

# Lincolnshire East Clinical Commissioning Group

## Patient and Public Engagement and Experience Strategy 2016-19



Lincolnshire East Clinical Commissioning Group  
Patient and Public Engagement and Experience Strategy 2016-17

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**1. Executive Summary**

Following the publication of the 2010 White Paper, ‘Equity and excellence: Liberating the NHS’, Primary Care Trusts were abolished and replaced by a number of new organisations, including Clinical Commissioning Groups (CCGs). There are currently 211 CCGs in England, NHS organisations that bring together local GPs and health professionals to plan, buy and monitor the quality of health services locally.

Lincolnshire East CCG is a group of GPs from the Boston, East Lindsey and Skegness and Coast localities who work together to commission the majority of healthcare services, including, elective care, emergency care, maternity services, community and mental health services, and the majority of GP medical services for the 244,907 people living in Boston, East Lindsey and Skegness and Coast.

The development of CCGs has enabled increased opportunities to engage with patients, the public and key stakeholders to truly understand what is important in the design and delivery of healthcare for local communities. Lincolnshire East CCG is committed to listening to patients, carers, stakeholders, partners and the community, and using their experiences and views to inform commissioning plans. This commitment is demonstrated in the CCG’s mission, values and aims, identified below:

**Lincolnshire East CCG - Our Mission**

To ensure the optimum health and wellbeing of the people we serve by commissioning high quality health services which support choice, promoting healthy lifestyles and personal responsibility, reducing inequalities in opportunity, experience and health outcomes; and managing our allocated resources effectively and responsibly.

**Lincolnshire East CCG – Our values:**

<b>Quality</b>	Safety, effectiveness and patient experience will guide our decisions
<b>Clinical leadership</b>	We believe clinicians should be our key leaders and primary influence
<b>Patient focus</b>	We will seek the views of patients and take them into account in what we do
<b>Integration and partnership</b>	We will use them as keys to success
<b>Fairness</b>	We believe investment should reflect need
<b>Equality</b>	We will strive for equality of patient experience, opportunity and outcome
<b>Good value</b>	We will use NHS resources to best effect

**Lincolnshire East CCG – Our aims:**

**What we want to focus on is:**

- Commissioning high quality care based on evidence of effectiveness
- Engaging patients and carers in decisions about care and services
- Improving access to services, and providing care close to home where possible
- Reducing inequalities in health, access and patient experience
- Improving health by focusing on prevention and reaching out to those in greatest need
- Bringing a local focus to health services and influencing the health system to recognise the needs of the patients in East Lincolnshire
- Having clinicians at the centre leading innovative service change
- Increasing service integration and cooperation

- Developing a long term view, with sustainable plans based on sound financial management

Our Patient Experience and Engagement Strategy will ensure that the views of patients, carers, stakeholders, partners and our community are fully represented in decisions about how services are proposed, planned and delivered as well as how they can be improved. Lincolnshire East CCG recognise that patient input is an essential element of the “Co-creation” of services, and through this strategy we will ensure that people who use our services, as well as our key partners, stakeholders and the public are fully involved in our decisions. One of our key challenges is to attract all groups of our population to participate, and this strategy will provide a clear direction of work set out to do this effectively during 2016/17.

The whole Lincolnshire health and care (LHaC) community have some significant challenges ahead. The financial climate and changes in the way we live means that services will have to be delivered differently in the future. We understand that change and uncertainties can cause enormous worry to our patients, and so it is crucial for that our patients and members of our community work with us to design services and have their say.

The strategy contains three interrelated sections outlining how we will achieve and monitor the effective delivery of our mission, values and aims with regard to patient and public engagement and experience. Each section contains the following information:

**Section 1** contains information about Lincolnshire East CCG, it details the purpose of the strategy aligned to our mission, values and aims. This section also links to the key drivers and our legislative responsibilities regarding patient and public engagement and experience.

**Section 2** outlines the approach that we will take to ensure that the views of patients, carers, staff, stakeholders, partners and the community are represented in decisions about how services are proposed, planned, delivered, monitored and improved.

**Section 3** details an overview of the programs of work to ensure the effective delivery of this strategy.

Through this strategy the CCG will ensure that the services we commission are shaped by our patients, key partners, stakeholders and the public as well as our fulfil our responsibilities outlined in the Health and Social Care Act 2012.

## **2. Introduction**

Lincolnshire East Clinical Commissioning Group (LECCG) is made up of 30 GP practices within 3 localities, Boston, East Lindsey and Skegness and Coast, covering an area of 1,350 square miles. It is our priority and mission to work together to provide and commission high quality health services to improve the health outcomes of the 244,907 people living in our area.

We are passionate about the experience our patients and service users receive from the different health care providers in Lincolnshire. It is integral to our core business as a CCG and the responsibility of all staff to ensure people who use the services we commission are fully engaged, and receive a positive experience which meets or exceeds expectations. We recognise that our patients, carers, partners and community are best placed to judge if we are achieving these fundamental aspects of healthcare.

Lincolnshire East CCG continually collect and review feedback from our patients about the healthcare services they have used, this is known as the “patient experience”. The CCG also actively asks their key partners, stakeholders and the public for input on how they feel services work, or could work better this is known as “engagement”. As both patient experience and

engagement are interlinked this strategy sets out the CCGs plans for patient experience and engagement together.

Through our commitment to delivering effective high quality healthcare, and our close partnership working with our providers, this strategy will explain how we will continue to review and monitor Patient and Public Engagement and Experience. It will detail the variety of mechanisms we will use to listen to patients, carers, staff, stakeholders, partners and the wider community and involve them in our commissioning decisions.

### **3. Associated documents**

The strategy will be delivered alongside the following key Lincolnshire East CCG documents:

- Operational Plan 2016/17
- The Communication Strategy 2016/17
- Equality and Diversity documents (EDS2, Equality Objectives)
- Policy and Procedure for the Recording, Investigation and Management of Complaints, Comments, Concerns and Compliments

### **4. Aim of the Strategy**

The aim of this strategy is to ensure that the CCG is fully equipped to deliver its mission, values and aims in relation to ensuring the views of patients, carers, staff, stakeholders, partners and the community are fully engaged and represented in decisions about how services are proposed, planned and delivered as well as how they can be improved.

We understand the importance of listening to and acting on what our patients say and aim to use this strategy to enable us to engage with patients and carers in decisions about their care and the services they use; to reduce inequalities in health, and improve access, as well as the patient experience.

In order to achieve the ambitions set out in this strategy it will focus on our key stakeholders categorised into four key groups:

1. People who have direct experiences of using our services (patients, carers, families)
2. Our key organisational stakeholders (providers, voluntary organisations, community interest groups, Healthwatch)
3. Members of our general public
4. Groups we know may be harder to reach.

