Better Together: Scotland’s Patient Experience Programme

Jacqui Lunday
Better Together Programme Director
Better Health Better Care

• In *Better Health, Better Care: an Action Plan* the Scottish Government committed to developing an NHS in Scotland that deliverer a greater say for service users.

• An NHS that harnessed our people’s dedication to high standards and valued their knowledge of care.
About Better Together

The programme will support NHSScotland to make year-on-year improvements for patients and the care they experience by helping Health Boards:

• Listen, in conjunction with staff views, to what patients and carers want;
• Compare patients’ service experience to what patients want;
And **most importantly**
• Act on this information to improve services.
Six Dimensions of Quality (IOM)
Quality Patient Care

Safe & Effective

- External ‘process’/journey
- Admission/Referral
- Assessment/Treatment
- Intervention/Treatment
- Discharge Plan/Exit System

Patient Experience

- Human ‘internal’/experience
- Clarity about purpose “what happens to me”
- Explanation of procedure/risks involved
- Choices offered/patient/carer engagement
- Understanding aftercare/self care
- Compliance assured
- Lifestyle change
- Where to get help

Expectations

- Anxiety
- Empathy/Engagement

Rights Based Approach

- Role of the healthcare professional

Clinical Outcome

- What has been done to patient
- Impact on patient

- Rights Based Approach

Human Rights Approach

- Role of the healthcare professional

- What has been done to patient
- Impact on patient
Using the Experts to Help Shape Our Core Business

• No one knows more about the experience of receiving care than our patients and carers. They’re the experts.

• Better Together will help NHSScotland Boards tap into real life patient experience, supporting the delivery of a programme of continuous improvement which will, in turn, deliver high quality, safe and effective patient-centred care.
Patient feedback

How would your organisation manage these patient’s views and comments?

Who in the organisation would be responsible for acting upon this information?
Better Together Programme: improving patient experience

Dr Tim Wilson
Better Together
Co-ordination Centre
Proposed content

What should we ask patients about?
Survey content

SERVICE DELIVERY
- Access to services
- Admission
- The hospital stay
- Discharge
- Co-ordination of care

STAFF
- Expertise
- Availability
- Accessibility
- Multi-disciplinary working

COMMUNICATION
- Open
- Transparent
- Respect (values)
- Empathetic
- Information provision
- Clarity

ENVIRONMENT
- Access
- Cleanliness
- Privacy

Components of service and patient experience to be explored

RESPECT
UNDERSTANDING
SELF-CONFIDENCE
REASSURANCE
HONESTY
COMFORT
Proposed outputs

How can I use patient experience research – some examples?
Example – benchmarking

• Board A: “I want to know how well my Board performed this year on patient experience so that I can establish a benchmark against which to measure performance going forward.”

• Board B: “Board A is very similar to us and I’d be interested in comparing our performance so that we could perhaps learn from each other.”
Scoring performance to provide a benchmark: a worked example concentrating on the emotional experience
A key objective is to provide information to support improvement.

- Highlight areas of positive performance
- Highlight improvement areas
- Provide benchmark data
The programme will be rolled out gradually

- **In patient survey**
  - Pilots Winter 2008
  - Spring 2009

- **User of GP surveys**
  - Pilots Spring 2009
  - Summer 2009

- **Long term conditions**
  - Pilots Summer 2009
  - Winter 2009
Revised Senior Charge Nurse Role
Leading Better Care

Erica Reid
Nursing Officer
Service Improvement and Quality
Scottish Government Health Directorate
‘Effective care simply means putting the patient and patient’s best interests first’

Olivia Giles,
Delivering Care, Enabling Health
2006
Overview

• What is the context?

• Why develop this approach?

• What will it involve?
By the end of 2010...

- Senior Charge Nurses in hospital settings will be working under new role framework
- The majority of in-patient areas to have Clinical Quality Indicators in place
Dimensions of Revised Role

- Contribution to Delivery of Organisational Objectives
- Safe and Effective Clinical Practice
- Managing and Developing Performance of Team
- Enhancing Patient Experience
Supporting Framework

- Competencies and KSF outlined
- Working Document
- For current SCNs and their managers
- ‘Talent Spotting’ – use as framework for development
Supporting Framework

- Clinical Facilitators
- Clinical Quality Indicators
  - eQIPS
- Exemplar Job Description
- ‘Releasing Time to Care’ Pilot
- Examples of links to National Programmes
  - Nutrition and Tissue Viability
  - Improvement Support Team
  - Scottish Patient Safety Programme
  - Better Together
By the end of 2010…

We will have strong clinical leadership delivered by empowered Senior Charge Nurses who are the guardians of quality and clinical standards for the patients under their care.
Why develop this approach with Better Together Programme?
SCNs as Guardians of Quality

How do we define quality?

• Six dimensions of quality
  – Patient-centred

Quality of a service is whatever the patient perceives it to be.

adapted from Stapleton, 2007.
Quality Gaps Model

Gap 1

Gap 2

Gap 3

Gap 4

Patient Expectations

Patients’ experience of care

Standards of care

Staff perceptions of Patients’ expectations

adapted from Parasuraman et al, 1985
Why develop this approach?

