationally.
- Publication of a BMJ Quality report in 2012 written by King’s Fund researchers identifying Northumbria as one of 30 Trust in the country who are providing consistently good experience for inpatients, outpatients and those accessing A&E.

Trust wide real time experience scores: domain averages in 2010, 2011 and 2012

Year on year improved performance across all real time domains is outlined below. All gains in 2012 statistically significant compared to performance in 2010, using a 2 sample t- Test.



Our Doctors – Patient Perspective data on the things that matter most to outpatients

Alnwick	Berwick	Blyth	GB Hunter	Hexham	Morpeth	NTGH	Rothbury	Wansbeck	Total
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Did you have enough time to discuss your health or medical problem with the doctor?

90.46%	93.00%	96.48%	98.33%	94.00%	96.27%	92.25%	100.00%	92.65%	94.83%
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NHS Bottom 20% = 84%, NHS Top 20% = 89%, NHS Best = 95%

Did the doctor seem aware of your medical history?

91.61%	91.81%	95.24%	96.67%	93.40%	93.08%	92.11%	100.00%	94.07%	94.22%
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NHS Bottom 20% = 86%, NHS Top 20% = 90%, NHS Best = 95%

Did the doctor listen to what you had to say?

92.81%	95.47%	96.92%	100.00%	96.75%	97.01%	95.19%	92.86%	95.39%	95.82%
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NHS Bottom 20% = 87%, NHS Top 20% = 91%, NHS Best = 96%

If you had important questions to ask the doctor, did you get answers that you could understand?

86.30%	91.67%	89.32%	86.21%	92.88%	89.34%	89.38%	91.67%	91.05%	89.76%
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NHS Bottom 20% = 81%, NHS Top 20% = 85%, NHS Best = 92%

Did the doctor explain the reasons for any treatment or action in a way you could understand?

90.48%	94.47%	91.39%	96.55%	95.18%	90.91%	92.02%	100.00%	93.58%	93.84%
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NHS Bottom 20% = 85%, NHS Top 20% = 89%, NHS Best = 94%

Did you have confidence and trust in the doctor examining and treating you?

92.72%	94.42%	95.38%	100.00%	96.73%	98.51%	95.07%	100.00%	96.37%	96.58%
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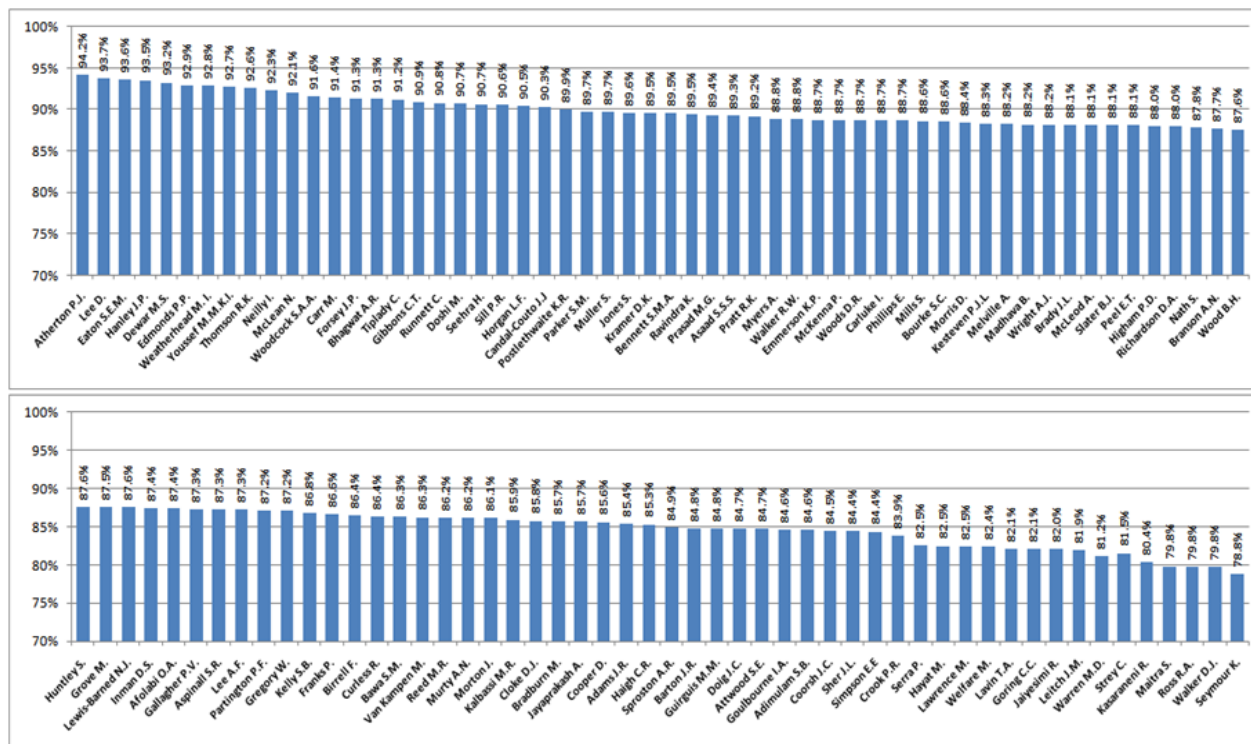
NHS Bottom 20% = 88%, NHS Top 20% = 92%, NHS Best = 96%