#### **4.1 Our Responsibilities**

Lincolnshire East CCG has a legal duty to ensure that arrangements are made for patients, carers, stakeholders, partners and the community to be involved in shaping commissioning decisions. Patient and public engagement and experience is not only about legal requirements. It underpins everything that the NHS does and is an essential way to improve services and outcomes for patients.

Key legislation outlining our responsibilities relating to Patient and Public Engagement and Experience can be found in **Appendix 1**. There are also some key national guidelines and drivers the CCG will use in the delivery of this strategy. These are outlined in **Appendix 2**.

As well as adhering to our responsibilities, Lincolnshire East CCG has demonstrated a commitment to proactively engage with patients to listen to their views and learn from their experiences about the services we commission. This strategy outlines some good examples of what we have done already as well as what we plan to do in the future.

#### **4.2 Health and Wellbeing Board**

We have played an active role in the Health and Wellbeing Board, aiming to improve the lives of local people. We have representation on the local Health and Wellbeing Board which is responsible for producing the annual Joint Strategic Needs Assessment document (JNSA), providing a summary of what services are needed to help improve the health of our population. Work is underway currently to review the Lincolnshire JNSA for 2016.

The JNSA for Lincolnshire does this by looking at a wide range of data and information to identify key issues for people living in the county. This is then used as a basis for planning, commissioning and providing services to meet the needs of our patients alongside the Joint Health and Wellbeing Strategy.

### **5. Our Health Challenges and Health Profile**

Like everywhere else in the country, we face challenges in delivering health services and we are doing our best to tackle them. Some of the key healthcare challenges facing Lincolnshire East CCG, which will be taken account in this strategy and our key areas of work, are shown below. More detailed information is available in our health profile attached to the Operational Plan 2016/17:

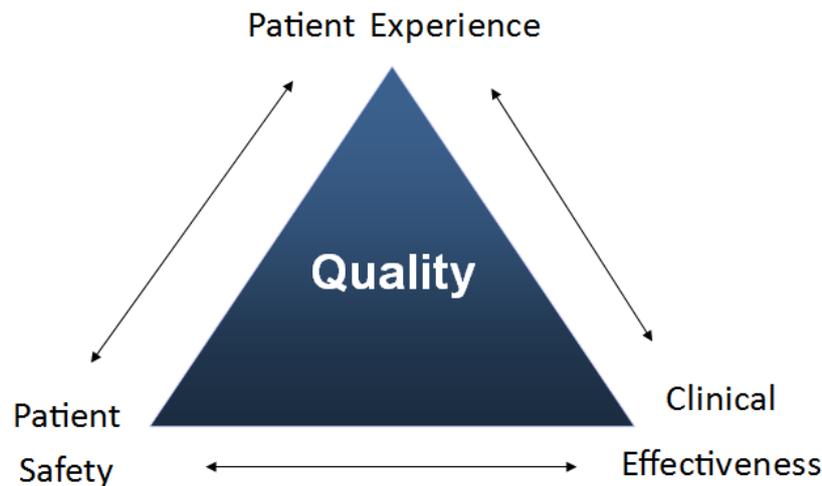
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- **Changing demographics** there remains a 'hidden population' of caravan dwellers in the Skegness and Coast Locality. A number of these caravans are occupied for the majority of the year, it has been estimated that 50% of these residents are registered with a doctor. In addition, our coastal population may increase significantly during the summer months.
- **An ageing population** a higher proportion of people aged 50 years and older. However, Boston has a greater proportion of people of working age.
- **Lifestyle (smoking, alcohol, obesity)**
- **Economic and health inequalities**
- **Inequalities for people with disabilities**
- **Access to services and groups with protected characteristics.**
- **Children's health and lifestyles** Lincolnshire East CCG has a higher prevalence of deprivation and child poverty than other areas in Lincolnshire and the England average
- **Poor transport** and highways infrastructure this adds a challenging and lengthy transport process for people across the CCG area
- **Rurality** Our population is spread widely across a large rural area, with large variations in people's health
- **Recruitment and retention** there are difficulties in appropriately qualified staff in certain medical areas.
- **Financial Challenges**

The following section contains some key definitions that are frequently referred to within this strategy and the wider NHS relating to patient and public engagement and experience.

### **6. Definition of Patient Experience and Quality**

Patient experience is an essential element quality. In 2008, Lord Darzi via the NHS Next Stage Review report (Department of Health 2008c) defined quality in the NHS in terms of three core interrelated areas, patient experience, patient safety and clinical effectiveness, without the presence of one area, quality care cannot be achieved, this is demonstrated in the diagram below:



**Patient experience** can be defined as the “feedback received from patients and their carers relating to what happened to them, personally, whilst receiving specific care and treatment”. This will include both the objective facts and the patients’ subjective views (The Intelligent Board, Dr Foster 2010).

Patients tell us that they care about the experience of the care they receive as much as they do about the effectiveness and safety of that care. Patients may well receive appropriate safe and effective clinical care but if this is not delivered professionally, in a timely manner, with good communication and involvement with their carers, the patients may perceive this care as unsatisfactory.

The NHS National Quality Board agreed on a working definition of patient experience in order to provide a guide to enable measurement and drive improvement. This definition outlines elements critical to securing a positive patient experience as follows:

- Respect for patient-centred values, preferences, and expressed needs
- Coordination and integration of care
- Information, communication, and education
- Physical comfort
- Emotional support
- Welcoming the involvement of family and friends
- Transition and continuity
- Access to care

Patient experience is not a new concept and Lincolnshire East CCG strives to be close to our patient population. The organisation has excellent examples of patient experience programmes of work detailed within this document.

## **7. Definition of Patient and Public Engagement**

Patient and public engagement is the active ongoing participation of patients and carers, including children and young people, local communities and other stakeholders in the development of health services and as partners in their own care. This should include participation at many stages such as planning, designing, delivering and in ensuring the improvement of health care services.

This active engagement not only provides people with the opportunity to have a say in their own care and treatment and to participate in the decisions that need to be made about their care, but also enables the local community to have a say in how services are provided, commissioned, delivered and reviewed.

Patient and public engagement empowers individuals to have a voice and provides organisations with the opportunity to listen and improve patients' overall experiences of the NHS. It also ensures the services provided and commissioned truly reflect the needs of the people who use them.

In order to engage with our population we will involve local communities, patients, carers, the public, support groups, charities, voluntary groups, staff and partners in shaping designing and delivering the services for LECCG.

Our aim would be to involve people in everything we do and make it as easy as possible for them to get involved, giving real opportunities for them to influence plans and developments.