• As a tool to support SCNs
  – identify any quality gaps in their area
  – identify areas of good practice
  – act on quality issues in their area

• Build on experience of other areas
  – NHS Boards in Scotland
  – English Trusts
What will it involve?
Proposed Approach

Collaborative approach involving:

- Pilot NHS Boards
- Better Together Programme
- Improvement Support Team
- Chief Nursing Officer Directorate
- Transitional Steering Group for Implementation of Revised SCN Role
Potential Question Themes

- Information and Communication
- Nursing Staff and Your Care
- Environment and Comfort
- Respect for Values and Preferences
Aim of Pilot

- To provide SCNs with local data for their own area
- To support SCNs in use of improvement methods
- To identify and share areas of good practice
- To improve quality of patient experience at ward/department level
Proposed Approach

• Develop a ‘tracking tool’ with BT Programme
• A ‘bank’ of questions to choose from
• Reporting tool supplied
• Support in analysis and improvement methods
• Developed with pilot sites
Next Steps

• Identify pilot sites

• Work closely with pilot sites to develop tool

• Available across NHS Scotland once pilot successfully completed
Working in Collaboration – Service and the Patient

Lorraine Peebles
Diagnostic Collaborative Programme Manager
and
Karen Jenkins
Patient Representative
Why involve the patient?

Patient and Public Involvement Principle

SERVICE IS FOR THE PATIENT

To influence and inform service redesign so staff can deliver a truly patient centred / patient focussed service, which meets the needs of our patients and carers and subsequently improves their experience.
1. Recruited a group of patients (approx 6) from the Health Board database

2. We had a patient induction day and several members of staff delivered short presentations on how patient involvement would help us in redesigning our service

3. Awareness and acknowledgement of patient and organisational expectations

4. ‘Getting to know’ period

5. Invitations to patient journey process mapping sessions

6. Collated patient suggestions and recommendations and used these to inform our areas of redesign
Examples of joint working between Diagnostics and PPI Team

1) Mapping out patient journeys for the 4 key modalities

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<th>MRI</th>
<th>CT</th>
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<td>US</td>
<td>LGI</td>
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2) Review of patient appointment and information leaflets
Output from Joint working

Mapping out patient journeys for the 4 key modalities

**Patient influence on the Set up of Central Booking Office Western Infirmary**

- Patients asked for dedicated, trained staff to offer continuity of service
- Patients agreed that only one DNA should be allowed before referral returned to Referrer – as these DNAs prevent other patients from receiving prompt appointments
- Patients wanted choice of appointment – if appointment unsuitable – could phone the CBO for immediate change of appointment
- Patients agreed that patients who persistently cancel appointments should have their referral returned to the Referrer
- Patients suggested that ‘Stand-by’ lists of patients should be available to the CBO staff, to call patients at short notice for appointment (e.g. late cancellations)
Development of Redesign bulletin which informs Service on how to create Accessible patient information

New, updated, standardised patient friendly appointment and information Leaflets across Diagnostics in Glasgow

- Patients reviewed the current leaflets, letters and hospital site maps in use
- Changed some of the confusing NHS language and jargon, eg ‘Fasting’ is rarely used today in non-health care settings
- Size of print
- Appropriate contact numbers for patients to use in event of cancellation of appointment or queries
Secret of successful joint working

Patients wanting to make a difference

+ Listening Organisation

= PATIENT FOCUSSED SERVICE DELIVERY
Better Together: National Improvement Programme

Service Support and Improvement Process

Stephen Gallagher
Deputy Director of Health Delivery Directorate
Head of Improvement and Support Team
Six Dimensions of Quality (IOM)
Examples of Techniques to Support Improving Patient Experience?

- Focus groups with patients, carers and staff
- Interviews with patients, carers and staff
- Storytelling approaches e.g. drawing, word association, photo journals, storyboards
- Filming, videotaping e.g. diary room film clips
- Value Stream or Process mapping with patient and carer input, as well as staff
- Rapid Improvement where patient experience is part of the process
- Testing changes using PDSA cycles
How do we support a high quality experience?

• Patients, carers and practitioners having new working relationships – in a mutual NHS

• Patients, carers and practitioners playing new roles, promoting the design and delivery of services on the basis of patients and carers as participants and contributors alongside practitioners i.e. *Experience Based Design*
Better Together
National Partnerships for Improvement

Building capability and capacity with NHS Boards for improvement

Programme Director (TBA)

Co-ordinating Centre
- Survey Analysis
- Supporting NMAHP Charge Nurse Review
- Knowledge management
- Improvement toolkit (hosted with IST)
- Supporting Scottish Health Council Development Plans
- Supporting Equalities & Cancer pilots.

QIS
- Scottish Patient Safety Programme
- Practice Development
- Standards and Practice guidelines

NES
- Long term integration basic and post basic education

IST
- Advice and guidance
- Integration with 18 Weeks, LTC and Mental Health improvement programmes
- Core skills training (generic & bespoke)
- Test beds EBR

The Model for Improvement
- A common foundation to equip all staff to test and implement change
Better Together & National Improvement programmes

Better Together will work with existing national improvement programmes -

- 18 Weeks Referral To Treatment,
- Scottish Patient Safety Programme
- Long Term Conditions & Mental Health Collaboratives.

This will deliver service-wide improvements, making patient experience an integrated part of our core business.
What happens next?

• Programme Director & Improvement Partnership
• Improvement Programme Planning Guidance will be issued in July
• Education Programme & supporting toolkit (Autumn)
• Early focus on charge nurse review
• IST testing fusion of EBD and Lean
• National Improvement Programmes will step up their focus on patient experience
• Qualitative work in support of national surveys an opportunity to “close the loop”
NHSScotland Event 2008
Better Health, Better Care

Discussion and Questions