Overall Domain Score

90.73%	93.47%	94.12%	96.29%	94.82%	94.19%	92.67%	97.42%	93.85%	94.17%
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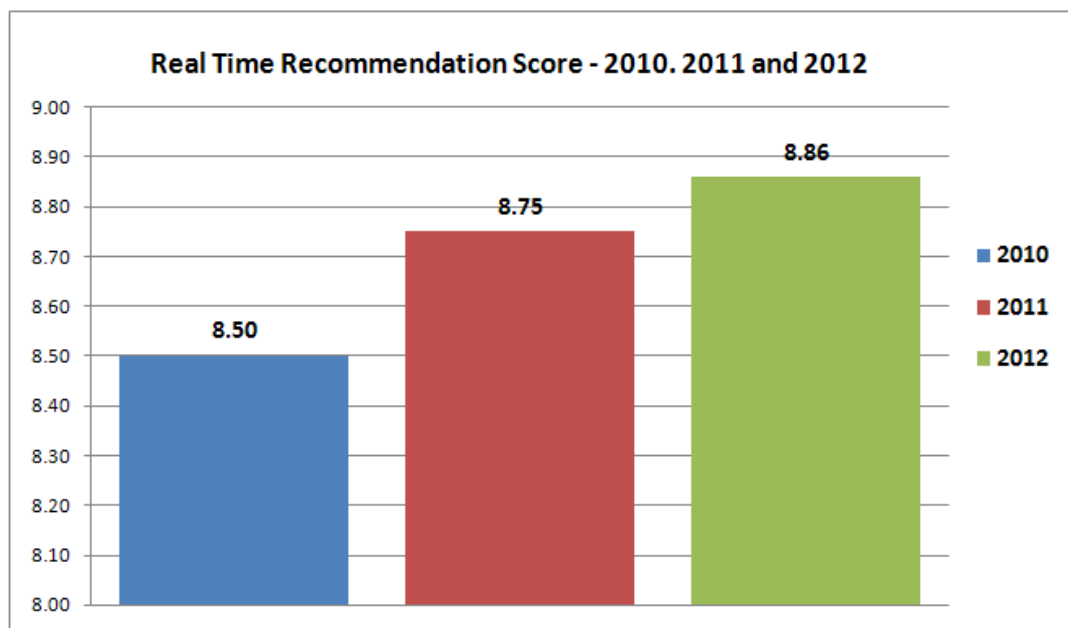
NHS Bottom 20% = 85%, NHS Top 20% = 89%, NHS Best = 95%

Individual Consultants



Recommendation scores – Friends and Family question

From April 2013, every NHS hospital will be required to ask patients in A&E and on the wards whether they would want a friend or relative to be treated there in their hour of need. This measure has been included in our real time programme since 2010 – there is already a good understanding of performance across wards, together with an understanding of the limitations of using this as a single metric.



Current level of performance for North Cumbria against national patient experience indicators.