This strategy will outline how we will involve both individual patients and carers, and targeted working groups and the voluntary sector to participate in engagement events, as well as detailing collaborative working opportunities with organisations that represent local communities such as Healthwatch.

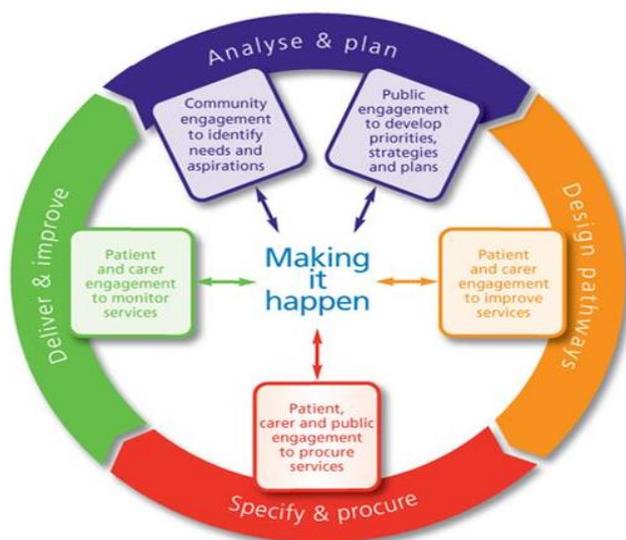
### 7.1 Engagement Cycle

The engagement cycle will enable us to embed engagement throughout the commissioning process: ensuring that we engage with people at every stage of commissioning.

The NHS Institute for Innovation and Improvement (2012) have developed a strategic tool to support this process. This tool enables us as commissioners to understand what we need to do in order to engage with the local population. This is possible on an individual level, patients having a say about their own care and treatment or on a collective level, supporting decisions about commissioning and the delivery of services.

The tool identifies 5 different stages within the engagement cycle, focusing on the collective level, providing the opportunity to engage with patients and the public on commissioning decisions within the commissioning cycle;

- Identify
- Develop
- Improve
- Procure
- Monitor.



(NHS Institute for Innovation and Improvement 2012)

This cycle will help us as commissioners to;

- Develop a shared understanding of what good engagement looks like
- Providing a strategic direction and basis for planning
- Clarifying relationships, accountabilities, roles and responsibilities.

This strategy will enable a cycle of continuous listening to support commissioning decisions, which includes learning from patients to ensure they receive a positive experience of care provided and identify any areas that require service improvement.

The continuous listening model depicts how our Governing Body will be able to listen to the views, opinions and experiences of the population of East Lincolnshire in terms of our GP practice patients, staff and the wider population.

## **7.2 Formal consultation**

Formal consultation describes the statutory requirement to consult with overview and scrutiny committees (OSCs), patients and the public as well as all stakeholders when considering a proposal for a substantial change to the provision of a service.

Essentially, formal consultation is undertaken where a change is 'significant'. This is determined where the proposal or plan is likely to have a substantial impact on the following:

- Access (e.g. reduction or increase in service due to change of location or opening times)
- Wider community (e.g. economic impact, transport)
- Patients or users (either current or future)
- Service delivery (e.g. methods of delivery or relocation of services)

## **8. Equality**

Lincolnshire East CCG is committed to promoting equality and diversity to effectively engage with patients and the public. The CCG recognise that healthcare needs to be fair and accessible to all groups, including those considered harder to reach, as such, equality considerations are essential to any effective patient and public engagement and are considered before and during engagement/consultation activity.

The CCG ensures that all policies, functions and services will be subjected to an Equality Analysis and show Due Regard to the Equality Act (2010) to determine any possible impacts on groups of people, namely those with protected characteristics in line with the act. This includes, but is not limited to, the protected characteristics of: age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity status. The CCG also consider how to reach people that may experience difficulties accessing health services or have health problems caused or associated with their socio-economic status. Through our commitment to equality, our work will ensure that care is available to those who need it the most.

### **8.1 Equality Delivery System (EDS2)**

We are committed to making a positive difference to patient experience, access and clinical outcomes for all patients. We recognise that a quality service can only be one that recognises the needs and circumstances of all patients, their carers and communities. We use the NHS Equality Delivery System (EDS2) to assess how well we do this. The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. It is a self-assessment grading system that helps NHS organisations improve the services they provide for their local communities to provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

Members of the CCGs Equality, Quality and Engagement team meet bi monthly to facilitate the effective delivery of the Equalities work programme. The work programme includes specific engagement with groups considered harder to reach. The Equalities work programme is available on request.

## 8.2 Equalities Monitoring

Through equalities monitoring, we continually work with staff, providers, patients, carers and our community to improve our engagement with different groups and assess how well we engage with our patient population. Through this we can identify any gaps to target future engagement and ensure that equality is central to all that we do.

## 9. Principles for Engagement (NHS England, 2013)

Lincolnshire East CCG will follow the below values for engagement based on the principles for participation identified in the NHS England best practice document “Transforming Participation in health and care.

These principles were reviewed and updated at the CCG’s Patient’s Council on 23 March 2016:

<b>1</b>	We will take time to plan well and start involving people at the earliest opportunity, before a procurement or service delivery change commences.
<b>2</b>	We will make use of best practice and learn from other organisations to focus our approach on making the most positive difference to our patients
<b>3</b>	We will learn from what has worked well and not so well in the past, and consider how to apply this learning in the future.
<b>4</b>	We will fulfil our legal responsibilities under the Health and Social Care Act, 2012 and Equality Act 2010.
<b>5</b>	Our relationships with all stakeholders (patients, our key partners and the public) will be conducted with respect and inclusivity, focused on equality.
<b>6</b>	We will ensure that involvement reflects the diversity of our population with consideration for the protected characteristics under the Equality Act 2010.
<b>7</b>	We proactively seek involvement from people and communities who experience the greatest health inequalities and the poorest health outcomes, using differing methods. We will ask people how they want to be involved.
<b>8</b>	We will always consider the barriers that may stop people from getting involved and find workable solutions.
<b>9</b>	We will use appropriate language and openly share information.
<b>10</b>	We will be clear about how people’s involvement will be used and give feedback on the outcome of engagement in a timely manner
<b>11</b>	We will evaluate the effectiveness of our patient experience and engagement activities, sharing and incorporating our learning to enable us to continually improve. Activities will be reviewed by our Patient Council
<b>12</b>	We will demonstrate how patient experience and engagement have informed our decisions and made an impact.
<b>13</b>	The CCG adhere to strict codes of confidentiality, and patient information is held in line with the requirements of the Data Protection Act 1998.

