

# **Commissioning for Improved Patient Experience**

Event report – summary

September 2014

## Purpose

This report is aimed at commissioners across the NHS, including within CCGs, NHS England Regional and Area Teams and CSUs.

It summarises the key themes and discussion from an event, jointly organised by Macmillan Cancer Support and NHS England, on how to commission for improved patient experience.

A number of useful case studies which highlight some of the points raised during the event and captured in this report have already been collected and can be accessed [here](#).

## What was the event?

The aim of the event was to produce co-created and tested ideas for commissioning action to drive improvement in patient experience.

Nearly fifty representatives from CCGs, CSUs and NHS England (representing specialised commissioning and Area Teams), as well as CCG Lay Members and patient leaders, participated in the day, bringing both patient experience and commissioning expertise.

The day was framed by the enactment of three thought-provoking patient scenarios that spanned a variety of care settings and highlighted key issues. A summary of the patient scenarios can be found [here](#).

The feedback from attendees about the event was very positive. See for example [this blog](#) written by one participant (scroll down to 'Patient Experience: Not Just a Comment Card').

The discussion on the day centred on three key themes (described in more detail below):

1. The collection of data on people's experiences;
2. How to improve people's experiences;
3. Specific mechanisms and levers to encourage data collection and improve experiences.

# Why is improving patient experience important?

- The experience that someone has of their treatment and care is intrinsically important to them and a key outcome.
- Lord Darzi in *High Quality Care for All* established patient experience as one of the three elements of high-quality care, alongside clinical effectiveness and safety.
- Improving experiences is one of the five domains against which the NHS is held to account.
- There is still significant variation in people's experiences and aspects of experience where performance is poor across the board. There have also been recent examples of extreme failings in care, such as that documented by the Francis Inquiry report.
- The NHS Constitution commits the NHS to encouraging and welcoming feedback on health and care experiences and using this to improve services.
- There is a strong body of evidence about the links between patient experience and clinical safety and effectiveness. For example, involvement in decision-making and effective communication are strongly associated with improved patient safety and better self-reported clinical outcomes. Conversely, poorer outcomes are achieved and health resources wasted when patients do not feel involved or do not understand the treatment they are offered:

*“The data presented display that patient experience is positively associated with clinical effectiveness and patient safety, and support the case for the inclusion of patient experience as one of the central pillars of quality in healthcare”*

***British Medical Journal (January 2013)***

# Theme 1:

## The collection of data on people's experiences

### What is the challenge?

- Improvements need to be made in how data on the experiences 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 on experiences that is currently being collected truly reflects what is important to people. Also, current data and insight collected does not properly reflect the experiences of seldom-heard communities.
- Commissioners raised concerns that the current system, particularly the piecemeal introduction of additional data collection requirements, is not supporting collaboration at a local level.

### What needs to happen at a national level?

- A national, standardised dataset on experience would help to bring clarity and alignment to current attempts to collect data on experience. A vital part of this process would involve understanding what is really important to people in terms of their experiences and therefore what data should be collected (NB. What a good experience is, based on the best evidence available, will be published in late 2014 by NHS England and its system partners). The collection of this data should become mandated nationally (and twinned with a standard set of outcomes and indicators).

### What could commissioners do?

- Look at new ways to collect data, for example using existing data from Healthwatch and patient groups in GP practices; and commissioning other organisations to be responsible for data collection, such as Healthwatch and voluntary sector organisations.
- Compare or triangulate different data sources in order to build up as rounded a picture as possible on both a local and national level. Commissioners could collect and compare a range of data on experiences, for example collecting both qualitative and quantitative data, as well as getting multiple views on the same episode from the patient, family and members of staff involved.
- Ensure that staff who deliver care have access to patient feedback. This can help to empower staff to drive change, as well as being rewarding and motivating when patients have had positive experiences.

[Case study - The provider's perspective: how Northumbria NHS Trust collects and uses patient experience data](#)

# Theme 2:

## How to improve people's experiences

### What is the challenge?

*'We hit the target but miss the point – a system based on penalty and blame forces your hand to do this.'*

*Commissioner at the event*

- Patient experience is still not seen as an equal element of high-quality care, alongside clinical effectiveness and patient safety.
- There are usually only a small number of individuals within organisations, including commissioning organisations, who have improving patient experience as their specific remit.
- There has been a focus on commissioners playing a role focused on assurance and monitoring rather than on collaboration with providers to drive improvements.

### What could commissioners do?

- Play a key role in promoting the concept of experience as being 'everyone's business'. In addition, all commissioners should see improving experience as part of their role.
- Drive up quality by actively and collaboratively engaging with and supporting providers, while also ensuring that as commissioners they can challenge providers to make improvements. This relationship can be supported by the establishment of clearly defined roles and a shared vision for experience, as well as specific actions such as commissioners regularly visiting providers to assess and discuss their performance.
- Ensure that patients and the public are engaged at all stages of the commissioning process. (NHS England has produced [guidance for commissioners](#) to support the involvement of patients, carers and the public in their work. Other resources are also available, such as [Co-producing commissioning](#) and [Commissioning for outcomes and co-production](#), both by nef). Specific suggestions of how to achieve this included:
  - Patients attending visits to and discussions with providers;
  - Patient and carer feedback forming a key part of 'in year' contract monitoring;
  - Both commissioners and providers evidencing their involvement of patients and the public and the effect on outcomes.