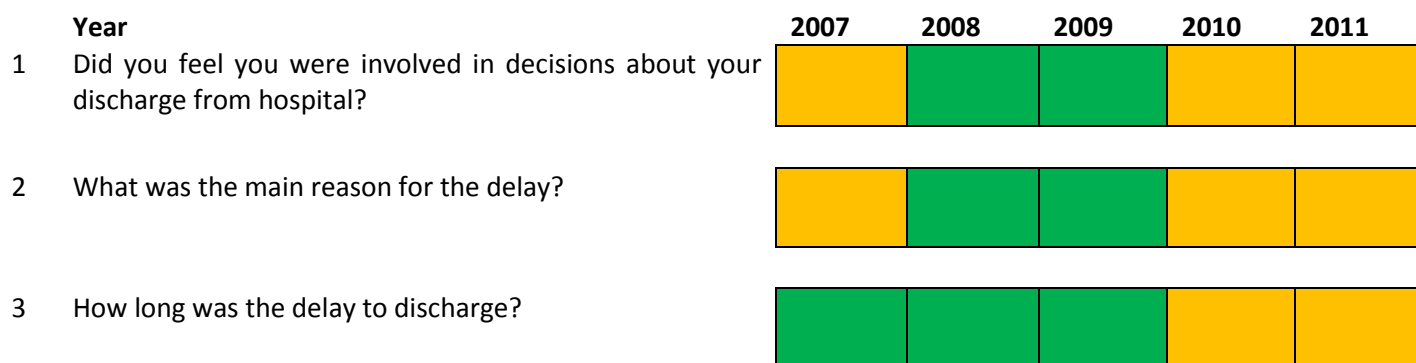
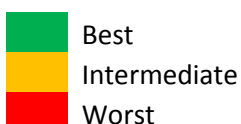
Future commissioning arranging will include performance against the Friends and Family question. Currently the national patient experience indicators have focused on a composite score for the following questions taken from the national inpatient survey:

- **Q41** Were you involved as much as you wanted to be in decisions about your care and treatment?
- **Q44** Did you find someone on the hospital staff to talk to about your worries and fears?
- **Q46** Were you given enough privacy when discussing your condition or treatment?
- **Q65** Did a member of staff tell you about medication side effects to watch for when you went home?
- **Q70** Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

The following table summarises NCUH’s current level of performance.

CQUIN: 5 domains of patient experience are measured.	2009/2010	2010 / 2011	2011 /2012
1. Were you involved as you wanted to be in decisions about your care and treatment?	71	70	69
2. Did you find someone on the hospital staff to talk to about your worries or fears?	59	58	59
3. Were you given enough privacy when discussing your condition or treatment?	76	80	80
4. Did a member of staff tell you about medication side effects to watch for when you went home?	43	38	45
5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	74	70	68
Overall average	65	63.2	64

Outcome of Inpatient Survey over five years from 2008 to 2011 - Leaving hospital and Overall experiences



4	Were you given any written information about what you should do after leaving hospital?					
5	Did hospital staff explain the purpose of the medicines you were to take home?					
6	Did a member of staff tell you about medication side effects to watch for?					
7	Were you told how to take your medication in a way you could understand?					
8	Were you given clear written information about your medicines?					
9	Did a member of staff tell you about any danger signals you should watch for?					
10	Did hospital staff give your family or someone close to you all the information they needed?					
11	Did hospital staff tell you who to contact if you were worried about your condition?					
12	Did you receive copies of letters sent between hospital doctors and your family doctor?					
13	Were the letter written in a way that you could understand?	Question not included	Question not included			

The overall average for each of the measures shows little change over the last three years and perhaps a trend towards a reduction in the quality of reported patient experience since 2009.

Recommendation.

The overall approach Northumbria has adopted to measuring and improving Patient experience has been successful and has allowed for rapid and sustainable change – the recommendation is to adopt a similar approach of real time and right time measurement that allows for a deep understanding at ward, site, specialty and individual consultant level.

Our accompanying action plan recognises the importance of setting the stage for organisational improvements in how we measure and manage patient experience but also the need to prepare in the short term for the next round of national patient experience data sampling. I have therefore identified three phases to the overall plan.