## 10. Communications

Lincolnshire East CCG recognise that how we communicate with our stakeholders is key to effective patient and public engagement and experience, and we want to ensure that people receive information in the right way at the right time. The CCG uses many mechanisms to communicate with patients, our key partners, stakeholders and the public. Full details of these will be detailed in the CCG’s Communication Strategy for 2016/17, some examples include:

- Meetings and briefings

- Our Lincolnshire East CCG websites
- Bi- Monthly CCG Newsletter
- Posters advertising events and campaigns
- Sharing Good News/ Good Practice
- Media
- Publications (I.e. The CCG’s Annual Report)
- Social media (Twitter and development of a new Lincolnshire East Facebook page).

**11. Lincolnshire East Approach to Patient Engagement and Experience**

In order to achieve the ambitions set out in this strategy it will focus on our key stakeholders categorised into three key groups:

1. People who have direct experiences of using our services (patients, carers, families)
2. Our key stakeholders (providers, voluntary organisations, community interest groups, Healthwatch)
3. Members of our general public

There are many different ways in which people might participate in health depending upon their personal circumstances and interest, as such Lincolnshire East CCG use a variety of approaches and systems to listen to the experiences of people who use the services we commission. Measures of patient feedback are divided into qualitative and quantitative methods, however some offer a mixture of both. Both are essential to service improvement, descriptions of each are below:

**Quantitative** – numerical, statistically validated, more factual, tends to be less descriptive, but essential for benchmarking performance. Examples include patient surveys public consultation documents, mortality rates, benchmarked national patient experience reports.

**Qualitative** – more in depth accounts of experience, referred to as “Soft Intelligence” provides stories, narratives, and offer valuable insights into the patient experience, and identifies risks in healthcare systems that may not be seen in higher level metrics, examples we use include complaints, patient interviews, listening events.

Calls the increased use of ‘soft intelligence’ have been made by academic and policy commentators alike in the wake of healthcare failings, the Francis report reports made similar points about the limitations of hard data through quantitative methods alone.

We are keen to get the best understanding of how our community experience healthcare, as such many of our projects regarding patient experience, engagement, equalities are directly linked. This section explores our ongoing work as well as new developments for 2016/17. Each is explained in further detail in the next section.

<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>• National patient experience measures</li> <li>• NHS Choices</li> <li>• Patient Opinion.</li> <li>• Complaints, concerns and compliments</li> <li>• Local patient experience surveys</li> <li>• Patient Participation Groups (PPGs)</li> <li>• Quality visits</li> <li>• Healthwatch</li> </ul>
<b>Engagement</b>	<ul style="list-style-type: none"> <li>• Listening events</li> <li>• Listening Clinics</li> <li>• Patient stories</li> </ul>

	<ul style="list-style-type: none"> <li>• Viewpoint panel</li> <li>• Readers Panel</li> <li>• Patient Council</li> <li>• Virtual Patient Council</li> <li>• Youth workshops</li> <li>• Themed workshops</li> <li>• Journey mapping</li> <li>• Health bus</li> <li>• Lincolnshire show</li> <li>• Lincolnshire Health and Care (LHaC)</li> <li>• Working with key organisational stakeholders (providers, Healthwatch, Voluntary Sector)</li> </ul>
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### 11.1 National patient experience measures

There are many nationally arranged patient experience sources of intelligence available to the CCG enabling national benchmarking to take place. The patient experience data goes hand in hand with the information we gather through our public engagement and consultation processes. We use this data to understand what people are saying, what they want and what is working well or not. Details of the patient experience measures we use are shown below:

### 11.2 Care Quality Commission Patient Survey Programme

Surveys arranged by the CQC to contribute to their assessments of NHS performance and used or regulatory activities such as registration, monitoring ongoing compliance and reviews CQC patient experience surveys are undertaken in the following areas:

- CQC Inpatient Survey
- CQC Accident and Emergency Survey
- CQC Maternity Survey
- CQC Community Mental Health

The 2016/17 programme of CQC Patient Experience surveys has now been confirmed, and is detailed in **Appendix 3**.

### 11.3 Friends and Family Test (FFT)

FFT is based on a simple question asking whether patients would recommend a healthcare provider to friends or family if they needed a particular service. This provides 'real time' insight and enables the CCG to assess patient experience across all NHS service providers in a very simplistic way. The CCG receives a monthly report on FFT at both provider and individual ward and department level. During the next year the CCG will continue to use the FFT as well as the other patient experience indicators to drive improvements to commissioned services. Specific work areas for consideration for Lincolnshire East next year is:

1. Increase the use of the FFT in maternity services to enable service innovation and transformation and support choice for women within these service environments.
2. Improved use of FFT to drive improvements in our member practices.
3. Making the FFT more inclusive, including to children and young people.

### 11.4 GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK. The results show how people feel about their GP practice. Results from the survey are published in January and July of each year.

### 11.5 Digital Feedback Report

Synopsis of reviews left digitally via NHS Choices and Patient Opinion into a quarterly report of key themes of positive and negative feedback. The CCG are reviewing the methodology of this report during 2016/17 to streamline the process.

### **11.6 Complaints, concerns and compliments**

NHS Lincolnshire East CCG is committed to achieving excellence in all services it commissions and understands the importance of complaints, comments, concerns and compliments as a means of reviewing standards, and as an avenue by which patient experience can be improved. The CCG view complaints as valuable feedback and lessons learnt will be shared across the CCG, with providers of care and our population. This will ensure mistakes, omissions or misunderstandings are rectified, and to learn from those experiences to improve the quality of services in the future.

### **11.7 Local patient experience surveys/interviews**

The CCG may conduct patient experience surveys or undertake patient interviews to assess the level of patient satisfaction with a commissioned service.

### **11.8 Patient Participation Groups (PPGs)**

A PPG is a group of patients registered with a GP surgery who have no medical training but have an interest in the services provided. The aim of the PPG is to represent patients' views and to work in partnership with the surgery to ensure the practice is accountable and responsive to the needs of patients.

The majority of practices within Lincolnshire East have well established PPGs and Virtual PPGs, and since 1 April 2015, it became a contractual requirement for all practices to have a PPG, and to make reasonable efforts for this to be representative of the practice population (NHS Employers, 2014).

Lincolnshire East CCG fully support the continuing development of Patient Participation Groups across Lincolnshire East and consider them essential links to our patients registered at GP practices in each of our localities.

In order to support our member practices, we will update our PPG toolkit, with key areas of information in relation to setting up or re-energising a PPG.