# Theme 2 continued:

## How to improve people's experiences

### What could commissioners do? – continued

- Commissioners have a unique role to play in improving coordination of care, which is a central aspect of experience. Commissioners can initiate and support cross-pathway and cross-sector working, while ensuring that individual organisations' accountability is retained.
- Commissioners also have a role to play in ensuring that staff who deliver care are trained and supported to provide the highest quality experience to patients at all times, for example:
  - *Education*: commissioners can work with Health Education England and other partners to ensure staff are educated and trained sufficiently in patient experience and co-production.
  - *Recruitment*: commissioners can require from their providers that there always be sufficient pre-recruitment guidance and evidence of a new member of staff's suitability for the post on patient experience grounds.
  - *Post-recruitment*: employees need more support to be able to deliver high quality care in their day to day work. For example commissioners can ask for evidence of appraisals from providers, influence the ongoing development opportunities in providing a good experience that staff access, and consider working with the Royal Colleges to ensure that staff are supported in the workplace.

### A model for effecting transformational change

- Focus on a group of patients or area of experience where there is evidence of failure. This could be linked to other key health agendas, for example the older people or mental health agendas;
- Get the system working together towards a common goal;
- Require the provision of data on the specified group or area, which should be available across the whole CCG or specialised commissioner provider network. Quality Surveillance Groups could be involved in this process;
- Link patient experience to clinical quality and safety;
- Create 'red flags' linked to the target group or area that require action across the system;
- Have experience-based co-design at the heart.

# **Theme 3:**

## **Specific mechanisms and levers to encourage data collection and improve experiences**

### **What is the challenge?**

- Not all commissioning levers are being used as effectively as they could be to drive improvements in people's experiences.
- The number of national KPIs within the standard contract leaves little room for local KPIs and sanctions, and contracting every year prevents long-term improvements.

### **What needs to happen at a national level?**

- The standard contract should be reviewed to ensure that there is a strong enough focus on improving experiences and enough flexibility to include local priorities.
- If new nationally mandated data requirements were to be introduced, these should be reflected in the standard contract.
- Multi-year contracts should be introduced, to allow time for strategic, evidence-based improvements.

### **What could commissioners do?**

- Involve patients and the public more closely in designing and monitoring contracts.
- Include qualitative outcomes in contracts as well as quantitative measures.
- Work closely with providers to define CQUIN measures on patient experience and ensure that patients and the public have a more significant role in designing CQUIN measures.
- Include requirements around experience (including data collection) in service specifications.
- Heavily publicise differences in patient experience scores between providers.
- Encourage patient choice as a lever. It is difficult to decommission on patient experience grounds alone, but not referring patients to particular providers or empowering them to make a choice of referral, where this is available, based on patient experience data and feedback may be a lever for driving improvement if applied widely.

# What are NHS England's next steps?

NHS England, working with CCGs and partner organisations including Macmillan Cancer Support, is developing a programme of work to support commissioners of NHS services to transform how commissioning for improved experience of care is undertaken. The work will include actions in relation to commissioning that address the key ideas put forward at the event. The core principle that underpins this work is that improving patient experience has to be embedded within clinical quality improvement.

Planned actions include:

- Fully consider all the points and ideas put forward at the event on the collection of data on people's experience of care within the NHS England Insight Review (which is intended to ensure that the most valuable feedback is gained and used to drive improvement).
- Explore the potential to run a series of localised versions of the commissioning for improved patient experience event, and follow this by working with a small number of commissioners to understand and develop the capacity and capabilities required to commission for improved patient experience.
- Undertake an analysis of the patient experience content of commissioner 5-year strategic plans and work with CCG and NHS England commissioners to identify learning to inform: 2015/16 planning guidance; development of support resources/tools; development of effective levers/incentives.
- Work with CCGs on the Quality Working Group (a sub-group of the NHS Commissioning Assembly) to test ideas and potential solutions to commissioning for good patient experience.
- Identify and share good practice in collating a range of patient and carer feedback (including, for example, survey data, Friends and Family Test, patient stories and complaints), and using feedback to improve patient experience. Provide support for commissioners in using data sources to identify aspects of people's experience of care where local improvement should be targeted.
- Work with specialised commissioners on: measuring/reporting patient experience; how contracts can be used to improve patient experience; learning from complaints.
- Develop a compendium of effective approaches to assessing and improving the experiences of vulnerable groups of patients.
- Support the development of approaches such as Experience Based Co-Design and patient leaders playing a prominent role in defining, assessing and improving patient experience in commissioning contexts.
- Seek to use our powers as a commissioner to enhance experiences of care, as determined by patients. We are investigating ways in which a percentage of payments to providers can be linked to quality improvement through CQUINs or other incentives. Measures being considered include national and local surveys, real-time feedback including the Friends and Family Test and best practice tariffs. We are also exploring how incentives might be used to improve the way that providers learn from complaints.