Short term: April – July 2013 Objective: Preparing the ground for team based improvement and organisational change.

1. Partner with Trust Communications to share information about current state and performance, and the challenge of our priority improvement opportunities
2. Launch a high profile campaign to encourage patients to approach and talk to staff and promote the accessibility of staff to enable patients and families to generate feedback on their quality of care
3. Build on previous work within the trust that has addressed the quality of patient experience.
4. Identify 8 wards, across both sites, with the poorest performance currently against commissioning standards. Implement real time capture, weekly reporting and focused attention/support for quick wins.

Medium term: July 2013 – April 2014: Objective - Building capacity within clinical teams and finding improvement strategies that directly improve patient experience

Work with 4 clinical teams following three specific steps in each engagement

1. Challenge the team

Following the collection of baseline data for that service, ward or clinical area each team will be challenged with making improvements across all priority areas. Sponsorship for their work will be secured from the appropriate managerial leads and the timeline for their work will be agreed upon.

2. Apply QI Process

The team will then be facilitated through a systematic quality improvement process which is frontline led but which directly involves patients and families. The team will draw upon FOCUS PDSA approach to process improvement which emphasise value as seen through patients' eyes and involve rapid cycles of testing change.

3. Spread good practice

Once successful change strategies have been identified they will be implemented at a team level, supported by the teams' sponsors and then these good practices for positive patient experience will be celebrated by, and shared across, the broader organisation.

Longer term – July 2013 to October 2014 Objective: Implementing a new measurement strategy and generalising improvements across the organisation.

Organisational spread of good practices will continue and an organisational measurement plan for patient experience will be introduced. The measurement of patient experience at an organisational level in 2014 will demonstrate system wide improvements in positive experience and team based improvement plans will be rolled up to represent which good practices have been implemented where.

2014 – 2015 priority areas for patient experience will be set in March 2014 alongside the first Trust wide Annual Patient Experience Report.

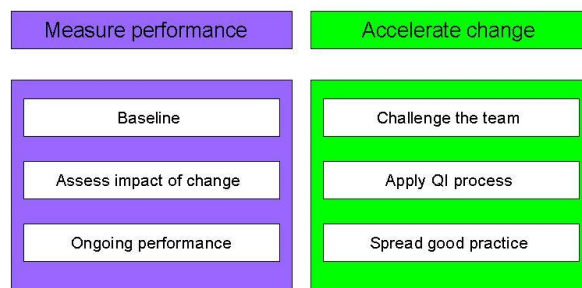
Measurement plan

There are several important features of the measurement plan for patient experience going forward.

1. Measurement must be timely and be conducted often enough to track the statistical significance of change (i.e. to determine which trends are showing real improvements due to changing our practice/processes as compared with normal or random variations in performance over time). We will report data on a monthly basis for this reason and wherever possible report data using Statistical Process Control techniques.
2. The metrics we use must themselves be meaningful to both staff and patients with data generated as close to the level of each clinical team as possible (e.g. ward by ward).
3. Measurement of patient experience will first be used to demonstrate the impact of change within teams as they test improvement strategies and then continued as on-going performance measures following the implementation of successful change.
4. A small number of our most important metrics will be chosen and reported as widely as possible to both staff and patients.
5. In addition to the above we will continue to participate in broader performance measurement approaches as mandated by our commission bodies.

Diagram 1: Measurement and team based action plans

The relationship of the measurement plan to the team-based action plans described above is summarised in Diagram 1.



Resource implications

Approximately £250 k was spent in each of the first two years of the programme. Detailed costing and agreement of improvement priorities will be submitted for approval once the overall plan is accepted in principle the Board.

Risks of not proceeding

Several risks are associated with not proceeding with these recommendations.

- Current negative trends in patient experience will continue or worsen
- Clinical outcomes and effectiveness/appropriateness of service delivery will be poorer resulting in lost revenue to the Trust.
- The Trust will fail to realize the opportunities afforded for developing the capacity of our workforce and improving staff experience through becoming more patient centred.

Annie Laverty

Director of Patient Experience.

Northumbria Healthcare.