### **11.9 Quality visits**

Lincolnshire East has developed an integrated approach to quality monitoring, which has included a programme of quality review visits in our provider organisations. The visits are aimed at specific areas and provide us with the opportunity to directly engage our patients where they receive their care. The quality visits also enable members of the CCG to engage with front line staff, risk assessing pathways and acting as a positive system facilitator to achieve long term sustainable quality improvement, supported through formal contracts. The outcomes of CQC inspections can be utilised, alongside other intelligence to focus the CCG within our quality visit schedule. This process enables the CCG to assess whether actions and improvements have been embedded into individual ward and department practice.

### **11.10 Listening Events Programme**

Since 2013, the CCG has held Listening Events quarterly, in partnership with neighbouring Lincolnshire CCGs. Each event is delivered alongside staff from provider organisations, who come together to listen to patient experiences first hand. Each event is promoted widely to encourage as many patients as possible to attend and share their experiences of healthcare. Patient stories are recorded and shared with the relevant organisations, which in turn develop actions to improve quality and service delivery. Lincolnshire East hosted the seventh Listening event to take place in Lincolnshire on the 4 February 2016.

### **11.11 Listening Clinics**

Commenced in November 2015, Lincolnshire East CCG Listening Clinics are an extension of the Listening Events Programme and enable the CCG to listen directly to patients registered at their 30

member practices. The CCG plan to hold a Listening Clinic at each of their member GP practices on an annual basis to encourage patients to feedback their experiences of local health services in their own words. Each clinic is attended by the Engagement Manager and/or a nurse from the CCG's Quality team, or other staff representing the CCG. Findings from all of the Listening Clinics are analysed to identify trends CCG wide, and are fed into the CCG via the Quality and Patient Experience Committee (QPEC).

The CCG is working with providers to ensure that feedback relating to care received in their organisations is fed back to enable them to respond and improve. Listening Clinics are advertised by posters in the practice, as well as on Facebook and Twitter. Listening clinics that have taken place so far are shown in the table below:

Venue	Date	Number of patient stories
Listening Clinic- Binbrook	16/11/2015 am	23
Listening Clinic- Spilsby Flu Clinic, Franklin Hall	21/11/2015 am	36
Listening Clinic- Marisco - Sutton- on-Sea	08/01/2016 am	29
Listening Clinic- Marisco- Mablethorpe	08/01/2016 pm	35
Listening Clinic - Westside Surgery	12/01/2016 am	29
Listening Clinic - Stuart House Surgery	12/01/2016 pm	12
Listening Clinic - Horncastle	09/02/2016 am	29
Listening Clinic – Kirton	12/02/2016 am	21
Listening Clinic – Old Leake	03/03/2016 am	20

Lincolnshire East CCG is currently in the process of extending Listening Clinics to care homes. The first clinic is due to take place during April 2016.

### **11.12 Patient stories**

Lincolnshire East recognise that sometimes it is the lone voice that is saying the most important things. As such there is a programme of patient stories taken to the Governing Body on a quarterly, basis, which is focused on ensuring that the Governing Body is able to listen to and connect with the patient experience across the health care services in Lincolnshire. This enables our Governing Body to directly hear patients' experiences of health services, and has been a powerful mechanism for learning. These stories have been integrated to ensure that lessons have been learned and are included in commissioning decision making.

### **11.13 Viewpoint Panel**

The Viewpoint Panel actively involves patients and members of the public in the development, planning and delivery of local services. The Viewpoint Panel are encouraged to:

- Respond to questionnaires and surveys
- Attend public meetings
- Take part in discussion groups
- Attend open days
- Be the voice of patients in developing services.

We plan to significantly increase membership to the Viewpoint panel during 2016-17.

### **11.15 Readers Panel**

The Readers Panel consists of volunteers who have an interest in how information is provided, who enjoy reading and are able to comment and make suggestions on the language and layout of various leaflets and documents. The Readers Panel are crucial in ensuring we provide a consistent approach to the production of patient information, and that it is written in uncomplicated and straightforward language. The reader's panel is promoted alongside the View point panel.

### **11.16 Patient Council**

Launched in March 2015, our Patient Council is made up of representatives from Patient Participation Groups (PPGs) and local involvement organisations. The patient council provides further opportunity for LECCG to engage with patients and the public in commissioning decisions.

The Patient Council and Virtual Patient Council were set up after engagement with our local practices and Patient Participation Groups (PPGs); feedback indicated that, while many active patients would like to take part in a Patient Council that meets, many felt that an opportunity should exist to enable a broader group of people to take part. We will use the Patient Council to identify where we need to encourage greater patient involvement, and provide the mechanism for broader patient and public involvement. The purpose of the Patient Council is to;

- Feed the patient and public voice into decision making within the CCG
- Collate the views of a wide range of groups by drawing on the networks of Patient Participation Groups (PPGs), Healthwatch, voluntary and community groups and others
- Provide scrutiny of the CCG's engagement and consultation activity
- Enable existing networks for involvement to have a voice in decision making around health and care issues
- Provide a channel for outgoing communication and engagement to patients and members of the public.
- Represent the voice of patients in each locality. Each of our practice PPG's will be represented by a member on the relevant PPG locality group and these representatives will report regularly to the LECCG Locality Committees.
- The terms of reference for the patient council will be reviewed annually to monitor its effectiveness.

### **11.17 Virtual Patient Council**

As part of the Patient Council, the CCG has also established a Virtual Patient Council, for those who do not wish, or are unable, to attend meetings to take part and provide their feedback through other channels.

### **11.18 Youth workshops**

Lincolnshire East CCG Have held a number of workshops to engage with young people, including our Youth Mental Health workshop. The workshop also sought views on how health services are delivered in general. We worked alongside Lincolnshire County Council's Youth Participation Team and the Child and Adolescent Mental Health Services (CAMHS) team to design and deliver the workshop, which involved a number of interactive and creative exercises to gain feedback. As a result of the findings of the workshop the CCG ran a campaign on mental health and exam stress and arranged some Mindfulness sessions in secondary schools. The CCG will continue to engage with young people during 2016/17.

### **11.19 Journey mapping**

Patient Journey Mapping is informed by a methodology widely used across the commercial sector, Customer Journey Mapping. Typically, Customer Journey Mapping involves working through an experience with a customer to focus on each part of the journey in terms of the emotional impact on the customer. A system for quantifying positive and negative reactions to different parts of the journey is applied by scoring each part of the experience. Patient Journey Mapping can help CCGs

to use patient experience to inform improvements in processes, systems and transitions between stages in care, capture the patients' experiences in their own words and focus on what really matters the most to patients.

### **11.20 Health Bus**

During 2014 we identified a need to engage more effectively with our migrant communities and young people. We used the health checks bus to deliver engagement on our priorities for commissioning and targeted areas specifically to reach our migrant population. The bus not only delivered interventions in the form of health checks, which often resulted in people accessing services, it also provided an opportunity to engage with people and enabled us to target specific areas.

### **11.21 Lincolnshire show**

Lincolnshire East CCG will continue to attend the Lincolnshire Show and man the NHS stand in partnership with our providers and neighbouring Lincolnshire CCGs. Lincolnshire East CCG sees the show as an excellent opportunity to engage with the school age children who attend each year, and demonstrate early interventions in relation to healthy lifestyles and engagement in health.

### **11.22 Lincolnshire Health and Care (LHaC) Service Transformation**

We have been working closely with key stakeholders, developing plans for the future. This process is now known as Lincolnshire Health and Care (LHaC). Health and care is constantly advancing and the role of the health and care economy is to keep our residents healthy and to meet their health needs in the best possible way. LHaC is an inclusive strategic programme of engagement with the public, staff and stakeholders to ensure their ideas shape the proposals of the future. We would like as many people to get involved in order to help make changes that are essential to improve the service delivered to patients and service users.

## **12. Engagement with stakeholders - Key Milestones**

Lincolnshire East CCG has developed a programme of key Milestones for 2016/17. The ones relating to patient and public engagement and experience are listed under the headings below:

**12.1 360 degree stakeholder survey-** commissioned annually by NHS England on behalf of all CCGs. The survey, undertaken by IPSOS Mori, assesses the effectiveness of each CCG's relationship with key stakeholders by assessing us against the components of the CCG Assurance Framework for 2015/16. Lincolnshire East CCG utilise results to further develop key relationships with stakeholders.

**12.2 Annual Report and Annual General Meeting –** section 14Z15 of the Health and Social care Act sets out the requirements that, in each financial year all CCGs have a duty to prepare a retrospective annual report on how it has undertaken its functions in the previous financial year. Each CCG must consult with its relevant Health and wellbeing board in preparing this report. NHS England may give directions to CCGs as to the format and each report must be published and a meeting held to present the report to members of the public. The next submission is due in June 2016, and the CCG aim to hold their AGM in September.

### **12.3 Commissioning Intentions**

We have established a model for engaging with the public on our commissioning intentions, which involves key stakeholders, members of the public and specific interest groups. The CCG plans to hold an engagement exercise during 2016/17 with key stakeholders about their commissioning plans, and will publish a report of feedback including feedback of how it will be used to help us commission services.

## **13. Reporting arrangements for Patient and Public Engagement and Experience CCG**

Patients will have the opportunity to feedback their experiences of health services through the practice based patient experience systems that are in place at each of our 30 GP Practices. This feedback will be reported regularly to relevant Locality Committees. The wider population voice will be heard through Locality Committee members' involvement with Healthwatch locality groups and the Health & Wellbeing Partnerships Groups, as well as engagement work undertaken by the CCG's engagement staff.

In addition to this Lincolnshire East CCG have robust reporting structures and arrangements in place to feed patient engagement and experience feedback into the CCG via their committee structure. The structure is shown in the diagram below:



(source: Lincolnshire East Annual report 2014/15)

The Key Committees relating to the work areas identified within this strategy will be fed into the Quality and Patient Experience Committee, via the Patient Council, as well as the Governing body, some information on each committee is explained below:

### 13.1 Quality and Patient Experience Committee (QPEC)

Lincolnshire East CCG review all three elements of Quality via their Quality and Patient Experience Committee, this allows for a mix of specialist clinicians and staff to work together to monitor and triangulate all the key aspects of quality, as well as equality and diversity. This will include complaints, national patient experience survey results, feedback from public engagement, healthwatch reports as well as the quality monitoring of providers through various channels.

### 13.2 Role of the Governing Body

As patient experience forms a core domain of the NHS Outcomes Framework (Department of Health 2010) the Governing Body members are essential to support and drive continuous quality improvement across all the patient services commissioned by Lincolnshire East. In order to

achieve this it is essential for the Governing Body to work closely with provider trust boards and actively seek intelligence on patient insight and experience.

This is supported by Dr Foster (2011) who state Clinical commissioning groups:

- Should be the people's organisation
- Build relationships and partnerships with the wider public's health eco system
- As the healthcare system leader and be responsible for ensuring quality, safety and patient engagement
- Create new relationships with care providers to support continuous improvement focusing on accountably and outcomes.

Dr Foster (2010) suggests that patient experience has historically received less focus than the other two elements of quality, patient safety and clinical effectiveness. They also state that understanding and acting to improve patients experience should be core business for the NHS and a statutory duty of quality for board members. In order to achieve this it is essential to review and interrogate the abundant patient experience data available, and include this in governing body reports to ensure all quality indicators are a key element in designing strategic vision and direction (Dr Foster 2010).

As identified by Dr Foster (2011) our Governing Body uses the following key data sources for commissioners:

- Secondary Uses Service (SUS) – up-to-date data on all hospital episodes
- GP Practice Records – detailed intelligence on patient activity, referrals and prescribing practice
- Quality Outcomes Framework (QOF) – indicators of GP performance taking into consideration patient experience
- National Centre for Health Care Outcomes (NCHOD) – 300 indicators covering healthcare provision and public health
- National Patient Surveys – including annual inpatient experience surveys, GP patient surveys and others
- National Staff surveys – published by the CQC
- Office for National Statistics – Key demographic data
- Quality Observations – metrics on NHS performance
- Public Health Observatories – Key public health metrics
- National Adult Social Care Intelligence Service (NASCIS) – national data collection on adult social care.

It is essential, in order to manage information overload, that the Governing Body identifies strategic priorities and receives an update on progress against a limited set of outcomes and key indicators at every board meeting, in addition they need to receive exception reports on other potential or actual quality issues (Dr Foster 2011). In order to achieve this we will submit a quarterly Patient experience and engagement report to our governing body highlighting key work areas.

There are also Quality & Locality Committees which report regularly to our Governing Body. Our 30 Member Practices each have a representative on the Council of Members and 6 representatives (2 from each locality) will sit on our Governing Body.

#### **14. Measuring Success**

In order to ensure we are successful in engaging with patients and the public information will be scrutinised and a report will be shared with the Patient Council, QPEC and Governing Body. Information to be reviewed will include the following;

- 360 degree stakeholder annual survey
- Primary care, GP patient experience survey

- Reports following listening events, and clinics
- Reports following all engagement events
- Quality monitoring reports
- Compliments and complaints.

#### 14.1 Next Steps

It essential that Lincolnshire East continues to develop the strategies we use to effectively engage with both patients, families and the public, strengthening areas that are working well and initiating new opportunities as required. In order to achieve this we would like to continue to develop the Patient Council allowing them to work within the terms of reference, and provide an appropriate mechanism to feed the collective patient and public voice into the organisation.

The Patient Council will report to the Quality and Patient Experience Committee (QPEC) providing additional assurance that commissioned services are being delivered to a high quality and in a safe manner to ensure that quality sits at the heart of everything the CCG does. The below action plan identifies some areas of work to ensure the effective delivery of this strategy:

Action	Responsible Person	Progress	Evidence
<b>Patient experience and engagement report to be submitted quarterly to governing body</b>	Deputy Chief Nurse/Engagement Manager		Meeting Minutes
<b>Themed patient stories to be shared at governing body monthly</b>	Chief Nurse / Deputy Chief Nurse	Green	Meeting Minutes
<b>Facilitate board to board meetings to support the development of relationships with providers</b>	Accountable Officer / Chief Nurse / Chief Finance Officer		
<b>Develop Listening clinics within GP practices and provider organisations including care homes</b>	Lead Nurse / Engagement Manager	Green	On track - 12/30 work programme developed
<b>Develop and support the Patient Council</b>	Chief Nurse / Deputy Chief Nurse/engagement manager/ communications manager		On track – TOR to be reviewed March 16
<b>Develop programme of engagement work, to reach our hard to reach patients to include, but not limited to, the following key areas:</b> <ol style="list-style-type: none"> <li>1. Continued Engagement with Children and Young people</li> <li>2. Engagement Event for people with Physical, sensory and Learning Disabilities</li> <li>3. Engagement with our migrant communities</li> <li>4. Engagement with caravan dwellers and temporary residents, alongside public health.</li> <li>5. Engagement with Veteran groups, taking a collaborative approach with other Lincolnshire CCGs and LPFT</li> </ol>	Engagement Manager/Communications and Engagement Account manager, Optum	Green	In development
<b>Increase membership to the Viewpoint and readers panel at all engagement</b>	Engagement Manager/Communications	Green	Membership doubled in

<b>events and opportunities</b>	and Engagement Account manager, Optum		Q3 2015/16
<b>Continue to support and arrange Lincolnshire Listening events</b>	Chief Nurse / Deputy Chief Nurse	Green	Event took place on 4 <sup>th</sup> February 16
<b>Update the Lincolnshire East PPG toolkit</b>	Engagement Manager	Amber	April 2016
<b>Continued development of the LECCG stakeholder database</b>	Engagement Manager	Green	Updated weekly

## Appendix 1 Legislative Responsibility – Patient Experience and Engagement

### 1. Health and Social Care Act 2012

The white paper, “Equity and excellence: Liberating the NHS”, and resulting Health and Social Care Act 2012 identified the government’s long term plans for the future of the NHS. Within the act CCGs have a statutory duty to ensure that health services are provided in a way that promotes the NHS Constitution, the Act put in place plans to safeguard the future of the NHS by:

- Putting patients at the heart of everything it does
- Empowering patients and increasing the focus on those things that patients say matter the most.
- Empowering clinicians to innovate and focus on improving healthcare
- Placing clinicians at the centre of commissioning
- A new focus on public health.

The act introduced significant amendments to the 2006 Act. These amendments include two corresponding duties for clinical commissioning groups regarding patient and public participation. The relevant clauses in the Act relate to CCGs as follows:

**Section 14Z2** of the Health and Social Care Act 2012 relates to Public involvement and consultation by Clinical Commissioning Groups. Specifically, CCGs must involve and consult patients and the public:

- In decisions which relate to their care or treatment in their planning of commissioning arrangements, including procurement and decommissioning.
- In the development and consideration of proposals for change in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered or the range of services available.
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decision would (if made) have such an impact.

**Section 244** of the NHS Act 2006 requires health organisations to consult the Local Authority’s Health Overview and Scrutiny Committee to review and scrutinise proposals which result in a service change. Where such changes are considered to be ‘a substantial variation’ there is a requirement to carry out a formal process of public consultation. The duties to consult and engage are reinforced within the updated NHS Constitution (2013) and the NHS Pledges.

### Section 13I of the Act - Duty as to patient choice

Enabling patients to make choices with respect to aspects of health services provided to them.

**Section 14U Duty to promote involvement of each patient** - requires CCGs to promote the involvement of patients and their carers/representatives in decisions about their care, from preventing ill health to a confirmed diagnosis of illness, and any subsequent care and treatment received.

### **The Equality Act 2010**

The Act protects 9 characteristics which are:

1. Age
2. Disability
3. Gender reassignment,
4. Marriage and civil partnership,
5. Pregnancy and maternity,
6. Race,
7. Religion and belief
8. Sex
9. Sexual orientation.

Section 149 of the Equality Act, 2010 relates to public sector equality duty and identifies the need to;

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between people who have protected characteristics and those who do not
- Foster good relations between people who have protected characteristics and those who do not.

### **Section 14T NHS Act 2006**

Each CCG, whilst carrying out its functions must have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them.

### **Section 6 Human Rights Act 1998**

Duty as a public authority to act consistently with the rights under the European Convention on Human Rights. The CCG will take into account current UK legislative requirements and best practice These include:

- the Equality Act 2010,
- the Human Rights Act 1998,
- the Gender Recognition Act 2004
- the NHS Constitution and guidelines on best practice from the Equality and Human Rights Commission

### **The NHS Constitution 2013**

The NHS was established in 1948 based on a set on common principles and values. The NHS constitution sets out these by identifying the rights to which patients, the public and staff should expect. These rights range from how patients access care and choice, the quality of care they will receive, the treatments and programmes available, confidentiality, information and the patient's right to complain if things go wrong. In return, the NHS expects people to take responsibility for their own health and use the NHS with respect, including:

- registering with a GP practice
- following the courses of treatment agreed
- treating NHS staff and other patients with respect
- keeping GP and hospital appointments – or if there is a need to cancel, doing so in good time
- giving positive and negative feedback

Statutory duties are placed on NHS bodies to work aligned to the principles identified in the key rights, pledges and values as below:

### **NHS Constitutional Rights and Pledges**

Within this constitution under informed choice, patients, staff and the public are given the right to;

- Make choices about the services commissioned by NHS bodies and to information to support choices
- Be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions affecting the operation of those services.

### **NHS Constitutional values**

- Working together for patients
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everyone counts.

### **Appendix 2 Key Drivers for Patient Experience**

The government has made it clear that patient experience is an essential part of quality and the key consideration for NHS providers and commissioners. The following section identifies some of the key national drivers for Patient Experience, all enforcing the need for patient centred care:

#### **Lord Darzi's review "High Quality Care for All: NHS Next Stage Review" (2008)**

The review placed quality as the central principle behind the NHS. Quality was defined as consisting of 3 vital elements (patient experience, patient safety and clinical effectiveness). The ultimate vision of the paper was to ensure more transparency in the NHS, allowing patients and the public increased ability to make informed patient choices based on a providers quality of care published through their quality data.

#### **The White Paper. 'Equality and Excellence: Liberating the NHS 2010**

The Department of Health sets out ambitions to achieve healthcare outcomes that are among the best in the world by involving patients fully in their own care, with a focus on patient engagement in healthcare and shared decision making.

It identified that in order to achieve this it would make the NHS more accountable to patients and reduce excessive bureaucracy and top down control. The plans agreed to achieve this were;

- Put the patients at the heart of everything, giving them more choice and control.  
Empowering patients to be in control of their own care
- Focus on patient outcomes, improving the things that matter most to patients
- Empowering clinicians to use their professional judgement, giving frontline staff more control enabling decision making to take place between professionals and their patients.

#### **NICE Quality Standards for Service User Experience in Adult Mental Health 2011**

This standard identifies the need for commissioning coordinated services from relevant agencies encompassing the whole care pathway.

This quality standard describes the markers of high quality, cost effective care. If these are delivered appropriately they should contribute to improving the effectiveness, safety and the experience of care for adult patients using NHS mental health services.

Some examples of the standards include;

- People using mental health services, and their families or carers, feel they are treated with empathy, dignity and respect
- People using mental health services are actively involved in shared decision-making and supported in self-management

- People using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it
- People in hospital for mental health care, including service users formally detained under the Mental Health Act, are routinely involved in shared decision-making.

### **NICE Quality Standards for Patient Experience in Adult Services 2012**

This aim of this quality standard is to provide the NHS with clear commissioning guidance on the components of a good patient experience, providing evidence based statements for commissioners, and setting the foundation for an NHS cultural shift towards a truly patient centred service.

This quality standard and accompanying clinical guideline describes markers of high quality, cost effective care. If these are delivered appropriately they should contribute to improving the effectiveness, safety and the experience of care for adult patients using NHS services. Some examples of the standards include;

- Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty
- Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care
- Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them
- Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported
- Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

### **The Francis Inquiry Report (February, 2013)**

The Francis Inquiry was commissioned by the secretary of state in response to serious failings in quality and patient safety at Mid Staffordshire NHS Foundation Trust between 2005-2009. The report clearly identified the requirement for openness and transparency in the NHS, enabling patients to raise concerns and complaints freely, and get answers to their questions.

The inquiry found that a major failing at Mid Staffordshire was not listening to patients either reactively through complaints and concerns or proactively through seeking patient and public feedback.

290 recommendations were made, the specific recommendations made in relation to patient engagement and experience are identified below;

- 254 – In order to avoid confusion there should be consistency across the country in the methods available for receiving patient and public feedback, and this should be published enabling fair and informed comparison between different organisations.
- 255 – Qualitative information relating to patient feedback should be made available to all stakeholders in as near real time as possible.
- 109 – Methods of registering comments or complaints must be readily accessible and easily understood. To support this multiple gateways should be provided to patients both during their treatment and afterwards, however these multiple gateways should trigger the same response.
- 120 – Commissioners require access to all complaints information on a real time basis.
- 133 – Commissioners should be able to intervene in the management of individual complaints on behalf of the patient if it is felt that the complaint is not being dealt with satisfactorily.

- 135 – Commissioners should be accountable to their public for the scope and quality of the services they commission. In order to effectively act on behalf of the public requires their full engagement and involvement.
  - Eligible members of the public must be involved and contribute to the work of the commissioners
  - A lay member should be on the commissioning board
  - Commissioners should create and consult with patient forums and local representative groups. Individual members of the public must have access to a consultative process enabling their views to be taken into account
  - Regular surveys of patients and the public should be undertaken
- Commissioners need to create and maintain a recognisable identity which becomes a familiar point of reference for the community
- 136 – Commissioners should be recognisable public bodies visibly acting on behalf of the public they serve, these needs to be achieved using knowledgeable and skilled local personnel who are engaging with an informed public.

### **The NHS Institute of Innovation and Improvement 2014**

The NHS Institute of Innovation and Improvement support this by suggesting that;

- Commissioners need to ensure their decisions are informed by knowledge of patient experience
- Providers and commissioners need to develop good working relationships to ensure shared patient experience goals are a priority
- Innovative patient experience measurement and improvement in local organisations should be rewarded with incentive systems.

### **The NHS Outcomes Framework 2015/2016**

The NHS Outcomes Framework was developed in December 2010, and has been updated annually by the Department of Health. The framework provides a national overview of how the NHS are performing in relation to the patient outcomes achieved

The NHS Outcomes framework is a set of 68 indicators which measure performance in the health and care at a national-level. Indicators have been developed and grouped under 5 key outcome domains;

- Preventing people from dying prematurely
- Enhancing the quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

CCGs are monitored by NHS England on delivery of these indicators in improving the health care outcomes for their population.

**Appendix 3** CQC Patient experience survey programme: outline programme and publication dates March 2016

Fieldwork dates will be confirmed following support received from the Confidentiality Advisory Group under section 251 of the NHS Act 2006. Publication month is included here 12 months in advance, and the exact publication date is confirmed at least one month in advance of that date. Any change to the publication date would be recorded under 'notes' with the reason for the change (Source CQC website)

Lead sector	Survey	Fieldwork timing	Expected month of publication	Notes
<b>2015/16 surveys</b>				
Acute trusts	2015 Maternity survey	April to August 2015	15 <sup>th</sup> December 2015	Women giving birth in January or February 2015. Survey published.
Acute Trusts	2015 Inpatients survey	September 2015 to January 2016	June 2016	Emergency and elective adult inpatients discharged in July 2015. Publication moved from May to June to allow time for more contextual analysis and sign off.
Mental Health Trusts	2016 Community mental health survey	February to June 2016	October 2016 (TBC)	Community mental health service users seen during September, October or November 2015. Survey underway.
<b>2016/17 surveys</b>				
Acute Trusts	2016 Inpatients survey	September 2016 to January 2017	June 2017 (TBC)	NHS providers will need to fund implementation on the same basis as in previous years.
Acute Trusts	2016 A&E survey	TBC	TBC	NHS providers will need to fund implementation on the same basis as in previous years.
Acute Trusts	2016 Children and Young patients survey	TBC	TBC	NHS providers will need to fund implementation on the same basis as in previous years.
Mental Health Trusts	2017 Community mental health survey	February to June 2017	October 2017 (TBC)	NHS providers will need to fund implementation on the same basis as in previous years.

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